

Exploring Manitoba's Visitation Shelters/Pods at Personal Care Homes



September 2022

The Centre on Aging, established on July 1, 1982 is a university-wide research centre with a mandate to conduct, encourage, integrate, and disseminate research on all aspects of aging.

Centre on Aging. (2022). *Exploring Manitoba's Visitation Shelters/Pods at Personal Care Homes*. Winnipeg, Manitoba.

For further information contact:

Centre on Aging, University of Manitoba
183 Dafoe Rd–338 Isbister Building
Winnipeg MB R3T 2N2

Phone: 204.474.8754

Email: coaman@umanitoba.ca | Web site: umanitoba.ca/aging

© Centre on Aging 2022

The Centre on Aging conducted a study on outdoor visitation shelters/pods at personal care homes (PCH) in Manitoba. The aim of this research project was to evaluate the experiences of visitors, staff/operators/volunteers, and residents who had used the visitation shelters/pods. Eligible participants had to be 18 years or older.

The first three questions of the survey were asked to all participants, while the remaining were personalized based on the respondent’s role: resident, visitor, staff/operator/volunteer. A total of 42 responses were collected; however, two were removed from the data set as they withdrew partway through the study, and not everyone answered every question.

Resident Survey

A total of 17 questions were asked in the resident survey. Only one resident responded to the survey. The participant was a woman in the 70–79 age group and her PCH was in the Prairie Mountain Health Region. The participant noted that she wasn’t living in a PCH before March 2020. On average, she received less than one visit per month when the pod was open for visits. However, she responded with a “Yes” when asked if she was able to visit the pod as often as she liked.

The participant indicated that visits in the pod made a “major difference” for her emotional well-being. A “friend” would visit her in the pod. When asked about the level of comfort she felt with the safety measures that were in place for her visit, she selected “very uncomfortable.” Table 1 below summarizes how the participant rated the noise/acoustics, temperature, lighting, and overall experience of the visits in the pod.

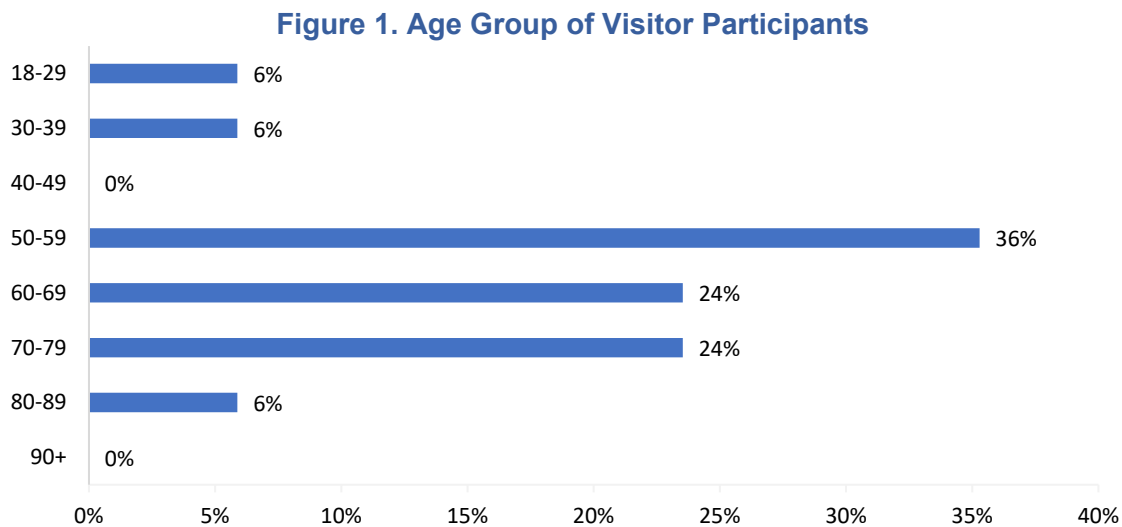
Table 1: Participant Rating Of Noise/Acoustics, Temperature, Lighting, and Overall Experience

	Noise/acoustics	Temperature	Lighting	Overall experience
Rating	Poor - I could not hear my visitor(s) and had to almost yell to be heard	Unsure - did not notice	Unsure - did not pay attention	Poor

