

## Perceptions of the Transition Process to Long-Term Care

### Background to the study:

At the same time that family members were completing questionnaires in the summer of 2007 concerning their perceptions of a family member's transition to long-term care, staff members at homes in the Champlain region were doing the same. Staff were asked to describe their perceptions of the transition process for family members, to indicate how involved they are in the process, and to suggest topics for staff training and communication. A total of 428 questionnaires were eventually returned by staff members from 25 different long-term care homes.

### Characteristics of Staff Members:

The majority of staff members who responded were nurses (40%) or personal support workers (22%). Approximately equal numbers of dietary workers (9%), activation/recreation staff (9%), and management personnel (8%) also responded. On average, staff members have been working at their current long-term care home for between 8 and 9 years.

### Long-Term Care Staff Perceptions of the Transition Experience

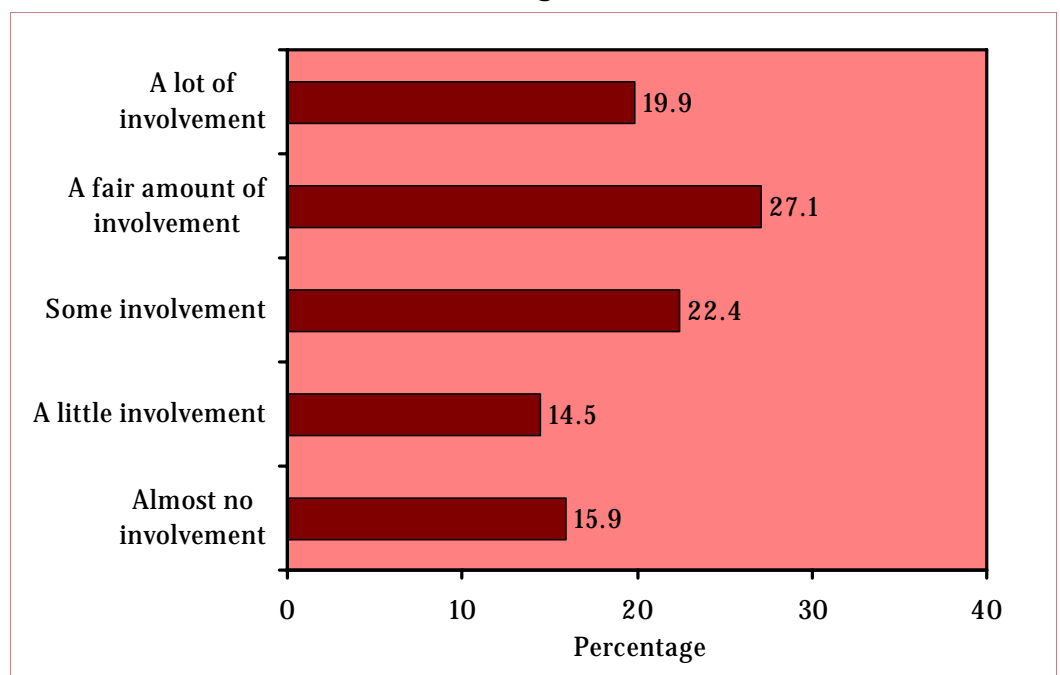
Staff reported varying degrees of involvement in assisting family members with the transition to long-term care (see Chart), but almost half do play an important part in the process. Not surprisingly, nurses and management personnel were generally more involved in the transition than, for example, dietary and maintenance workers, but importantly, staff in *all* job areas at the long-term care home reported at least some involvement.

The piece of information that staff members felt was most important in helping them provide service to new residents was their medical history and/or the care plan notes (24%), the residents' general history (15%), or information provided by the CCAC (11%). For the most part, this

information was provided by the staff member's immediate supervisor (31%) or by a co-worker (15%).

When staff were asked to indicate what aspects of the transition experience for family members were most important to the assistance they could provide, they most often agreed that they could consult with other staff or management to get the information they needed to help the family, and that they played a welcoming role on their first encounter with the family. The aspects they agreed needed greater attention were that staff should be more involved in the planning for the new admission and they should have more opportunities to suggest changes or have input into the transition process.

