

# PERSON-CENTERED CARE & COVID-19 RESOURCES

VISITORS & GETTING OUT:  
FACILITATING RESIDENTS' WISHES  
AND MITIGATING RISK

## 02

# ARE ISOLATION & DEPRESSION AS DANGEROUS AS COVID-19?

*In conversation with one of my good friends, she confided in me about how incredibly painful it has been to watch her parents be separated during the COVID-19 pandemic. Her mother lives in a congregate independent living retirement community and her father has dementia and lives in a nursing home nearby. Prior to COVID-19, her mother spent 4-6 hours with her father and assisted him with two of his daily meals. Her mother was unable to see her dad or my friend and her siblings for over two months. On a phone call with her mother about two months into the separation, my friend knew she had to go be with her mom immediately based on her state of mental well-being. Her mother had severe depression that required several family and professional interventions. A few weeks after that, my friend received a call from her dad's nursing home reporting that he had lost weight and was not eating or sleeping. At that point, the nursing home allowed her mother to go visit her dad. After the first day of visiting, her dad began to eat and sleep again.*



# 03

## ARE ISOLATION AND DEPRESSION AS DANGEROUS AS COVID-19?

Elders in nursing homes are one of the most vulnerable groups for contracting and dying from COVID-19. As of June 11, 2020, more than 43,000 long-term care residents and staff have died from COVID-19, representing over a third of the nation's known Coronavirus deaths, according to a Kaiser Family Foundation tally. Like many nursing home media stories, this is not the full story. Behind the scenes, caregivers are also witnessing another more silent threat; severe isolation, depression, anxiety, and loss of autonomy and control because of the strict response to protect elders from COVID-19. Caregivers often hear statements from elders such as, "I'm in jail." "Let me out of this prison (referring to their room)." "I'd rather die than not see my family."

Initially, the long-term care community did what had to be done to protect elders, but as a short-term crisis has turned into a long-term reality, we must address resident quality of life and listen to their voices amidst the threat of COVID-19. We must work through the risks of COVID-19 and support resident's rights.

The following resource is written to aid nursing homes in navigating the new landscape of long-term care amidst COVID-19. It helps teams work closely with residents, their family and loved ones, staff, and regulators to navigate elder's wishes (especially around social interaction) while mitigating the risks of COVID-19 for individuals and homes where they live.

## EXPLORE THE ELDER'S WISHES

*The goal of caregivers, even under normal circumstances, is to accommodate elders' decisions while mitigating risk. In order to do this effectively, caregivers should ask good questions to understand their wishes and decisions well. i.e. What is the central desire behind their requests? What are their primary goals? Who is in their support system? Asking many questions to understand the elder's wishes is important. Once the wish is well understood, then it is important to evaluate the risk factors involved in their wish. What are the risks and benefits?*

# 04

## EXPLORE THE ELDER'S WISHES

### SAMPLE DISCUSSION & QUESTIONS:

"There are some real risks during this time of COVID-19. That is why we have had to make so many changes and restrict visitation. I can imagine it has had a real impact on you."

What have you missed most?

Who have you missed most?

Who is most important to you?

During this time, what has been the biggest struggle for you?

What could we do to support you through this time?



Each of the items that come up on the elder's wish list will carry different levels of risk. For example, an elder may want to see their wife every day. Their wife may live alone, in the same town, and not interact with many people. This is a low risk. However, another resident may want to see his or her son, who is a commercial pilot and lives in New York. This is a much higher level of risk. We will further explore risk factors later in this resource. Engage in discussions with elders, ask many good questions, document the discussions, problem solve as a team and care plan.

# 05

## POTENTIAL RISK FACTORS

### COGNITIVE IMPAIRMENT/DEMENTIA

The threat to isolation, depression and anxiety is different when you are working with a resident with cognitive impairment. These elders may not be able to tell you what they are feeling and who they miss, but they may act out in various ways that tell you something is not right. Elders may stop eating, become more aggressive, physically decline, yell and holler, stop sleeping, etc. These are all signals that something is not right that they are unable to verbally communicate. It is important to review behavioral reports from the COVID months to see what has changed. Think about elders' pre-impairment patterns of living. Were they social? Did they have highly involved family members? Talk and work with their support systems to learn more. Use this information to develop interventions and garner residents' wishes and to inform potential increased social interaction for these residents.