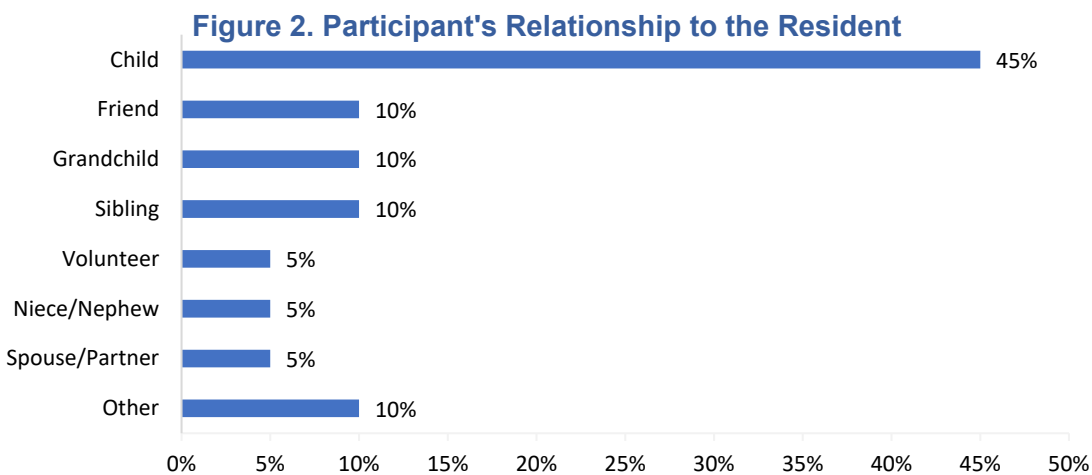
When asked to pick the best descriptor for the décor and atmosphere of the pod, the participant selected the word “institutional/sterile.” When asked how visits in the pod could be improved, the participant wished for some décor and soft music as it was hard to hear. When asked if there were any other comments, she said “an accompanying staff or volunteer to smooth over the rough spots. Necessary but very impersonal.”

Visitor's Survey

A total of 24 questions were asked in the visitor survey and 20 participants responded. Fifteen of the participants were women, one was a man and the rest either preferred not to say or skipped the question. Figure 1 illustrates the age distribution of these participants.

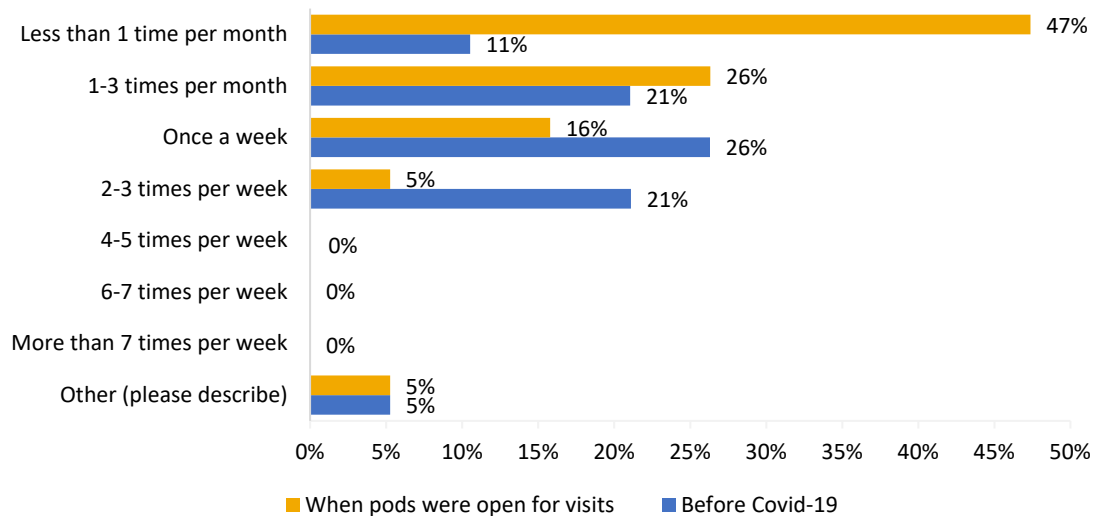


When asked about the location of their loved one's/ friend's PCH, 40% selected Winnipeg Regional Health Authority and another 40% selected the Southern Health-Santé Sud. The remaining 20% selected the Prairie Mountain Health as their location. Participants' relationships to the resident(s) are listed in Figure 2. Those that selected "other" mentioned mother and son-in-law.



