

Learn how some sites managed the challenges





Supporting resident and family experiences in continuing care during the COVID-19 pandemic

The COVID-19 pandemic presented many challenges for residents, their families, and the healthcare system. Continuing care operators had to quickly adapt to public health orders and enforce safety protocols including guidelines on isolation, visitation restrictions, the assignment of staff to a single site, and more. Many continuing care sites also faced staff shortages, outbreaks, and considerable impacts on residents' quality of life.

As part of the larger *COVID-19 Continuing Care Study*, the HQCA conducted a Family Experience Survey capturing feedback on:

- experience with the site's pandemic response
- experience with site visiting restrictions
- communication with sites
- personal protective equipment (PPE) use
- staffing issues
- addressing care concerns
- family members involved in care
- care and services provided

In an effort to learn from the findings of the *Family Experience Survey*, the HQCA did further analysis and identified several sites with survey scores higher than their zone and provincial peers. In 2021, we reached out to leadership from 10 sites across each of the Alberta Health Services zones to understand the reasons for these higher scores. These sites included:

- Bethany Harvest Hills (Calgary Zone)
- Bow Crest Care Centre (Calgary Zone)
- Mayfair Care Centre (Calgary Zone)
- Westpark Lodge (Central Zone)
- Extendicare Leduc (Edmonton Zone)
- Jubilee Lodge Nursing Home (Edmonton Zone)
- Bonnyville Healthcare Centre (North Zone)
- Good Samaritan Garden Vista (South Zone)
- Leisure Way (South Zone)
- Haven of Rest (South Zone)



Read More

About the COVID-19 Continuing Care Study

In partnership with Alberta Health and Alberta Health Services, the HQCA conducted the **COVID-19 Continuing** Care Study in the summer/fall of 2020. This study used in-depth interviews and surveys to gather information from residents in continuing care and their family members. The study included both designated supportive living and long term care.



Scan to learn more about the COVID-19 Continuing Care Study.

The HQCA team, including a member of our Patient and Family Advisory Committee, conducted interviews at each of the 10 sites. Participants included a mix of staff, site-level leadership, corporate leaders, and family members. These virtual conversations centred on the question of: 'What do you think may have contributed to your facility scoring higher than peers in the Family Experience Survey of the HQCA's COVID-19 Continuing Care Study?'

WHAT WE HEARD

We heard four prevailing themes from representatives of these 10 facilities that were central to efforts to support resident and family experiences in continuing care during the pandemic.

- 1. Communication and engagement
- 2. Teamwork and collaboration
- 3. Person-centred care
- 4. Leadership

1. Communication and engagement

With restricted visitation during COVID-19, families were not able to be as involved as much in the care of their loved one. As such, families relied heavily on staff to stay informed about their loved one's care and well-being. During our discussions, we heard how leadership and staff provided families with quick and available access to someone onsite, delivered regular updates, emphasized transparency on decisions, and took a more personalized approach to communication. We also heard how strong relationships that existed before the pandemic, through staff and leadership engagement with residents and families, helped build trust during the pandemic.

REGULAR UPDATES

A key to building trust during the pandemic was keeping families updated in a timely manner on the many changes to protocols, outbreaks, or their loved one's care. Chelsey, Resident Care Manager, from Bonnyville Healthcare Centre, explains: "It went from just once a month sending out emails or a letter to the families to almost daily...That really helped build trust and rapport with the staff... and

gave the families a lot more familiarity with the staff and the managers, just because they were having so many interactions." **Brenda**, a staff member from Jubilee, recalls being approached by a family member. "This family just yesterday expressed that there is nothing more they could have asked for. That everything that needed to be communicated was, and they were just so grateful."

TRANSPARENCY

Representatives from several sites stressed the importance of being open and transparent with families. "We were continuously letting families know what we were doing, and what we were not doing as well. Transparency is a big thing we lived by during this time," says **Avneet**, previous director of the Bow Crest Care Centre.

Brenda at Jubilee agreed: "There was nothing we didn't communicate with families. We really took the approach that we wanted to be open and honest, and that's why we've always had great support from our families."

Explaining site decisions helped create a collaborative relationship between families and staff. Carol, Senior Director of Operations with Covenant Health, explains: "Sites that were proactive, and really helped the families understand what was going on, were far more successful than those that were maybe a bit more hesitant or were more like 'here's the rules.' I think it is innate, that if we understand why we are doing something it's just so much easier (to understand and support)."