### HISTORY OF MENTAL HEALTH ISSUES

Elders with a history of mental health issues, may be more at risk for these issues to be triggered during this time. Be aware that even well managed or treated cases, may flare. Make special note of elders with history of mental health issues and pay attention to their needs and intervene as necessary. Remember the risk of mental health complications may rise to a threat level even greater than contracting COVID-19. We must also address these needs.

# 06

## POTENTIAL RISK FACTORS (CONT...)

### HISTORY OF BEHAVIORAL ISSUES

Elders' challenging behaviors may escalate during a time of extreme isolation due to COVID-19. Be proactive in specifically care planning for these residents. Avoid labeling these as negative behaviors, but use the behavior as a clue to an unmet need. Get creative about identifying the need and addressing it.

For residents with dementia, utilize the mouth swab test kits when available and if approved by your county health department and home's policy.

### RECENT GRIEF AND LOSS

If an elder recently experienced a loss prior to COVID-19 or during COVID-19, their reaction to the isolation may be much different from someone not grieving. They will not have the same access to their important support system and may be at greater risk for grief complication. Monitor and provide intervention as needed.

### EMOTIONAL RESILIENCE/ FORTITUDE

Every person has a different tolerance to adversity. Some individuals have a high level of emotional resilience and fortitude while others do not. It is important to tune into this and be especially attentive to those who are less resilient under normal circumstances. They will be especially vulnerable to the effects of isolation and change.

# 07

## POTENTIAL RISK FACTORS (CONT...)

### CURRENT LIVING SPOUSE OR PARTNER

Elders, who have living spouses that are not residing with them, may be even more devastated by being separated. Not being able to see a spouse is very different from not being able to see adult children. Work very closely in these situations to determine ways for these spouses to connect both via technology, phone calls, or in person while mitigating the risks.

### END OF LIFE & TERMINAL ILLNESS

Many homes are facilitating family and loved ones visiting when an elder is nearing the end of their lives or are actively dying. This is such a sacred time for families. Working through risks associated with visits and reducing risk for others is key.

## EVALUATE SEVERITY OF RISK

***How dangerous are the decisions elders what to make?*** This question prompts consideration of the decisions risk to the elder and to others around them. How high is the risk? How much potential is there that their decision may have a bad outcome for someone else? Assess ways to accommodate elders' decisions while mitigating (reducing) risk. There is no way to completely eliminate risk even under normal circumstances. That should not be the goal. Look at ways to identify and mitigate the known risk factors. Don't forget to include the negative risks associated with limiting an elder, as well.

# 08

## EDUCATE ELDERS

Under normal circumstances, caregivers are always asking themselves, ***do elders understand the risks of their decision or wish?*** Educate elders about what type of risk is associated with their proposed decision. Keep them up to date on current guidance and risks both internal and external. Give them information so they can make the most informed decisions based on current circumstances. Provide intentional updates and education on the virus. Hold learning circles, while social distancing, to discuss the precautions or protocols your home has in place.

## MITIGATE RISK

The goal of mitigating risk is to make the risk less severe, serious, or painful. Mitigation must be done in advance of the potential risk and cannot be successful if done in the state of crisis.

### MITIGATE RESIDENT RISK THROUGH STAFF APPROACHES

To reduce risk factors for residents, staff are an important stakeholder to consider. If staff are not well either physically or emotionally, elders they are caring for have greater risk for poor outcomes.

#### Staff Self Care & Support Strategies

- ♥ Encourage and support staff following state and county guidelines in day-to-day life outside of the workplace.
- ♥ Emotional support: Caregivers naturally want to do what the residents' desire and having the inability to support and meet psychosocial needs due to safety guidelines negatively impacts their emotional well-being. Each staff member also has personal effects of the pandemic. Provide access to mental health services and pay attention to staff member's emotional well-being.

## MITIGATE RISK (CONT...)

### Staff Self Care & Support Strategies

- ♥ Offer support and guidance on ways staff can mitigate the risk of taking COVID home to their family (ex. removing clothes and shoes and showering before interacting with family members).
- ♥ Repurpose facility spaces to create employee safe areas to enter, shower and change clothes before going home.

### RESOURCES

[Caring for Caregivers Webinar](#)

[Planetree Taking Care of Caregivers](#)



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## MITIGATE RISK (CONT...)