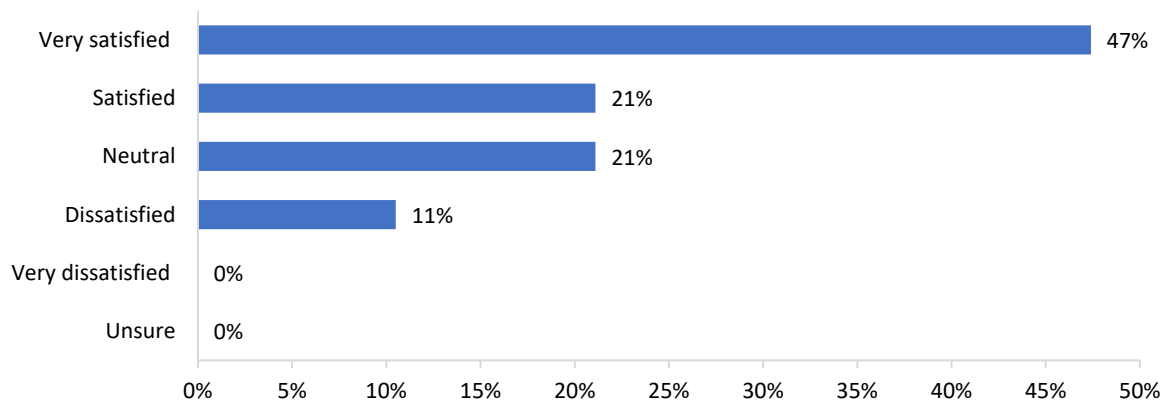
Participants were asked about the average number of times they visited their loved one/friend before Covid-19 (March 2020) and when the pods were open for visits (Figure 3). Before Covid-19, many participants visited once a week. When the pods were opened, many visited less than once a month. Those that said “other” replied with “once every two months” for before Covid-19 and “one time only” for when the pods were open.

Figure 3. Number of Times Participants Visited Their Loved One/Friend Before COVID-19 and After the Pods Were Opened



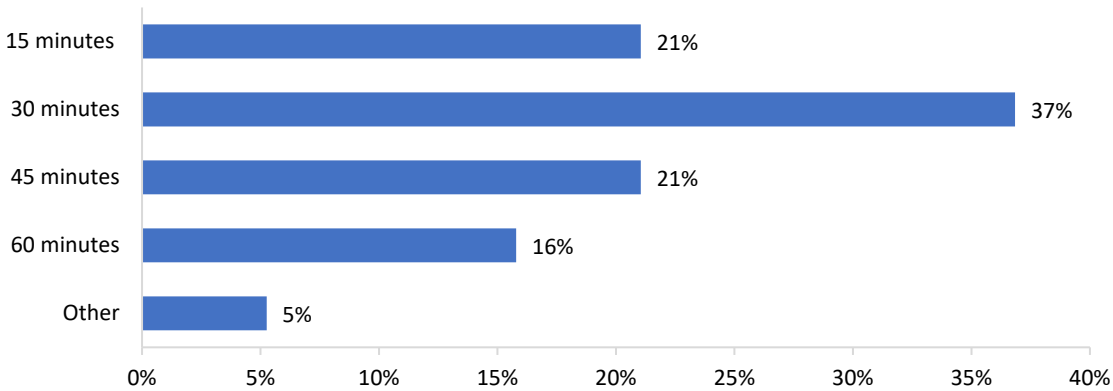
Participants scheduled their visits either through a designated person at the PCH (74%) or online (22%). However, one participant said they scheduled their visits through a “weekly bridge game.” When asked about how they would rate the convenience and ease of scheduling a visit, many were very satisfied as seen in Figure 4.

Figure 4: Satisfaction Level With the Convenience and Ease of Scheduling a Visit



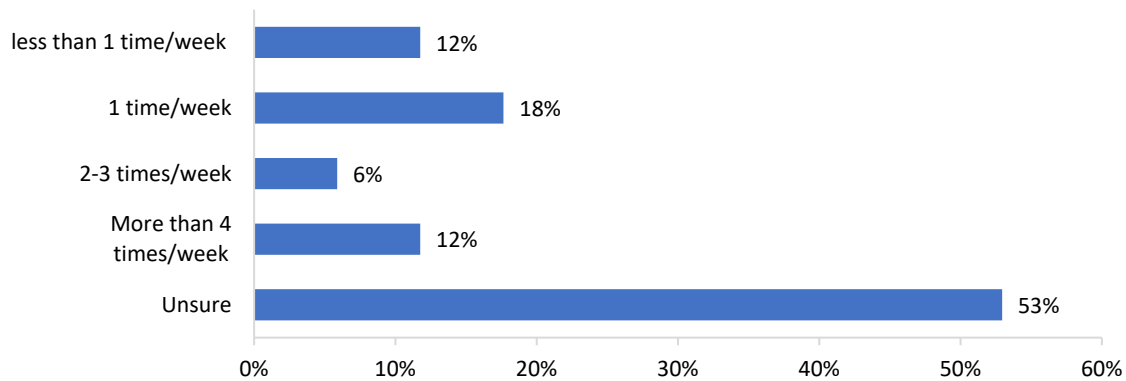
Respondents were further asked to select the amount of time for their scheduled visits (Figure 5). One participant selected “other” and responded with “2-3 hours playing bridge.”