PERSONALIZED APPROACH

Taking the extra step to ensure more personalized communication helped build trust and respect between families and staff. "We took the time to make individualized phone calls. We didn't think twice about it. We all felt this is what we would've wanted ourselves, a phone call to let you know what is happening, and why. It is out of respect, and (consideration) for our residents and our families together," says Dana, Executive Director of Clinical Operations, Bethany Care Society, which operates Bethany Harvest Hills.

Personalized communication varied between sites. Some had a staff member assigned to a family as their main contact, "so they already knew who to talk to. Instead of running around and figuring out who can help," says Christie, Clinical Lead, Mayfair Care Centre. Other sites had their leadership team provide targeted communication. "There was a lot of site managers reaching out (to families)

individually to outline the protocols, ask for feedback and give reassurance. Sometimes, a mass email or notification is appropriate but there was so much time spent on the phone just one-to-one with families. This has grown the relationships with the families significantly, even in the larger sites," says Lana, Assistant Director of Operations, Garden Vista.

BEING ACCESSIBLE AND AVAILABLE

Sites offered several alternative methods of communication to ensure families could speak with staff, visit with their loved ones, and get the information they needed when in-person visitation restrictions began. Sites relied on phone calls, email, texting, newsletters, outdoor group meetings, virtual town halls and meetings, and emergency family council meetings. "We made phone calls, we sent out letters, we put up information on our website because we just felt it was the right thing to do to keep everyone informed," says Dana, about Bethany Harvest Hills. The lines of communication were open at Jubilee Lodge as well. "We consistently invited everyone to send us emails and asked them for feedback, or if they had any questions," says Bonnie, Director of Care, Jubilee Lodge. "In the beginning it was so busy with phone calls, so we would ask (families) to email us and we would either redirect their question or find the answer for them." One site even introduced a designated phone line for families, answered by a registered nurse: "This was a cell phone, and they could also text. (Families) would book their appointments and visitations and inquire about their resident. It was a quick means of communication with the families — and that became the phone number the families used. We still use it now," says Chelsey, Resident Care Manager, Bonnyville Healthcare Centre.

BUILDING RELATIONSHIPS

In addition to communication, many sites attributed the positive experiences of families to the strong and trusting relationships established pre-pandemic. "We've always been really close with our families, and so are all the rest of the staff. We get out there and talk to the families," says Annette, Administrative Coordinator, Westpark Lodge. Avneet from Bow Crest Care Centre explains their experience: "This is not just a place to do their job, staff see this as their 'home' where families are part of that group and they engage with them a lot. Even upper-level management are not just sitting in the office. They are on the floors, and people get to know them well. We are all involved with the families and available at all times."

2. Teamwork and collaboration

We heard throughout our interviews that two key aspects of teamwork and collaboration were apparent throughout the sites during the pandemic.

- Flattened hierarchical structures within organizations.
 Staff, regardless of role, embraced additional responsibilities to support residents, families, and co-workers during this stressful time.
- 2. Collaboration increased across sites and departments. Through this collaboration, staff learned about best practices and innovative solutions to generate staff capacity and prepare for potential outbreaks and changes.

TAKING ON ADDITIONAL RESPONSIBILITIES

Many sites provided examples of staff taking on additional tasks or even a new role during COVID-19. "When the pandemic hit, it was almost like every staff member stepped in to make it ok. It's hard to say 'to make it good,' because we couldn't do that, but we tried... We had our recreation therapist scheduling Skype (virtual visits) when families were restricted from visiting. We all bonded as a team to make it work," says **Karin**, Care Service Manager, Bethany Harvest Hills (at the time of this interview).

Ingrid, a family member from Extendicare Leduc noticed a culture of teamwork as well: "There was this one lady who was cleaning one day, and Mom needed her hearing aids. She said, 'don't you worry I'll go and get them' and put her mop down and goes and brings them. It was the people jumping in wherever they could to make sure that other staff weren't overloaded."



This was true for management and leadership positions too. At Bow Crest Care Centre, "during outbreaks, management were not just directing the staff, they were out there working with the staff, whether it was helping with meals or with lifts or transfers. There was no hierarchy of tasks during the outbreaks," explained Avneet.

