FAMILIES AS PARTNERS IN CARE DURING COVID-19

Family and staff perspectives on implementing visitation programs in nursing homes during COVID-19 restrictions

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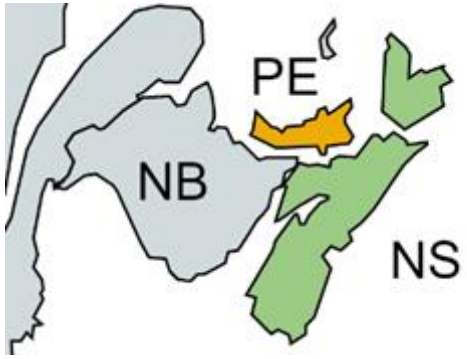
Outline of Today's Presentation

1. What we did: Methods & Timeline
2. Program Implementation Experiences: Family & Staff
3. Communication and Flexibility
4. Impact on Staff, Resident and Family
5. Implications Beyond COVID-19
6. Getting the Message Out



Methods

Phone/Video Interviews (April 2021 – August 2021) with:

- 42 Designated caregivers (DCGs) (27 follow-up interviews in July /August 2021)
- 15 Non-designated caregivers (non-DCGs)
- 32 Implementation staff
- 22 Direct care staff

Total Family and Staff Interviews = 138

Facility Profile Surveys

- With administrators from the 6 facilities

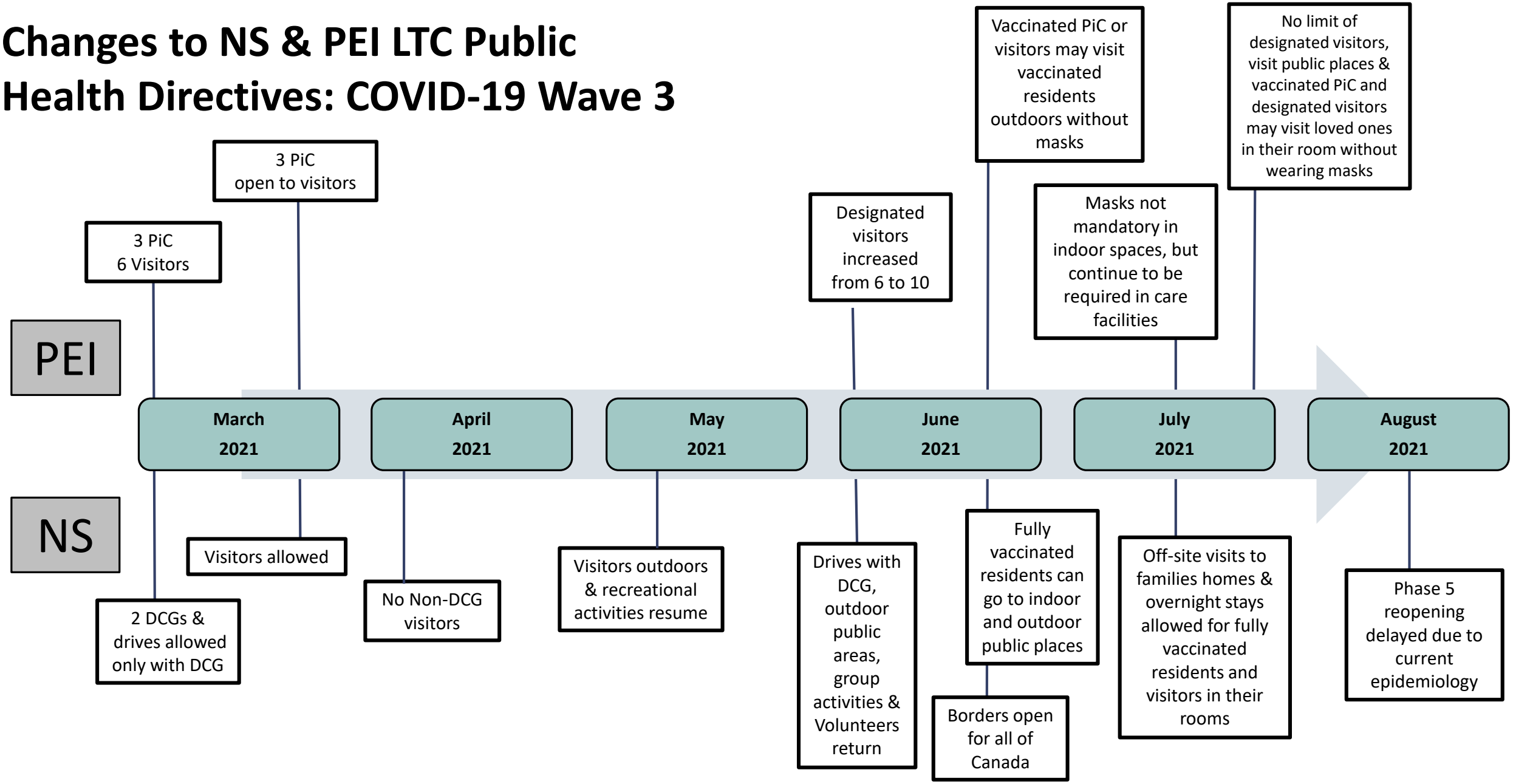
Document Review

- 97 implementation documents

Key Informant Interviews

- 10 interviews with representatives from British Columbia, UK, & Netherlands

Changes to NS & PEI LTC Public Health Directives: COVID-19 Wave 3



PiC = Partner in Care

DCG = Designated Caregiver

Family Implementation Experiences

Gratitude

- Even if the implementation process caused frustration.

“I would have done anything they said or asked just so I could get in there and be with him"

Relationships

- New restrictions within the visitation program described as “painful” and “no joy” in the relationships in LTC.
  - Too restricted, awkward, uncomfortable, no time to visit with staff, and no recreation or socials

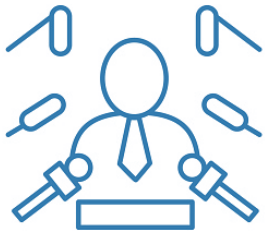
“Notices staff don’t have time do sit and talk to the residents or say "hi, how ya doing" like they used to "there's no joy there anymore”

Staff Implementation Experiences – Top Down Process

The directive was externally driven by provincial governments. Although facilities and staff supported family member visitation, there was limited evidence on the *best way to implement* the directive.

