Guidelines for en masse interinstitutional relocations of long-term care homes

Supporting resident and team member well-being

Lupin Battersby / Sarah Canham / Dayle Krahn / Andrew Sixsmith

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Contents

Key Messages

1   **En masse interinstitutional relocations for residents can cause distress**, increased behavioural issues, increased health concerns, though for some, there are improvements in health and cognitive functioning. Most negative effects of relocation are temporary and can be mitigated by preparation prior to the move and a supported transition period post-move. The most difficult period is shortly before the move and three to six months post-relocation.

2   **En masse interinstitutional relocations for team members can cause stress** related to job security, requirements to learn new operating systems and procedures, establishing new team and working relationships, loss of previous relationships, and the ability to provide care to the same standard as the previous home. Stress that results from such change can lead to burnout, sick leave, and turnover, but can be mitigated by real engagement, consistent and clear communication, and strong management.

3   **En masse interinstitutional relocations for family members can be stressful** if they lack sufficient lines of communication and information, and if quality of care appears to deteriorate post-move. When new LTC homes are structured differently, it becomes difficult to locate team members, which is distressing to families (as well as residents and team members). Family stress can be mitigated with clear lines of communication for pre- and post-move concerns, minimizing change, and strong leadership.

4   Given that change is stressful, **planning, engagement, empowerment, human resources, leadership, team building, and communication are critical** components for effective en masse relocations of long-term care residents and team members (see Figure 1). Planning for change related stress pre- and post-relocation, allowing for sufficient time, support, and resources acknowledges the hard work required to complete the move and supports the well-being of those involved.

Executive Summary

In the current context of shifting needs, demand, and policies regarding long-term care (LTC), the frequency of redevelopment of LTC homes and the relocation of residents and team members is increasing. Historically, relocation has been associated with increased resident morbidity and mortality. While this issue remains for circumstances in which older adults move from home to residential care, it is not a consistent finding for en masse interinstitutional relocation initiatives whereby residents and team members move together into a new facility. What does appear to be consistent across all forms of relocation is that the relocation process is stressful to all involved. Stress can be detrimental to the health and well-being of residents, team members, and families and lead to an increase in costs of care, while reducing the quality of care, and thus reducing quality of life of those involved in relocation initiatives. However, there are few available resources to support the planning and implementation of en masse relocations.

To address this gap and meet the needs of residents, team members, and families during en masse relocations, an integrated knowledge translation project was completed in collaboration with a LTC provider with experience completing en masse interinstitutional relocations. The research question for this project was: What issues and challenges do residents and team members experience during an en masse interinstitutional relocation and how can those be mitigated? The objective of the project was to develop and mobilize guidelines for similar relocation projects.

In this document, the guidelines are explained and include recommendations to inform planning of en masse relocations of LTC homes. The guidelines are intended to inform the process rather than provide a step-by-step guide to follow, allowing for the development of unique relocation strategies suited to different contexts and resources. The guidelines are summarized in Figure 1 on page 8, followed by a detailed explanation of the goals and strategies, with tips and resources for meeting those goals.

Following the presentation of the guidelines, the research project is described in detail, including the research approach, results, and identified knowledge gaps. Briefly, the project involved stakeholder engagement and synthesis of multiple sources of experiential and research evidence. This included interview data from a longitudinal evaluation of a LTC interinstitutional redevelopment project; a research literature synthesis of en masse interinstitutional relocations; and four deliberative dialogue events across Canada with LTC administrators and managers with experience in en masse interinstitutional relocations. The guidelines were developed based on emerging themes from the interview data and preliminary literature analysis, and revised based on input and iterations from the deliberative dialogues. Synthesis of all data sources resulted in the final set of guidelines presented here.

...the relocation process is stressful to all involved. Stress can be detrimental to the health and well-being of residents, team members, and families...

Section 1:
Guidelines

These guidelines are meant to inform conversations and decision-making for planning long-term care (LTC) en masse interinstitutional relocation projects. The guidelines provide a framework to be adapted and utilized, as appropriate, for unique LTC contexts, resources, and needs, rather than a step-by-step prescription for the process. The guidelines will be most useful early in the planning process for housing provider administrators, health authorities, and hospital or LTC planners and decision makers.

Using these guidelines

For clarity, some of the terminology we use needs to be explored. First, interinstitutional relocation refers to moving from one institution to another institution (*Borup, 1982*). Other forms of relocation include intrainstitutional relocation, which refers to moving from one room or unit into another within the same institution; and institutionalization refers to moving from home into an institution (*Borup, 1982*). The focus of this document is on en masse interinstitutional relocations, which refers to moving residents and team members together from an existing LTC home into a newly developed or fully renovated LTC home. For simplicity, from this point forward we will refer to en masse interinstitutional relocation as relocation or relocation projects. Second, in keeping with many LTC homes, we use the term team members to refer to all care aides, nurses, social workers, administration, and other staff involved in supporting residents in LTC homes. Finally, families or family is used to refer to any relative, friend, or other support person involved in residents' lives.

A schematic of the guidelines is depicted in Figure 1 on page 8. The sequence of the five key themes illustrates the importance of particular themes at different stages of the relocation process. It is important to consider and plan for each of the themes early in the process. However, the relevance of the first theme is greater pre-move and the relevance of the last theme is greater post-move. The blue arrow represents the cross cutting elements of communication and evaluation, emphasizing the importance of these elements to all five themes, throughout the relocation process. A clear, efficient, and consistent communication plan will support the achievement of each of the theme goals, while evaluation can keep the process moving as intended and create opportunities for learning and improvements throughout. Each theme is described by the associated goals and suggested strategies for meeting those goals. These are covered in further detail in the section following Figure 1.

