

SUSTAINABLE HEALTH
DEVELOPMENT IN CHSLDS, AN
ACTION-RESEARCH INITIATIVE IN
PARTNERSHIP WITH CHSLD ST
BRIGID'S HOME AND JEFFEREY
HALE PARTNERS.

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OUTLINE

1. Background and origin of the action-research project
2. Summary of preparatory workshops
3. Example of how summary elements are applied and further study
4. Discussion

Built environment and its layout: "hospital-centric" model, restrictive for residents and workers

Organizational: significant intensification of work

Obvious and growing **caregiver shortages and retention challenges**

Impact on workers, **impact on the care and services that can be provided to residents**

These **challenges that affect both staff and residents are unfortunately rarely addressed in an integrated manner** (INESSS, 2018; Gagnon et al., 2020) but rather in silos

Very little knowledge about the processes involved in these projects

**LIVING AND WORKING IN A CHSLD:
MANY CHALLENGES**

MOVEMENTS OF TRANSFORMATION

The last two decades: attempts to implement a "living environment" approach

Second wind?

- Establishment of "seniors' homes"
- **Renovations to existing centres: environments that will not be targeted in the short or medium term for the construction of "seniors' homes"**

Our action-research initiative focuses, first of all, on this transformation effort within the existing buildings.



A PROJECT BUILT ALONGSIDE THE COMMUNITY

Co-construction of the process

Social relevance: interest from the **CHSLD Saint Brigid's Home (SBH)** of the CIUSSS de la Capitale-Nationale to be accompanied and guided

- as part of a project to renovate (and possibly later rebuild) some of its structures
- and its process of redefining clinical and management practices

Target: improve the care and experience of residents, living with or without functional or cognitive limitations, that of their loved ones, as well as employees' work experience

Strong commitment supported by the JHSB Residents' Committee, community partners (<https://jhpartners.net>), St Brigid's Home management

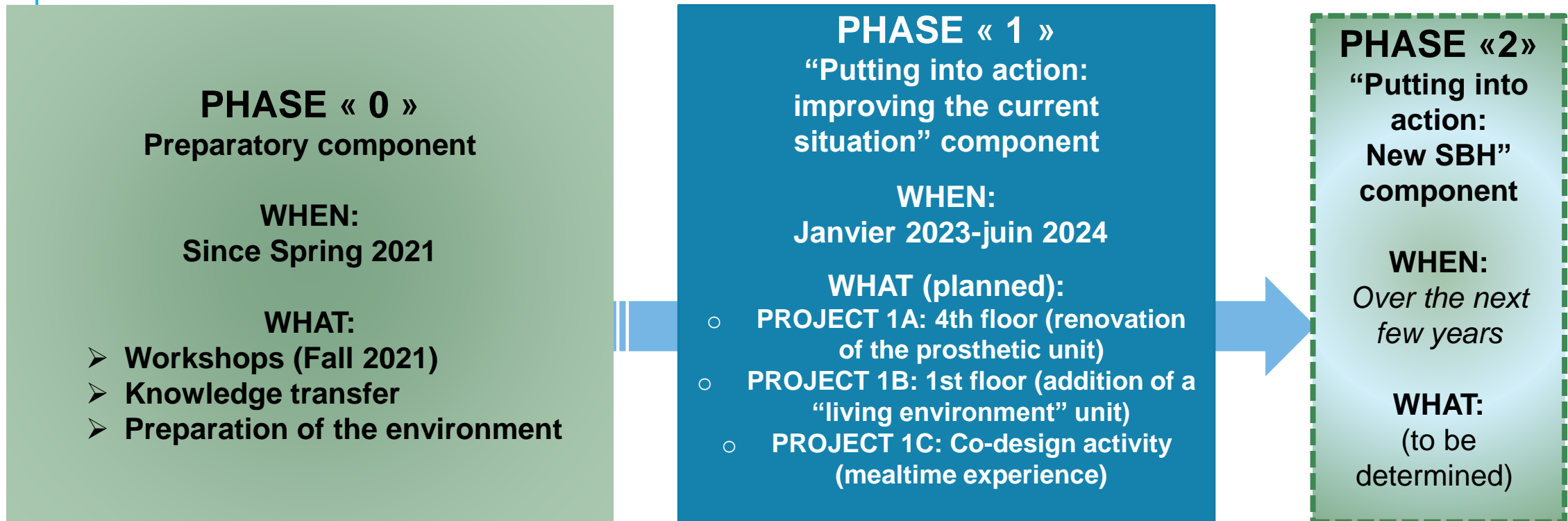
ACTION RESEARCH

Transformational approach: research and action (RA).

- It is **mainly through action** that we can generate scientific knowledge to understand and change the social reality of individuals and social systems (Roy and Prévost, 2013), and, in turn, that of organizations
- By implementing RA, we **address** the practical **issues** in the community + the **theoretical concerns** (Allard-Poesi and Perret, 2003).
- RA is a **cyclical approach** (Goyette and Lessard-Hébert, 2014; Longtin 2010), which is open and evolving, taking place in several steps.
- RA is done both "with" and "on" people. The **stakeholders play several roles**.
 - The "subjects" = research stakeholders (participants) AND objects of study
 - The researchers = support for action AND reflection.