"The directives limit us to the flexibility we would normally have"

Time restraints and pace of changes made it difficult to engage direct care staff and families in the implementation process.



Time lag between media announcements and operationalization of program changes left families and staff frustrated

"We're trying to play catch up from the press conference"

Staff Implementation Experiences – Complexity

Implementing the directive was complex.

- Balance of safety and flexibility on *how* and *when* families could visit.

Available and additional resources contributed to advantages and challenges of implementation.

- Human resources – hiring and re-assignment of roles
  - Staff shortages made implementing and running the program difficult
  - LTCAs were credited as the "superstars of the program" and "could not have made it happen without them"
- Space impacted visiting schedule and number of visitors

Communication is key to successful implementation

FROM FAMILY PERSPECTIVE

Facilitators: frequent and clear communication;

- email was most common
- appreciated having someone to speak to in-person;
- using a mix of communication methods

Barriers: communications were general;

- inconsistent information depending on staff working;
- not directly asked for feedback;
- lack of access to staff to talk to

FROM STAFF PERSPECTIVE

Facilitators: good communication from management;

- communication with family and staff via phone, email or message board;
- frequent meetings and working together

Barriers: last minute communication;

- miscommunication of the rules led to confusion;
- difficulty keeping up with changes;
- Top-down public announcement of changes prior to the facility knowing;
- time constraint having to contact all of the families by phone

Flexibility within the program key to successful implementation

More Flexibility was needed

Attend to differences among families

- Large family dynamics- only 2 or 3 DCGs allowed
- Working families disadvantaged

