# 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 when implementing the family visitation program.

## 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.

*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.

## What We Did

After months of LTC homes being locked down, family visitation programs were introduced to reconnect residents with their family and friends.

We spoke with LTC staff and family/friends in Spring & Summer of 2021 to understand their experiences with the family visitation program in Nova Scotia and Prince Edward Island.

## Who We Talked To

- 38 designated caregivers
- 15 non-designated caregivers
- 32 implementation staff
- 22 direct care staff
- From: 6 publicly funded LTC homes (2 in PEI; 4 in NS)

Centre on Aging Nova Scotia

Mount Saint Vincent University

Healthcare Excellence Canada

# Families and Direct Care Staff Were Not Consulted and Formal Feedback Was Not Sought

Families and direct care staff were not consulted in the implementation or design of the family visitation program.

- Staff described not affording the luxury to include families as the program was externally driven and the directives did not enable collaboration.

There were no formal processes for families or direct care staff to provide feedback.

- Direct care staff described being told what to do rather than being asked for their input. For some this caused frustration and others did not think their feedback was necessary.
- Some families and direct care staff described an "open door policy" where if they had a problem or any feedback they could take the initiative to speak to management.

- In some cases, there were virtual meetings for families that provided an opportunity to ask questions and provide feedback in real time.

When staff did receive feedback, it was mainly positive and families expressed gratitude for the program.

## To Learn More About This Research

Email: **NSCA@msvu.ca** | Call: **902-457-6546**

This project is part of the Implementation Science Teams: Strengthening Pandemic Preparedness in Long-Term Care initiative led by Healthcare Excellence Canada .

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