Communication and Evaluation

Planning & Engagement
- **Goals:** reduce anxiety; empower residents, team members, and family
- **Strategies:** involve all in decision making, choices, process; moving committees to develop processes, policies, and orientation strategies

Invest in Human Resources
- **Goals:** prevent turnover & illness; promote positive expectations & quality of care
- **Strategies:** budget and plan for additional human resources for moving/planning committee; plus for extra team meetings, training orientation, and support post move

Leadership
- **Goals:** reduce disruption & disorder; increase sense of support, communication & accountability
- **Strategies:** hire & support strong management pre-move with intent to continue post move; introduce to staff & family with clear lines for communication

Minimize Change
- **Goals:** reduce distress; increase wellbeing for both residents & team members
- **Strategies:** introduce changes early, communicate changes to all including purpose & impact; provide training and opportunities for discussion about changes; stage changes if possible

Team Development
- **Goals:** reduce sense of loss & anxiety; support quality of care through relationships
- **Strategies:** team building opportunities through extra meetings, training, communication; acknowledge feelings of fear, loss, isolation then work towards developing collaborative solutions

Figure 1:
Schematic of En Masse Interinstitutional Relocation Guidelines

Three overarching messages to keep in mind throughout the relocation process emerged during the development of these guidelines:

1. **Change is stressful**
   It is important to acknowledge and allow for the processing of changes.

2. **Feeling a lack of control over where you work or live is disempowering**
   Creating opportunities for choice and dignity is important.

3. **Effective communication is critical**
   Effective communication is critical throughout the relocation process, inclusive of all those impacted by the relocation.

Theme I: Planning and Engagement

The focus in this phase is the pre-move preparation and buy-in to the relocation project of residents, team members, and families. There are a number of opportunities to engage residents, team members, and families in the design, planning, implementation, and moving preparation process that can feed critical information into the development of the new LTC residence, while simultaneously establishing positive expectations and accurate awareness of the relocation.

Challenges that relocation projects have faced include: fear of change and the unfamiliar; not having systems in place for the new care environment; unfamiliarity with features of the new building; tools and supplies not accessibly stocked and ready for care provision; and, stress related to feeling a lack of control over the changes.

GOALS:
The goal here is to reduce potential anxiety that residents', team members', and families experience during relocations and empower residents, team members, and families through their contributions and involvement in the process.

STRATEGIES:
Through planning, communication, and active engagement residents', team members', and families' anxiety surrounding the relocation can be reduced and the LTC home can be better prepared for care provision upon move-in. There are decisions throughout the development of the new LTC residence and the move process that can involve those impacted by the move. For example, give residents choice of their room, the opportunity to name the communities, and select wall colours; have team members provide feedback on physical design elements as it relates to providing care; and get input from families on what they would like included in the residence. In addition, having residents, team members, and families on the planning committee can support good planning and decision-making and cultivate informed project champions.

Potential issues for residents, team members, and families, can be identified and mitigated through engaged planning. This includes ensuring that systems and tools are in place to maintain and support the clinical care needs and health monitoring of residents. Critical to engagement is ensuring good communication (described further under Communication and Evaluation) with opportunities for feedback so decisions that are made contrary to input provided by residents, team members, and families are explained and their contributions are acknowledged. Similarly, bringing in the evaluation component at this early stage can foster engagement and a sense of empowerment to influence change and begin to track the change experiences and needs of all involved (described further under Communication and Evaluation).

TIPS:
Passport – use a "passport" that includes a summary of changes, potential impacts, and options for team members to review and follow as the relocation approaches. This might include when and where training, tours, and orientations to the new building will be held; implications for their positions

Through planning, communication, and active engagement of residents', team members', and families' anxiety surrounding the relocation can be reduced and the LTC home can be better prepared for care provision upon move-in.

and how to manage it (i.e., can they move to a different home, do they need to change unions, do they need to apply for a position, if so how, and implications for seniority, etc.); and policy or other operational changes that may impact their work. Team members can use their passport to track their engagement in the activities and resources offered.

Orient to space – there are a number of strategies that have been used to assist with orienting people to a new building depending on the audience (residents, team members, families) and resources, such as: display a model of the new building during the building process, provide virtual tours, give guided tours of the building, post video streaming of building progress in the old building, display building progress through continuously updated photographs, stagger move-in with champions in first group of residents and team members who can help orient subsequent groups.

Engagement – construct a mock suite on site of the current residence (similar to a new condo display suite, with colour palette and other limited choices) and gather feedback from team members, residents, and family members on space, design, etc. Role-play a care-day in the new residence: have a small group of team members identify tools and supplies to stock and be accessible. Have direct care team members assist with stocking all the communities prior to moving residents.

Theme II: Invest in Human Resources

The preparation for the relocation, the move itself, and the transition period post-move all require additional human resources for good planning, organization, and support of residents, team members, and families. Insufficient support can lead to stress, burnout, sick leave, turnover and, thus, higher costs and disruption in the quality of care for residents. Continuity in care providers has been identified as important to quality of care thus turnover also negatively impacts residents' well-being. It appears that the first 3 months post-move is the most stressful period for residents (*Mirotznik & Ruskin, 1985*).

Insufficient support can lead to stress, burnout, sick leave, turnover and, thus, higher costs and disruption in the quality of care for residents.

GOALS:
The goal here is to prevent team member illness, burnout, and turnover and promote positive expectations for the relocation and ensure ongoing quality of care for residents.

STRATEGIES:
During the planning and budget development process, additional human resource requirements should be factored in, including: dedicated team member time for involvement in the planning and moving committee, additional team meetings, training orientation, and additional team members on the floor for the transition period. A dedicated team on the relocation project is preferred over team members doing it "off the side of their desk". Reducing turnover and burnout applies across care and administration, all team members need to be supported through sufficient resources and acknowledgement that the planning, learning, and adjusting required for this type of a change is significant. For relocation projects that are from smaller to larger facilities, negotiate with

funders to delay filling empty beds to allow for relocated residents and team members to orient and establish procedures prior adding new residents.

TIPS:

As a number of the strategies and tips in the themes require additional human resources, go through each to determine what the needs are in terms of additional team member time as it pertains to your context.

In addition, volunteers and families are a great resource to engage in packing and moving day. Most relocation projects utilize a large team of volunteers on move-day. Those that engaged families on move-day found the settling in of both residents and their families to be well supported.