Figure 5. Amount of Time for Scheduled Visits



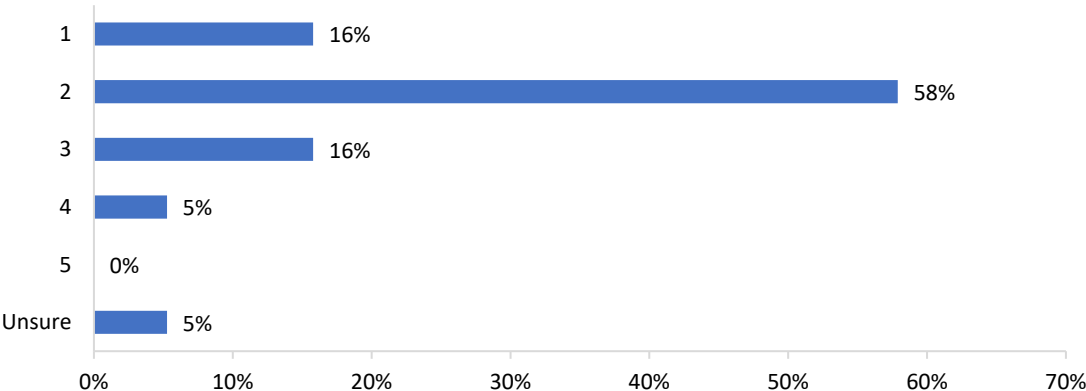
When asked about the number of times per week participants were allowed to visit their friend/family member in a pod, the majority of them were unsure (Figure 6).

Figure 6. Number of Times Per Week Participants Were Allowed to Visit a Loved One in the Pod



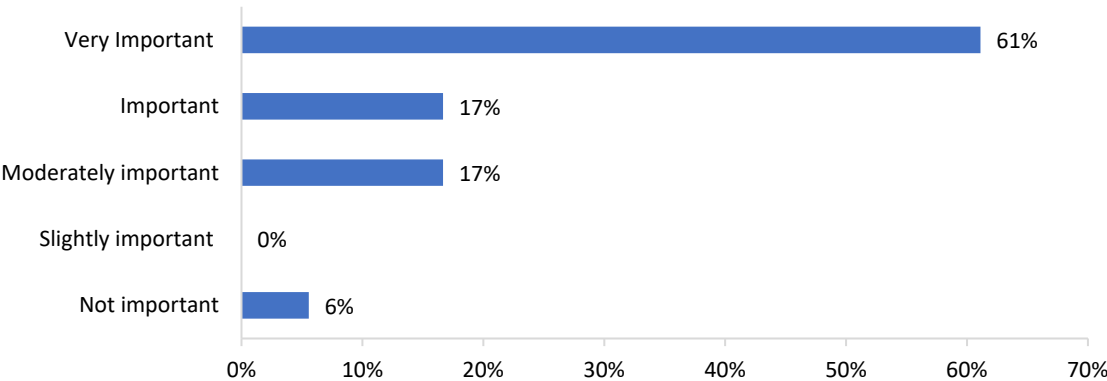
Participants were also asked about the number of visitors they felt could safely and comfortably visit their family member/friend at one time in a pod. As can be seen in Figure 7, over 50% of the respondents selected two people.

Figure 7. Number of Visitors Participants Think Can Safely and Comfortably Visit a Loved One in the Pod



Similar to the resident’s survey, visitors were also asked about their level of comfort with the safety measures that were in place for their visit. About 74% said that they were very comfortable, 22% were somewhat comfortable and the remaining 6% were very uncomfortable. When asked to pick the best descriptor for the pod’s décor and atmosphere, 84% described it as “institutional/sterile,” 6% picked “cheerful” and the remaining 12% indicated “inviting/welcoming”. Participants were also asked to rate how important it was to them and the person they were visiting for the pods to have a warm, welcoming, and cheerful space and décor. As seen in Figure 8, the majority (61%) reported it was very important.

Figure 8. Level of Importance For Participants and Their Loved Ones for the Pods to Have a Warm, Welcoming and Cheerful Space and Decor



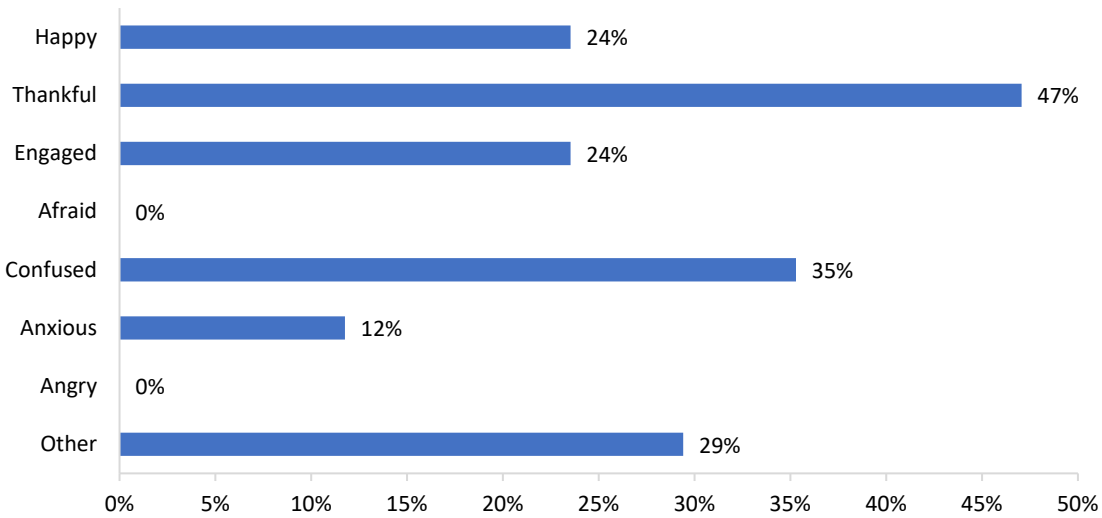
Participants were also asked to rate the noise/acoustics, temperature, and lighting in the pod during their visit. This information is summarized in Table 2.

