

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

Actions to Take — from the Family Perspective

Improve Communication through Multiple Modalities and Consistent Information to Family and Staff

- Communication should provide the same information to families, residents, and staff.
- Multiple methods of communication need to be used to keep family informed (e.g., email, phone, in-person, printed notices, etc.).

“Administration doesn’t seem to communicate very well to the staff that are working because a lot of times... staff didn’t know [the rules]”
— Family Member

Provide Resident Specific Updates

- Families felt that mass email communication was missing the person-centered component of care.
- When families have limited access to the resident in-person—provide individualized updates on residents’ physical and mental well-being and any other needs (i.e., hygiene supplies, clothing, etc.).

“I found the communications were very generic, they weren’t person centered at all. The type of follow up on a day-to-day basis was not personalized so I would not know what was happening with [the resident]” — Family Member

Utilize Volunteers to Support Staffing

- Volunteers can be used for roles such as monitoring the front door so staff can perform their regular job tasks.
- Families recognized not all residents have a designated caregiver and made two suggestions to improve well-being of those residents:
 - Allow family to have a quick conversation
 - Allow volunteers to visit

“Having a designated family caregiver— a lot of people don’t have one... that’s why volunteers need to be part of it too” — Family Member



Recommendations for Provincial Directives:

Some of the suggested changes from family were outside of the individual LTC home’s control and are better addressed to the broader provincial health directives.

Family recommendations are to recognize the diversity in LTC settings, resident’s needs, and family dynamics:

- Allow exceptions to the mask mandate.
- Recognize the importance of physical touch, especially for spouses.
- Permit more designated caregivers for larger families.
- Provide resources to hire more 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 first spoke with LTC family/friends in Spring of 2021 and followed up with them in Summer of 2021 and then again in Winter of 2022 to understand their ongoing experience with the family visitation program in Nova Scotia and Prince Edward Island.

Who We Talked To

- 42 designated caregivers
- 15 non-designated caregivers
- From: 6 publicly funded LTC homes (2 in PEI; 4 in NS)



Broaden the Directive to Respond to Attend to Individual Differences

- Offer the option to exchange the designated caregiver, for example, if one becomes ill or is away for an extended period of time.
- Allow more designated caregivers for residents with larger families.
- Extend visiting hours for family who work during the day or live farther away (i.e., later evenings and weekends).
- Be flexible with rules for residents with varying health conditions. Masks impacted residents ability to communicate and recognize family—a quick removal or clear masks would help.

“They didn't make it easy for families to visit their family members”
- Family Member

Ease Restrictions to Renew a Sense of Normalcy

- Allow designated caregivers to accompany or participate in recreation activities with the resident.
- Allow designated caregivers to leave the resident's room—scheduled walking time in the hallway (in accordance with social distancing) or the ability to leave the LTC home for an afternoon or night.
- Allow families and residents to share meals or a coffee together.

“What this has imposed [COVID-19 restrictions] has been enforced isolation, expected decline, and lost opportunity for connection” — Family Member

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.

Suggested Citation:

Keefe, J., Andrew, M., Chamberlain, S., Hande, MJ., Krawchenko, T., Warner, G., Weeks, L. (2022, June). Actions to take—From the family perspective. *Practice Brief: Family Visitation in Long-Term Care During COVID-19*. Nova Scotia Centre on Aging, Mount Saint Vincent University.