Theme III: Leadership

The relocation period, pre- and post-move, is stressful, particularly for the care team dealing with orienting to new spaces and potentially engaging with new practices, policies, residents, care partners, commute, etc. In addition there could be feelings of loss related to work partnerships, work friendships, residents who change units, seniority, and familiarity. Management can play a critical role in supporting and responding to the needs and challenges of team members. Unclear or inconsistent management through the move process increases the burden on other team members and contributes to a sense of lack of support.

GOALS:

Reduce disruption and disorder of the relocation process and transition experience. Increase the sense of support, communication, and accountability.

STRATEGIES:

Identify lines of authority that are strong, accountable, and willing to see the relocation process through, thus being able to respond to inquiries about why decisions were made, support the implementation of the vision for the new residence, and be a familiar resource for team members, residents, and families. Potentially, this requires conversation with management of the pre-move residence to determine their interest in transitioning into the new building and their career plans and recruiting replacement administrators in a timely manner should the pre-move team be uninterested in continuing in their role after the move. Effective communication about management changes is critical because supportive management is needed for good communication and conflict resolution throughout the relocation process.

Be a visible part of the team particularly in stressful situations.

TIPS:

Visibly be part of the team, particularly in stressful situations. Spending time in the care areas and assisting as needed such as sitting with a distressed resident, making a bed, and giving medications shows care team members, residents, and families that the leadership team members are "in it" with everyone else.

Clearly communicate management and leadership changes to all team members, residents, and families.

Clearly communicate why decisions are made, how the decisions or changes will impact the roles and expectations of administrative processes, such as changes in lines of communication and authority.

Theme IV: Minimize Change

As many people find change stressful and overwhelming it can be strategic to consider how many changes to implement simultaneously. For many relocation projects, the move offers an opportunity for additional changes, such as change in the philosophy of care, the layout of the space, and job descriptions and tasks. There are various perspectives on this theme, as some suggest that a move is an ideal opportunity to introduce additional changes because team members and residents are already in flux and habits are broken, so introducing new policies and systems is easier. Others suggest that moderate change can be positive, but extreme change has more negative outcomes and thus changes should be minimized or spread out over time.

GOALS:
The goal for this theme is to reduce distress for residents, team members, and families and support their well-being through minimizing change.

STRATEGIES:
To minimize change for residents, plan their new living arrangements to include familiar team members and residents and keep as close as possible to their regular schedule. Big changes, such as moving from a shared room to a private room, need to be discussed with residents prior to the move. Acknowledging that change can be difficult and providing tools and strategies to team members for coping with change can be helpful too. Staggering changes may be an option to minimize the negative effects of change on team members. For example, introducing anticipated changes prior to the move or delaying changes, where possible, until team members have adjusted to the new residence. While the new building may be an improvement over the previous environment, even positive change is stressful.

TIPS:
Provide choice to residents and team members regarding whom they would like to live or work with after the move such as other residents they would like to be on the same community with or share a room.

Find champions of change and support them to connect with others.

Provide information and education on anticipated changes and reasons the changes are being made, as well as opportunities for team members to express concern and identify what they are looking forward to in the new residence. This can also be supported by an evaluation.

Find champions of change (team members, residents, and family members) and support them to connect with others through providing clear statements, communication tools, regular updates regarding any changes, and acknowledging their support.

Theme V: Team Development

Relocation projects often involve new team working arrangements, particularly for projects that are moving from large open institutional style residential care settings into multiple smaller home-like communities within one large building. The potential sense of loss, isolation, confusion, and changing care practices can be intimidating and upsetting for team members. The new residence can mean adjusting from working with more than five team members to working with less than two. In addition, in care communities that are more spread out (as increasingly LTC homes are required to have single, larger rooms), the care team can feel as though they work alone. Thus, adjustments need to be made in the tasks, roles, and relationships for team members. If management is not strong and supportive or there is insufficient time and support for establishing practices, this can be very stressful. Team members find organizational issues to be more stressful than patient-related work tasks and thus may require more support than residents during the transition period after the move. Supporting team members can translate into better transitioning experiences for residents.

Team members find organizational issues to be more stressful than patient-related work tasks and thus may require more support.

GOALS:
The goal for this theme is to reduce the sense of loss and anxiety that team members may experience after the move and thereby support quality-of-care for residents through valuing relationships and team engagement.

STRATEGIES:
Team building opportunities within and across communities is essential for developing strong and supportive teams. This could include community team meetings across shifts to establish routines and expectations, and identify and overcome challenges; and formal team working sessions provided by external experts for all staff in the LTC home. It is important to provide opportunities to acknowledge the work and celebrate the successes of team members throughout the relocation process, respond quickly to concerns or questions from team members, and make it clear the administration supports the team members. Teams that create their own goals and solutions appear to be stronger and more collaborative. However, to achieve this, supports must be in place to allow teams to develop, take action, and share knowledge.

TIPS:
A useful guidebook on developing empowered care teams in LTC homes has been produced by *Schlegel Villages* and the *Schlegel-UW Research Institute for Aging* (RIA). The culture change guidebook has a free and paid version, plus other services available online that could be useful.

Access *A Guidebook to Change the Culture of Aging in Long-Term Care* here: *http://www.the-ria.ca/schlegel-clri/workingtogethertoputlivingfirst/*

Cross-cutting Elements: Communication and Evaluation

A critical element identified across all the sources reviewed for the development of these guidelines is communication. Each theme includes mention of or acknowledges the importance of communication in the relocation process. Communication is challenging, it can be difficult to reach all team members, residents, and families because they may not see or pay attention to notices. Also, the notices may be misinterpreted or only partially heard. Thus, in developing a communication strategy, consideration needs to be made for the audience, communication modes (e.g. visual, verbal, written), communication means (e.g. email messages, posted flyers, presentations, newsletters (see Appendix 1 for sample)), communication frequency, and mechanisms for identifying and addressing misunderstandings (e.g. champions, evaluation, team meetings).

Identify one person to manage the communication strategy who can communicate decisions and project progress, request feedback, and is the point person for residents, team members, and families. The person in this role can support champions and other formal and informal communication channels to share consistent and reliable information.