Table 2: Participant Ratings of Noise/Acoustics, Temperature, and Lighting in Pod

	Good	Fair	Poor		Unsure	It varied
Noise/ Acoustics	Heard loved one/friend and did not have to talk over any noise	Some background noise, but did not impact our visit	Could not hear my loved one/friend and had almost to yell to be heard		Did not notice	
	59%	18%	12%		6%	12%
Temperature	Comfortable with temperature	Preferred different temperature but did not impact visit	Too hot	Too cold	Did not notice	
	53%	30%	6%	12%	0%	6%
Lighting	Could see well	Preferred better lighting but did not impact visit	Too bright	Too dark	Did not notice	
	83%	12%	0%	6%	0%	0%

When asked about the reception of their loved one/friend to the visits in the pod (Figure 9), 47% felt their loved one/friend was thankful for the visit; however, 35% were confused. Those who selected “other” were upset, uncomfortable or distracted by the outside environment, and one participant simply did not notice their loved one/friend’s response.

Figure 9. Reception of Loved One/Friend to the Visits in the Pod



Respondents were also asked if their ability to visit their loved one/friend in the pod made a difference for them and their loved one/friend. For both questions, additional comments were provided (see Table 3).

Table 3: Level of Difference It Made to Their Loved One/Friend When Participants Visited Them in the Pod

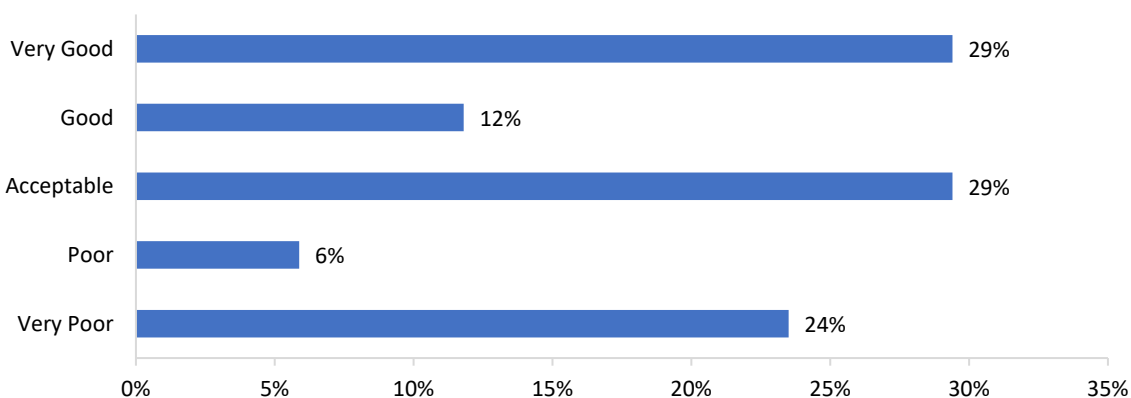
	Major Difference	Moderate Difference	Neutral	Minor difference	No difference
Difference for participant	65%	12%	12%	6%	6%
Additional comments:	<ul style="list-style-type: none"> ▪ Happy to see loved ones ▪ It was agitating for us. Being told what we couldn't do, with a person watching from outside the room and coming in like a prison guard to chide us if we did anything they didn't like. A fresh new hell to experience all around ▪ When we could visit in him room or "home", we found he was more responsive than when he was brought to the pod at the prescribed time. ▪ Better to visit their room 				
Difference for loved one/friend	42%	24%	18%	6%	12%
Additional comments:	<ul style="list-style-type: none"> ▪ She hated it ▪ Times in the pod were sterile and not like we were visiting him in his home at all. No pictures on the wall nothing to bring on a conversation etc. ▪ They were much more disengaged in the pod versus their room 				

When asked what activities they did during their visits, respondents listed the following:

- Talking
- Singing
- Reading
- Nothing was permitted
- Played card games such as bridge
- Showed photographs

Respondents were also asked to rate the overall quality of their visit in the pod (Figure 10). There was a great deal of variation in the responses to this question with 24% very poor, 29% acceptable and 29% very good.

