

© 2025 Author(s). Published by the Canadian Geriatrics Society.

Distributed under the terms of the Creative Commons Attribution Non-Commercial No-Derivative license (<https://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits unrestricted non-commercial use and distribution, provided the original work is properly cited.



### *Supplemental Materials for*

## **Challenges Facing Canadian Long-Term Care Homes and Retirement Homes During the COVID-19 Pandemic**

Christine Fahim\*, Ayaat T. Hassan, Keelia Quinn de Launay, Alyson Takaoka, Elikem Togo, Lisa Strifler, Vanessa Bach, Nimitha Paul, Ana Mrazovac, Jessica Firman, Vincenza Gruppuso, Jamie M. Boyd, Sharon E. Straus

<https://doi.org/10.5770/cgj.28.854>

#### **\*Corresponding Author:**

Christine Fahim, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Unity Health Toronto, 30 Bond Street, Toronto, ON, M5B 1W8

E-mail: [christine.fahim@unityhealth.to](mailto:christine.fahim@unityhealth.to)

#### **Listing of Supplemental Material(s):**

- **Appendix S1:** Background & context
- **Appendix S2:** Reflexivity statement
- **Table S1:** Wellness hub needs assessment

**Disclaimer:** Supplemental material files are published by the *CGJ* as supplied by the Author(s). They are not peer reviewed, checked for accuracy, copyedited, typeset, or proofread. The responsibility for scientific accuracy remains with the Author(s).

## **Appendix S1**

### **Background and Context**

Given our extensive, pre-existing partnerships with LTCH and RH, we were approached by multidisciplinary colleagues seeking to conduct immunity studies among LTCH and RH populations to assess SARS-CoV-2 seroprevalence and correlates of infection during the COVID-19 pandemic (Protocol: <https://osf.io/wqrst>). During enrollment, we quickly realized that while homes facing the COVID-19 crisis saw the benefit of the research, they had little bandwidth to contribute to it. In an effort to support these homes and facilitate this critical research, we proposed the development of a support program to be delivered alongside the immunity research. We sought to use co-development methods to identify and address key challenges facing LTCH and RH and use implementation science methods to iteratively adapt, implement and evaluate a support program that addressed these challenges. Thus, we approached homes with two study requests. The first was to request enrollment in a COVID-19 immunity study that involved the collection of serosamples, dried blood spots, and wastewater data to track the prevalence, spread and correlates of infection and protection of SARS-CoV-2 among their staff, staff household members, LTCH/RH residents, and resident's care partners/family members<sup>48</sup>. The second was to request home leaders to participate in the design and implementation of a responsive support program that would provide tailored resources to navigate the pandemic. To inform the development of this support program, we conducted a comprehensive needs assessment, as presented in this manuscript, to determine home needs and identify strategies currently in place.

**Table S1**

**Wellness Hub Needs Assessment**

<b>Question</b>
<p><b>1.</b> Please describe your professional role(s) and responsibilities in your LTCH/RH setting(s).</p>
<p><b>2.</b> What has your personal experience, as well as the experience of you LTCH/RH setting(s), been through the COVID-19 pandemic to date?</p> <ul style="list-style-type: none"><li><b>a.</b> <i>(For site-level interviews)</i> Is/are your setting(s) experiencing or has/have your setting(s) experienced a COVID-19 outbreak? <i>[If yes]</i><ul style="list-style-type: none"><li><b>i.</b> How many outbreaks have your setting(s) experienced?</li><li><b>ii.</b> What is/was the magnitude of these outbreaks (i.e., small, medium, large – no need to specify numbers)?</li><li><b>iii.</b> Is/was the outbreak focused in residents or staff or both?</li></ul></li></ul>
<p><b>3.</b> What are some of the main challenges that you/your co-workers/your LTCH/RH setting(s) have experienced throughout the COVID-19 pandemic to date?</p> <ul style="list-style-type: none"><li><b>a.</b> What, if any, are some challenges that you experienced relating to:<ul style="list-style-type: none"><li><b>i.</b> Infection prevention and control</li><li><b>ii.</b> Resident programs</li><li><b>iii.</b> Staff wellness</li><li><b>iv.</b> Vaccine confidence</li><li><b>v.</b> Staff supports (e.g., wraparound care such as supports to effectively quarantine)</li><li><b>vi.</b> Staff decision making</li><li><b>vii.</b> Other</li></ul></li></ul> <p><i>Probes for each challenge shared:</i></p> <ul style="list-style-type: none"><li><b>b.</b> What factors, if any, do you think contributed to this challenge (e.g., supply and personnel needs, government support, etc.)?</li><li><b>c.</b> At what stage(s) of your COVID response did you find this challenge (i.e., prevention, outbreak management, or recovery post-outbreak)?</li><li><b>d.</b> Did your LTCH/RH setting(s) implement any changes to practices and policies to address these challenges?<ul style="list-style-type: none"><li><b>i.</b> Could you expand on what made these changes particularly helpful for you/in your setting(s)?</li><li><b>ii.</b> What changes did you feel were missing or lacking, but would have been helpful?</li></ul></li><li><b>e.</b> What additional changes, if any, at the individual, organizational, and policy level do you think could help mitigate these challenges?</li><li><b>f.</b> Are there any organizations that you trust and either work/have worked with or accessed resources and other supports from?</li></ul>
<p><b>4.</b> <i>(For site-level interviews)</i> What supports at the individual, organizational, and/or policy level have you/your co-workers/your LTCH/RH setting(s) found helpful during the COVID-19 pandemic, if any?</p> <ul style="list-style-type: none"><li><b>a.</b> Could you expand on what made these factors particularly helpful for you/in your setting(s)?</li></ul>