This person can also be involved in evaluation efforts, which can be part of the communication strategy. For example, an evaluation team can identify misunderstandings and be an additional source of information (*see Grant, 1997*). Evaluation of the relocation process can support the project, provide justification to funding and policy bodies, and inform future projects. This is particularly relevant for housing providers with multiple developments, as it is important to use knowledge and learning experiences in future projects to save time and resources.

See Appendix 1 for a sample input form that one relocation project used to get team member input on the new home and how it will influence care practices. This form can also be used to gather preliminary data for the evaluation. Of note, the preparation and engagement activities on this form are branded for this specific redevelopment project. The branding and the activity invite people to contribute and ask questions "Just Ask – Let's Build our Future".

In conclusion, these guidelines provide an overview of elements to be considered when planning a relocation project. To better understand how the guidelines were developed, the following section describes the guideline development project. This section includes a number of data sources and collaborators, and a brief overview of the context, methods, and results of the project.

Identify one person to manage the communication strategy who can communicate decisions and project progress, request feedback, and is the point person for residents, team members, and families.

Guidelines for en masse interinstitutional relocations of long-term care homes

Section 2:

Development of the Guidelines

Context

The British Columbia (BC) Seniors Advocate (*2015*) reported that the government of BC needed to "commit to a higher standard of accommodation in residential care facilities" (*p. 6*). In Canada, the proportion of adults age 65+ is continuing to grow as the baby boom generation ages (*Statistics Canada, 2012*). In 2015, adults aged 65+ years accounted for 16.1% of the population and by 2024 will represent 20.1% of the population (*Statistics Canada, 2015*). Similarly, the proportion of older adults in BC is rising, with 1 in 4 persons expected to be 65+ by 2036 (*United Way of the Lower Mainland, 2011*). Given this increase in the population and the need to update facilities to meet the needs of seniors, we can anticipate higher demand for more LTC housing stock. This will require the development of new or the redevelopment of current LTC facilities in the coming years which will increase the frequency of interinstitutional relocations.

In partnership with the Province of BC, Vancouver Island Health Authority, and the Capital Regional Hospital District, Baptist Housing, a non-profit seniors housing provider developed a $60.5 million, 260-bed residential care centre, 'The Heights at Mt. View' (HMV) in Greater Victoria. Residents and team members transitioned from two out-dated institutional facilities run by Baptist Housing into HMV in November 2015. Baptist Housing commissioned Simon Fraser University's Gerontology Research Centre to undertake an evaluation of the transition to HMV. The longitudinal evaluation was completed in November 2016. The results of the evaluation identify how the built environment affects health and well-being of residents and staff, the impact of the move on relationships and experience of work for the team members, and policy issues that influence the experiences. The preliminary findings from this evaluation project informed the development of this project as it revealed that the transition process and needs for en masse interinstitutional relocations of LTC facilities is not well documented.

Given the need for future LTC developments to support resident and staff health and well-being, it is imperative that this evidence be synthesized with available literature, experiential knowledge of stakeholders, and other available evidence into a set of LTC relocation guidelines for use by housing providers and policy makers in BC and beyond.

We can anticipate higher demand for more LTC housing stock. This will require the development of new or the redevelopment of current LTC facilities in the coming years.

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Taking an integrated knowledge translation approach, this project engaged stakeholders and utilized multiple sources of evidence and knowledge.

Research question

What are the issues and challenges that can occur for residents and team members well-being during en masse interinstitutional transitions and how can those be mitigated?

Approach

Taking an integrated knowledge translation approach, this project engaged stakeholders and utilized multiple sources of evidence and knowledge. Sources of evidence included interviews conducted during the longitudinal evaluation project, a literature synthesis of en masse interinstitutional relocations, and deliberative dialogues with key informants.

LTC home relocation experience study

The preliminary data that informed the development of these guidelines came from a longitudinal evaluation study conducted for Baptist Housing as they experienced a mass interinstitutional relocation. That relocation project involved construction of a purpose-built, seven-story 260-bed LTC home at a new location, which replaced two smaller, out-dated LTC homes. Semi-structured interviews were conducted with residents, families, and team members at five time points: 6-months pre-move, 3-months, 6-months, 12-months, and 18-months post-move. A total of 210 interviews were completed as part of that study with 81 team members, 35 residents, and 23 family members.

Literature synthesis

For the literature synthesis, a realist review approach was taken. A realist review begins with theory to guide the review process. A realist review uses a systematic, iterative approach to explore how and why complex interventions are successful or not in a particular setting(s) (*Pawson, Greenhalgh, Harvey, & Walshe, 2005*). The realist review approach addresses what works, for whom, in what circumstances, and why. The underlying principle of the realist approach is based on the links between the intervention, contexts, mechanisms, and outcomes. This approach to synthesis is particularly well-suited to accommodate the review of literature from a mix of methodologies (qualitative, quantitative, mixed methods).

There are six steps to the realist review:

1. clarify the scope
2. search for evidence
3. select and appraise evidence
4. extract data
5. analysis and synthesis
6. disseminate findings

The scope and refinement of the research question and goals was completed in collaboration with Baptist Housing. The search and selection process (*steps 2 and 3*) are represented in Appendix 2. Two researchers completed the screening of the evidence independently, with the inclusion and exclusion criteria being reviewed and aligned at each step of the screening process. The search, selection, and evaluation process resulted in a total of n=15 articles reviewed, see the full bibliography of selected articles in Appendix 2.

Deliberative dialogues

A deliberative dialogue is a guided, interactive conversation that provides an opportunity for people with a shared interest in a topic to exchange ideas and deepen understanding. Four deliberative dialogue events were held in four different cities across Canada with a total of 23 informants who had experience with interinstitutional relocations. Informants shared their relocation experiences and lessons learned through those experiences, provided feedback on the preliminary themes, and made suggestions for the guidelines.

These three data sources were synthesized to produce these guidelines. A preliminary draft of the guidelines was sent to deliberative dialogue participants for review and input, which was incorporated into this final draft.

Analysis and Findings

The synthesis of the three data sources was an iterative process. The evaluation study data and preliminary literature analysis informed the development of draft themes. These themes were presented to participants at the deliberative dialogues events and responded to. Further synthesis of the literature was completed using the preliminary themes and dialogue events as a theoretical framework. The development of the themes is presented here.