At Mayfair Care Centre even the owner stepped in to help. "We had someone in our kitchen test positive, so we automatically had to put half of our kitchen on quarantine.



Our owner was making eggs and breakfast for the residents for a few days until things settled down," says Scott Wagner, General Manager, Mayfair Care Centre.

SHARING AND LEARNING ACROSS DEPARTMENTS AND FACILITIES

The pandemic led to increased information sharing between departments within organizations as well as across facilities. In our interviews, we heard that sharing best practices and innovative ideas resulted in staff being better prepared for COVID outbreaks. "We pulled in our 'integrated services' like our hospitality services, pharmacy, infection prevention and control, human resources, and spiritual care. It was the first time we had ever done that, and now do so regularly. That has been one of the greatest things that has come out of COVID – is how much better the whole team is working together and how much the communication has improved across the organization," says Shelly, with the Bonnyville Healthcare Center.

Facilities and partners across Alberta Health Services often met weekly during the pandemic to share their experiences. "The weekly touch-base meetings have been so valuable," says Ricki, Home Care Manager from Leisure Way. "They are a great way to get together with all our contracted partners, homecare managers, and our directors. If there's a concern at one facility, chances are the same challenge is happening somewhere else."

Bonnie, Director of Care at Jubilee Lodge, says her site tapped into valuable advice about communication as well as other best practices from participants at these meetings: "They would share stories with us from other sites who were on outbreak, or they would help us work through the different (public health) orders."

3. Person-centred care

What is person-centred care?

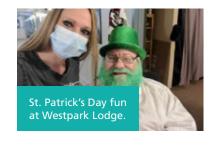
Person-centred care is healthcare that respects the beliefs, preferences, and values of an individual and family or caregiver. Person-centred care puts people and their families at the centre of healthcare decisions, working alongside professionals to get the best outcome.

In our interviews, we frequently heard how principles of person-centered care were behind many of the staff interactions with residents and families. This included shared decision-making, respecting residents' values, prioritizing the need to stay connected, and having a holistic understanding of residents.

SHARED DECISION-MAKING

Person-centred care involves shared decision-making, through the appreciation of different perspectives between healthcare providers and residents and families. Collaboration was evident across many sites. Chelsey, from Bonnyville explains: "There was no pretense of hierarchy. We really pulled everyone in and said, 'This is what is going on. Let's tackle this together as a team.' The families and residents were very involved in all our decisions. It was a true group project. I really think that gave them such a feeling of empowerment and control. It wasn't us saying, 'This is how it's going to be.' It was all of us working together to make it OUR rules and OUR safety."

Edythe, Chief Quality Officer with Good Samaritan, saw similar experiences at Good Sam Garden Vista: "We are a community, and have partnerships, collaboration, and



relationships that provide an environment where people can be comfortable to voice their opinion by saying, 'Hey I don't agree with this' or 'it could be done this way.'"

Alice, who has family living at the Mayfair Care Centre, says families appreciated being included in the decision-making: "The facility would say, 'Here is what we are thinking about doing'... Rather than opening it all up and

collecting all the ideas in the world, they would ask us (family members) specific questions about segments of it. And that really helped put edges around things, and an understanding of where they were coming from."

STAYING CONNECTED

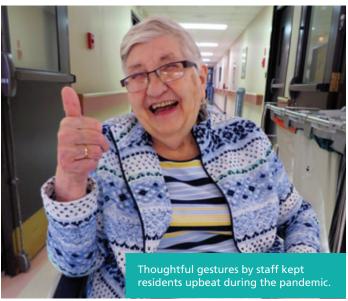
Another aspect of person-centred care is respect for an individual resident's beliefs, preferences, and values in addition to the needs of their family and support systems. Staff at the sites we interviewed recognized that families and residents valued staying connected to one another, especially when in-person visitation was restricted. Staff and leadership found creative ways to ensure this happened through video calls, window visits, picture albums and garden boxes. These ideas helped families realize the importance that staff put on maintaining connections between residents and their families, and in turn, supported families' experiences during the pandemic.