Staff Involvement in Assisting Families with Transition Process

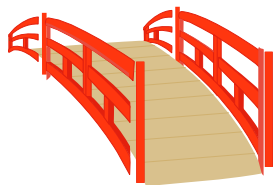


**Staff members’ suggestions:**

Over 60% of the staff members either agreed or strongly agreed that more training could assist with the transition process. The topic areas they suggested for training included: (1) *preparing staff for the transition* (e.g., staff roles, better support strategies for both residents and families), (2) *developing general knowledge and skills* (e.g., more understanding of dementia, proper safety when making transfers or lifting), and (3) *learning about person-centred care* (e.g., focusing on the new resident’s needs, reassuring both the resident and family).

This project was conducted in collaboration with:

**Partnerships in Transitional Care**



This summary was created by Bryan Smale, Sherry Dupuis, and Colleen Whyte of the Murray Alzheimer Research and Education Program at the University of Waterloo. For more information about MAREP, visit the website at: [www.marep.uwaterloo.ca](http://www.marep.uwaterloo.ca).



**Concerns with the transition process...**

Staff members were asked what they remembered most about the family’s experience of the transition process and what things could be done to help ease the transition. Here is a summary of their thoughts and suggestions:

Staff Perceptions of the Transition Process	Solutions Suggested by Staff to Ease the Transition Process
<p><b>Experience of FAMILY</b></p> <ul style="list-style-type: none"> <li>• Experiencing feelings of guilt</li> <li>• Being overwhelmed by the long-term care process</li> <li>• Being unsure of their role once a family member has been admitted to long-term care</li> <li>• Feeling apprehensive of making the “right” choice for their family member</li> </ul>	<ul style="list-style-type: none"> <li>• Better preparation prior to admission                             <ul style="list-style-type: none"> <li>○ start process early</li> <li>○ orientation/information sessions</li> <li>○ trial visits</li> </ul> </li> <li>• Better preparation at time of admission                             <ul style="list-style-type: none"> <li>○ send family home with written information including phone numbers, services provided and not provided</li> <li>○ invite family to have first meal with resident</li> </ul> </li> <li>• Staff members supporting families                             <ul style="list-style-type: none"> <li>○ assign a staff member to act as a resource for families and spend one-on-one time with family</li> <li>○ ensure family have realistic expectations of long-term care</li> </ul> </li> </ul>
<p><b>Experience of RESIDENT</b></p> <ul style="list-style-type: none"> <li>• Transition to long-term care causes confusion and anxiety</li> <li>• Acknowledging an adjustment period for residents and family</li> <li>• Emotional trauma of admission</li> </ul>	<ul style="list-style-type: none"> <li>• Getting to know a new resident                             <ul style="list-style-type: none"> <li>○ begin process of learning about life history</li> <li>○ find out from family what upsets resident</li> <li>○ arrange room and clothes prior to admission</li> </ul> </li> <li>• Support resident through adjustment period                             <ul style="list-style-type: none"> <li>○ provide formal staff introductions</li> <li>○ space out assessments by MD, nursing and therapists</li> <li>○ recognize need for counselling, if necessary</li> </ul> </li> </ul>
<p><b>Role of STAFF</b></p> <ul style="list-style-type: none"> <li>• Recognizing their role in creating a “welcoming” environment to the facility</li> <li>• Acting as a resource for family and resident</li> <li>• Facilitating communication about resident among other staff</li> </ul>	<ul style="list-style-type: none"> <li>• Getting to know a new resident                             <ul style="list-style-type: none"> <li>○ find out background of resident to help facilitate positive transition (i.e., interests, hobbies)</li> </ul> </li> <li>• Facility staff need to appreciate the range of family emotions and act as a resource                             <ul style="list-style-type: none"> <li>○ connect family and/or resident with counsellor/social worker</li> <li>○ listen</li> <li>○ explain the process of long-term care to family</li> </ul> </li> <li>• Better communication between staff                             <ul style="list-style-type: none"> <li>○ share background of resident between day and evening staff</li> </ul> </li> </ul>
<p><b>PROCESS of Admission</b></p> <ul style="list-style-type: none"> <li>• Systemic problems with the admissions process</li> <li>• Lengthy wait list, sudden admission</li> <li>• Too much paperwork!!</li> </ul>	<ul style="list-style-type: none"> <li>• Start process prior to admission                             <ul style="list-style-type: none"> <li>○ contact family to explain what to expect on the first day</li> <li>○ label clothing prior to admission</li> <li>○ space out initial assessments</li> <li>○ streamline paperwork among professionals</li> </ul> </li> <li>• Systemic issues with CCAC                             <ul style="list-style-type: none"> <li>○ provide more education to families on long-term care environment and expectations</li> <li>○ ensure information provided is up-to-date and represents resident’s current medical status</li> </ul> </li> </ul>