Theme development

From the longitudinal evaluation a number of challenges and suggestions were identified and grouped into five preliminary themes, which informed subsequent data collection and analysis and informed the final guideline framework. The preliminary themes identified issues that emerged and strategies to address them.

Briefly the themes were as follows:

i) **Planning and Organization:** Undeveloped policies and procedures, combined with a lack of familiarity with space and new systems impacts morale and care. To mitigate, involve the team in planning at all steps and provide training.

ii) **Time and Support:** Insufficient commitment of resources to planning the relocation and transition periods can lead to team member burnout.

Extra team members are required, along with more training, support, and good communication.

iii) **Workplace Culture:** Issues identified include change-related stress, sense of loss, isolation, lack of control, all which can lead to turnover. Suggestions include supporting team building, team input, acknowledging effort, and providing more information.

iv) **Strong Management:** Absent, weak, or inconsistent management burdens staff. To prevent this issue, find and retain management across the relocation period.

v) **Minimize Changes:** Change is stressful; having multiple changes can be overwhelming for team members. To reduce stress: incorporate changes (where possible) pre-move; ensure clear communication; and consider staging changes over time post-move.

The deliberative dialogue events validated the importance of the issues and strategies captured in the preliminary themes, with a number of participants describing similar experiences. However, the dialogue events highlighted three critical missing components in these preliminary themes. First, communication was identified as something that should be incorporated into the themes and independently highlighted because it is critical to the success of relocation projects. Second, evaluation should be central to the process as it will improve staff and resident experiences and improve future relocation projects. Third, the themes should more clearly address and capture the challenges and strategies for supporting residents and families, not just the team members, through the relocation. Figure 2 on page 21 represents a schematic of the guidelines incorporating this feedback with the preliminary themes.

A number of the en masse interinstitutional relocation experiences that dialogue participants shared highlighted resources and tools they found to be useful, some of which are included in Appendix 1.

Finally, using the framework of the validated themes (preliminary themes with the additions from the deliberative dialogue events), data extraction from the literature was completed. The research literature aligned with the framework, however it also highlighted two issues that needed to be addressed. First, the theme labels were too ambiguous, which resulted in some overlapping content. Refining theme labels based on the literature identified critical features to include, as well as to fine tune where the data fit into the themes. Second, it became apparent through the synthesis that a temporal component to the themes was missing. That is, some goals and strategies are particularly important at different points in the relocation process. Adding a temporal component emphasizes the fact that the relocation process does not end after move-day, there is still a period of adjustment. This is now represented in the guideline schematic, which evolved from a circular to a directional schematic (*see Figure 1*).

Figure 2: Preliminary Schematic of En Masse Interinstitutional Relocation Themes

Knowledge Gaps

The literature on interinstitutional relocation focuses primarily on the potential impact of the move on residents. A substantial body of literature on this topic emerged in the late 1970s and the 1980s during a time of substantial change in LTC which saw facilities being shut down for not meeting licensing requirements. There was legal action taken due to concerns that these forced relocations increased resident mortality (*Castle, 2001*). Thus, researchers began investigating these concerns. Early small research projects found mortality to increase after relocations, however subsequent studies were less conclusive or opposed these findings (*Borup, 1982*). Castle (*2001*) synthesized the literature on the impact of LTC relocations. While not conclusive, given the variety of methods, relocation contexts, and measures used, it appears that interinstitutional relocations are not associated with increased mortality or morbidity rates among LTC residents. The impact of en masse interinstitutional relocations appears to primarily be related to quality of care and well-being for residents. Residents exhibit increased stress prior to and in the three to six months following the move (*Borup, 1981*). The stress may be observed in increased behavioural issues or health concerns (*Grant, Skinkle, & Lipps, 1992*).

The impact of mass interinstitutional relocations appears to primarily be related to quality of care and well-being for residents.

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While the literature reviewed for these guidelines included information on the preparation and transition supports for en masse interinstitutional relocations, only one completed an evaluation of relocation supports (*see Lokk & Arnetz, 2002*). The support was a relocation psycho-educational empowerment program and was not found to be an improvement over the basic preparation program. This was one of three studies that looked at team members' well-being. Of the other included literature, 11 focused on residents, two were literature reviews, and two included families. Thus, a major gap in the literature is the evaluation of a preparation and supportive transition process. Despite this gap, all of the literature, dialogue participants, and longitudinal evaluation data emphasize the importance of preparation to support the health and well-being of all involved in the relocation process.

Conclusions

Change is stressful for most people, though the degree to which change is experienced as a challenging stressor differs. In the context of LTC relocation projects, it is of utmost importance to mitigate the stress and fear residents are experiencing. To support residents, primarily those with varying degrees of physical and cognitive impairment, it is critical that team members, family, and residents themselves are engaged, informed, and supported throughout the relocation process. The evidence explored here on relocations: interview data from residents, team members, and families; dialogue data from experienced LTC informants; and research literature, has led to the development of these guidelines to inform the planning and implementation of future LTC relocation projects.

While the research to develop these guidelines incorporates a range of experiences across Canada and a broad body of literature it is still limited in that the suggestions, tips, and goals of the guidelines have not been systematically evaluated. Future research should include following and evaluating relocation projects that have been informed by these guidelines.

To ensure the ongoing relevance of this document, participants recommended establishing a provincial knowledge-sharing hub where relocation projects, including other residential or acute care settings, could be shared in order to curate useful tools, such as contact information for local experts, policy documents, and recommendations. This could potentially be speared headed by provincial long-term care associations.

To support residents, primarily those with varying degrees of physical and cognitive impairment, it is critical that team members, family, and residents themselves are engaged, informed, and supported throughout the relocation process.

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Appendix 1: Resources

Sample Newsletters from Tabor Manor

PLEASANT MANOR & TABOR MANOR Seniors Ministry of the Ontario Conference of MB Churches

reach*out*

mission
To provide with excellence love and dignity a full continuum of affordable housing and services to senior citizens. We serve the Mennonite Constituency and others who wish to live in a community of Christian faith.

