

COVID-19 CADTH Health Technology Review

Strategies Used by Long-Term Care Facilities to Maintain Communication With Essential Care Partners During a Pandemic or Infectious Disease Outbreak

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To produce this report, CADTH used a modified approach to the selection, appraisal, and synthesis of the evidence to meet decision-making needs during the COVID-19 pandemic. Care has been taken to ensure the information is accurate and complete, but it should be noted that international scientific evidence about COVID-19 is changing and growing rapidly.

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Key Messages

- Overall, there is limited published research regarding the implementation and evaluation of strategies aimed at maintaining communication between long-term care (LTC) facilities and essential care partners during a pandemic or infectious disease outbreak.
- When visitor restrictions are implemented during a pandemic or infectious disease outbreak to minimize the spread of infection, LTC facilities are faced with challenges in maintaining communication with residents' essential care partners. Various forms of communication (for example, digital technologies, written communication, telephone) used by LTC facilities have been identified as strategies used to address essential care partner's increased concerns and questions associated with the pandemic or infectious disease outbreak.
- CADTH conducted a limited literature search and identified 1 review article and 3 primary studies that considered the impact and/or management of visitor restrictions during a pandemic or infectious disease outbreak.
 - All 4 reports included an examination of strategies aimed at improving communication between LTC facilities and essential care partners. Strategies include the use of various forms of communication (for example, digital technologies, written communication, telephone) to provide resident care-related updates to essential care partners.
 - Two of the studies included strategies, which were evaluated.
 - In one case study, clinicians provided positive feedback regarding their use of a standardized clinician tool implemented to support advance care planning conversations with LTC residents and their families virtually during the COVID-19 pandemic. Following notification of a positive COVID-19 test and use of the communication tool with families (in which families were provided with information that included anticipated outcomes of infection in older adults), there was an increase in the number of residents with do-not-hospitalize and do-not-resuscitate status.
 - In 1 qualitative study, social workers led the development and implementation of a communication plan (with various methods of maintaining communication such as, for example, phone calls and written correspondence) for all LTC staff to keep families informed, maintain communication, and respond to crisis during the severe acute respiratory syndrome, or SARS, outbreak. Focus groups were conducted with relatives of LTC residents following the lifting of visitor restrictions to examine how they experienced the restrictions and facility's attempts to mitigate the associated distress. Relatives responded that they appreciated regular, timely, accurate, and easy to access resident- and facility-specific information.

Purpose and Context

Long-term care (LTC) residents have been disproportionately impacted by the COVID-19 pandemic, experiencing increased death compared to the rest of the population¹. With visitor restrictions implemented in the hope of reducing COVID-19 transmission,¹ LTC facilities have been faced with finding alternative ways to maintain communication with residents' essential care partners.

This report provides a summary of the available identified limited literature on communication strategies that have been implemented during a pandemic or infectious

outbreak to facilitate communication between LTC facilities and residents' essential care partners.

Question

What are effective or promising practices for long term care facility and system communication of resident care-related updates to essential care partners in a pandemic or infectious outbreak context?

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including Medline via OVID, the Cochrane Database of Systematic Reviews, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were family/caregivers, communication, long-term care, and COVID-19 or other outbreaks. No filters were applied to limit the retrieval by study type. The search was not limited by publication date but was limited to English- or French-language documents.

Inclusion and Exclusion Criteria

Table 1 that follows summarizes the inclusion criteria. Studies were included if they implemented strategies as a way for LTC facilities to maintain communication with residents' essential care partners during a pandemic or infectious disease outbreak. Studies were excluded if they proposed strategies that could or should be implemented but did not provide any information to indicate that they had been implemented.

Table 1: Inclusion Criteria (Population, Interventions, and Outcomes)

Population	Essential care partners in LTC facilities (i.e. individuals who provide support deemed important by LTC residents); this may include family, friends, neighbours, and other unpaid/informal caregivers
Intervention(s)	Strategies that have been implemented (evaluated or unevaluated) as a way for LTC facilities to communicate with residents' essential care partners during a pandemic or infectious disease outbreak
Outcome(s)	Effects and outcomes of resident care-related communication, including essential care partner satisfaction and perspectives

LTC = long-term care.

Summary Methods

Members of CADTH's Implementation Support and Knowledge Mobilization (ISKM) team screened the identified literature. After reviewing titles and abstracts, resources (studies or other reports and documents) that met the inclusion criteria and were deemed potentially relevant to the question of interest were selected for full-text review and data extraction. One ISKM team member then developed this summary document highlighting key information. Of note, the resources included in this report were not critically appraised for their methodological rigour and quality.

