The Wellness Hub: Assessment of Long-Term Care Homes' (LTCHs) and Retirement Homes' (RHs) Experiences during the COVID-19 Pandemic to Inform a Responsive Community of Practice (CoP) Intervention

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Research Objective

The purpose of this study was to conduct needs assessment interviews with LTCH/RH leadership to identify the most pressing needs during the pandemic, and use these data to design a multi-pronged support strategy for LTCH/RH residents, their caregivers, staff, and their family members.

Methods

Following research ethics board approval, we conducted virtual semi-structured needs assessment interviews with LTCH/RH staff to explore 1) Pandemic-related challenges and 2) Experiences implementing strategies to address pandemic-related challenges.

Interviews were audio-recorded and transcribed in real-time by a note-taker, following participant consent. Using a rapid qualitative analysis approach[1,2], 20% of the data were independently triple coded by three researchers; a consensus meeting was held to ensure consistency in coding approach. The remaining transcripts were single-coded.

Data were analyzed to identify emergent themes. These themes were then mapped to the Knowledge to Action Model (KTA)[3]. Specifically, we aimed to separate pandemic-related challenges (categorized as *Identify the Problem* on the KTA) from challenges to implementation (categorized as *Barriers and Facilitators to Implementation* on the KTA).

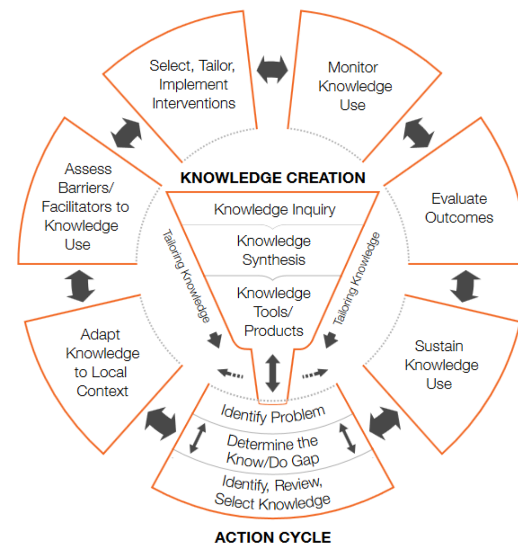

Image 1: Knowledge to Action Cycle[11]

Barriers and facilitators to implementation were categorized using the Theoretical Domains Framework (TDF)[4,5] for individual-level factors and the Consolidated Framework for Implementation Research (CFIR)[6] for organizational-level factors.

Using the Behavioural Change Wheel model[7] and the Expert Recommendations for Implementing Change (ERIC)[8] database, we mapped TDF and CFIR domains to corresponding implementation strategies. These strategies were used to create the Wellness Hub intervention, which aimed to support LTCH/RH populations to navigate the pandemic.

Findings

We conducted 91 key informant interviews with LTCH/RH leadership staff across 47 homes (33 LTCH, 14 RH) in the Greater Toronto Area (Ontario, Canada) between February 2021-June 2022.

We identified three main challenges facing LTCH/RH during the pandemic

Infection Prevention and Control (IPAC)
Homes were challenged to implement evidence-based IPAC protocols and measures

Vaccine Confidence
LTCH needed to facilitate vaccinations for residents and staff and implement vaccine mandates

Staff Wellness and Mental Health
Staff were experiencing significant wellness challenges including burnout, PTSD, moral injury, and other mental health challenges

Barriers and facilitators were mapped to 12 TDF domains, which mapped to 8 implementation strategies. For the CFIR, we mapped to the intervention characteristics (3 domains), outer setting (3 domains), inner setting (8 domains), and process (3 domains) categories, which mapped to 49 strategies.

Table 1: Examples of Barriers and Facilitators to Implementation for IPAC

Barriers to IPAC Implementation	Facilitators to IPAC Implementation
Lack of knowledge on IPAC measures	A dedicated IPAC manager/nurse/champion
Lack of clarity on rapidly-changing IPAC protocols/mandates	Consistent communication with external agencies/regulators/public health units
Lack of skills to implement IPAC	External support from agencies/public health units in the form of IPAC guidance and physical or financial resources
Lack of capacity among some LTCH residents (e.g., residents with dementia/cognitive challenges) to follow IPAC protocols	Use of multi-pronged strategies (e.g., huddles, emails, calls) to disseminate IPAC updates/information to LTCH/RH staff
Personal protective equipment (PPE) shortages and lack of access to COVID-19 PCR and rapid tests	Use of informal, interactive discussions to share staff experiences and 'tips'
Financial costs (PPE, N95 mask fit testing, IPAC training costs)	Monitoring, training, and education related to IPAC skills and practices
Physical environment not conducive to IPAC implementation (e.g., lack of space for PPE storage, lack of space for physical distancing, isolation)	LTCH/RH leadership's commitment to transparency and open dialogue with staff, families/caregivers
PPE Fatigue	Physical LTCH/RH space facilitated IPAC protocol implementation
Fear of 'returning to normal'/loosening IPAC restrictions	Streamlining IPAC processes and procedures to facilitate implementation
Staff burnout impacted adherence/complacency towards IPAC measures	Leaders with experience navigating public health emergencies (e.g., SARS, previous COVID-19 waves)

Key Components of Wellness Hub[10]

Community of Practice

Educational Resources

Weekly Newsletters

Online Resources/ Trainings

The resulting Wellness Hub was implemented in February 2021; the intervention was designed using the KTA and an integrated knowledge translation approach[9]. The Wellness Hub is a virtual community of practice that meets monthly. Through the community of practice, the Wellness Hub delivers educational resources (print, media, town halls, etc.), monthly newsletters (with public health, IPAC directives and featured resources/supports), training (e.g. vaccine champions course), opportunities to engage with opinion leaders (including healthcare professionals, LTC/RH leaders, and provincial/federal policymakers), and opportunities to engage with peers to share problem-solving strategies and lessons learned. The Wellness Hub also provides homes with an opportunity to engage with a facilitator who acts as a 'navigator' to provide the homes with relevant and tailored resources to address challenges, and access to implementation experts to provide guidance on how to implement strategies.

Limitations

Our data are presented in aggregate; additional analyses to describe challenges and barriers over time, and by home characteristics (e.g. LTCH vs. RH/ home size) would provide additional insights on the experiences of LTCH/RH throughout the pandemic. We will conduct these analyses as the next phase of this study and will aim to provide further insight on the sustainability of strategies implemented.

Conclusions

LTCH and RH experienced challenges related to IPAC implementation, uptake of COVID-19 vaccines and staff wellness/mental health. We recommended evidence-based strategies that could be used to address these challenges and iteratively identified barriers and facilitators their uptake through ongoing communications with LTCH/RH over a 17 month period. We used a theoretical and evidence-based approach to identify and develop interventions to address identified barriers and to leverage facilitators.

The resulting strategy, titled the Wellness Hub, is currently being delivered to 48 homes in Ontario.

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