Figure 10. Rating of Overall Quality of Visitation in the Pod



To conclude this section of the survey, participants were asked for suggestions that could make the visits better in the pod. Suggestions were as follows:

- Comfortable seating.
- Warm and homier décor inside the pod
- Less noise, better heat, and internet within pod
- Ability to touch and sit next to residents
- No pod
- More people at one time in the pods.
- Being allowed to eat
- Plexiglas divider so that lips could be read
- Not sitting outside until allowed to enter pod

Lastly, participants were given the opportunity to share any other comments. Some of their final thoughts are listed below.

- Workers are not always present to let you in the Pod when scheduled. Sometimes they didn't know of an appointment.
- Pods are not worth the money
- Pods are a great option to visit loved one

Staff/Operator/Volunteer survey

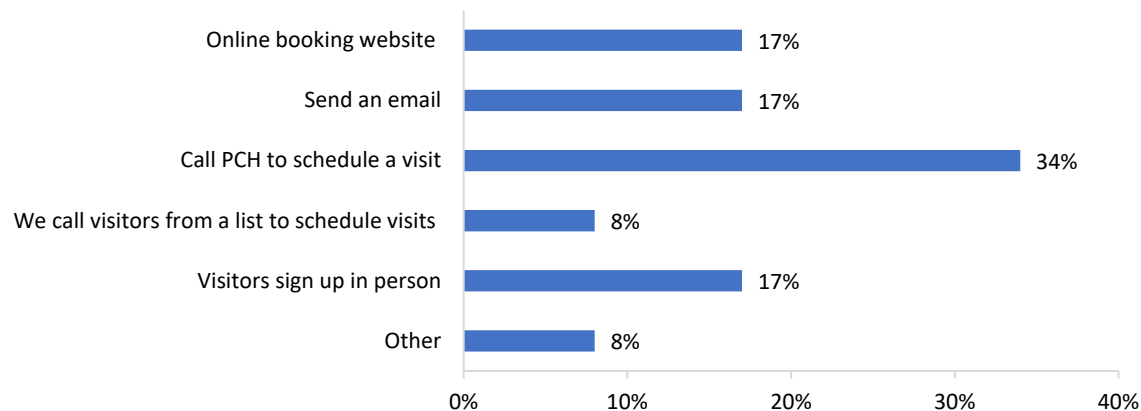
Twenty-seven questions were asked in this survey and a total of nine participants responded to the questions. Five of them were female, one preferred not to say and the rest skipped the question. For those who reported their age, the age groups ranged from 18-29 to 50-59 years. Many (44%) were from the Southern Health-Santé Sud Regional Health Authority followed by one-third in the Winnipeg Regional Health Authority, and 11% from both the Interlake-Eastern and Prairie Mountain Health Regions. There were no respondents from the Northern Regional Health Authority. When asked about their primary role in the PCH, 45% had a role in recreation, 12% either had a role in social work, healthcare aide or were a screener of visitors, and the remaining 23% percent were in administration/management.

Participants were further asked about the number of pods at their PCH. Eighty-four percent replied with one while 17% said two. They were also asked about their level of comfort with knowing that residents and visitors are safe based on the safety measures that were put in place. About 34% were very comfortable, 50% were somewhat comfortable and the remaining 17% were unsure. Two participants left these comments:

- Ventilation system in pod is extremely loud. It's hard to have a conversation.
- Almost too safe, family and residents expressed often that they feel like they visit in a prison and get upset over it.

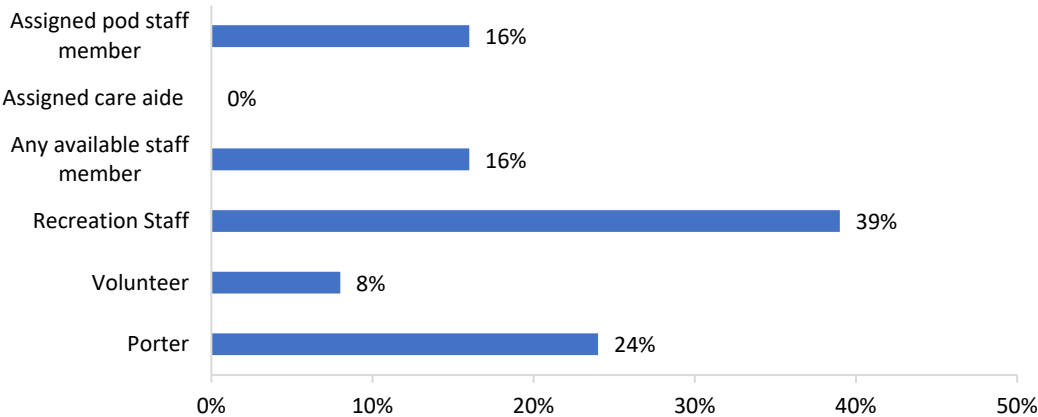
When asked about who was responsible for scheduling visits in the pod, 84% said recreation staff and the remaining 17% selected "other." The participant that selected "other" said "Our visits are booked through a LTC scheduling person for the IERHA." Participants were then asked about how visitors schedule their visits and were asked to select all the options that applied (Figure 11). The participant that selected "other" said "They call a 1-888 number at the central scheduling office."

