

How attention to provincial long-term care policies can support or inhibit resident quality of life

APPTA Policy Rounds

July 21, 2021

Dr. Janice Keefe

Professor and Chair, Department of Family Studies and Gerontology
Lena Isabel Jodrey Chair in Gerontology and
Director, Nova Scotia Centre on Aging
Mount Saint Vincent University

Presentation Outline

1. Overview of Seniors Adding Life to Years (SALTY) project
2. Examining policy context: Findings from policy analysis through a quality of life lens
 - Resident, family, and staff perspective
3. Looking forward: Lessons learned from COVID -19

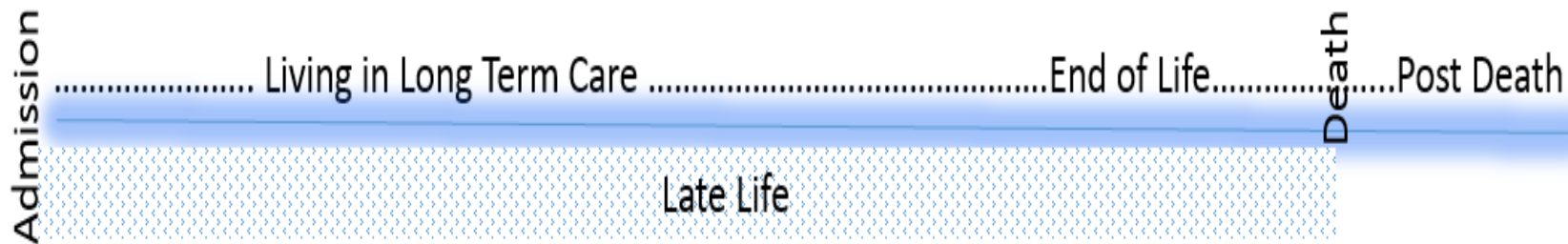
SENIORS – ADDING *LIFE* TO YEARS (SALTY)

1. Overview of SALTY Project



SALTY Project Goal

To add quality of life (QoL) to late life for people living in long-term care (LTC)



SALTY Team Across Canada

★ Lead Sites and Work Streams

23 Academic Researchers
11 Knowledge Users
14 Collaborators
24 Trainees
Advisory Groups (PWD, Resident, Family, Care Aides &Volunteers)
CIHR and 3 Funding Partners

Interior Health
Examining Policy Context



U. of Victoria
Evaluating Palliative Approach to Care

University of Alberta
Monitoring Care Practice

York, Ottawa, ST. F X University
Mapping Care Relations

Mount Saint Vincent University
Examining Policy Context

SENIORS – ADDING **LIFE** TO YEARS (SALTY)

Examining Policy Context: Findings and Implications



Examining Policy Context: Research Goal and Approach



In the highly regulated LTC environment – how do policies **support** or **inhibit** practices centered around **resident quality of life (QoL)**?

Complex and
Rigorous
Methodology
was Used¹

Documents in Policy Analysis

Provincial level policy

- British Columbia (BC)
- Alberta (AB)
- Ontario (ON)
- Nova Scotia (NS)