MAXIMIZING GROWTH POTENTIAL

On April 16, Tabor Manor celebrated the ground breaking of its new 128 long term care home with community, friends, staff, residents and tenants, family members and elected officials from all levels of government, with approximately 250 people in attendance. The photo to the right includes Tim Siemens, Executive Director, Chris Leonard, Director, Kim Craitor, MPP Niagara Falls, NOTL and Ft. Erie, Rick Dykstra, MP St. Catharines, John Krause, Board Chair, Jim Bradley, MPP St. Catharines, Brian McMullan, Mayor, City of St. Catharines, Walter and Victor Boldt, Residents, Donna Cripps, CEO, HNHB-LHIN.

For this project, we have created the following guiding project mission, "to implement a well organized and coordinated transition for our residents and staff that is safe and planned, sensitive, inclusive and well communicated. Communication and education form the backbone of a home that is a great place to live and work". The targeted completion date for this project is the end of 2012, beginning of 2013.

INTENTIONAL WORKFORCE PLANNING

Tabor Manor residents and staff are excited to be moving into a new home and offering both residents and staff a great new environment in which to live and work. Over the next few months, we will be developing intentional workforce planning strategies to attract the best and most suited candidates to work in our new home. For more information on who we are, what we do, and why we do the things we do, don't forget to visit our website at www.tabormanor.net or www.pleasantmanor.net

LEAD IN CARE IN NIAGARA

Our strategic and business plans place an intentional high emphasis on creating a culture and environment that creates leadership within our sector and giving back to our community. We have actively engaged a number of community partners to bolster the programming efforts for our residents and tenants.

ENVIRONMENTALLY RESPONSIVE COMMUNITIES

We live in a society where more effort is being placed on understanding the carbon footprint we leave in our world and identifying ways in which we can reduce our impact. To this end, we continue to explore and discover ways to become more environmentally conscious and conservationist in nature.

"CONNEXIONS" - PEOPLE MAKING A DIFFERENCE & BEING TRANSFORMED

I am Heidi Bartley and I am the summer student in the Therapeutic Recreation Department at Tabor Manor. I try to bring the residents lots of joy through our chats and through the programs I run. I treat all the residents as if they are a grandparent, by listening to their stories and trying to make them feel loved and special. This experience has also greatly benefited me, seeing them every morning lifts my spirits and motivates me to put all my energy into my work.

My name is Emily Maiolo. I am currently going into my 4th year at the University of Waterloo for Honours Science. Starting out at Pleasant Manor, I never would have imagined I would work with seniors past University. But my experiences there have impacted me so much that I have chosen to minor in Gerontology. I plan to continue working with older adults, hopefully as an Occupational Therapist.

ON THE HORIZON

August 27 - Family Picnic - Tabor Manor
4:00pm - 6:30pm

September 10 - Family Picnic - Pleasant Manor
4:00pm - 6:30pm

VITAL STATISTICS

	Tabor Manor	Pleasant Manor
Apartments	653	555
Long Term Care	52	36

...provide a brief snapshot of the overall picture as it relates to the demand for housing and long term care services within our community. Finally, Reachout seeks to inform our community and stakeholders of upcoming events. If you're interested, please join us for those events that are open to the community.

THE SPIRIT IS ON THE MOVE ➡

Numerous residents at Tabor Manor have regularly expressed their appreciation in regards to the obvious Christian atmosphere and spiritual fellowship in this home. They describe it as being very enriching, encouraging and helpful to them personally as they continue on their challenging journey.
The morning meditations and personal greetings by the chaplains, regular personal visits and the bilingual chapel services and bible studies are just some of the ways the Spiritual Enrichment reaches out to our community.

Sample Newsletter from Tabor Manor

Sample Newsletter from Tabor Manor

ISSUE 9* APRIL - JUNE 2013

PLEASANT MANOR & TABOR MANOR
Seniors Ministry of the Ontario Conference of MB Churches

reach*out*

mission

To provide with excellence love and dignity a full continuum of affordable housing and services to senior citizens. We serve the Mennonite Constituency and others who wish to live in a community of Christian faith.

ENVIRONMENTALLY RESPONSIVE COMMUNITIES

In our last edition, we shared a few innovative tips for reusing, recycling and reducing from an article on the Global Stewards website. This edition will focus on "Recycling".

One tip to "recycle" is to ensure to rinse out containers before placing them into provided recycling bins, particularly in the summer months. This will help to reduce odours.

Families who have to clean up their parent's room or apartment after they pass away, are encouraged to donate clothes, computers, televisions, etc., to local agencies who accept donations such as this. Please do not place any of these items into recyclers.

For more eco friendly tips and sustainable solutions for a healthy planet, please visit the following link.

http://globalstewards.org/ecotips.htm

MAXIMIZING GROWTH POTENTIAL

Our new long term care home at Tabor Manor is complete! While we were a fair bit behind schedule, we ended on budget and that's thrilling. The 82 residents will be moving from the existing home into the new home on Monday August 12. One week later, CCAC will begin filling the additional 46 new beds and in about a month, or so, we expect to have a full home.

We are grateful for the many people who have already donated toward our bed campaign. We still have room to accept your donation for this very practical fund raising project. Please consider making a difference for the residents at Tabor Manor, (905) 934-2548.

LEAD IN CARE IN NIAGARA

Hello my name is Christina Rutherford and I am the Nutrition Manager at Pleasant Manor. As part of my job I am the Co-Chair of the Joint Health and Safety Committee (JHSC).
With this responsibility comes a large amount of initial training. To be a certified member you must get your WSIB training that teaches all about the Occupational Health and Safety Act as well as how to keep your specific work place safe with courses about hazard analysis and workplace inspections. It opens your eyes to see your workplace in a new way.

INTENTIONAL WORKFORCE PLANNING

With the construction of the new Long-Term Care Home in the final stages, the Human Resource Department has been busy welcoming many new employees.

The entire recruitment process has been streamlined for greater efficiency and we have fully embraced our new "E" Learning platforms for the delivery of all training for new hires. As of July 31, thirty-four (34) new employees have been hired for the new Long-Term Care Home.