Evidence to Date

A total of 52 citations were identified in the formal limited literature search. One rapid review article and 3 primary studies met the inclusion criteria and are subsequently summarized. Additional details on each of the included primary studies and rapid review is provided in Table 2.

Rapid Review:

- The objective of the rapid review² was to examine the impact visitor restrictions have on residents' families, explore ways to minimize the associated negative impact, and support family-centred care during infectious disease outbreaks. It synthesized a total of 62 references on the topic and summarized key findings broken up by "Impacts of visitation restrictions" and "Ways to support patients/residents, families, and staff." Although the included literature was not limited to LTC settings, in a table summarizing individual references, the setting for each included reference is provided with some specific to LTC settings. Within the key findings, the importance of regular communication with families through "informal networks, webinars, or virtual town hall meetings hosted by peers or the healthcare organization" is noted. Neither of the virtual communication strategies implemented in LTC facilities were evaluated

Primary Studies:

- One case study³ described the management of a COVID-19 outbreak at an LTC facility, summarizing lessons learned and providing recommendations for outbreak management in other LTC facilities. Communication with family members was one of the aspects reviewed (but not evaluated) and noted as the most challenging. The authors recommend the implementation of proactive communication with family members using video call technology, when possible. There was no evaluation reported.
- One case study⁴ examined the effectiveness of a communication tool developed for clinicians to use with LTC residents and their family members as a way to have standardized advance care planning conversations regarding COVID-19 infections and expected outcomes. The communication tool was evaluated by 10 medical directors who used it with 16 of their patient's families, providing positive feedback (e.g. appreciation for the comprehensive 1-page summary of information to relay to families, with inclusion of outcome evidence to help inform decision-making).
- One qualitative study⁵ examined the impact visitor restrictions had on relatives of LTC residents and evaluated the effectiveness of social work strategies during the severe acute respiratory syndrome, or SARS, outbreak in 2003. Following the lifting of visitor restrictions, focus groups were conducted with relatives of LTC residents to examine how they experienced the restrictions and the facility's attempts to mitigate the associated distress. Positive outcomes regarding social worker-led communication methods were reported by the authors (for example, appreciation for access to up-to-date facility- and resident-related information).

Summary of Individual Studies and Rapid Review Reports

Table 2 summarizes each of the studies including the type of strategy implemented, a description of the strategy, the intended or actual outcome, the findings and author conclusions, and whether the strategy was evaluated. Links to the full articles have also been included for reference purposes.

Table 2: Summary of Individual Studies and Rapid Review Reports

Author, year	Title, article, and source type	Type of strategy	Description of strategy	Outcomes identified (or intended outcome if actual outcome is not reported)	Summary	Strategy evaluated (yes/no)
Tupper S, Ward H, Dalidowicz M, Howell-Spooner B., 2020 ²	<p><u>What are the impacts on the family unit from visitation restrictions during an infectious disease outbreak and how can we support the families?</u></p> <p>Rapid review report</p>	1) Family Councils Ontario — Virtual family forum <u>Virtual Family Forum – Family Councils Ontario</u> (Reference #12 within rapid review)	1) Weekly virtual forums facilitated by Family Council Ontario staff for family members. Family members register for the event (limit of 25 participants per forum). The event is advertised by poster.	1) Intended outcomes: a setting where families can share concerns and ideas for maintaining a connection with LTC residents, ask questions about the COVID-19 situation in LTCs, and give and receive support from peers.	1) No conclusions provided.	1) No evaluation reported.
		2) Family Councils Ontario — Virtual supports for families: <u>Supports for families – Family Councils Ontario</u> (Reference #13 within rapid review)	2) Web page of resources for families that includes innovative ways to connect with Ontario health care providers: a) Ministry of LTC Family Support and Action Line — a place for families to raise concerns and receive COVID-19–related information b) LTC families Facebook group monitored by Registered Nurses’ Association of Ontario. Nurses assist with answering questions and providing resources c) Other virtual supports and resources.	2) Intended outcome: to help families cope with and navigate the COVID-19 crisis.	2) No conclusions provided.	2) No evaluation reported.

