

# Learnings from the Pandemic to Rebuild Long Term Care

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## Project Team

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This project was conducted in collaboration with an advisory group through regular meetings and consultations. The advisory group was made up of experts from the long-term care (LTC) sector including Heather Cook (BC Ministry of Health), Michael Kary (BC Care Providers Association), Lara Croll (BC Care Providers Association), Ayako Nilssen (LTC registered nurse), Vicki Anderson (LTC resident), Mirsad Dragic (LTC resident), Keren Gertsman (LTC family member), Dan Galazka (LTC family member), Maura MacPhee (Professor, UBC), Alison Phinney (Professor, UBC), and Shannon Freeman (Associate Professor, UNBC).

## Background

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The long-term care (LTC) sector was the epicenter of COVID-19, accounting for 85% of COVID-19 mortalities nationally during the first wave of the pandemic<sup>(1)</sup>. To slow the spread of the virus in this sector, the Public Health Agency of Canada developed a series of rapid redesign and redeployment practices, also known as pandemic management strategies, for implementation in the LTC sector<sup>(2, 3)</sup>. Despite their effectiveness for mitigating the risk of spreading COVID-19, some of the pandemic management strategies had unintended negative consequences for LTC staff, residents, and their families<sup>(3)</sup>. The purpose of this project was to collaboratively identify best pandemic management strategies for LTC homes in British Columbia (BC). We collaborated with health authorities, caregivers, residents, families, and other partners and collaborators across BC's health networks to build better practices with the intention to recommend actionable strategies that would benefit the LTC sector in the immediate term, post-pandemic, and in the face of unforeseen events for decades to come.

## Project Design

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The project consisted of three distinct phases: a LTC operator survey (Phase I), virtual discussion forums with LTC members affiliated with each of the five regional health authorities (Phase II), and a final virtual debrief with LTC members affiliated with the five regional health authorities: Interior Health, Vancouver Island Health, Fraser Health, Vancouver Coastal Health and Northern Health (Phase III).

# Key Pandemic Management Areas

We have grouped our key findings and recommendations into seven overarching practices and/or policies supported by our previous pandemic research in LTC<sup>(2, 3)</sup> and based on extensive consultation and input from our advisory committee of LTC experts. These overarching practices and/or policies capture a wide range of pandemic management strategies introduced across the LTC sector during COVID-19:



## 1. Screening:

Practices and procedures relating to COVID-19 screening of LTC home visitors prior to entry.



## 2. Visitation:

The policy restricting visitors from visiting their loved ones residing in LTC homes during COVID-19.



## 3. Staffing:

Practices and strategies relating to ensuring adequate staffing levels and appropriate skill mix to meet the needs of LTC residents in the context of COVID-19.



## 4. Infection Prevention and Control Procedures:

Practices and procedures relating to preventing the spread of COVID-19 and ensuring the safety of LTC residents and staff.



## 5. Communication:

Practices and procedures relating to the exchange of important information, updates and policies with LTC homes, their staff, residents and their families in the context of COVID-19.



## 6. Physical Layout:

The design/re-design of the physical environment consistent with infection prevention and control guidelines and to ensure the safety of LTC residents and staff in the context of COVID-19.



## 7. Leadership and Organizational Support:

Practices and strategies adopted by LTC homes and their leadership to support the health and safety of LTC residents and staff in the context of COVID-19.

## **Phase I: LTC Operator Survey**

The first phase of the project included a survey of LTC operators (i.e., executive leaders) focused on gaining their perceptions of pandemic management strategies, their implementation, and their impact. The survey questions were developed based on a previous case study of pandemic management strategies in LTC funded by Michael Smith Health Research BC (Lead: Havaei)<sup>(2, 3)</sup> as well as input from the advisory group. The electronic survey was administered to 97 LTC home operators, purposefully selected by the research advisory group, in August 2021. Overall, 19 completed surveys were received, yielding a response rate of approximately 20%.

The survey asked about 34 pandemic management strategies reflective of the seven overarching practices and/or policies noted above. More specifically, survey questions asked about the extent to which each pandemic management strategy (a) was implemented in LTC homes, (b) mitigated the risk of spreading COVID-19, and (c) was important for the health and safety of LTC staff, residents, and families. Appendix 1 provides an overview of the survey questions and results.