The enthusiasm, education, passion and practical on-the-job work experience these new hires possess will ensure that Tabor Manor remains a cut above, and a home of choice for seniors and the family of seniors, who are searching for a home that delivers care and support with excellence, love and dignity.
Brian Dzurban, Human Resource Coordinator

"CONNEXIONS" - PEOPLE MAKING A DIFFERENCE & BEING TRANSFORMED

Pleasant Manor is an incredible place to work for a number of reasons. First of all, it is a community. We get to serve people each and every day, and in doing so, we are blessed beyond measure. It is a privilege to share this stage of life with the residents. To hear their stories and to share this time is a gift we often underestimate. Secondly, I get to work with an awesome team of people. There are so many special people who work together to give the residents a quality of life unlike any other. I love hearing the stories of those with whom I work; to become a part of their lives and to have them become a part of mine. *Kaethe Tiessen, Housekeeping, Pleasant Manor*

If I could describe one highlight after working in Supportive Housing for 5 years, I would say it's "building relationships" Now that I am working in LTC, I see the tenants who have moved over, and how the staff continues to care for them and gets to know them the way I knew them. Recently, one of the residents passed away shortly after I started working in LTC. She was a special person to me because I had looked after her. As I reflected on her and how well I got to know her, I heard some other staff speaking about her with the same affection I had for her. To me it demonstrated the continuum of care at Tabor Manor - the kind of care that when residents move from living independently with assistance to receiving full care, they remain the same person, and remain valued for who they are.
Sherrie Beyer, Nursing Clerk, Tabor Manor

ON THE HORIZON

September 7	Family Picnic	Pleasant Manor
October 10	Thanksgiving Banquets	Pleasant Manor
October 10	Thanksgiving Banquet	Tabor Manor

VITAL STATISTICS - Waiting Lists

	Tabor Manor	Pleasant Manor
Apartments	684	550
Long Term Care	96	20

THE SPIRIT IS ON THE MOVE →

Waiting on the Lord is a good exercise. We have waited on God for the completion of Tabor Manor's new long term care home. Now we are about to turn a corner in the plans God has for us. It is exciting to think about all the new ways God can minister to us through this new chapter in our lives. I am reminded of : Jeremiah 29:11 - "For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future." I believe this expresses God's desire for us in the new building and beyond. Let's embrace this verse and its truths as we move forward together. *Don Middlemiss, Chaplain, Tabor Manor*

At a recent communion service, a tenant told me that this was the first time he had taken communion in 55 years! He had been prompted to attend chapels due to a visit we had in his apartment. After our visit I had given him a Bible. After the communion service, he affirmed that "it is being used." How wonderful to see the smile in this individual's eyes and the greater degree of openness and interaction. Our mission verse is Matthew 25:40 "Whenever you did one of these things to someone overlooked or ignored, that was me-you did it to me." (The Message Bible) We never fully know the impact of a conversation or a visit. Our role is to consistently love Christ and to share His love with others.
Bryan Sweet, Chaplain, Pleasant Manor

Appendix 1: Resources

Sample input form from Tabor Manor

"JUST ASK – LET'S BUILD OUR FUTURE"
May 2, 2012

OVER VIEW

Tabor's new long term care home is scheduled to open early in 2013. This is a new and exciting change for us and we see this move as an excellent opportunity to depart from the "old and familiar" and plan with a new frame of mind. Afterall, this building is a significant "game changer" for us. Not only will we be adding 46 new residents to our family, we will also be hiring new staff and be working in a building that is, by structure and feel, totally different than the building we are currently working in.

Therefore, as we plan for this move it is imperative to become as familiar as possible with the new surroundings in which we will work and be involved in planning how the new work will be accomplished within the new structure.

Additionally, we see this change as a way to reshape and redefine our culture, particularly as it relates to structural interfaces and work design, but also as a way to identify, reaffirm and reinforce positive aspects of our existing culture and intentionally plan to address and change aspects that currently do not conform to our culture of care and respect for our residents and coworkers,… those things that detract from accomplishing our working with "excellence, love and dignity".

To this end, the following module has been developed in our shared effort to actively choose to live out the core values of our home, ultimately achieving our mission.

One last thing,… Have fun in your quest!

PROJECT MISSION
To implement a well organized and coordinated transition for our residents and staff that is safe and planned, sensitive, inclusive and well communicated. Communication and education form the backbone of a home that is a great place to live and work.

*Love   *Respect   *Quality   *Excellence   *Faith   *Community   *Empathy   *Accountability   *Community Leadership

Sample input form from Tabor Manor   Page 1/4

"JUST ASK – LET'S BUILD OUR FUTURE"
May 2, 2012

A   NEW HOME LAYOUT

The new home consists of four (4) floors, each with its own Resident Home Area (RHA) and a basement. The layout of each floor is virtually identical, with the exception of the first floor, which contains the front lobby and vestibule, tuck shop, hair care and "great room", and a small section of the second floor, which contains supervisor's offices.

Please review in detail the attached floor plans and then answer the questions in the table below.

QUESTIONS	ANSWERS
What are the most striking differences between the work environment you work in today and your new working environment?	
What do you see as improvements in your new work environment in the new home, compared to what you experience today?	
What do you see as deficiencies in your new work environment in the new home, compared to what you experience today?	
What are the most striking differences between the common areas, (hallways, staff rooms, etc.), in the new home, compared to the common areas in the existing home?	

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*Love   *Respect   *Quality   *Excellence   *Faith   *Community   *Empathy   *Accountability   *Community Leadership

Sample input form from Tabor Manor   Page 2/4

"JUST ASK – LET'S BUILD OUR FUTURE"
May 2, 2012

B   **NEW HOME WORK PLANNING**

Consisting of four floors, a basement and new working spaces, the new building will shape the way in which we carry out our work. In many respects, the new design will influence, shape, and in some cases dictate how we design and accomplish our work as departments and as we work interdependently and cooperatively to support our residents.

Please review in detail the attached floor plans and then answer the questions in the table below.

QUESTIONS	ANSWERS
How do you envision the new design will impact you in your role?	
How do you envision the new design will impact you in your role with your direct coworkers?	
How do you envision the new design will impact you in your role with staff from another department?	

