## Co-Creating Implementation Strategies to Mitigate SARS CoV-2 Exposure Risks and Facilitate Wellness in Long-Term Care and Retirement Homes: Wellness Hub

Jamie Boyd<sup>1</sup>, Christine Fahim<sup>1</sup>, Stefan Baral<sup>1,2</sup>, Adrienne Chan<sup>3</sup>, Allison McGeer<sup>1,4</sup>, Sharmistha Mishra<sup>1</sup>, Liana Sikharulidze, Alyson Takaoka<sup>1</sup>, Keelia Quinn de Launay<sup>1</sup>, Elikem Togo<sup>1</sup>, Lisa Strifler<sup>1</sup>, Jessica Firman<sup>1</sup>, Ayaat Hassan<sup>1</sup>, Ana Mrazovac<sup>1</sup>, Nimitha Paul<sup>1</sup>, Jane Dim<sup>1</sup>, Vanessa Bach<sup>1</sup>, Anitha Ithayalingam<sup>1</sup>, Vincenza Gruppuso<sup>1</sup>, Oghenefejiro (Theresa) Ikpeni<sup>1</sup>, Temi Odunuga<sup>1</sup>, Vanja Grubac<sup>1</sup>, Sharon E. Straus<sup>1</sup>

Knowledge Translation Program (St. Michael's Hospital, Unity Health Toronto)<sup>1</sup>; Johns Hopkins School of Public Health<sup>2</sup>; Sunnybrook Health Sciences Centre<sup>3</sup>; Mount Sinai Hospital<sup>4</sup>

## **Objective**

To co-create and implement with knowledge users (LTCH and RH residents and essential visitors, staff and their household members) tailored interventions to prevent and manage outbreaks, promote vaccine uptake, and optimize wellness.

## **Methods**

We recruited 72 LTCH and RHs in Ontario to participate in the WH study. Of these, 48 homes were allocated to the intervention arm, and 24 to the control arm.

- We used an integrated knowledge mobilisation approach to co-design the WH support intervention, where homes identified their priorities and preferences during the pandemic via baseline needs assessment interviews (conducted between Feb 2021-Feb 2022) and identified barriers and facilitators to implementing strategies to address these challenges.
- Additional feedback was iteratively gathered via 1:1 meetings, monthly Community of Practice (CoP) meetings and email check-ins.

Needs assessment interview data were coded using a framework developed by the team a-priori, and then analyzed via rapid framework analysis.

- Barriers and facilitators to implementation were categorized using implementation frameworks (Theoretical Domains Framework: Consolidated Framework for Implementation Research).
- Theoretical mapping analysis was used to identify and design strategies to support homes, address barriers and leverage facilitators.
- We conducted a process evaluation to evaluate reach, use and satisfaction with the WH support program.

## **Results** in the following quotes: Figure 1. Overview of the Wellness Hub Support Program, with its three Program branches and various supports offered over time. staff meetings" HUB CARE IPAC+ VACCINE +) PROGRAM Creating health environmen Promoting staff wellness romoting vaccine confiden rough infection prevention and contro SUPPORTS Veekly Wellnes. Jub Newsletter OFFERED Limitations 56 eligible sites received facilitated access to Healthcare Excellence Canada (HEC) funding (\$10,000) and HEC education supports. Funds were most frequently used for supporting staff wellness. All homes receive a weekly WH ongoing. Newsletter (with LTCH/RH directive updates, program announcements, resource features, and more), in addition to general resource access via our WH website. Conclusions 38 original resources were developed, including our Vaccine Champions course (Sept 2021) and our CARE+ package (with 60+ pages of mental health and wellness wraparound resources). In 2022, the WH delivered more than than 2600 printed booklets to 39 LTCH/RHs. Homes in the intervention arm received additional supports via 1:1 check-ins with a WH Facilitator, and invitations to monthly WH CoP meetings. These meetings are focused on challenges and feedback reported by sites, and offer sites an critical challenges. opportunity to engage and learn from each other. Topics have included: staff wellness, vaccine confidence, effective change management, racism in the creating tailored resources. workplace. Since Jan 2022, more than 400 people have attended these meetings. **Acknowledgements**

LTCH and RH staff reported that the CARE+ package and the CoPs were the most useful resources. 54 homes participated in collection of Dried Blood Spot sampling for SARS-CoV-2-sero-surveillance.

The WH support program was well received by homes, as demonstrated

"CARE+ has been very helpful, we distribute the packages during

"The COPs are so helpful because you can compare yourself to other homes and what they are doing"

"The Wellness Hub is overall great for support"

"The website is user-friendly and great for resources"

These findings represent a process evaluation of Wellness Hub implementation. An outcome evaluation, comparing the impact of Wellness Hub on SARS-CoV-2 infections among LTCH populations is

We delivered a multi-pronged strategy that was well received, and shows the importance of iterative, continuous engagement.

Needs of the sites evolved throughout the pandemic and required the Wellness Hub team to be nimble and responsive.

- Staff burnout and turnover across the sites were (and continue to be)
- Staff working in LTCH and RH settings valued the opportunity to support their staff and residents by learning from each other and co-

This work was financially supported by the COVID-19 Immunity Task Force (CITF) and the Public Health Agency of Canada (PHAC).