*** Presence ++ researchers on the ground (Johansson and Lindhult, 2008).

PHASES AND STRUCTURES



Scientific Committee – Extended Follow-up Group

Research Project Strategic Committee

Renovation Project Group

Regular Working Group

Extended Working Group

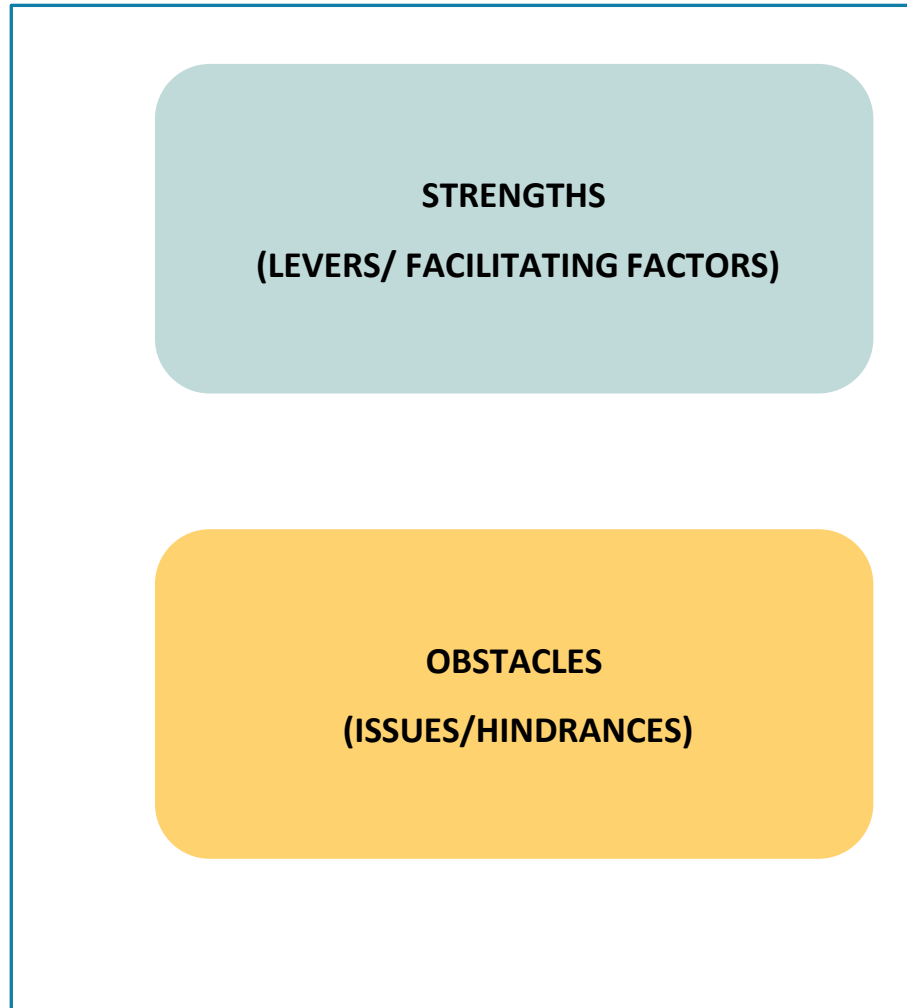


PHASE 0 : GOALS AND METHODOLOGY

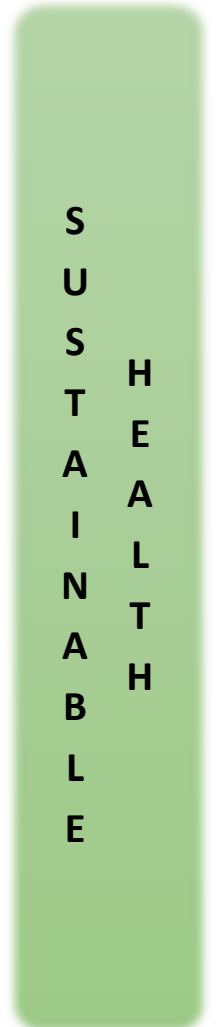
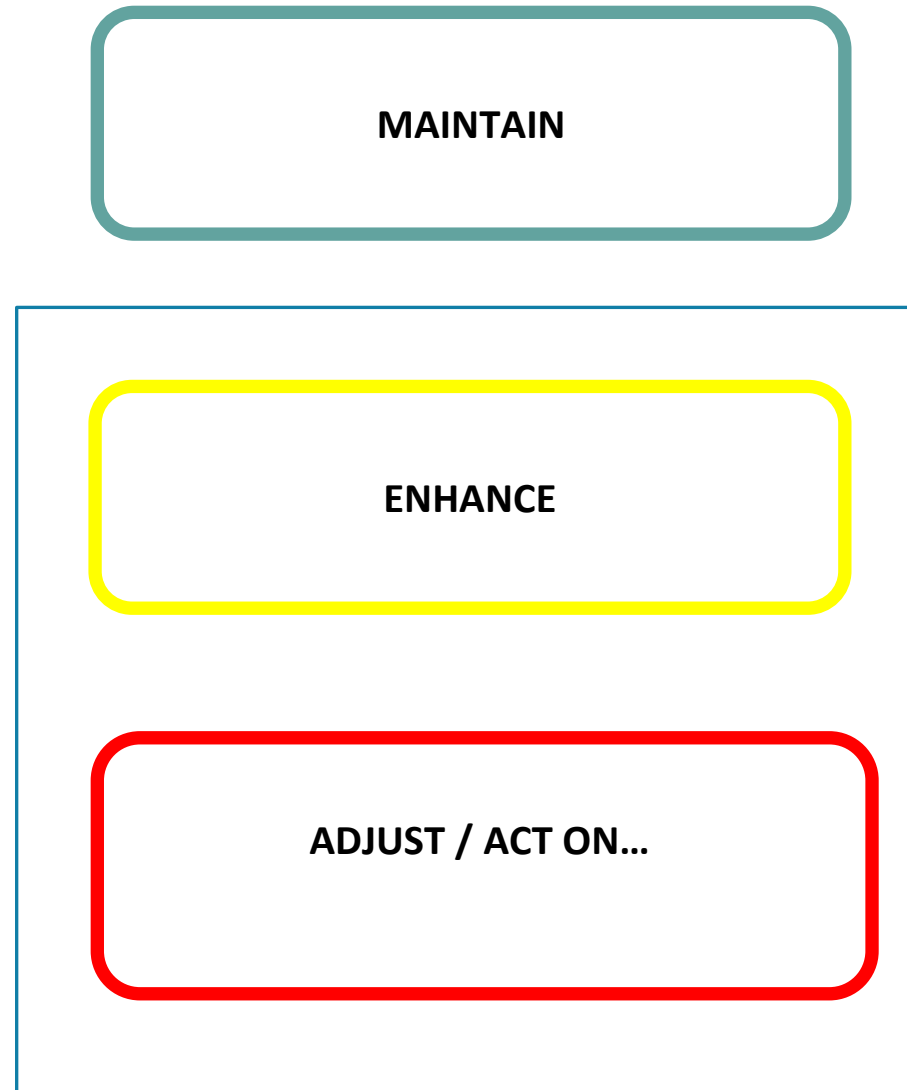
- 1. Draw up a portrait of the initial situation** (Phase "0": portrait of the current situation), particularly from the point of view of the following elements prior to undertaking the transformations: the governance and culture of the CHSLD SBH, the architecture, the physical layout and its links to the performance of work and the experience of residents and their families, the possibilities for action with respect to the guidelines of the CIUSSS and the MSSS, and occupational health and safety issues
- 2. Methodology**
 - Participatory workshops
 - Documentation analysis
 - Validation with stakeholders

Portrait of the initial situation and perspectives

PORTRAIT



PERSPECTIVES



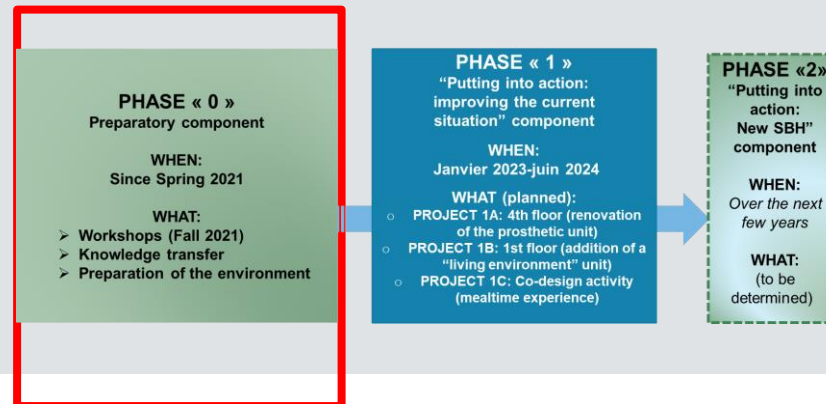
PHASE 1 GOALS

Develop knowledge that can be transferred from one phase to another in the stages involved in transforming the CHSLD SBH + other residential facilities on the road to transformations better aligned with the sustainable health of residents, their loved ones and workers.

- 1. Accompany/support the community in the design and implementation of transformation projects** (Phase "1", projects 1A, and 1B and 1C) using a participatory and inclusive approach, involving all stakeholders at all stages of the project. By stakeholders we mean workers, residents and their loved ones, members of the community, managers, architects, external stakeholders such as ASSTSAS, CEVQ, etc.
- 2. Document the process and impact of the participatory transformation process.**
- 3. Produce**, throughout the project, in a perspective of integrated knowledge transfer, elements of a **practical evolutionary guide for CHSLDs wishing to carry out transformations "from within."**



Summary of the workshops contributing to the portrait and perspectives



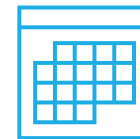
PRESENTATION OF THE WORKSHOPS

DAY 1



Discussions around **innovative models** developed for shelters here and internationally (France)

DAY 2



- Group A: Architecture
- Group B: Management
- Group C: Organization of work
- Group D: Living environment

1. Main findings of the monitoring
2. Issues/Obstacles at SBH
3. Positive points at SBH/levers/facilitating factors
4. For a future project....