## **Phase II: Health Authority Virtual Discussion Forums**

The second phase of the project involved four virtual discussion forums with LTC members such as nurses, personal support workers, allied health, ancillary workers, managers, directors, residents, and family representatives affiliated with each of the four regional health authorities. Four events were held between August and October 2021: Interior Health Authority, Island Health Authority, Fraser Health Authority, and Vancouver Coastal Health Authority. The discussion forum with LTC members from the Northern Health Authority was cancelled due to no participant registration. Table 1 shows demographic information about the participants at each virtual discussion forum.

We began each forum by providing an overview of the Phase I survey findings followed by engaging discussion and dialogue with forum participants about the effectiveness, implementation, and uptake of pandemic management strategies across LTC homes affiliated with each regional health authority. Input from the forum participants was used to develop a series of recommendations on best pandemic management strategies in LTC homes.

## Phase III: A Final Virtual Debrief

The third and final phase of the project included a three-hour virtual debrief on February 25, 2022, with LTC members from all the five regional health authorities and the research advisory group. During the final virtual debrief, the research team provided an overview of the project findings, shared the Phase II recommendations, and facilitated consensus-building on best pandemic management strategies across LTC homes in BC.

**Table 1. Phase II and III discussion forum participants' demographics**

	Interior Health Authority	Vancouver Island Health Authority	Fraser Health Authority	Vancouver Coastal Health Authority	Final Virtual Debrief
Date	Aug 6, 2021	Sep 3, 2021	Oct 1, 2021	Nov 5, 2021	Feb 25, 2022
Administrators	2	5	1	1	7
Nurses	1	2	1	1	0
Residents	1	1	1	0	2
Families	3	4	5	1	2
Other	5	4	5	6	10
<b>Total</b>	<b>12</b>	<b>16</b>	<b>13</b>	<b>9</b>	<b>23</b>

# Key Findings and Recommendations

The following section provides a summary report of key findings and recommendations based on LTC member input obtained throughout the three phases of the project.



## 1. Screening:

### Finding

- Discussion forum participants were consistently satisfied with the screening policy and how it was implemented in their respective LTC homes.

### Recommendation

- 1.1 LTC homes must continue to screen visitors of LTC homes for COVID-19 using their existing practices and procedures.



## 2. Visitation:

### Findings

- The strict visitation policy was the most concerning pandemic management strategy for LTC residents and their families.
- Participants identified the policy as a significant source of resident isolation and loneliness, family stress, and anxiety, as well as provider burnout and work overload.
- An important limitation of the policy was its ambiguous wording and unclear definition—including the term “essential visitor”—resulting in varying interpretations and subsequently inconsistent implementation across LTC homes.
- Family participants expressed significant concern about limited engagement of LTC families and residents in the policy development and implementation phase.
- Resident and Family Councils (RFC) were identified as potential facilitators of resident and family engagement in LTC policy development and implementation.
- Participants indicated that limited support for RFCs and a general lack of awareness about their functioning and operations might limit RFCs’ capacity to facilitate resident and family engagement.

### Recommendations

- 2.1 **The visitation policy must allow every resident, or their primary contact (e.g., family member), to identify at least one essential or designated visitor, who would be permitted entry into that resident’s LTC home at all times, including during an outbreak. The time of essential or designated visits should be negotiated with the care team so that visits do not interrupt the care team from meeting residents’ care needs.**

- 2.2 The essential or designated visitor must have all the required and relevant vaccines and have completed the appropriate infection prevention and control (IPAC) training prior to entry. The essential or designated visitor must also follow the care home's IPAC guidelines at all times during their visit.
- 2.3 **LTC residents and their families, through their respective RFCs, must be consulted and engaged as equal partners in the process of LTC policy development, implementation, and evaluation. Consultation must focus on collaboratively defining the terms of the policy and their interpretation. Resident and family engagement is particularly important for policies impacting the health and wellbeing of these LTC members.**
- 2.4 RFCs and their operations must be systematically supported at all levels including at the individual care home, health authority, and provincial levels.
- 2.5 RFCs must develop a formal communication mechanism that allows sharing of important information and updates from LTC homes, health authorities, and the province (Ministry of Health) to residents and families.
- 2.6 LTC homes (e.g., leaders, providers, residents, and families) must be provided with information about RFCs and their operation and functioning.
- 2.7 Developing a provincial association of LTC RFCs is an important step towards more systematically improving the care and the quality of life for vulnerable and frail residents and ensuring resident and family involvement in policy development, implementation and evaluation.



