

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

Actions to Take — from a Staff Perspective

Improve Communication through Multiple Modalities, Timing, and Transparency

Have regular in-person communication (i.e. huddles and team meetings) paired with memos, emails, and social media. In-person allows staff to have their questions/concerns addressed.

Address aspects of the visitation program early and throughout each step.

“We’re the last ones to know but the first ones who need to deal with it”

— *Direct Care Staff*

Be transparent—staff did not know the reason for rule changes and whether they were provincially or facility driven.

Communicate to staff their roles within the program and the rules for the designated caregivers that staff are tasked at implementing.

Supplement Staffing Resources

Further staffing resources—a full time coordinator for the visitation program, more long-term care assistants to support, and volunteers to help with visitation relocation for residents and recreation programming.

Formal relationships with other organizations such as hospice, end of life care specialists, churches, and volunteers to fill the gaps and ensure better spiritual care and end-of-life care measures.

Increase Recognition and Support for Staff

More training and education when changes are made—specifically around the rules of the program and how to communicate with family.

Recognition or a reward program for staff whose work is undervalued.

Support mental health of staff and family through:

- Check-ins and ask “how are you doing?”
- Strategies to mitigate the stress caused by additional workload/new roles taken on by staff.
- Address fear and concerns about COVID-19.



Recommendations for Provincial Directives:

Many of the suggested changes from staff were outside of the individual LTC home’s control and are addressed to the broader provincial health directives

- More transparent and timely communication with public health.
- Provide further information on how to implement the directive and any changes.
- Funding to hire more staff and increase wages for existing staff.
- Allow families to visit during resident isolation periods.

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 of 2021 to understand their experiences with the family visitation program in Nova Scotia and Prince Edward Island.

Who We Talked To

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



Enhance Flexibility within the Visitation Program

Staff acknowledged that more flexibility within the program would help attend to individual circumstances, specifically:

- More designated family members, extra visits, and longer visits.
- Allow for more normalcy such as sharing a meal or coffee together and physical touch, especially for spouses.
- Ease masking requirements when a resident is palliative.

Align visiting hours with the routines of the facility so staff do not have to provide personal care during visits and family can enjoy their time.

“When people think of long-term care they often think of the little old lady and her kids are visiting, but what about her spouse... I don’t think that spouses get any more freedom like they’re not allowed to lay in bed and cuddle... as much as they love to be present they don’t get the full benefit of living their life... it’s not fair.” — Implementation Staff

Incorporate Feedback from Staff, Families, and Residents

Staff would benefit from hearing feedback from families and residents and have them involved in planning the program:

- Forums, focus groups, and targeted meetings.

While some direct care staff were asked for feedback or described an open door policy with managers, others would like to have been asked for their input directly.

To Learn More About This Research

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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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