60 people, including approximately 40 from SBH and CIUSSS-CN: managers, patient attendant, resident committee member, caregiver, nurse, planning, programming and research officer, coordinator, cook, facilitator, nutritionist, etc.

STRENGTHS IDENTIFIED BY THE PARTICIPANTS

CULTURE SPECIFIC TO SBH/ "HISTORICAL" ORGANIZATIONAL VALUES

- Relationships – plays on the process following.
- Shared trust, close relationship between everyone
- Dedicated/invested workers with a desire to provide a pleasant and stimulating environment for residents
- Committed managers

ORGANIZATION OF WORK

- Access to specialized CIUSSS support teams - architect and project manager
- Willingness to share leadership
- History of collaboration, teamwork

PHYSICAL ENVIRONMENT/SPACE

- Beautiful large enclosed gardens
- Many resources/services nearby

OBSTACLES IDENTIFIED BY THE PARTICIPANTS

PHYSICAL ENVIRONMENT/SPACE

- Limitations of the architecture of the current building (small rooms/long corridors...)
- Safety issues (staff and residents), little privacy
- Lack of access to larger common areas to congregate
- Current configuration of dining areas

ORGANIZATION OF WORK

- Staff issues, workload
- Communication issues
- Difficulty bringing people together

MACRO FACTORS

- Very large organization (CIUSSS), predominant CHSLD model not very adapted
- Organization focused ++ on resident care and infection prevention control (IPC)... less on their quality of life

TO ENHANCE

CULTURE SPECIFIC TO SBH/ "HISTORICAL" ORGANIZATIONAL VALUES

- **The ability to work on projects that bring people together, in partnership**

PHYSICAL ENVIRONMENT /SPACE

- **Common areas / meal times and spaces**
- **Safety and security of the premises**

LIVING ENVIRONMENT

- **Resident focus:** central to all interventions/ resident-centered organization
- **The return to a culture of "caring" for residents (and employees)**
- The importance of ensuring that **mealtimes** remain a **source of pleasure**

ORGANIZATION OF WORK

- **The manager's role:** from a power model to an influence management model
- **Access to opportunities and spaces for discussion about work**

TO ADJUST/ACT ON...

Organization of work

- **Consultation process** prior to project development (all stakeholders)

Physical environment/Space

- **Architectural challenges**
- **Common spaces better adapted** to encourage sharing (residents/relatives/employees)
- Design to ensure greater privacy

Living environment

- **Adapting the environment to the changing needs** of residents
- **Pace:** respect the resident's pace / have more time for them

CURRENT PROJECTS



PHASE "1" "TAKING ACTION: IMPROVING THE CURRENT SITUATION"



1(A) concerns the renovation of the 4th floor prosthetic unit of the CHSLD to improve the living environment for residents and ensure a safe environment for residents and workers and will include, among other things, the addition of a bathroom and the creation of a nursing station with a rest area for caregivers.



1(B) concerns the **renovation of the 1st floor** of SBH to improve the living environment for residents and ensure a safe environment for residents and workers, including the addition of a lounge and the integration of a rest area for caregivers.