Residents compared experience to “war time and jail”.

*LTC Resident*

In my experience, there was no involvement, no engagement, no communication with us... we were pretty much in shock... family involvement is so critical for the mental health aspect... I never could understand why it is that families are not engaged in this process.

*LTC Family*

We all could have swallowed some of the rules better if there was some discussion... resident visitor process was really onerous... it was all left to the burden of my one sister.

*LTC Family*



### 3. Staffing:

#### Findings

- LTC operators and staff identified staffing shortages and subsequent heavy workloads as the most concerning unintended consequence of COVID-19 and the pandemic management strategies.
- Participants expressed various concerns specific to the Single Site Order (SSO), which prevented certain LTC providers from employment in more than one LTC home. There was a strong sense that the SSO exacerbated LTC staffing shortages.
- LTC operators and staff identified several unwarranted contradictions of the SSO: defining LTC and no other healthcare sector (e.g., acute care) as high-risk areas; applicability to some LTC providers (e.g., nurses and personal support workers) but not others (e.g., nurse practitioners and physicians). Due to these limitations, the SSO was perceived as discriminatory against certain LTC workers.
- LTC operators and staff also expressed concern about the lack of human and non-human resources to appropriately implement the SSO.
- LTC operators and staff identified another key limitation of the SSO as its operationalization and management by health authorities with no or only limited involvement and input from LTC operators and staff.

#### Recommendations

- 3.1 **LTC homes must have a contingency staffing plan that ensures quality and safe resident care delivery during potential crises such as outbreaks.**
- 3.2 To address LTC staffing shortages and to ensure equity and fairness, the SSO must be modified such that LTC staff with the required and relevant vaccines are permitted to work in more than one outbreak-free LTC site as well as non-LTC sites.
- 3.3 To address LTC staffing shortages at times of crisis, volunteers with the required and relevant vaccines must be better utilized to support the overworked LTC staff with the provision of quality and safe resident care delivery. An example may be the utilization of vaccinated volunteers for COVID-19 screening.
- 3.4 The BC government and the regional health authorities must develop a plan, in collaboration with LTC operators and staff, to support the effective implementation of the SSO during public health emergencies, and to unwind the SSO post-emergency.
- 3.5 Effective implementation requires providing LTC homes with necessary resources (e.g., staff, funding, training, infrastructure) and incorporating the SSO into LTC homes' staffing contingency plans.



- 3.6 **The BC government, regional health authorities, and LTC homes must work together to develop a long-term recruitment and retention plan focused on building a healthy and optimal LTC workforce. An example of a recruitment strategy may include mandating a LTC clinical placement for students in health education programs. And example of a retention strategy may include improving LTC working conditions such as supporting newly-graduated registered nurses with the transition to an independently practicing registered nurse in this sector. Other examples may include facilitating incentives and mentorship opportunities to increase the recruitment and retention of early career registered nurses in the LTC sector.**
- 3.7 **The B.C. Ministry of Health, the regional health authorities, and LTC homes must work together to review and evaluate existing LTC staffing levels, skill mix, and hours of care per resident day (HPRD) for effectively meeting the needs of LTC residents.**
- 3.8 An evaluation of LTC staffing resources (e.g., adequate staffing levels, appropriate skill mix and optimal HPRD) requires a comprehensive and systematic approach to understanding and measuring LTC resident needs.



Staffing levels prior to COVID-19 were already challenged with not being able to hire adequate qualified staff. Empty lines and positions everywhere.

*LTC Staff*

Even with updated staffing plans and plans for increased staffing, due to single site orders and a lack of staff (RCAs, nurses, housekeepers) in LTCs in general, it was difficult to staff to where we wanted and needed to be. During an outbreak, it was nearly impossible - people completely refused to work at times because we were in outbreak, and I know it was the same for so many sites.

*LTC Operator*



## 4. Infection Prevention and Control (IPAC):

### Findings

- LTC operators and staff described strict IPAC practices as challenging to manage in the context of increasing staffing shortages and heavy workloads during the pandemic.
- LTC operators and staff found it challenging to access online IPAC resources (e.g., best practice guidelines for isolating suspected cases or managing wandering patients) in a timely manner.
- Some LTC operators and staff described their IPAC Manual as “out of date for years.”
- LTC operators and staff expressed concern about the frequency and, at times, inconsistency of IPAC recommendations communicated to them from different organizations during the pandemic.

