

UNINTENDED CONSEQUENCES OF PANDEMIC MANAGEMENT STRATEGIES ON RESIDENTS AND FAMILIES IN ONE LONG-TERM CARE HOME

A PATIENT-SUPPORTED CASE STUDY IN BRITISH COLUMBIA

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CONTEXT

- Pandemic management strategies were implemented in March/April 2020¹ to curb the spread of COVID-19 causing widespread devastation in British Columbia long-term care (LTC) homes²
- Strategies included: strictly limiting visitors, rigorous infection prevention and control (IPAC) measures, and limiting staff to working at only one LTC home³
- Crisis decision-making and implementation was rapid due to high risk to residents⁴

AIM OF STUDY

- To evaluate the impact of the pandemic management strategies on the health and well-being of **residents and families** in one LTC home

METHODS

- Site: Louis Brier Home and Hospital, a publicly-funded non-profit LTC home in the British Columbia lower mainland, 215-beds, 80% residents have some level of cognitive impairment
- Meaningful, active collaboration with residents, families, LTC leaders, and LTC staff via steering committee informing all aspects of a larger mixed methods study



**11 family members,
10 residents interviewed**
Oct-Dec 2020



**Interpretive description
used to analyze data**

RESULTS

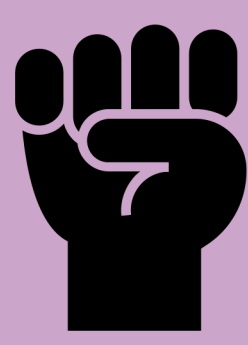
VISITATION POLICY

Caused emotional & physical distress for families and residents



Resulted in an absence of care provided by visitors

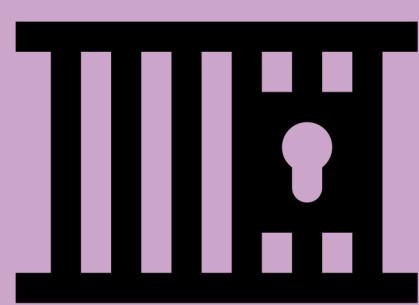
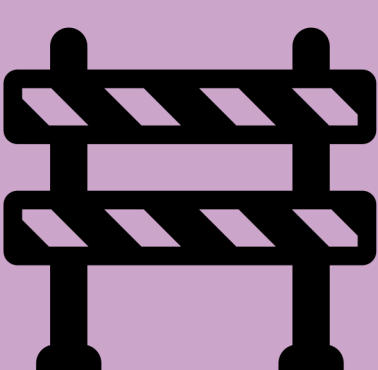
Decreased opportunities to advocate



Increased communication challenges

OTHER IPAC POLICIES

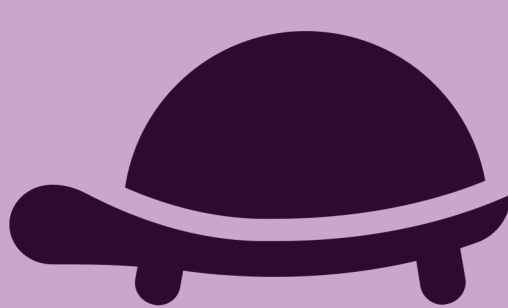
Decreased resident access to enrichment programs



Residents felt locked up

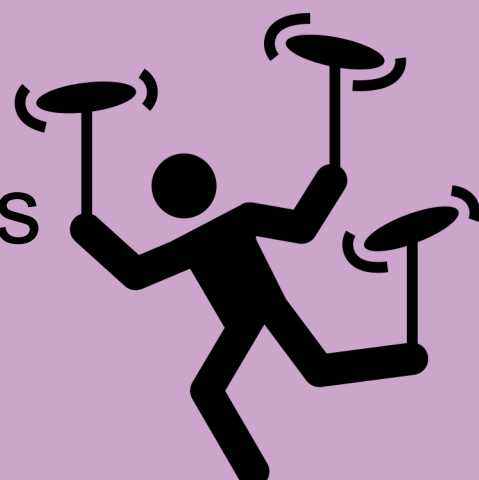
"I just really felt like a prisoner... and I was"
- Resident

Slowed down care



INTERSECTION OF POLICIES

IPAC and visitation policies increased staff workload...



...combined with staffing shortages due to staffing policies...

...cumulatively wore down staff.



"I have seen some of our best best care aides shout and threaten residents... they are at the end of their rope" - Family



RECOMMENDATIONS

**EXPAND
DEFINITION
OF
'ESSENTIAL
CAREGIVER'**

**CONSIDER
HOW
INTERSECTING
POLICIES
AFFECT
WORKLOAD**

**INCLUDE
FAMILIES AND
RESIDENTS IN
POLICY
DECISION
PROCESS**

**ESTABLISH
CLEAR LINES OF
COMMUNICATION
BETWEEN HOME,
STAFF, FAMILY,
RESIDENTS**

**CONSIDER
HEALTH
BEYOND THE
MEDICALIZED
DEFINITION**

IMPLICATIONS

Including the perspectives of residents, family, and staff in the creation of LTC policy should become common practice.

If their perspectives had been incorporated early in pandemic management strategy discussions:

- Increased workloads and their effect on care could have been acknowledged and potentially accommodated for within policies
- Their input could help ensure policies go beyond a medicalized definition of health (how many residents contracted or died from the virus), consider the important psychosocial elements of health, especially for older adults, and avoid unintended negative consequences

REFERENCES

- 1) Liu et al., (2020); doi: 10.1503/cmaj.201860
- 2) <https://www.cihi.ca/sites/default/files/document/impact-covid-19-long-term-care-canada-first-6-months-report-en.pdf>
- 3) Just & Variath (2021); doi:10.12927/hcq.2021.26469
- 4) <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/04/POLICY-BRIEF-ON-COVID19-AND-OLDER-PERSONS.pdf>

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FURTHER READING

Full Article in
"Innovation in
Aging":



Op-Ed in
"Policy
Options":



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