

Webinar Recap for November 29th, 2021

LTC+: Acting on Pandemic Learning Together

TOPIC

Practices of Interest to Support In-Person Family Presence and Communication with Families

KEY AREA(S)

Presence of family

SPEAKER(S)

- **Janice Keefe**, Professor and Chair of the Department Family Studies and Gerontology at Mount Saint Vincent University, and Director of the Nova Scotia Centre on Aging
- **Pamela Fancey**, Associate Director of the Nova Scotia Centre on Aging at Mount Saint Vincent University

OBJECTIVES

- To share strategies to keep families and essential care partners informed of resident care, policy changes, and ongoing pandemic response, as well as ways to increase in-person presence during public health restrictions.

SUMMARY

- At the start of COVID-19, it was quickly realized that a coordinated and strategic approach was necessary to communicate with families. A variety of communication strategies and mediums were used to manage a high volume of inquiries from families in a respectful and transparent manner, as well as to cater to different comfort levels and access to communications resources.
- Personalized and mass communications resources included: website (video message, COVID updates, pop up, blog, portal), telephone (direct calls, auto attendant telephone system, pre-recorded telephone messages, mass text notifications), social media (Facebook, Twitter), email (distribution list), and videoconferencing (virtual town halls).
- The following key takeaways were noted regarding communicating with families in a time of crisis:
 - Communications developed and issued by senior management (CEO, DoC) conveyed the level of importance to families and reassurance.

- Town Hall meetings or other means of enabling discussion amongst families and the facility allowed families to (1) receive updates and communication, (2) offer input and feedback, and (3) become more involved in the pandemic response.
- Town Hall meetings and Facebook provided valuable opportunities for families to connect with one another.
- Multi-pronged communication approaches should be used to ensure the family members' diverse needs are met (high and low-tech options).
- Communication approaches should build on the home's existing frameworks.
- Simple strategies, such as pre-recorded phone messages, can have high impact.
- Through the pandemic, LTC homes recognized the need for a shared sense of responsibility (i.e., staff, families) for the well being and safety of staff, residents and families. Given the context of public health restrictions, ongoing changes in directives, and varied jurisdictional guidelines and definitions regarding family members as care partners or social visitors, providers had to be innovative to support in-person family presence.
- The following key takeaways and practices were leveraged to support in-person family presence:
 - Care homes used the Partners in Care: Pandemic Tool Kit (incl. caregiver ID badge, pledge, communications tool template) from the Ontario Caregiver Organization which supported family engagement in a safe and meaningful way.
 - Robust training for family members was a worthwhile investment. Different delivery methods worked for different sites (i.e., in-person, online, workbooks).
 - Technology used for entry and self-screening created ease of access for families (and staff).
 - Scheduling approaches varied based on infrastructures (i.e., technology or not) which may be linked to families' experiences and increased presence.
 - Physical design (i.e., designated space, households, private entrance) factored into family presence. For example, in Manitoba financing was offered to develop visiting pods to support in-person visits.
- Three representatives deployed practices that supported in-person family presence across, and noted the following takeaways:
 - Karen Biggs from BC shared that when faced with a shortage of housekeeping staff, a creative alternative was to reach out to families to apply for such

positions. For recruitment, a robust communication system (i.e., e-blast) was a useful tool which helped obtain over 200 applications from family members.

- Laurie Cerqueti from Manitoba noted that families were willing to participate as volunteers in the LTC home (i.e., for screening, feeding residents). Social media and traditional media were leveraged to offer an array of volunteer opportunities which helped the recruitment and retention of family members as volunteers during the pandemic.
- Ariel Rise from Nova Scotia noted that having a 'host' design for their LTC homes (i.e., ten different houses lodging 9 residents in a neighborhood) and physically designed spaces for IPAC enabled family presence in LTC throughout COVID-19.
- The pandemic required an immediate and sustained effort to support families. There is a general sense that the lessons learned and practices adopted will be sustained post pandemic and for other outbreaks.

RESOURCES SHARED

- [Reimagining Care for Older Adults Report](#)
- [Promising Practices for Supporting Long-Term Care Provider Resilience](#)
- [Partners in Care: Pandemic Tool Kit](#)

WEBINAR RECORDING

- [Watch the full webinar here!](#)

Healthcare Excellence Canada is an independent, not-for-profit charity funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.