



LONG TERM CARE: COVID-19 SERIES

Session 8: Rebuilding relationships with families in the context of COVID-19 – Compassionate and proactive communication

QUESTIONS & ANSWERS

Disclaimer: All information is provided by healthcare providers working in long-term care facilities across Ontario including those at Baycrest. All identifying information including names of individuals, organizations, or locations have been removed for privacy. **The answers below are amalgamated responses from our Hub team members and Learning Partners.**

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Question 1: What would be useful resources or modules that would be helpful for both families and staff?

Answer: I find it goes both ways so staff can get emotional and stressed and so can families. When families are raising concerns they are advocating on behalf of a loved one and they are very passionate about the care their loved one is receiving in the same way staff are advocating for the residents. Some of the resources currently being shared amongst staff around breathing exercises and tools to help with stress and anxiety may also be beneficial for families. So if you have families have access to the same modules it might be interesting to see how you could incorporate the tools used by staff with families and see if that type of training may also help them during this difficult time.

I think it may also help families be able to understand on how we are going to respond and create a positive cycle of communication.

Question 2: What are some strategies we can use when a family member has many questions and concerns about their loved one and there is limited time or we may not have the answers right away?

Answers: In my personal experience, there have been a couple of families who wanted to have an extended period of time chatting on the phone about many things with a long list of concerns, complaints, or comments. At times it makes the staff dread calling them back.

So a strategy I've used with staff is to get them in the practice of the following:

- First telling the families there is a specific period of time to discuss their concerns and to prioritize their concerns
- At the same time, families would be very grateful to receive a call from staff with an update so at the same time it is important for the staff calling the family to be prepared and to know what are the current care plans in place for their loved one
- It is good practice to repeat back what the family's concerns are to ensure there is mutual understanding, and
- Also to provide some positive feedback about their loved ones by the end of the call because it is always good to hear about the things that are going well
- It is also okay to not have all the answers during the call, but it is important to communicate with families that even though you don't have the information for them today, that you will get back to them with that information later

These strategies have been helping staff better communicate with families, especially with ones who have multiple concerns with every call.

To chime in on those strategies mentioned, I think setting expectations is really what you're getting at; telling families that there is limited time to discuss their loved ones, for families to communicate what information is needed from the staff, and for staff in turn to receive the



information they need to be effective and to let the families know what are the current challenges and that they are doing their best to communicate proactively. Families know you are overwhelmed and from their perspective, if the staff would communicate more proactively then families wouldn't have to call. So think about the strategies you have, email, your website, or others that you can use to provide information to families before they call you because families don't want to be sitting on the phone with you for hours at a time, they want the information so think about how your LTC facility can do that proactively.

Question 3: Does anyone have any good strategies for how they send out their information proactively?

Answers: With my mother-in-law who is in a LTC facility, the staff regularly send weekly updates regardless of what is going on and if there is something to report, for example if there is someone who tested positive with COVID, there would be an email that day informing me that there is an outbreak. That goes along with the weekly scheduled emails. So as a family, we know to expect updates every Tuesday through email and recently they started doing face-to-face outdoor visits and so I was informed of the schedule of how this system works and it was very clear. The information given to me is written in a very lay person friendly way with no jargon, simple with bullet points or numbered so it is easy for families to follow.

At the LTC facility I work at, in order to reduce anxiety and to facilitate access to information to the families we have weekly **Town Halls**. We set up a system where we accept questions from the families. So our Town Halls are every Tuesday, and so we allow families to submit their questions or general concerns by Monday noon in order to address them during the Town Hall meeting. We have a designated person for whom to contact to submit their questions or concerns then they are distributed to those that are able to answer them, which includes our administrators, IPAC person, physicians, nurses, social workers, dietitians, in order to effectively address their questions or concerns. I think this strategy has worked very well to open up channels of communication and to address the general concerns many families have more efficiently.

Question 4: In the didactic, you mentioned a version of the SBAR, which is a tool nurses use to better communicate with clinicians, being modified for families to use called SBARR = Situation, Background, Action, Recommendation, and Request – was this done purposefully?

Answer: I like that you picked up on that! It was specifically and purposefully designed that way. Some of the feedback that we got in speaking to various people, including members of the Family Councils Ontario, was that they wanted to have a common language to facilitate better understanding and on how to better communicate with staff. At the end of the day family members want to be helpful and want to express themselves in the clearest way possible so ultimately their loved one is cared for optimally. So one of the ways that we looked at is using the strategy or tool that was already developed for the Navy and to simplify things and get it directly done and not waste time. The format itself is quite direct and as you mentioned, is used



by nurses a lot. We also wanted to use that common language between family members and staff so that they can all understand how to start sharing information.

I think the process initially may be a learning curve, but as families speak and express themselves while using this tool, I think it will give them a much more efficient way of sharing subsequent information and the ability to organize their own thoughts and get direct results or to be able to offer support to the staff so that they in turn can support them by getting the information they need quickly.

So overall, we wanted to support or develop that relationship in that communication and it was purposefully done like SBAR. I think this method will also help to demonstrate empathy, support, and reassurance over the phone. The tool is simply a way to reinforce building that trust and relationship between staff and families.

Question 5: We are a very small LTC facility, does anyone have suggestions on how to invite families to see their loved ones if they are not used to virtual meetings or technology?

Answers: At our LTC facility, which is also small, our main floor is our dining room and we have been trying to schedule family visits and bring the residents to the dining room so that families can visit their families by the main entry way/doorway.

We send out a weekly update to all families. We also have a weekly phone in conference on Wednesdays at the same time every Wednesday. We have 1 staff member call families who would like an update call weekly on their loved one, such as contacting the POA (power of attorney). We do allow window visits by appointment with recreation staff or skype visits.

I am a founder of an intergenerational association and some of what we do is to pair up youths with seniors in our community. Due to the pandemic, it's been more difficult to do this so our youth is no longer able to help seniors with writing or technology in person. However, I do see some LTC facilities putting large messages on the windows on the main level, such as "X's & O's" so that it is a 3D or in person connection and not just a screen. I don't think it has to be something big but we emphasize that with families and residents to see those in-person messages while being apart can be helpful.

Question 6: Does anyone have any success stories they would like to share when it comes to connecting with families?

Answer: I work with the Registered Nurses Association and so I work in various LTC facilities. Some LTC facilities have had good success with "through the fence" visits. These facilities have courtyards that are fenced in with chain link fencing and we placed six-foot distancing both in the inside and outside of the fence to allow families and residents to see their loved ones in person while still maintaining safe physical distancing. It has worked quite well in a few LTC homes and it is especially helpful for residents who aren't able to use technology and those with advanced dementia who aren't responding well to virtual visits. There was one LTC facility that



tried it without the fencing in place, but it didn't work out. This strategy isn't perfect, but it is a way to have families visit that is still safe.

We have engaged with the Family Council - and the Family Council has organized a drive by for the staff and residents so families had an opportunity to drive around the facility as a gesture of appreciation.