METHODS USED

(A) Ergonomic observations of work in the environment and verbalizations

- **Expected number: between 15 and 20 participants**

(B) Individual semi-directed interviews with key informants

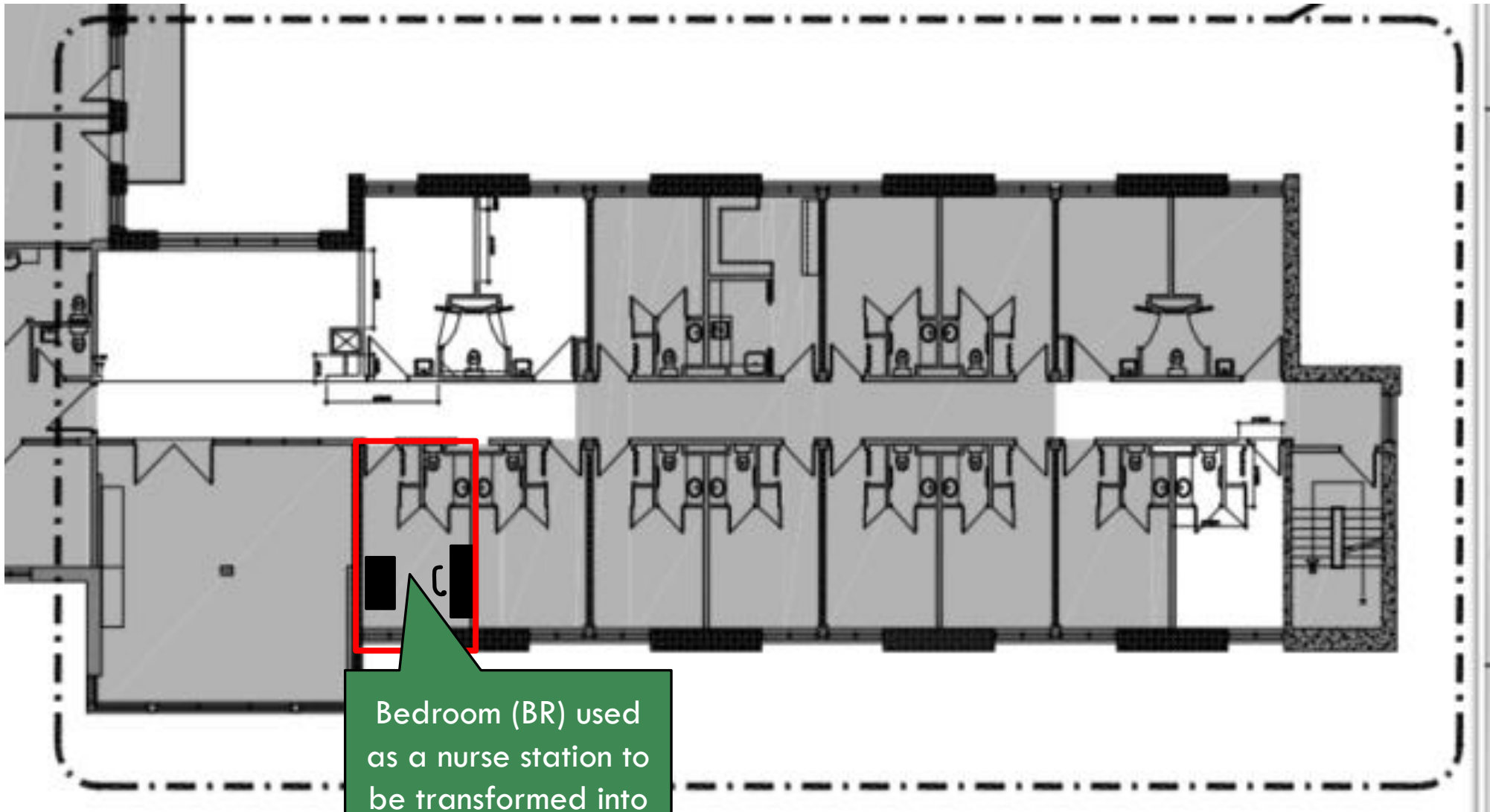
- **Expected number: between 20 and 30**

(C) Participant observation/ co design

- **Statutory meetings**
- **Project meetings with the project management team**
- **Working meetings on ad hoc topics**
- **Co-design activities : stakeholders + external experts**

