

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



PRESENTERS:

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Sponsor for Tabatha



- Health PEI Sponsored Tabatha's travel and hotel to present at the conference

Health PEI

CME Disclosure



Jacqueline Hlagi is an Infection Control Practitioner working in Long-Term and Assisted Living sites in the Vancouver Coastal Health Authority.

Her salary is supported by Vancouver Coastal Health Authority and has received no other funding for the research and information she will be presenting.

CME Disclosure



Cathy Guitare is an Infection Control Professional working in the City of Summerside and Tyne Valley in the Long Term Care Homes of Health PEI.

She does not have any affiliation (financial or otherwise) or involvement with industry and cannot identify any conflict of interest.

CME Disclosure



Tabatha Gallant is a Therapeutic Dementia Worker working for Heath PEI

She does not have a current financial relationship with the grantor and/or any commercial interests that may have a direct interest in the subject matter of the CME program

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)
 - Licenced 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

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?

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

LTC IPAC Program



- Planning to promote safety for all
 - Involving families into care
 - Personal laundry *
 - Resident belongings (furniture)
- Culture
 - Senior leadership support
 - Open communication
 - 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



- 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 centred care

Presentation Concluded



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Thank-You

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