Figure 11. Means Through Which Visitors Scheduled Visits



The majority of respondents indicated visitors could visit more than 4 times per week (60%). About 20% said 1 time per week and another 20% said 2-3 times per week. One participant left a comment that said, “As often as the resident is available.” When asked to rate the process of booking visits, 17% selected very good, 50% selected acceptable, and the remaining 34% selected poor. They were further asked about who was primarily responsible for transporting residents to the pods during visits. Over one-third indicated that recreation staff were primarily responsible (Figure 12).

Figure 12. Person Primarily Responsible for Transporting Residents to Pod During Scheduled Visit Time



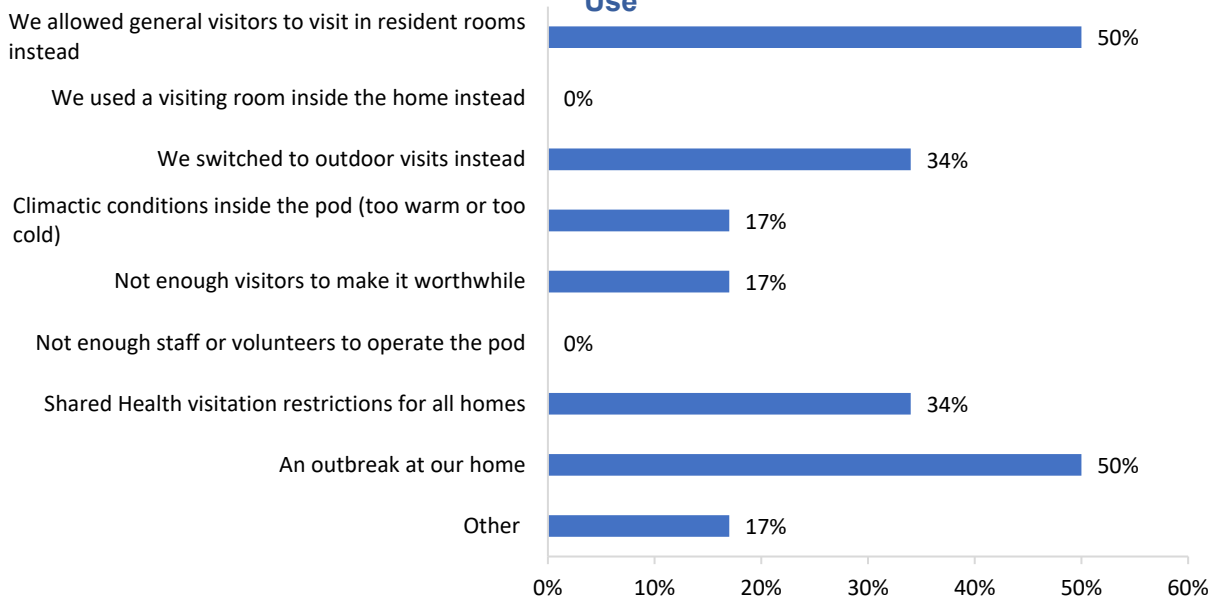
About 67% of the participants said that 6-8 visitation time slots were available each day per pod. For the rest of the participants, 17% either said 3-5 time slots or 10+ time slots. When asked about what days of the week the pod was typically available for visits when it is in use, 100% said all seven days of the week. Participants were further asked about the timeframe in which the pod was typically open. Responses are listed below.

- 11 am to 8 pm
- 12 am to 8 pm
- 9:30 am to 4 pm for 5 days a week and then 9:30 am to 7 pm for the remaining 2 days.
- All day
- 9 am to 4:30 pm

Respondents were also asked how long a scheduled visit was in the pod. Most visits were 30 minutes or less (34%) and 45 minutes (34%). About 17% said visits were flexible based on needs, while the remaining selected “other” and left a comment that said, “After 45 minutes most residents were frustrated with PPE.”

