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

APPTA Policy Rounds

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

July 21, 2021
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
1. Overview of SALTY Project
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

- Interior Health: Examining Policy Context
- University of Alberta: Monitoring Care Practice
- U. of Victoria: Evaluating Palliative Approach to Care
- Mount Saint Vincent University: Examining Policy Context
- York, Ottawa, ST. F X University: Mapping Care Relations

23 Academic Researchers
11 Knowledge Users
14 Collaborators
24 Trainees
Advisory Groups (PWD, Resident, Family, Care Aides & Volunteers)
CIHR and 3 Funding Partners
In the highly regulated LTC environment – how do policies support or inhibit practices centered around resident quality of life (QoL)?

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

Kane’s Quality of Life Domains

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

Complex and Rigorous Methodology was Used

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

N = 102

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

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.
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.
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**

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

Restoring Trust: COVID-19 and The Future of Long-Term Care
June 2020
Questions or Comments
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.

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