### Recommendations

- 4.1 LTC homes must be offered the necessary support and resources to dedicate one staff member with specialized training to oversee IPAC procedures, education, and monitoring, particularly during pandemics and epidemics. The IPAC practitioner would lead IPAC practices such as ensuring the accessibility, accuracy, and recency of resources (e.g., IPAC Manual).
- 4.2 **IPAC recommendations must be clear, concise, and consistent. This means that recommendations must be communicated to care homes from a single organization in the province, and special attention must be given to the frequency of communication.**
- 4.3 **In communicating IPAC recommendations, LTC homes must be provided with instructions and tips regarding resources and supports for their effective implementation.**



HA manuals have many outdated policies (manuals were enhanced by reflecting COVID response).

*LTC Operator*



## 5. Communication:

### Findings

- LTC operators and staff described delayed communication with care homes as a major source of concern during the pandemic. For example, care home operators and staff were notified about easing the visitation restrictions at the same time as the general public.
- Family members expressed a need for more communication from the health authorities. Family members believed communication at a health authority level would have better clarified the rationale for certain LTC policies and decisions and would have given families insight about how they could be more supportive of LTC operators and staff.
- Participants described important information being shared through communication modes that were not familiar to some families (e.g., social media platforms).

### Recommendations

- 5.1 **The communication process must be streamlined to ensure that care homes are given adequate time to appropriately implement new or revised policies, particularly with respect to policies requiring proactive planning and resource allocation (e.g., visitation policies).**
- 5.2 Communication with LTC home operators, staff, and families must be as clear as possible.
- 5.3 Communication mechanisms and tools must be carefully selected to be user-friendly, accessible, and responsive to the needs of knowledge users including residents and families.
- 5.4 The use of multimodal communication (i.e., phone calls, letters, emails, and other methods of communication) should consider individual factors such as age, visual and hearing impairments, and varying levels of English language proficiency as well as logistical factors such as the availability of necessary equipment (e.g., smart devices).



There's a whole population out there that [social media] doesn't reach, such as people who don't speak English as a first language, makes communications even more challenging, people didn't know what was going on or who to ask; even with website, it was still difficult to navigate how to get in touch with the right person.

*LTC Family*



## 6. Physical Layout:

### Findings

- Participants recognized the challenges and limitations related to physical layout/structure associated with older buildings such as poor ventilation/HVAC systems.
- Participants expressed concern over the use of shared resident rooms during a highly contagious pandemic. More specifically, families and residents identified the use of shared rooms as a barrier to ensuring LTC resident quality of life.
- Some LTC families raised concerns about the absence of a designated indoor (versus an outdoor) space for visits, particularly during early waves of the pandemic

### Recommendations

- 6.1 **The BC Ministry of Health must work with regional health authorities and LTC homes to develop a plan for updating the infrastructure of LTC homes.**
- 6.2 It is critical that the BC Ministry of Health review the state of ventilation/HVAC systems in LTC homes across BC and immediately replace systems that pose a safety risk to LTC residents and staff.
- 6.3 The BC Ministry of Health must outline a strategy for minimizing and eventually eliminating the use of shared rooms in LTC homes.
- 6.4 LTC homes must dedicate a space for indoor visitation for residents and families who do not wish to visit outdoors



Redesigning the physical structure was difficult due to small spaces.

*LTC Operator*

Its obvious that we need to replace those older buildings with multi-bed rooms, but we also need to look at buildings with poor ventilation/ HVAC systems. This will require a huge capital input, which is a tough sell for governments.

*LTC Operator*



## 7. Leadership and Organizational Support:

### Findings

- LTC operators expressed concern about LTC working conditions and their impact on widening the supply and demand gap in LTC workforce and subsequently on resident centered care delivery in this sector.
- LTC operators also shared concern about the mental health of existing LTC staff and leaders and their impact on LTC staffing shortages and subsequently, on quality and safe resident care delivery.
- LTC operators were most significantly concerned about the mental health of the newly graduated health workforce and novice managers and leaders in LTC with little or no experience in crisis leadership/management.