"We had a healthcare aide who would use their own phone to make sure every resident had the opportunity to phone a family member at least once a day," says **Chelsey** from Bonnyville Healthcare Centre. "We also had a lot of fun doing things outside the windows. Families started to decorate the resident's window or bring balloons or play charades. We took every opportunity to connect with families in any way. Even if it was looking at picture albums and giving the residents an opportunity to talk about their family – just to feel that sense of connection with them."

Some sites found unique ways to maintain connections between families and residents. "We made garden boxes to go outside the residents' rooms, so they could fill them and have some sort of connection with their family members," says **Jennifer**, Site Director, Westpark. "So (families) planted flowers in them and then we planted flowers in them. At Halloween, we put in Halloween things, in winter we put winter things in...something that they and their families could do together."

The gestures and ideas by staff to ensure family-resident connections indicated an understanding that families also have needs to be met. Marleen, a family member from Bethany Harvest Hills recalled: "Mom was new to the facility in January 2020. COVID hits, and we can't see her. We had Skype visits, and then window visits. The staff were awesome. They would come in and make sure she was comfortable, and if we brought a snack they would bring it in, and try to get her to eat while we were there, so we could see that she was enjoying it."







DIGNIFIED AND HOLISTIC CARE

An aspect of person-centred care is having a holistic understanding of a person by addressing their diverse needs and goals beyond just their illness. In our interviews, families provided examples of staff creating meaningful connections with their residents that went beyond just taking care of their physical health and safety.

Rosalyn, a family member from Extendicare Leduc describes: "When you see somebody has painted your mom's finger nails. It means so much to know that somebody took the time to sit and do that and have a conversation." Vicki, a family member from Bethany Harvest Hills, agreed, "Staff truly do care for the residents and it shows in many different ways. My mother loved to wear hats...we took several hats with us, and every day the staff not only dressed her beautifully, but she had a hat to match." Marleen, whose mother resides in Bethany Harvest Hills expressed her gratitude, "The personal things staff do – like for Mother's Day, a staff member said, 'I'm going to go in and see the residents. Your mom's in isolation but I am going to go in.' Just over and above - you don't have to go in on a Sunday, but that's the kind of people who are there helping our loved ones."

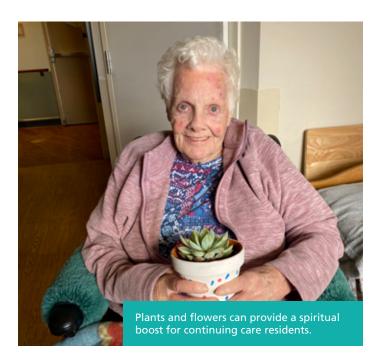
When the pandemic hit, sites explored creative ways to provide holistic care by attending to the recreational and social needs of residents. At Haven of Rest, Trish described playing 'hallway bingo' during outbreak periods. "I purchased a portable mic, a headset, and a portable speaker. Then our Recreation team went to the end of the hall, and would call out a number and go up the aisle to make sure everyone got it. The residents all sat at their doorways with a card. I think they were all so excited to be doing something new and different."

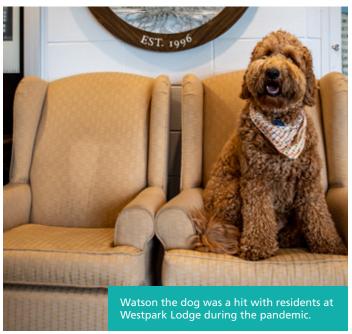
Sean, from Leisure Way, outlined how they were able to take advantage of their unique outdoor spaces to provide residents with a sense of normalcy during the pandemic. "Because we are on an acreage property outside of the city, we have an opportunity to give people who grew up on a farm or ranch a true sense of normalcy. They get to look out their window and see the goats or the horses, and they can feed and interact with them. The residents have told us how much they enjoy and appreciate this."

The comfort of having animals during the pandemic, was noted at Westpark as well, "The residents absolutely love (Watson the dog)," says Annette, Administrative Coordinator, Westpark Lodge. "Even when all the visitors were not able to come in, he was here every single day.

A holistic approach to care

A holistic approach means to provide support that looks at the whole person using a broad understanding of health so that many different types of needs are met (e.g., physical, mental, emotional, social, and spiritual).





He will sit up at the doors with the residents, and he will go wherever they want him to be. He's made a huge difference for them."