Author, year	Title, article, and source type	Type of strategy	Description of strategy	Outcomes identified (or intended outcome if actual outcome is not reported)	Summary	Strategy evaluated (yes/no)
Shrader CD, Assadzandi S, Pilkerton CS, Ashcraft AM., 2021 ³	<u>Responding to a COVID-19 Outbreak at a Long-Term Care Facility</u> Case study	HIPAA-compliant Zoom video communications	LTC staff held weekly group calls with consenting family members (10 to 23 individuals). Facility updates (e.g., aggregated facility testing results and visiting policies) were provided. Families' patient-specific queries were discussed in private phone and Zoom calls with LTC staff.	Using Zoom with a group of families was more time-efficient than making individual family calls.	The LTC facility identified communication between staff and with families as one of their biggest challenges associated with the pandemic. To help mitigate this challenge, they recommend implementing proactive communication (using video call technology, when feasible) with staff and families.	No evaluation reported.
Gaur S, Pandya N, Dumyati G, Nace DA, Pandya K, Jump RLP., 2020 ⁴	<u>A Structured Tool for Communication and Care Planning in the Era of the COVID-19 Pandemic</u> Case study	Evidence-based COVID-19 communication and care planning tool used by phone or videoconference	A standardized clinician tool used to support advance care planning conversations with LTC residents and their families via telephone or videoconference. The tool includes the following conversation points: <ul style="list-style-type: none"> • course of COVID-19 illness • outcomes in older adults • provisions made for residents with active COVID-19 infection • informed consent (if resident should become infected with COVID-19) 	Following notification of a positive COVID-19 test and use of the communication tool with families, there was an increase in the number of residents with do-not-hospitalize and do-not-resuscitate status.	The COVID-19 pandemic caused challenges for LTC staff to have advance care planning conversations with residents' families. The communication tool was well-received by clinicians who used it to support conversations with families in a time-effective manner. Clinicians who used the conversation tool provided appreciation for incorporation of the	Yes: 10 medical directors (who were also clinicians) provided feedback on the use of the communication tool after using it with 16 patients.

Author, year	Title, article, and source type	Type of strategy	Description of strategy	Outcomes identified (or intended outcome if actual outcome is not reported)	Summary	Strategy evaluated (yes/no)
			<ul style="list-style-type: none"> documentation supplemental material. 		following components into the tool: <ul style="list-style-type: none"> conversation elements essential for effective advance care planning the expected course of COVID-19 illness in older adults a discussion of options regarding the care of individuals with COVID-19 infection remaining in LTC setting versus interventions with limited or no value (e.g., hospital transfer and resuscitation efforts) acknowledgement of the family's inability to see the resident in person. 	
McCleary L, Munro M, Jackson L, Mendelsohn L., 2005 ⁵	<u>Impact of SARS Visiting Restrictions on Relatives of Long-Term Care Residents</u> Qualitative study	LTC social workers facilitated communication with families via digital technology	Social workers led the development and implementation of a communication plan for all LTC staff to keep families informed, maintain communication, and respond to crisis during the SARS outbreak:	When asked about their experiences regarding communication with LTC staff during visitor restrictions during the SARS outbreak, family members responded that they appreciated:	Visitor restrictions had a profound impact on residents' families during the SARS outbreak. Some findings and recommendations made specific to communication:	Yes: Following the lifting of visitor restrictions, focus groups were conducted with relatives of LTC residents to examine how they experienced the

Author, year	Title, article, and source type	Type of strategy	Description of strategy	Outcomes identified (or intended outcome if actual outcome is not reported)	Summary	Strategy evaluated (yes/no)
			<ul style="list-style-type: none"> • regular phone calls with family members (in their first language) to provide patient care information • photos of residents emailed to family members • 24-hour phone line with updated information from the Ministry of Health, the LTC home response, status of SARS in the LTC home, and visiting information • LTC facility website with latest updates regarding the status of SARS and visiting information • written communication in various languages about SARS and infection control posted in the entrance of the LTC facility. 	<ul style="list-style-type: none"> • easy access to up-to-date information about facility-related policy and practice • timely and accurate resident-specific information • regular phone calls and updates from staff. 	<ul style="list-style-type: none"> • All LTC staff need to be able to effectively communicate with families. • The use of reflective listening (e.g., consistent and careful listening to families' perspectives) by staff may demonstrate to families that their concerns have been heard and will be followed-up on. The use of this technique may minimize problematic relationships between staff and families. For example, phone calls from social workers was a positive experience for family members who appreciated being asked, "What can I do for you?" and then having the social worker follow-up on family member's requests. 	<p>restrictions and the facility's attempts to mitigate the associated distress.</p>

Author, year	Title, article, and source type	Type of strategy	Description of strategy	Outcomes identified (or intended outcome if actual outcome is not reported)	Summary	Strategy evaluated (yes/no)
					<ul style="list-style-type: none"> Regular phone calls to family members may be an effective way to meet families' needs within the constraints of limited resources. 	

HIPAA = Health Insurance Portability and Accountability Act; LTC = long-term care; SARS = severe acute respiratory syndrome.

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