### Recommendations

- 7.1 **LTC homes must establish workplace mental health supports and interventions for their workers. Special attention must be given to certain populations including newly graduated healthcare workers and novice managers and leaders.**
- 7.2 Mental health supports and interventions must be identified in collaboration with LTC home staff, managers, and leaders so that they are responsive to their workplace mental health needs.
- 7.3 Crisis leadership and management training opportunities must be available to the LTC workforce, particularly to novice managers and leaders.
- 7.4 **There is an urgent need to improve LTC working conditions, including ensuring the adequacy of staffing levels and the appropriateness of skill mix for effectively meeting the day-to-day care needs of LTC residents.**



I think we need to consider the fact is that long term care has been underfunded, underresourced, understaffed for a long, long time.

*LTC Operator*

A newly graduated registered nurse wont survive long in long-term care without support and mentorship. It is a different kind of environment.

*LTC Operator*

## Next Steps

This report includes a series of co-developed recommendations focused on best pandemic management strategies in LTC based on input from a variety of sources including consultation with an advisory group of LTC experts, a LTC operator survey, a series of discussions with key stakeholders (e.g., operators, staff, families, residents) in LTC homes affiliated with regional health authorities and a final debrief with LTC stakeholders across the province. Our next step is to widely distribute this report among knowledge users and key organizations across the province including the BC Ministry of Health, the Senior's Advocate Office, BC Care Provider Association and the regional health authorities and their corresponding RFCs. The project findings will be also disseminated through peer reviewed publications and conference presentations.



### Contact

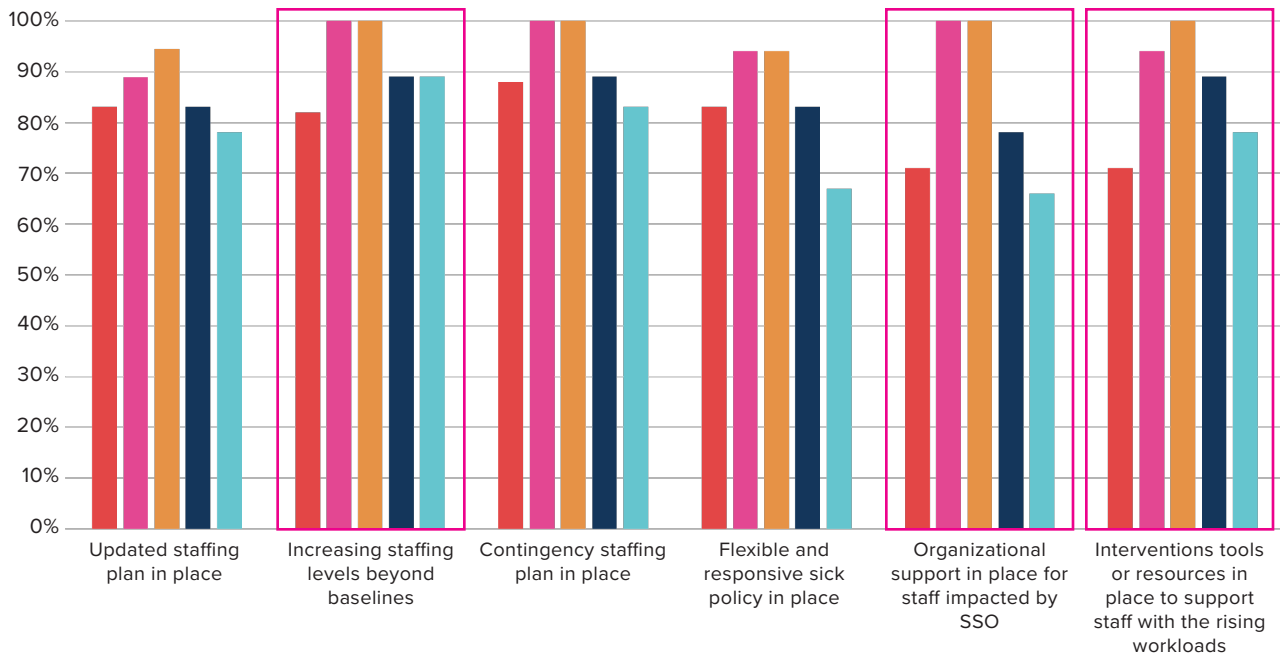
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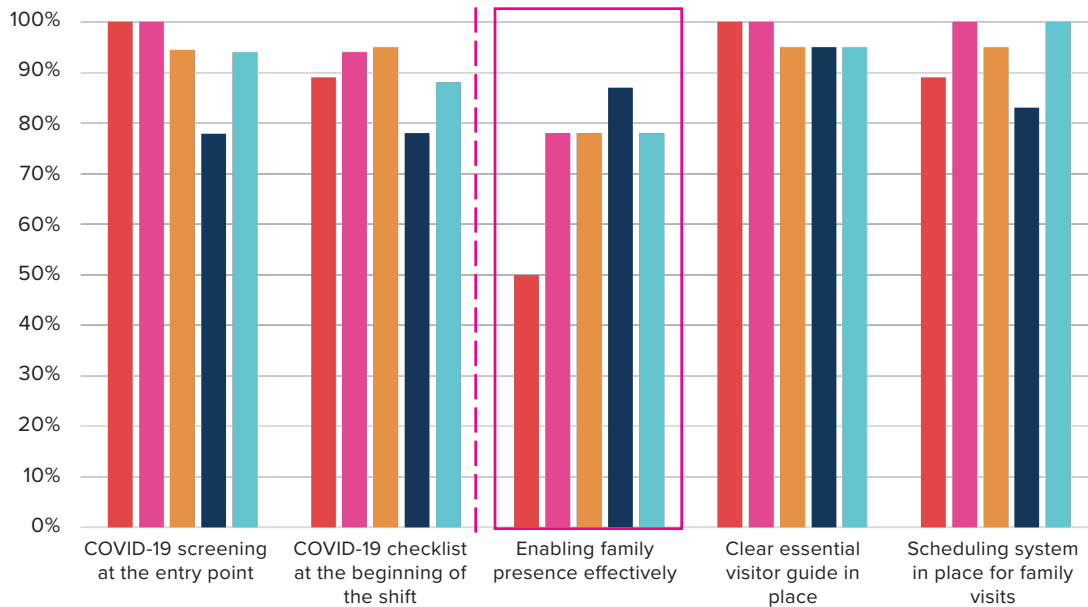
# Appendix 1

