

LTC+ Acting on Pandemic Learning Together

Webinar Recap for November 9th, 2020

TOPIC & KEY AREA(S)

Evidence on Best Practices for Supporting Staff and Mitigating Concerns during Reopening of LTC Homes
Supporting and Sustaining Resilience through the Pandemic
People in the Workforce

SPEAKER(S)

- Deba Hafizi, Knowledge Mobilization Officer, CADTH
- Lesley Wiesenfeld, Psychiatrist in Chief, Sinai Health

SESSION OBJECTIVE(S)

CADTH

- Learn from CADTH's work related to People in the Workforce during the pandemic
- Review the evidence on best practices to support long-term care staff and mitigate concerns during reopening processes in the context of the COVID-19 pandemic

SINAI HEALTH

- Learn from Sinai Health's work related to People in the Workforce during the pandemic
 - Review what we knew and know about healthcare worker (HCW) resilience and coping
 - Reflect on how the COVID-19 pandemic impacts resilience
 - Describe interventions and principles which may support and sustain HCW well-being and coping
- Offer concrete strategies for organizations to support and protect People in the Workforce
- Share program updates and next steps to participate in the LTC+: Acting on Pandemic Learning Together program

SUMMARY

CADTH

- Themes identified in the current literature regarding safety concerns of LTC staff during an outbreak in the context of COVID-19:

Safety Concerns of LTC Staff

- Proximity of LTC staff to residents during an infectious outbreak
- Lack of pandemic preparedness
- Lack of infrastructure to support IPC protocols (e.g., isolation)
- Shortage of personal protective equipment (PPE)
- Inadequate staff to patient ratios
- Delays in testing
- Evolving guidance on PPE (e.g., masks, droplet precautions)
- Challenges fulfilling infection prevention control (IPC) responsibilities
- Challenges in enforcing social distancing
- In addition, lack of information and training related to infectious outbreaks was related to increased stress, fear, concerns, and lack of proper adherence to IPC measures

CADTH



Canadian Foundation for Healthcare Improvement

Fondation canadienne pour l'amélioration des services de santé



Canadian Patient Safety Institute
Institut canadien pour la sécurité des patients

- Themes identified in the current literature regarding best practices to support LTC staff during an outbreak in the context of COVID-19:

Best Practices to Support LTC Staff

- Education and training of IPC measures
- Adequate PPE and equipment for staff
- Mandating the use of appropriate PPE and strict hand hygiene among staff, residents, and/or visitors
- Active screening and testing of all staff and visitors
- Adequate staff-to-patient ratios;
 - LTC homes with lower levels of nurse staffing had worse COVID-19 outcomes (Harrington et al., 2020)

Best Practices to Support LTC Staff

- More coordination with primary care professionals
- IPC specialist or team on site
- Policies and programs to support staff and limit work locations (e.g., sick leave, full time work, compensation)
- Transparent communication regarding COVID-19 updates

- CADTH uncovered multiple measures essential for supporting staff during the COVID-19 pandemic, including adequate levels of PPE, adequate staffing ratios, adequate IPC training, as well as policies and programs to support staff. Transparent communication and regular monitoring of staff well-being supports continuing staff roles meaningfully, even as visitor restrictions relax.
- Regarding adequate staffing in LTC during COVID-19, a report from Nova Scotia suggests that each resident should receive 4 hours of direct nursing and personal support care per day.

SINAI HEALTH

- The psychological impacts of sustained stress resulting from pandemics and disasters, include cognitive, emotional, physiological and interpersonal factors. These relate to HCW resilience, burnout, wellness and coping. Reflections from SARS yielded that HCWs felt stigma and moral distress regarding delivery of care, and these psychological impacts lingered post-crisis.
- Three phases of working through disasters have been identified – Preparation, Active and Recovery – each implying different demands for HCWs. The preparation phase is characterized by anticipatory anxiety and feelings of ‘running out of time’ while planning for the crisis. Second, the active phase is described as a time where psychological and physical health is neglected, HCWs develop a ‘heroic’ feeling, and a sense of exhaustion begins to set in. Lastly, the recovery phase, occurring post-crisis, typically involves HCWs debriefing and reflecting on decisions or actions made during the crisis, as well as the presence of lingering psychological impacts from the crisis and a biological ‘crash’.
- Common themes that have emerged among those providing care or working in healthcare facilities during COVID-19:

Common Themes of COVID-19 Experience for HCWs

- **Tolerating Uncertainty and Fear**
- **Mastery and Routine**
- **Redeployment Stress**
- **Personal and Professional Dominoes**
- **Essential Worker ‘Identity’**
- **Moral Distress**
- **Health and Racial Inequities**
- **Amplified Traumas and Vulnerabilities**
- **Loneliness and Stigma**
- **Meaning, Pleasure, Connection & Gratitude**



- Key principles that are considered leading practices for responding during the active phase of a pandemic, as well as interventions and approaches for HCWs being trialed globally:

Key Principles of Responding During Active Phases

- Visible Leadership
- Communication
- Consistent Access to Physical Safety
 - PPE, Food, Sleep
- Human Connection and Peer Support
- Psychological Support to Patients/Families
 - Moral Distress, Professional Satisfaction
- Normalize Psychological Responses
- Deliver Formal Psychological Care in Stepped Ways

BPS: The psychological needs of healthcare staff as a result of the Coronavirus outbreak | 31.03.2020

Interventions and Approaches

- Psychoeducation
- Resilience Coaching
- “Stress Inoculation”
- Battle Buddies
- Skill Building
 - Mindfulness
 - Meditation
 - Behavioural Activation
- Applying Psychotherapeutic Principles to Teams
- Highlighting Group, Interpersonal & Cognitive Behavioural Principles to tackle threats to Resilience
- Tool Dissemination- ‘just in time’, ‘transitional objects’

- Other strategies that LTC homes can apply to support staff through the psychological impacts of COVID-19 and foster resilience:
 - Creating a space and taking the time during meetings or huddles to allow staff to share how they’re feeling and express their needs;
 - Recognize the moral distress also faced by healthcare leaders during times of crisis.
 - **“We need empathy and IPAC.”**
 - Share, print, and post tools, such as the Resilience Alphabet, around the organization to guide staff on things they can action to care for themselves, their team, and create resilience.



RESOURCES SHARED

Listed below are the resources mentioned during the webinar:

- [Reimagining Care for Older Adults Report](#)
- [COVID-19 Infection Risk Related to Visitors in Long-Term Care Facilities: Synopsis of Reference Search Results \[ENGLISH ONLY\]](#)
- [Impact of Infection Outbreak on Long-Term Care Staff: A Rapid Review on Psychological Well-Being \[ENGLISH ONLY\]](#)
- [Exploring the challenges faced by frontline workers in health and social care amid the COVID-19 pandemic: experiences of frontline workers in the English Midlands region, UK \[ENGLISH ONLY\]](#)
- [Ontario Health Coalition long-term care staffing survey report \[ENGLISH ONLY\]](#)
- [Workforce and safety in long-term care during the COVID-19 pandemic \[ENGLISH ONLY\]](#)
- [Coronavirus disease \(COVID-19\) and people living with dementia: a guide for those looking after residents in long-term care, designated and supportive living \[ENGLISH ONLY\]](#)

WEBINAR RECORDING

[Watch the full webinar here!](#)