LTC and non-LTC specific policy

- High regulatory
power

N = 102

QoL
Lens



From the
perspective of:
Resident, Staff,
Family, and
Volunteer

Kane's Quality of Life Domains²

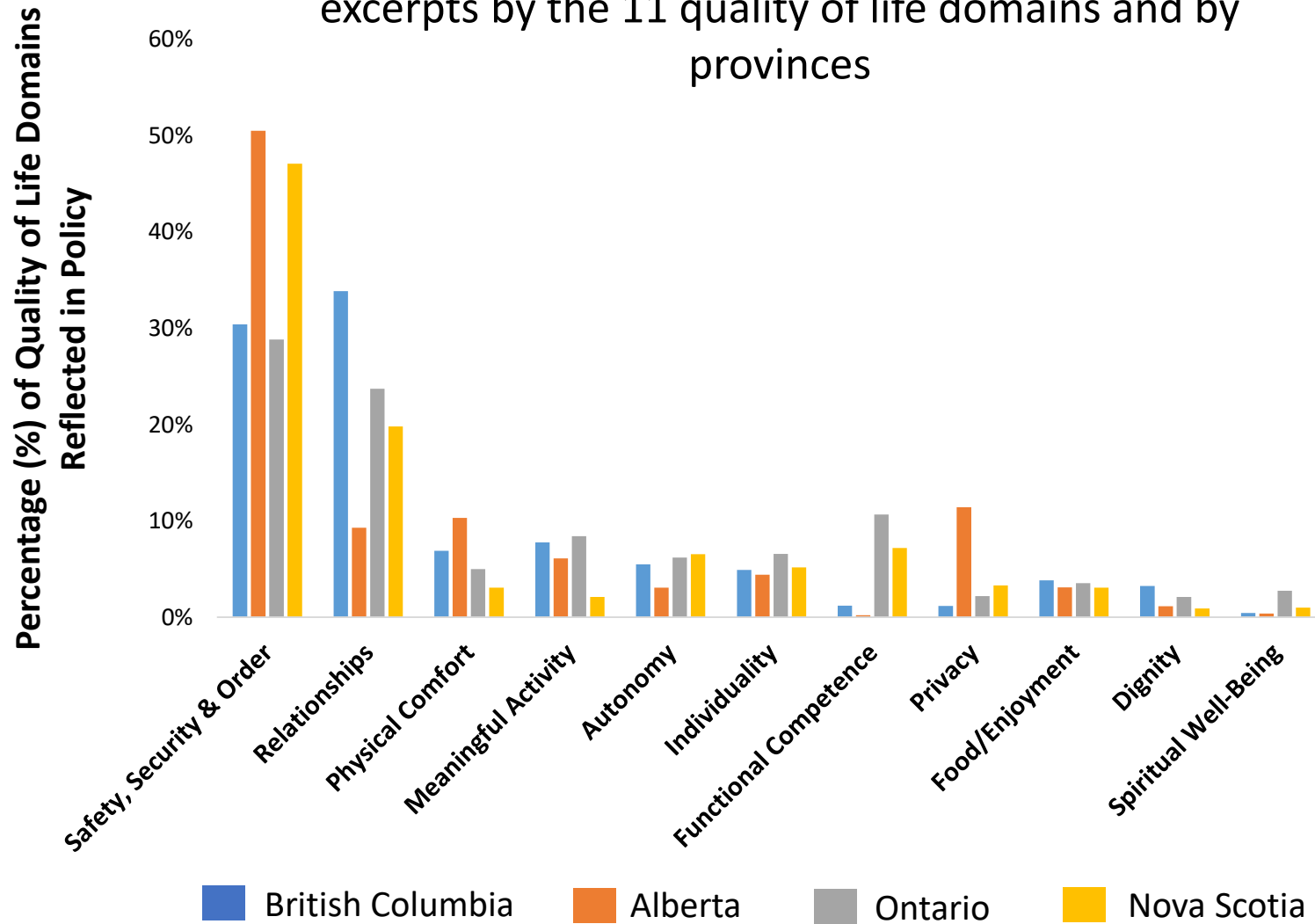
Autonomy/Choice
Dignity
Food/Enjoyment
Functional Competence
Individuality
Meaningful Activities
Physical Comfort
Privacy
Relationships
Safety/Security/Order
Spiritual Well-Being

¹Taylor, D. & Keefe, J. (2021, In press). How residents' quality of life are represented in long term care policy: A novel method to support policy analysis. *Journal of Long Term Care*

²Kane, R. A. (2001). Long-term care and good quality of life: Bringing them together. *The Gerontologist*, 41, 293-304.