## LTC Operator Findings

### STAFFING



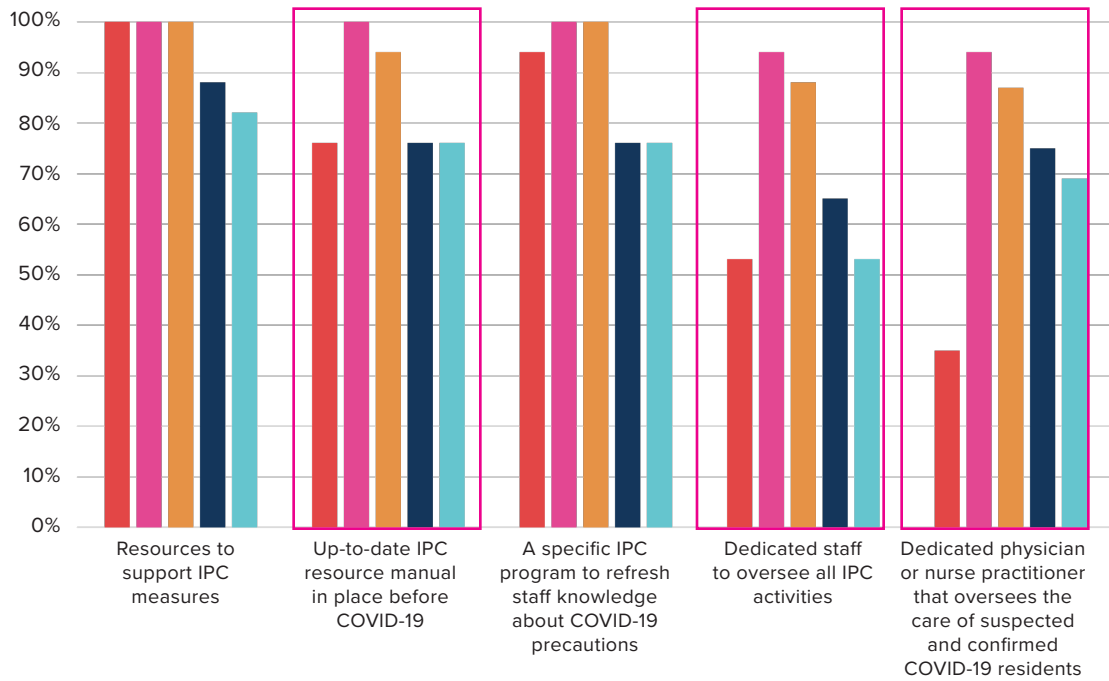
### SCREENING & VISITATION RESTRICTIONS



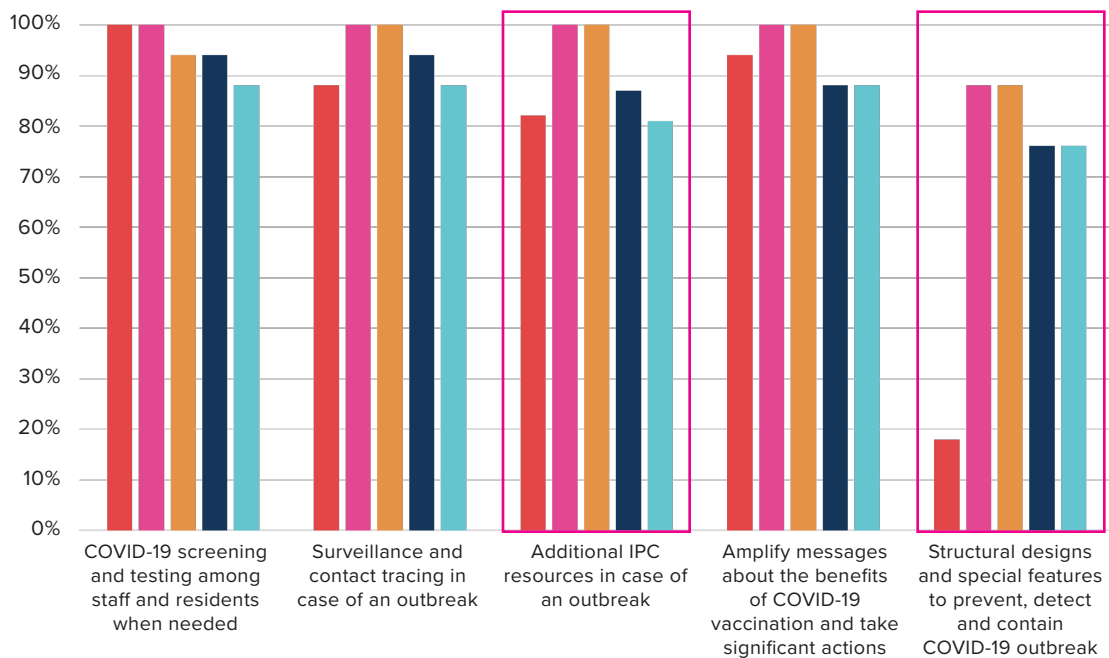
#### LEGEND

- Always Implemented
- Importance to mitigating risk of spreading COVID-19
- Importance to the physical and mental health of staff
- Importance to the physical and mental health of residents
- Importance to the physical and mental health of families