4. Leadership

During the pandemic, leaders kept staff up to date with changing public health orders and provided visible leadership and support. Leaders made it a priority to communicate clearly and frequently with staff, which helped to ensure that consistent messages were being shared with residents and families. In addition, leadership worked to stay engaged, listen, and be aware of the stress staff experienced so they knew where to direct support.

OPEN AND REGULAR COMMUNICATION WITH STAFF

Public health orders changed quickly and frequently during the pandemic. This meant staff needed regular updates on changes to protocols on personal protective equipment, social distancing, visitation, masking, and more. Leadership and management often had to rethink their usual communication approaches and get creative to achieve open communication.

"We just tried to be really honest with our staff, and we shared all of the information that we could," says Trish from Haven of Rest. "We developed a 'COVID Corner' where we had updated information staff could read up on. We had staff meetings, and one-on-one huddles. Any information sent to families was also shared with staff. I would put a copy of it on each unit, outside my office, in the COVID Corner binder, and in the cafeteria. I wanted my staff to know what was going on and I wanted to make it as clear and as easy for them as I could."

Another site relied on existing technology to optimize communication with staff across shifts. "We also have an online learning tool that every staff member has access to," says Scott, Mayfair Care Centre. "We can send a quick email to everybody, or we can post procedures or videos. It also provides the ability to ask questions or reply if they are not sure about any of the content."

The open and regular communication between leadership and staff gave families confidence they were getting the right information, all the time. "You don't walk in and hear multiple different things," says Jeff, Director of Operations, Westpark Lodge. "You hear one thing, and it doesn't matter if it is the LPN (licensed practical nurse) in charge, or a manager or a healthcare aide, the message is consistent. So, families feel very comfortable when they are communicating."

CONNECTING WITH STAFF

Engaging and connecting with staff helped leaders identify areas where they needed to provide further support. "I think you need to take the time to connect," says Karin, Bethany Harvest Hills. "You need to get to know the person and realize they may be struggling or having a hard time, so it is up to us to comfort and connect with that person. It's the whole team that needs to make these connections, and first, leadership has to make those connections with the staff. If the care team feels listened to and connected to, then it can be passed on to everyone."



At Leisure Way, Pat explains: "I try, for every shift, to phone and see how the staff are doing. The first thing I ask is, 'How is your day going? How are you feeling?' – because somebody may be having a difficult day. It is important to connect and first provide support around that, and then, we can better collaborate."

Ingrid, a family member from Extendicare Leduc, noticed the impact of effective leadership. "These leaders knew their staff. They put the right people in the right places at the right time, and that led to a lot of success."

ENSURING SUPPORT WAS AVAILABLE

Maria, Director of Care, Bow Crest Care Centre, describes the intentional way managers ensured everyone felt supported no matter their shift. "During outbreaks we made a decision that management needs to come in on weekends to make sure we could help and answer any questions. It really is critical, and there are always less bodies on the weekends, but with management there we could ask, 'Is there anything that you need?' Your presence really means a lot because they know there is someone they can go and talk to."

In addition, leadership ensured that staff received training so they could work as a team when outbreaks occurred, "We taught everyone how to feed residents, we trained recreation staff to help with lifts and transfers," says Bonnie from Jubilee Lodge. "We focused on preparing our staff so when we did go on outbreak, everyone was able to take on different roles and help out in any way possible."

Final thoughts and acknowledgements

The pandemic brought new challenges, forcing many to step out of their normal roles and comfort zones, and push together as a team. The resilience shown by staff, families and residents at the sites where we conducted interviews was evident. Care was humanized and person-centred during the pandemic with effective communication, leadership, and teamwork. The Health Quality Council of Alberta (HQCA) would like to thank leadership, care workers, families and residents from the sites that participated in our interviews. We believe these stories will help inspire continuing care leadership and professionals across Alberta, as they reflect on their practices and approaches during the COVID-19 pandemic.

If you would like more information about positive things happening in Alberta's healthcare system, please check out the HQCA's Quality Exchange program at hqca.ca/improvement-stories/quality-exchange. The Quality Exchange program shares initiatives that demonstrate improved outcomes and staff, family, patient, resident, and client experiences – whether it's innovation in clinical practice, or examples of how healthcare practitioners reflect person-centred care.



Bonnyville Healthcare Centre.