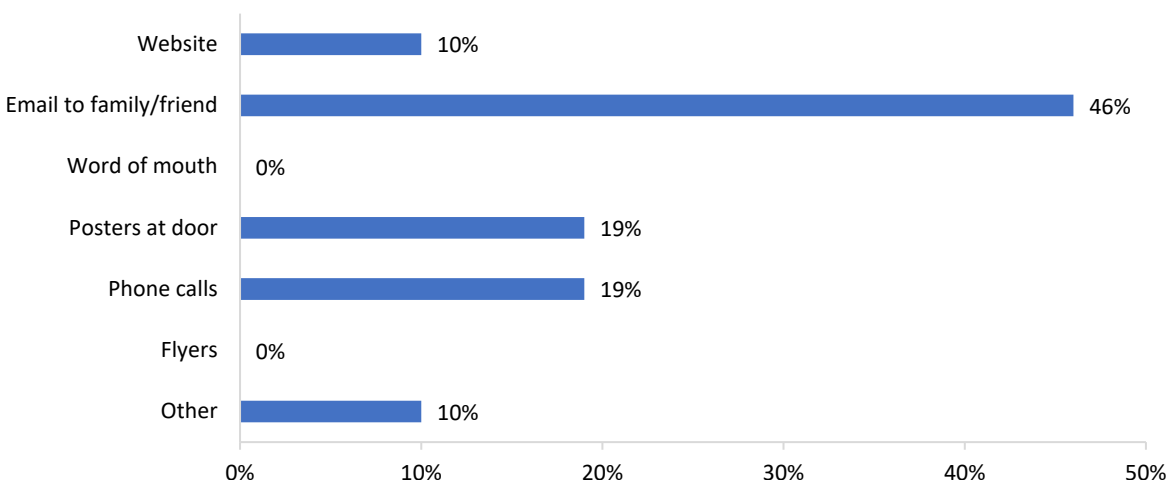
When asked about how busy the pods had been, 50% said “not very busy” and the other 50% said “hardly used.” In some cases, pods were closed, and participants were asked for the reason (Figure 13). Pods were closed mostly due to an outbreak (50%) and the fact that general visitors were allowed to visit in resident rooms instead (50%). The person that selected “other” said they weren’t allowed to use the pod in summer due to lack of air conditioning.

Figure 13. Reasons Pod(s) Were Closed After They Were Open For Use



Participants were then asked how they communicate to families, residents, and visitors that the pod(s) was (were) being closed or re-opened (Figure 14). The most frequent communication method was by email (46%). The participant that selected “other” said through residents at council meetings.

Figure 14. Means of Communicating to Residents, Families and Visitors About the Closure or Re-opening of the Pod(s)



When asked to pick the best descriptor for the décor and atmosphere of the pod, 100% said “institutional/sterile.” Participants were then asked if visitors had access to PCH guest Wi-Fi in the pod. About 17% either said “yes” or “PCH does not have guest Wi-Fi”, while the remaining 67% said “PCH’s Wi-Fi does not reach the pod.”

Respondents provided common concerns expressed by residents regarding using the pods such as:

- Too many pandemic restrictions
- Gloomy, jail-like, and cold
- Uncomfortable and loud
- Claustrophobic, specially for residents with dementia
- Not used enough so not worth it
- Not being able to drink/eat with PPE

Similarly, participants were asked about common concerns that were expressed by visitors and these were the responses:

- Severe restrictions
- Institutional, claustrophobic, loud, and gloomy
- Families did not like the fact they were being kept out of the facility. They could not monitor residents’ food intake, clothing needs, room situation or any other ADL's.
- Residents with dementia can’t sit long and therefore, can’t remain 6 feet apart.
- Built pod too late into the pandemic and hence, waste of PCH money.
- The families want to be able to eat and drink with their loved ones. It is part of our cultural to drink and eat with our loved ones.

Participants were also asked if they felt that the pod supported quality visits and meaningful connections between visitors and residents. The responses were not positive as 50% strongly disagreed, 34% disagreed and the remaining 17% were neutral. Listed below are participants’ opinions of what could be done to improve volunteer/visitor/staff/resident experience with usage of the pod.

- Remove restrictions
- Provide a space that is homey
- Improve the décor of the pod
- Plexiglas partition
- No pods
- Allowing more people to visit at a time

Lastly, participants provided other comments as follows:

- Pods were hardly used
- Families could be more relaxed using FaceTime or phone calls if the Wi-Fi were better.
- Funds could have been spent on recruitment and retention instead. Most of the time visitors weren't allowed on site if someone in the building had COVID.
- Allowing only designated visitors was crushing for many families. Cell phone service is even worse for communication between families and staff.

Overall, there is a wide range of feedback on the usage of these pods. While many visitors and residents seem to agree that pods make a major difference on their emotional well-being, many staff members/operators/volunteers felt that the pods didn't support meaningful connections between residents and visitors. Furthermore, many respondents of this survey described the pods as institutional/sterile and suggest that the décor of the pods should be improved to make it homier.

**Exploring Manitoba's Visitation Shelters/Pods
at Personal Care Homes**

September 2022

Centre on Aging |  **UM**