## INFECTION PREVENTION & CONTROL



## INFECTION PREVENTION & CONTROL (CONT')

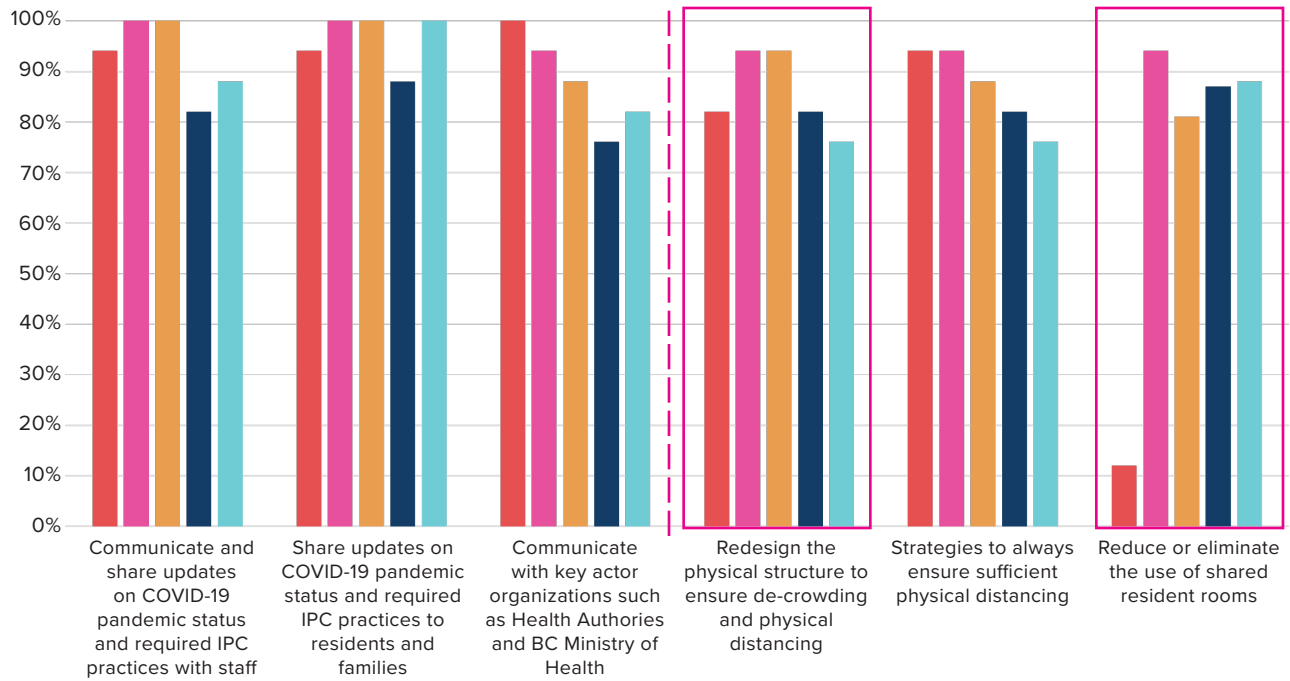


### LEGEND

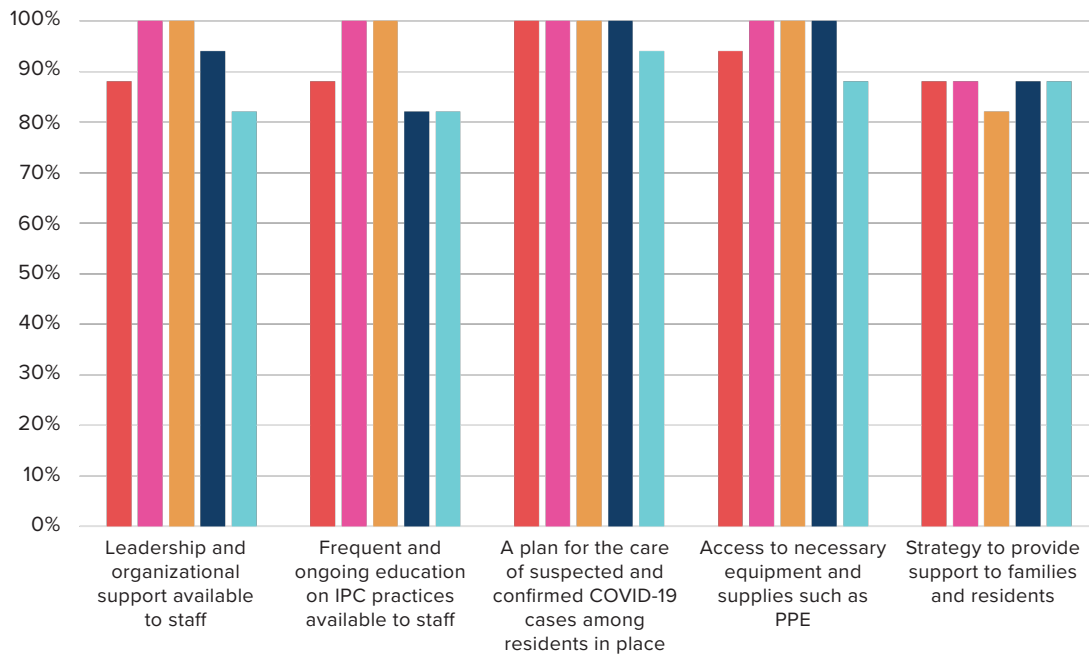
- Always Implemented
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- Importance to the physical and mental health of residents
- Importance to the physical and mental health of families



## COMMUNICATION & PHYSICAL LAYOUT



## LEADERSHIP & ORGANIZATIONAL SUPPORT



### LEGEND

- Always Implemented
- Importance to mitigating risk of spreading COVID-19
- Importance to the physical and mental health of staff
- Importance to the physical and mental health of residents
- Importance to the physical and mental health of families

## References

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