Residents with dementia

- Difficulty understanding what was happening – lacked communication
- Difficulty staying in one room, like to wander, but families can’t leave the residents room

End of life allowances

- Need to allow more visitors at the end of life
- Need more privacy and ability to take off their masks

Enablers and Barriers to Implementation

Enablers - Staff

- Organizational Culture
  - Team work & support from management
  - Space and Resources
- Staff buy-in: most were excited & onboard
- Good communication processes
- Frequent, straight forward and excellent communication

Enablers - Family

- Good communication
  - Opportunities for questions during training or orientation
  - Monthly virtual meetings
- Staff being open to chats

Barriers – Staff

- Last-minute or lack of communication
  - Staff left confused and then provide families with misinformation
- Negative interactions with families
  - Reminding of rules
- Organizational Culture/

Barriers - Family

- Lack staff training
  - Inconsistent and some misinformation
  - Negative interactions with families
- Technology used earlier
  - Suspended family council

Impact of the Family Caregiver Program on Administrators

- ***From Key Informant interviews***
  - Administrators - point of contact for upset families
  - Managing families expectations.
- **Additional workload challenges**
  - Increased mental health issues among Staff (fear, anxiety, work-life issues)
  - Already short staff
  - Monitoring adherence to the program rules.

We were able to have a family council meeting ***in person*** *in August of 2020. .., …being able to welcome families back on site,* ***helps them see us as humans instead of as an institution****. And that just, I mean, there was* ***people who started that meeting wanting to put me on a crucifix who left with a hug, not a real hug, a virtual hug in a way.****"*

Impact of the Family Caregiver Program on Staff

- **Family re-integration has positive impacts**
  - Noticed resident mental well being improved
  - Families provide instrumental and emotional support
- **Additional workload challenges**
  - Scope of work expanded e.g. scheduling, training, sanitizing, etc.
  - Monitoring adherence to the program rules.
  - Managing families expectations.

"[Direct care staff] was speaking to caring for residents when families were not allowed in she said, "you're not supposed to get attached but you do". Hard to watch people decline, think the reason why was because there were no visitors or people around. It was an adjustment for staff. Used to not having people in. ***Work goes a lot smoother when no one is in, but it is better for the residents to have family."***

Impact of Family Visitation Program on Residents/Family

Impact on Residents

Mental health and overall well-being

- Residents stopped communicating as much, seemed depressed, cognitive decline, stopped eating as much

Visitation seemed to improve resident's mood, alertness, communication, appetite (or ability to eat because of family assistance), etc.

"His eyes light up, he has a twinkle, when she first returned she said it was like he was a ghost, his personality has returned and his mood is much better."

Impact on Families/ support person

- Mutual benefit for the resident and the family member.
- Resume a sense of routine, normality, or family roles because of the program.
- Some family of residents with dementia commented on their appreciation that they spend precious time with their loved one while the resident still remembered them

Long Term Implications Beyond COVID

Include families as essential partners in care and recognize the critical role they play in the daily care and lives of the residents

In future programs or for future outbreaks (such as influenza)

- Do not need to lockdown facilities from families
- Both family and staff participants think this DCG program can work in future outbreaks
  - “We have the blueprint”





Getting the message out

- Team included 4 caregivers and 6 administrators.
  - 3 individual meetings & 4 team meetings
- Webinar with all LTC care homes and government policy makers in NS/PEI https://www.youtube.com/watch?v=2e-tx3p358Q
- 7 academic conferences / invited speaker series
- Practice Briefs for LTC facilities

Practice Brief—Family Visitation in Long-Term Care During COVID-19:

Communication is Key

Top-Down Communication Caused Confusion and Frustration

- The flow of communication followed a hierarchy from government, to the facilities and implementation staff, to the direct care staff, and then to the families. The rules and roles within the program often got lost in translation.
- Changes to the program were not always clear and caused varying interpretations between family and staff.
- The language in the policy directive was narrow, which limited the facilities flexibility for implementation.