(D) Literature review – throughout the process

4th floor:
Existing plan and
mandate

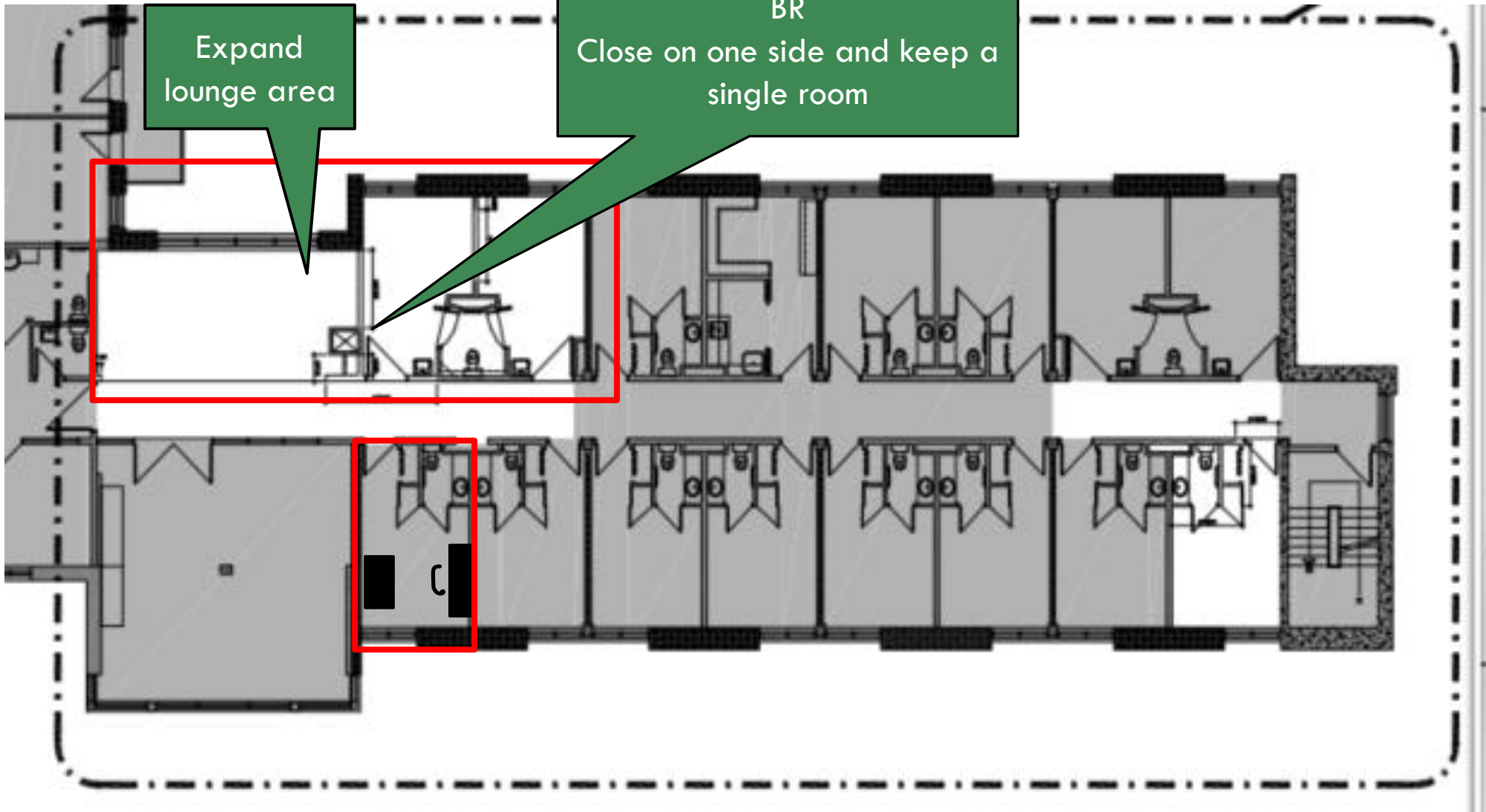


Bedroom (BR) used
as a nurse station to
be transformed into
a real nurse station

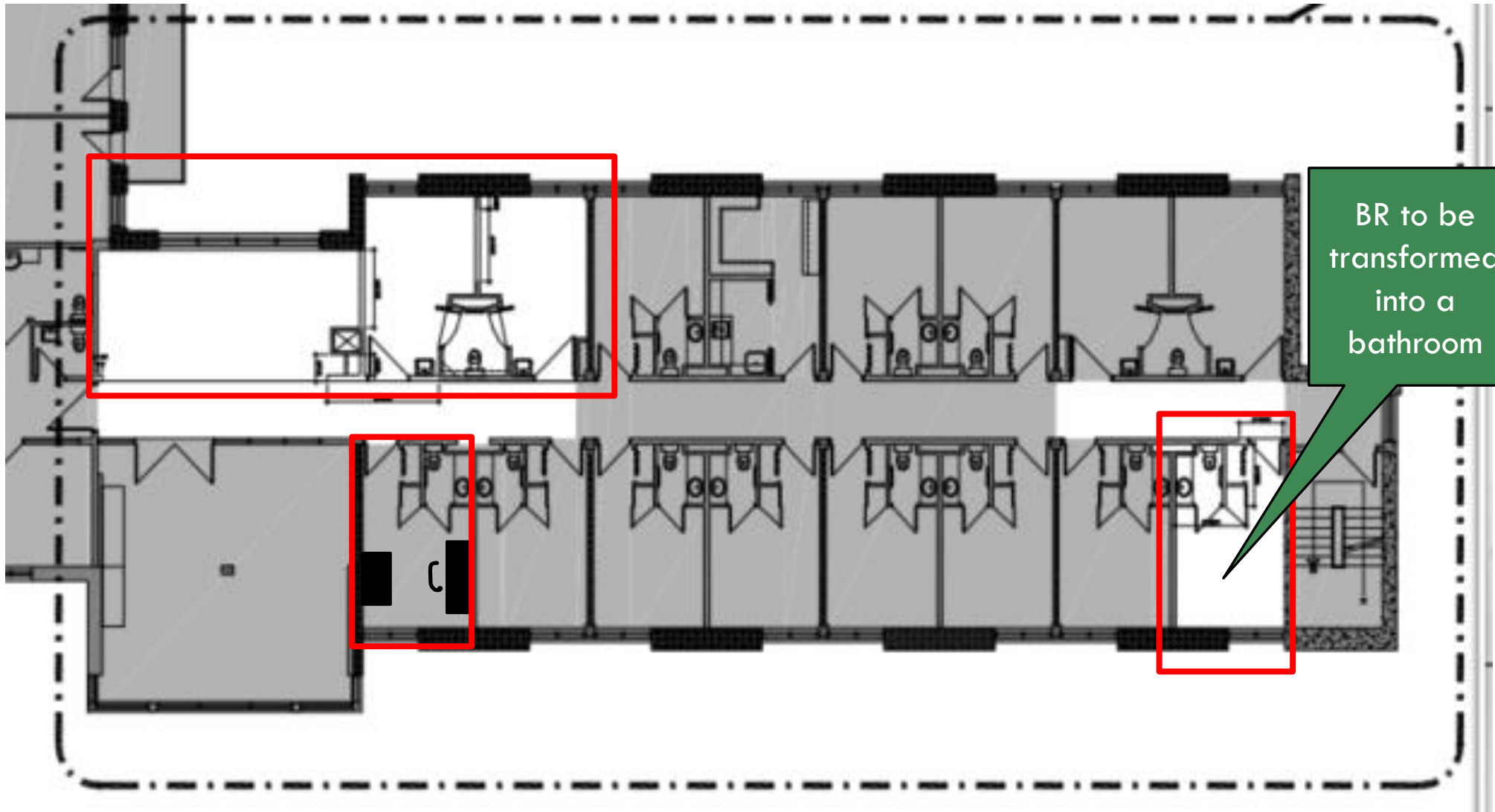
4th floor:
Existing plan and
mandate

Expand
lounge area

Common bathroom between 2