Findings: Quality of Life as Reflected in Policy from all Perspectives*

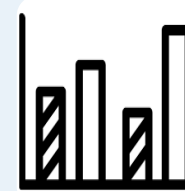
Proportion of residential long-term care policy excerpts by the 11 quality of life domains and by provinces



SAFETY, SECURITY AND ORDER
Most dominant across ALL provinces



SPIRITUAL WELL-BEING & DIGNITY
Least common across ALL provinces



Functional Competence
Top range in Ontario and Nova Scotia
Lower range in British Columbia and Alberta

*Taylor, D. & Keefe, J. (2021, In press). How residents' quality of life are represented in long term care policy: A novel method to support policy analysis. *Journal of Long Term Care*

Resident Lens

Main Findings:

Tensions around QoL domains within policies

- “Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room **subject to safety requirements** and the rights of other residents.” (NS LTC Facility Requirements)
 - This potentially hinders residents' *individuality, autonomy and choice* and prioritizes *safety, security and order*

Manuals and guidelines represent more person-centredness (compared to regulations and standards)

- *Individuality, dignity, and spiritual well-being* tend to be more person-centred compared to *safety, security and order* which is more instrumental.

Movement towards person-centred care evident in more recent policy documents

- New policies to address QoL, notably in design policies such as bedroom personalization and spaces for socialization
- Evident through the language used: *'client'*, *'resident'* *'person in care'*

Key Take-Away

Within policies tensions are evident between QoL Safety and Security and person-centred domains with the latter evident is more recent policies

Family Lens

Main Findings:

Differences in portrayal of families between provinces

- Few family-oriented policy excerpts are common to all provinces
 - For example – interprovincial differences in Orientation procedures, care protocols, living at risk, and end-of-life care
- Family engagement is required in each province,
 - Satisfaction surveys and Family Councils
 - Welcoming 'home-like' physical environment

Family roles are characterized procedurally (task-oriented) or relationally (interactive)

- Operational standards linked to licensing employ more formal terminology, while long-term care program guidelines, use facilitative language to engage families and build relationships.

Most emphasize safety, security and order of the resident, while more recent policies attend to relational care

Key Take-Away

Meaningful involvement of families is paramount to enabling QoL of residents and their involvement must be protected.

Promising approaches in existing policies may be leveraged using a QoL lens.



Staff Lens*

Main Findings:

Staff roles and flexibility as described in policy

- Described as passive, vague, or restrictive
- More prescriptive description of roles

QoL domains present in policy

- *Safety, Security, & Order* was the most common
- *Relationships, Physical Comfort, and Functional Competence* were occasionally represented
- *Dignity and Spiritual Well-being* were the least common QoL domain coded

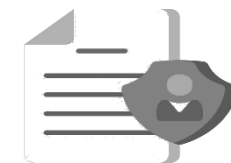
More recent policies better support staff flexibility

* Hande, M.J., Keefe, J., & Taylor, D. (2021). Long-term residential care policy guidance for staff to support resident quality of life. *Gerontologist*, 61(4), 540–551. <https://doi.org/10.1093/geront/gnaa176>

Key Take-Away

Each jurisdiction had some promising policy guidance, characterized by clear language supporting staff discretion and flexibility to navigate regulatory tensions and enhance resident-centred QoL.

***Don't need to start over,
can leverage what is
currently written***



Quality of Life in the Pandemic

- Policy states:
 - Residents have the right to have visitors present and privacy during visits.
 - Family caregivers are an essential part of the care team.
- Safety supersedes this:
 - During COVID (and other outbreaks) visits are restricted.
 - The essential role families play was forgotten.
 - Resident (and family) QoL and mental well-being suffered from this approach, some saying they would rather risk getting COVID and dying than being isolated.

Lessons Learned: Time for Change



Kick-Starting Reform in LTC



National Tech Committee

Giving voice to residents, family and LTC workforce



Royal Society Report

Questions or Comments



Acknowledgements and Contact Information

Contact

Janice Keefe

janice.keefe@msvu.ca

Mount Saint Vincent University

For more information on the SALTY project reach us at the following:



SALTY@MSVU.CA



www.SALTYltc.ca



@SALTY_LTC



SALTYltc



The authors acknowledge the Seniors – Adding *Life* to Years (SALTY) team for its contributions to this study. This research is funded through a Late Life Issues grant from the Canadian Institutes of Health Research (#145401) in partnership with the Michael Smith Foundation for Health Research, Nova Scotia Health Research Foundation and the Alzheimer Society of Canada.