Frequency, Clarity, and Modality of Communication Facilitated Implementation

- Frequent team meetings among staff and the ability to ask questions with management was an enabler for the program.
- Last-minute or lack of communication left staff confused. Staff would then provide families with misinformation. Families would hear mixed messages and not always follow the current rules, which left staff having to provide constant reminders—something they did not enjoy doing.

Technology was experienced both as an enabler and barrier

- Communication through email, virtual meetings, and social media was generally experienced as an enabler for designation and implementation.
- Communication through technology was not a substitute for in-person guidance from staff.

Practice Considerations

Recognize how communication can be a barrier or enabler to implementation.

Understand technology can be used to facilitate communication but should not replace in-person guidance.

Include families in meaningful ways.

Know that scheduled discussions on virtual platforms can support family involvement.

Incorporate formal processes for input from direct care staff.

1 December 2021

Practice Brief—Family Visitation in Long-Term Care During COVID-19:

Impact on Residents, Family, and Staff

Early Lockdowns Negatively Impacted Residents Mental Health and Well-Being

- Family and staff said residents seemed depressed, stopped communicating as much, noticed cognitive decline, and stopped eating as much.
- Visits improved resident's mood, alertness, and communication.

"His eyes light up, he has a twinkle... it was like he was a ghost, his personality has returned and his mood is much better"

Mutually Benefit for Residents and Family

- Positive outcomes for the resident were also positive for the family.
- Family are relieved they can see, hear, and touch the resident and have a sense of what is going on in the facility.

"I would have done anything they said or asked just so I could get in there and be with him"

- Family were happy to resume a sense of routine, normality, or family roles due to the program.

Additional Workload but Positive for Staff

- Families provide instrumental and emotional support, which eased the burden of staff filling in family roles during the lockdown and allows staff to spend more time with residents who do not have visitors.
- Implementing and managing the program expanded the scope of work to include scheduling visits, screening visitors, contacting and training family, monitoring visits, and managing expectations.

"Work goes a lot smoother when no one is in, but it is better for the residents to have family"

Practice Considerations

Recognize family play a vital role providing care and emotional support.

Ensure with proper infection prevention and control allowing families/friends to visit safely.

Use the program as a "blue print" for future outbreaks.

Consider how blanket approaches are not best practice and how the program might impact different groups.

Review protocols with a person-centered lens.

1 December 2021

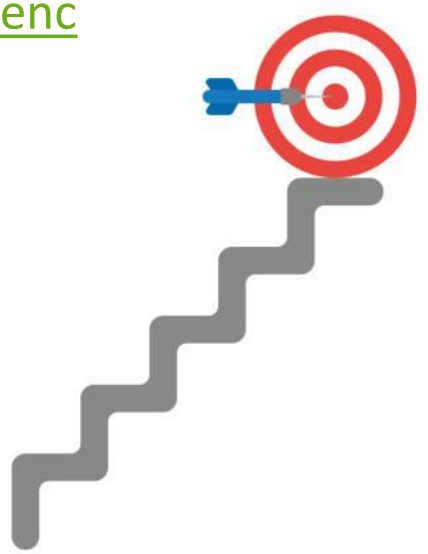
Getting the message out

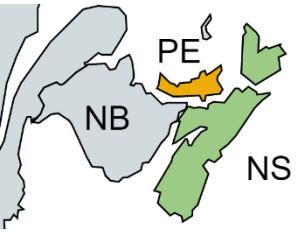
Partnered with Healthcare Excellence Canada

- Webinar https://www.healthcareexcellence.ca/media/mwtbklai/2021-11-29-webinar-ltcsummary-en.pdf
- Report on facility best practices https://www.healthcareexcellence.ca/media/jamgqx4q/20211015_supportfamilypresenceandcommunication_en.pdf

Findings Informed the HSO **National Standards for LTC**

https://healthstandards.org/public-reviews/long-term-care-services/





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