BR
Close on one side and keep a
single room



4th floor:
Existing plan and
mandate



BR to be
transformed
into a
bathroom

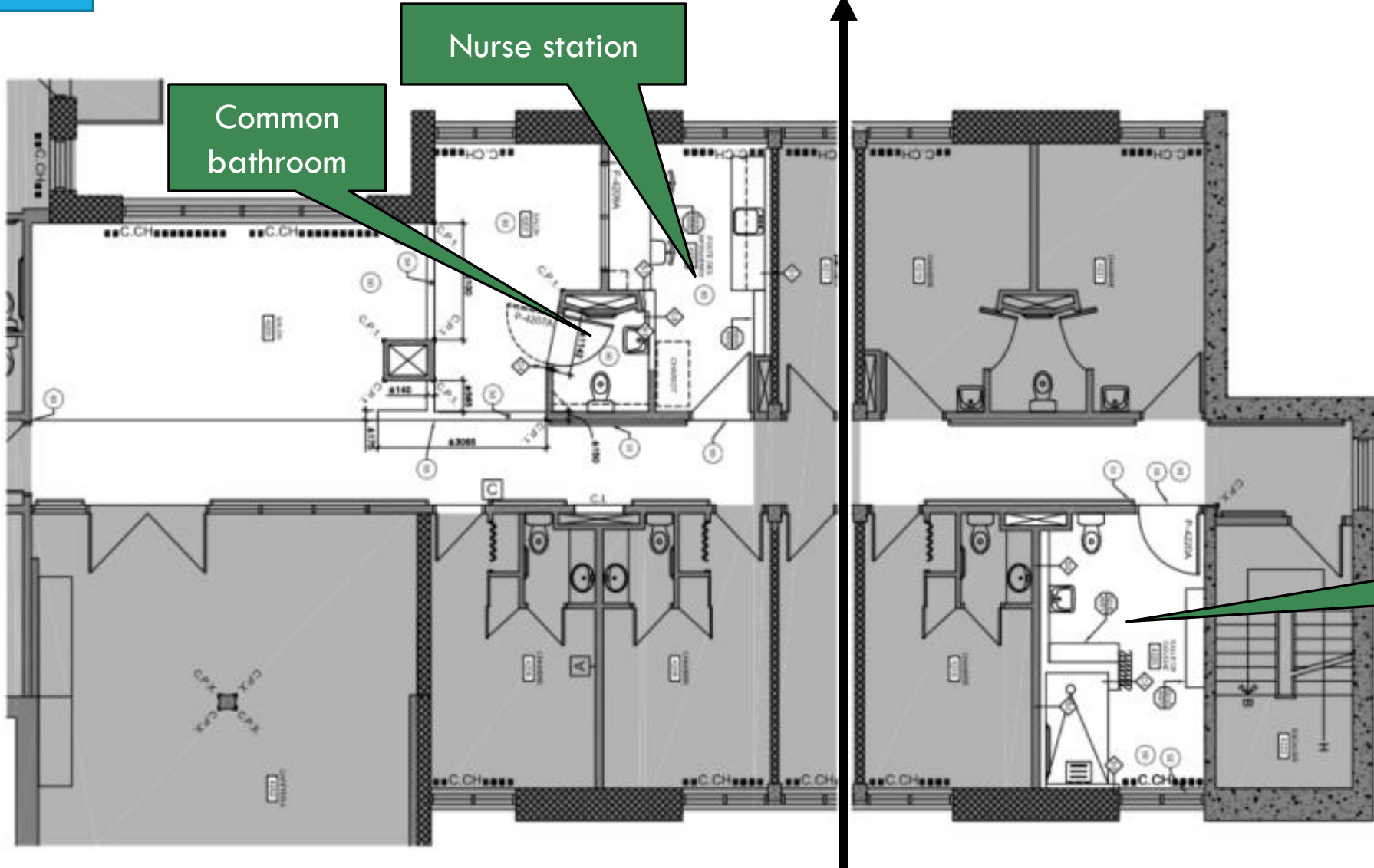
4th floor:
Preliminary design

Plan division

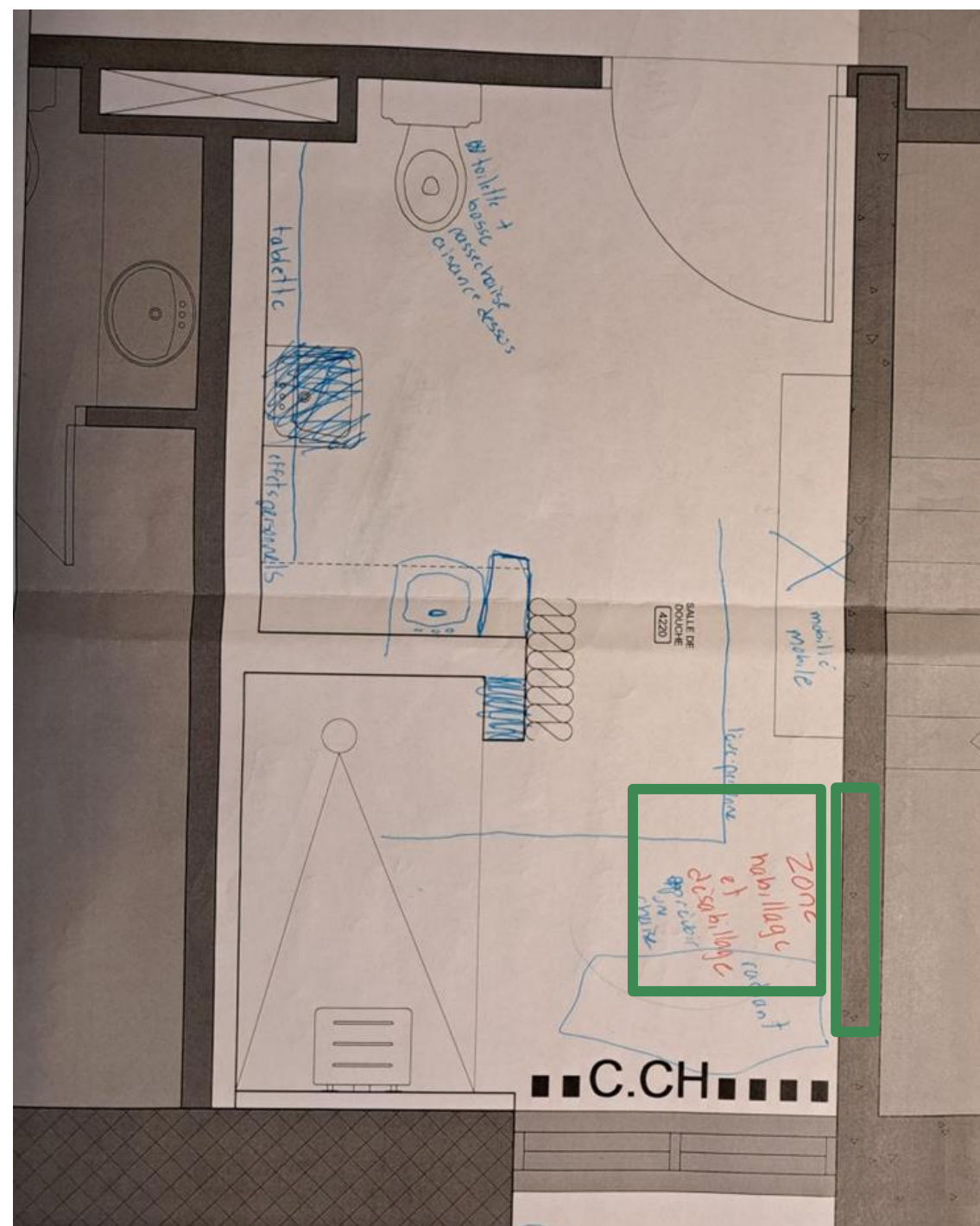
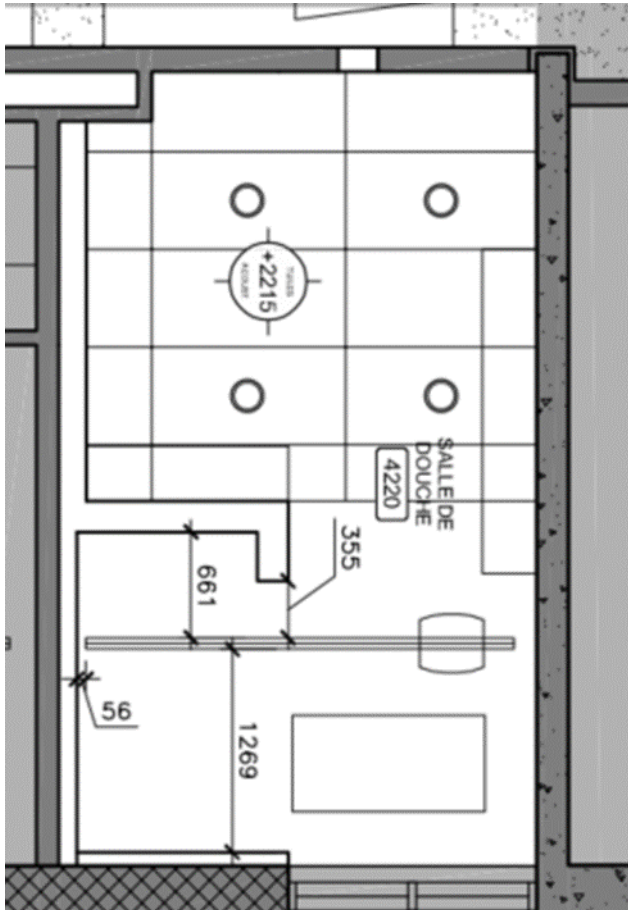
Nurse station

Common
bathroom

Shower
room



4th floor:
Revised plan with the
assistance of the working
group
As of December 4, 2022



PRINCIPLES:

1. Limit the worker having to twist and turn; giving the worker room to move around
2. Resident autonomy (grab bars)
3. Undressing/washing/dressing in the same room (ceiling rail)
4. Storage units

QUESTIONS?