### INFECTION CONTROL BEST PRACTICES

When exploring mitigation strategies, always take the latest local recommendations and Centers for Medicare and Medicaid (CMS) guidance under consideration. These are a starting place to understand methods of infection control and industry standards. However, these are not step-by-step instructions, leaving the implementation of practices up to your organization. Following are a few ideas related to infection control, visitors, and getting outside the nursing home doors.

### LET'S GO FOR A DRIVE.

It is funny how this statement held excitement months ago and now it is a jarring statement in our nursing homes. Pause to not rule out drives. One way to reduce risk exposure is to use consistent staff members from the small area where a resident lives to drive the vehicle. The staff member and resident have already been in contact with one another, which will not introduce another staff person. Reduce the risks by avoiding lots of elders in the vehicle at one time and don't make stops at stores, restaurants, etc. Enjoy a sight seeing trip just to look at the scenery or make a driveway visit to an elder's family member.

#### Tips for Risk Reduction in Transportation:

Train on proper vehicle sanitation procedures.

If multiple riders, they should be from the same consistently assigned living area with dedicated staff.

Wear Masks

All restaurant food containers (even drive thru) should be disinfected.

# 11

## MITIGATE RISK (CONT...)



### ACCEPTING/RECEIVING GIFTS

If elders receive gifts from their families or loved ones, there are ways to reduce risk of COVID spread and accept the gift.

Disinfect the package or box.

Put the gift in a dark room for three days before taking it to the resident.

### COMMUNAL MEALS

This far into the pandemic, I'm sure you've adjusted dining practices and then adjusted them again. Meals are an opportunity to connect with others, so avoid a blanket decision to have all residents eat in their rooms until it all "blows over". Consider some of these ideas:

Evaluate dining spaces to determine the max residents who can be in the dining room while social distancing.

Interview residents about where they prefer to eat and by whom they would like to sit closest to when dining.

Set up staggered meal times to allow smaller groups to dine.

Sanitize between meal times.

Consider outside seating to potentially eat with loved ones while social distancing.

Outside foods can be brought in if containers are disinfected. Foods from KDHE approved kitchens or restaurants are best.

# 12

## MITIGATE RISK (CONT...)

### GUESTS & FAMILY VISITATION

#### Resources:

[Guidelines on Preserving Family Presence During Challenging Times](#)

[Webinar](#)

[Minnesota Outdoor Visitor Guidelines](#)

The Kansas Department of Health recognizes how the effects of isolation can have serious impacts on the health and well-being of residents in LTC facilities. At this time, we believe the risk of COVID-19 transmission in LTC facilities and the need for family, partner or close friend interaction can be balanced under certain conditions. This document contains recommendations that we strongly encourage LTC facilities to follow and implement to minimize risk.

#### KDHE Recommendations:

Guest are screened upon entry for symptoms of the virus and are asked whether they have symptoms or have been in recent contact with anyone diagnosed with COVID-19. Requiring family to log their visits enables the care setting to maintain a record of contacts that facilitates contact tracing if needed. Centralizing this process at limited entry points takes the monitoring burden off staff in different areas of the building.



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## MITIGATE RISK (CONT...)

### GUESTS & FAMILY VISITATION

#### **KDHE Recommendations (cont...)**

After the screening, at the point of entry, guests are provided with the appropriate personal protective equipment such as masks and gloves, and instruction on proper use. Refer to the WHO's guidelines for rational use of personal protective equipment for COVID-19 and considerations during severe shortages, the CDC's guidelines on strategies to optimize PPE supplies, along with guidelines from your local/state/national authorities for further guidance.

To limit Care Partners' exposure to multiple sources of infection within the care setting, implement a designated path to and from areas treating patients with COVID-19.

Depending on the current state of community spread and the feasibility within the physical space, utilize either physical distancing protocols within the care setting or institute sheltering in place for Care Partners. In cases of physical distancing, Care Partners would be expected to remain in their loved one's room as much as possible and avoid other areas of the building for the duration of their visit. They would be able to visit daily. Care Partners sheltering in place with a patient would remain with their loved one for the duration of the person's acute healthcare episode – for instance, in the case of a parent sheltering in place with a pediatric patient.

In care settings without private rooms, designate dedicated spaces where loved ones (resident and family member or patient and family member) can be together. Institute appropriate disinfecting protocols between uses of the space by each distinct family unit.

Weather permitting, use outdoor spaces to support family's presence in a way that allows for appropriate physical distancing.