<ul style="list-style-type: none"> <li>b. At what stage of your COVID response did you find this factor helpful (i.e., prevention, outbreak management, or recovery post-outbreak)?</li> <li>c. What additional factors, if any, at the individual, organizational, and policy level do you think would have been helpful?</li> </ul>
<p>5. What, if any, are <b>(1)</b> your current support needs on an individual-level, <b>(2)</b> in your perspective, the current support needs of your co-workers, and/or <b>(3)</b> your LTCH/RH setting(s)'s current support needs?</p> <ul style="list-style-type: none"> <li>a. What specific resources (i.e., personnel, funds, information, tools, etc.) do you think may help address these support needs?</li> <li>b. <i>(For site-level interviews)</i> How do you/does your setting prefer to receive support for your needs (e.g., through an online platform, through an in-person coach and support staff, through a webinar, etc.)?</li> <li>c. Are there any other factors that would be important to consider when providing supports to you/your co-workers/your LTCH/RH setting(s)?</li> </ul>
<p>6. What, if any, supports do you anticipate that you/your co-workers/your setting may need in the future?</p> <ul style="list-style-type: none"> <li>a. Why do you think that there may be this future need?</li> <li>b. What, if anything, could help you prepare for this potential future need?</li> </ul>
<p>7. Could you please describe the break room set-up in your LTCH/RH?</p> <ul style="list-style-type: none"> <li>a. Is there enough room for staff to physically distance during their breaks?</li> <li>b. Are IPAC protocols (e.g., wearing masks except when eating, physical distance, hand washing) being followed in the break rooms? <ul style="list-style-type: none"> <li>i. What do you think are some challenges to having IPAC protocols followed in break rooms?</li> <li>ii. What are some facilitators to having IPAC protocols followed in break rooms?</li> </ul> </li> </ul>
<p>8. What, if any, supports did you/your co-workers/your setting(s) previously need but are no longer in need of?</p> <ul style="list-style-type: none"> <li>a. Why have your needs changed (i.e., did you access these supports or have your needs changed, or both)?</li> <li>b. <i>[If they accessed supports]</i> What supports did you find particularly helpful? <ul style="list-style-type: none"> <li>i. What, if anything, did you like and/or dislike about how you received these supports (i.e., the modality, timelines, etc.)?</li> </ul> </li> </ul>
<p>9. Are there any other challenges, opportunities, or support needs that you/your co-workers/your LTCH/RH setting(s) have experienced or are currently experiencing during the COVID-19 pandemic that you would like to share?</p>
<p>10. <i>(For site-level interviews)</i> As part of your participation in the IPAC+ study, you may be asked to temporarily store data (e.g., dried blood spot samples, demographic questionnaires) in a secure space in the LTCH/RH.</p> <ul style="list-style-type: none"> <li>a. Do you have a space available that could be used for this?</li> <li>b. Is there anything that we can do to support with creating a secure space designated for this?</li> </ul>

**11.** *(For site-level interviews)* How would the saliva testing protocol work best with your setting? Do you have a place for on-site testing or should these samples be done at home for symptomatic individuals or those with high-risk contact?

## **Appendix S2**

### **Reflexivity Statement**

The research staff were not known to the study participants. Our research team recognizes that positionality is intersecting and fluid; our team shares some commonalities (e.g., gender), while other characteristics and viewpoints differ. With respect to this project, our team included individuals who work with older adults as clinicians, researchers, caregivers, and those with experiences of loved ones in long-term and retirement care. Our approach stemmed from a co-development and integrated knowledge translation lens that could allow space for those working in LTCH and RH to identify their needs,<sup>21</sup> which would later inform the development of relevant, tailored interventions.