

Identifying innovative and promising models of care to support residents in long-term care homes (LTCHs) during and beyond COVID-19

Summary

The Knowledge Translation Program (KTP) identified innovative and promising models of care that were implemented in long-term care homes (LTCHs) during the COVID-19 pandemic and provided suggestions on best practices that could be integrated into LTCHs to potentially improve resident care. The project included a quantitative survey and semi-structured key informant interviews with LTCH managers across Canada to identify these promising models of care and understand their impact on resident care.

Implications

These results may help policymakers and management in LTCHs to identify models of care delivery to effectively support LTCH staff and residents. It may also help LTCH managers of the common barriers and facilitators to model of care implementation.

What is the current situation?

The stress of the pandemic on LTCHs have emphasized the need to assess which models of care have been effective at supporting LTCH staff and residents.

For more information, please contact Dr. Christine Fahim (Christine.Fahim@unityhealth.to)

What is the objective?

The objectives of this project were to:

1. Identify innovative and promising models of care that were used to support resident care in LTCHs during the COVID-19 pandemic and to describe their intervention components, processes of implementation, and impact
2. Identify whether innovative and promising models of care were implemented in response to the pandemic with plans for removal once the crisis period ends, or if plans to sustain these models were developed.

How was the project conducted?

- The protocol (or plan) was developed and revised with input from researchers at the KTP, and Healthcare Excellence Canada (HEC).
- The survey was prepared with input from HEC, it was then created using Qualtrics (an online platform for survey collection).
- Data were downloaded from the Qualtrics server and summarized using descriptive statistics on Microsoft Excel.
- Interviews took place over Zoom; interviewers asked LTCH managers about the models of care they implemented, their perceptions of the impact, and plans to sustain the models of care post-pandemic.
- Interviews were recorded then transcribed verbatim. Interview data were analyzed using NVivo 12 qualitative software guided by a codebook developed by the project team.

What did we find?

- We found that the most frequently reported models of care were related to healthy food options, exercise, music, and art programs, and planned social activities for residents. These models were perceived to improve resident care. LTCH managers also planned to sustain these models of care beyond the pandemic.
- Common barriers for the models of care were identified through the interviews with the LTCH managers. We identified five barriers to implementing these models, which included: lack of funding, resources, or staffing; staff not being familiar with/reluctant to use the model; lack of resident buy in; fear of COVID-19; and pandemic regulations. Common facilitators to implementation were also identified; they included: staff support; resident/family buy in; funding, legislation and/or resources provided; familiarity model prior to COVID-19; and collaboration with other LTCH's.
- We found that LTCHs planned to sustain most models of care post pandemic. LTCHs also perceived these models to be effective and believed they should be integrated into LTCH. Managers also discussed the need for policy makers to focus on funding and legislation to improve LTC and support the implementation of promising, effective models of care.

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