Balancing Person Centred Care in Specialized Populations Throughout the Continuum of Care

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Sponsor for Tabatha

- Health PEI Sponsored Tabatha’s travel and hotel to present at the conference
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Her salary is supported by Vancouver Coastal Health Authority and has received no other funding for the research and information she will be presenting.
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She does not have any affiliation (financial or otherwise) or involvement with industry and cannot identify any conflict of interest.
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Literature Review

- **Literature review**
  - Best practices /recommendations for an Infection Prevention and Control (IPAC) program across the continuum of care with the main focus in Long term Care (LTC) homes
  - IPAC considerations in LTC/residential home design
  - Role expectations of the ICP in LTC/residential care homes
  - Professional development for the ICP in LTC/residential care
  - IPAC and leadership in LTC/residential care homes
  - Structure/design of LTC/residential programs addressing LTC/Residential care requirements
  - Managing dementiability and IPAC in specialized populations and LTC/residential care

- Some grey literature reviewed
Objectives

- Describe transition across the continuum of care
- Outline the population and environment
  - Specific to LTC
- Review the elements of an IPAC program for LTC
- Identify IPAC best practices
- Address IPAC support
- Day to day IPAC principles and IPAC issues *
- Managing person centred care**
Specialized Populations
The Continuum of Care

- Specialized populations “across the continuum”
  - Intellectual and physical abilities
  - Mental health
  - Persons living with dementia
- Health care settings
  - Home based care
  - Community based programs
  - Care homes
  - Acute care
  - Long term care
Specialized Population

Resident Identity
- Culture/religion
- Sexual orientation/gender identity
- Relationships and sexual health
- History/memories/fears
- Knowledge of digital devices/computers
- Sensory/cognitive challenges
Staffing in LTC

Staff

- Unlicensed staff and registered staff
  - Nurses, care aids, allied health

- Nursing registrations
  - Registered nurses
  - Registered psychiatric nurses (in western Canada)
  - Licensed practical nurses

- Staff ratios
- Allied health
Environment in LTC

- Design *
- Single versus multi rooms
- Space constraints/size of units
- Shared nursing stations/ dining areas/ recreation areas
- Personal items versus declutter
- Bathing bath / shower
- Environmental cleaning
- Incorporating human factors into the environment **

ABHR/PPE and placement of supplies

* Gaur et al - Anderson et al
IPAC Support for the Homes

- Dedicated Infection Control Practitioner (ICP)
- How many sites does the ICP cover
  - Geographic (rural)
  - Number of beds/IPC

One dedicated full time equivalent (FTE) Infection Prevention and Control Professional (ICP) per 150-200 occupied beds.*

- Coverage
  - Pandemic and outbreaks versus coordinated and planned, day to day activities
IPAC Program in LTC

- Why we need a standardized IPAC program for LTC *
- What did we learn?
- What does the literature say?

Havaei et al
IPAC Program Framework

- **Purpose**
  - Prevent exposure and control spread of microorganisms

- **Evidence based practice**
  - Policies, best practices, guidelines, procedures
    - Knowledge, understanding and compliance of IPAC principles
      - Hand hygiene infrastructure (access to product/sinks)
      - Point of care risk assessment (PCRA)
      - Personal protective equipment (PPE)/supplies/donning and doffing (access)
      - Cleaning and disinfection

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Gaur et al
LTC IPAC Program

• Planning to promote safety for all
  o Involving families into care
  o Personal laundry *
  o Resident belongings (furniture)

• Culture
  o Senior leadership support
  o Open communication
  o Shared accountability
Elements of a LTC IPAC Program

- Impact, collaboration and engagement
- Ventilation
- Security
- Wayfinding, alarm systems and resident tracking
- Surveillance
- Pandemic planning
Catastrophic Events

- What was the “old” normal
  - Who remembers this
    - What worked/what needs to be altered
- The new normal
  - Newer staff (increase in resources for ICP’s and staffing in LTC)

- Negative impact of isolation
- Multiple occupancy rooms/ageism/loneliness *
Process Modifications

- Modifications to staff processes (norm/new norm)
  - What regular environmental adaptations happened
- Staffing barriers - additional time constraints
  - short staffed
- Compliment of specialized staff
  - Need to return early in staffing crisis
  - Education
  - Extended use PPE
  - Risk mitigation
Communication

- Challenges with continuous changes
  - Face to face, voicemails, emails, spotty WIFI, zoom

- Documentation
  - Primarily paper based

- Communication between shifts
  - Getting information to all shifts, including the rational
  - Handover book, shift report

- Documenting resident status
  - Line lists
Adaptations

- The environment (norm/new norm)
  - Infrastructure
  - Environmental
  - Lack of meeting and break room spaces
  - Physical markings/signage
  - Physical distancing
  - Risk mitigation
  - Hand hygiene and PPE placement
Education tailored to the organizational priorities, services and resident population:

- **ICP**
  - Adult learners require varying opportunities
  - Online, in person, paper based, recorded, modules
- **Staff**
  - In person education
- **Family**
  - Donning and doffing
- Highlighted the need for buy in from leadership for compliance to ICP practices *
- Need for intensive training for IPAC processes **
Cathy to review person centered care
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Thank-You
References (Jacquie)


References (Tabatha)

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