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*Love   *Respect   *Quality   *Excellence   *Faith   *Community   *Empathy   *Accountability   *Community Leadership

Sample input form from Tabor Manor   Page 3/4

"JUST ASK – LET'S BUILD OUR FUTURE"
May 2, 2012

C   **HOME CULTURE**

Every long term care home has its own "culture". "Culture" is something that you feel when you walk into a home. People who come into our home tell us we are welcoming and friendly, that our home is very clean and that the faith of the home is evident, the moment you step into the home. This is what people observe when they visit us. It is our interest to perpetuate and continue these positive aspects of our culture in the new building.

At the same time, we have sometimes heard from people visiting our home, or from fellow coworkers about negative aspects to our culture. This is a normal in that each organization possesses its positive and negative culture aspects. While we may acknowledge this to be true, do we need to be content with it? An excellent opportunity exists in planning for our new home to identify aspects of our culture that need some work and to identify and build into our plan intentional responses in our shared interest to create the best home possible for our residents, ourselves, our coworkers, and anyone who walks into the home.

Please consider Tabor Manor "culture" and then answer the questions in the table below

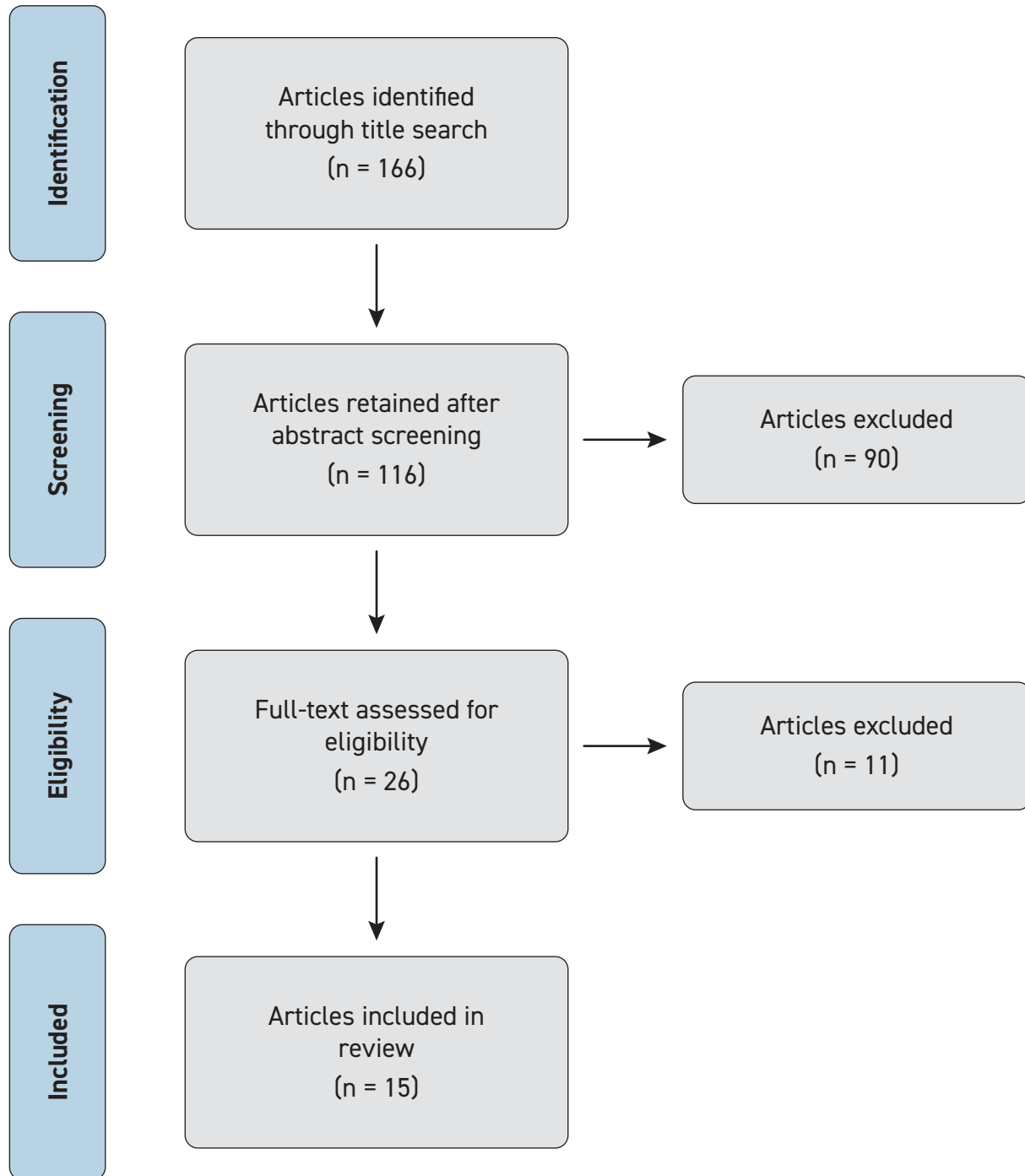| QUESTIONS	ANSWERS
What do we do well?	
What do we not do well?	
What aspects of our culture do you like?	
What aspects of our culture do you not like?	
What aspects of our culture would you change? And why?	
What opportunities does the new design present in changing, or influencing our culture positively?	
Apart from design, do you see any other opportunities that exist with this project to positively affect culture?	

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*Love   *Respect   *Quality   *Excellence   *Faith   *Community   *Empathy   *Accountability   *Community Leadership

Sample input form from Tabor Manor   Page 4/4

Appendix 2: Literature Synthesis

Evidence selection diagram

Stage		
Identification	Articles identified through title search (n = 166)	
Screening	Articles retained after abstract screening (n = 116)	Articles excluded (n = 90)
Eligibility	Full-text assessed for eligibility (n = 26)	Articles excluded (n = 11)
Included	Articles included in review (n = 15)	

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Notes

Guidelines for en masse interinstitutional relocations of long-term care homes

Notes

Notes

Guidelines for en masse interinstitutional relocations of long-term care homes