

# Nursing Home Visitation Programs In the Time of Covid-19

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PRESENTATION TO THE SOCIALIZATION, VISITATION AND CAREGIVER  
ENGAGEMENT SUBCOMMITTEE

DECEMBER 14, 2020

# Background to the Visitation Rules

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- March 7 Governor Lamont issues EO 7 restricting nursing home visitors
- April 25 CT nursing home visitor ban extended to September 9
- May 9 Mother's Day Weekend: DPH issues iPads to nursing homes to assist in visitation and Commissioner's Order issued requiring virtual and window visitation. Eventually outdoor visitation is permitted
- September 17 CMS issues QSO-20-39-NH Memo which now regulates all nursing home visitation practice and allows for some indoor visits**

# Connecticut Baptist Homes, Meriden

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60 Bed Non-profit Nursing Home  
located in Meriden, CT

Patty Morse, President & CEO



# Communication

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- Process of providing information to families and residents regarding the options for visitation
- Keeping families informed when “outbreaks” or community spread require a “pause” in the visitation protocols
- Advising families of changes in the program dictated by increase in positivity in the community
- Education of families about COVID for their personal edification. Many families did not understand the screening questions, how “exposure” to someone with COVID impacted them



# Virtual Visits

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- FTE increases to facilitate and accommodate
- Investment in equipment
- Investment in staffing
- Upgrades to Wi-Fi system to accommodate “traffic”



# Implementation of In Person Visits

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## **Outdoor Visits**

- Design and implementation of protocols
  - Sign Up Genius
  - Establishment and management of Infection Control protocols
  - Management of visits outside of established times

## **Transition to Indoor Visits**

- Overcoming limitations of a small facility with limited space options
- Implementation of COVID testing prior to visits and more stringent PPE protocols for visitors



# Comfort Care Visits

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## **Compassionate Care Visits**

- End of life
- On a positive COVID unit
- Other psycho-social and medical reasons



# Noble Horizons, Salisbury

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91 Bed Non-profit Nursing Home  
Located in Salisbury, CT

Linda Orłowski, Director of Social Work  
Lana Knutson, Director of Recreation &  
Volunteer Coordinator





# Ensuring Safe Practice

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- Develop a Visitation Policy and Visitation Procedure
- Develop an 'over-the-phone' instruction/education fact sheet for families
- Develop a Covid Questionnaire and sign-in for guest screening
- Develop a method for contact tracing should the need arise
- Designate one staff point person to schedule, organize, and accommodate visits
- Develop cleaning and disinfection routine for all visits whether virtual or 'in-person.'

# Maintaining Transparency

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Weekly and as needed, Letters from the Administrator to Families; snail-mail and email.

# A Holistic Approach to Accommodate Visitation for Families both Near and Far

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## **Virtual Visits**

- TRD staff responsible for the scheduling of their individual units (3)
- Addressing challenges: White Boards and 1:1 Communicators for hearing impaired Residents

## **Patio Visits**

- Restructure an open patio to an enclosed porch creating a Covid-safe environment with Plexiglas barrier between resident and their visitor
- Arrange a screening tent
- Utilize two 1:1 Communicators to ensure resident and visitor can hear one another

# A Holistic Approach to Accommodate Visitation for Families both Near and Far

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## **Indoor Visits**

- Designate one room (formerly a resident room)
- Choose a room within immediate proximity to a private entrance/exit to maintain visitor-free hallways.
- Determine area(s) and protocol for double screening.
- Set up area for visitors to don/doff PPE appropriately and with supervision
- No contact rules outlined to all visitors
- 30 minute visits with time between for cleaning and disinfecting as well as assistance with doffing PPE.

# A Holistic Approach to Accommodate Visitation for Families both Near and Far

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## **Compassionate Care Visits**

1. Utilize private room as above outlined.
2. Schedule separately to allow for lengthier visits particularly between spouses and/or times of family distress.

## **Hospice Visits**

1. Arrange for Hospice Families to be screened at main entrance.
2. Have full PPE donned at the front screening entrance.
3. Hospice Family is instructed to stay in the resident room until ready to go home
4. Arrange for Nourishment Cart(s) as needed throughout Family visits.

# A Holistic Approach to Accommodate Visitation for Families both Near and Far

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## **Enlarging Indoor Visitation area to accommodate more families.**

- Utilize our 'Community Room' (approximately 2700 Sq. ft.)
- Design traffic flow with separate entrance and exit.
- Set up stations for screening and donning/doffing of PPE for visitors.
- Ensure adequate staffing
- Set up three visitation areas separated by Plexiglas.
- Utilize 6 foot tables to physically distance visitor from resident.
- Have 1:1 communicators available for visitor and resident.
- Staff oversight of visitors and residents to ensure compliance with PPE during visit.
- Staff assistance with appropriate doffing of PPE and disposal at the close of the visits.

# “It Takes a Village” ...or perhaps an Army:

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## **Acknowledging Amazing Staff, Families, and Community**

- Signs of gratitude from staff members to one another throughout the grounds.
- Letters of appreciation from Department Heads to all departments; framed and hung up throughout the building.
- Catered meals delivered to all employees from family members in gratitude for everyone’s efforts.

# Celebrating Our Strengths: Asking for an inch...getting a mile!

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Plan a morale boosting campus walk...and to everyone's surprise have it turn into a multiple surrounding community display of mutual support.





**Socialization, Visitation, and Caregiver  
Engagement Subcommittee**

Nursing Home & Assisted Living Oversight Working Group



# Overview



- Visitation Platforms “Pandemic Specific”
  - Policy & Procedure
  - Options
  - Operations

***Important note: One size does not fit all....***

Athena is a network of unique communities and as a result our Policy and Procedures are provided to our facilities as a minimal guidance which affords the sites to utilize flexibility in judgement to develop an "in- house" plan to meet the needs of the specific resident population, families and staff unique to the community.



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# Timeline of Events:



## Pandemic Begins: March 2020

- Understanding the potential for harmful consequences of isolation from families and friends, we knew we needed to prepare for an extended period of state-mandated visitor restriction.



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Immediate implementation  
network wide of the following:



## Alternative Visitation / Socialization / Communication

- Phone
- FaceTime
- Social Media
- Text Messaging
- Zoom / Skype / Google Meets
- Email
- Letter writing
- Window visits
- Hospice / End of Life indoor visits



# Family Communications: Maintaining Transparency



*Facility specific to meet the needs of the families,  
friends and loved ones.*

- Weekly email newsletter – more often with new developments
  - Info posted to center’s Facebook page & website and updated throughout the Pandemic.
- Weekly conference call / Zoom meetings/Virtual Town Hall’s
  - Facilities held weekly calls utilizing various technology platforms to provide center updates.
- Change of Condition Calls:
  - Development of in-house plans to conduct and execute calls to families and loved ones addressing resident change of conditions.



# Findings: April/May 2020



- Recognition of the dire need for increased staff hours and manpower to manage the current pandemic specific situation of ensuring social, emotional and psychological support of our residents.
- Identified need to think outside the box with “Traditional” staff roles
- Time for tasks increased greatly with need for more attention, PPE, time to details of connections, and need for disinfection between scheduled visits.



# Findings: April/May 2020



- Enforced need throughout the network for staff roles to be flexible to meet the need of connecting our residents to loved ones and maintaining open lines of communication.
- Multiple Hats worn by all staff: Expectations at facilities to develop a “maintainable and functional” plan to ensure resident and family connections.
- Weekly Athena Network Calls to share “Best Practices” throughout the system.
- **Identified need for an increased availability of technology at facility sites to meet the need for Virtual Connections and Engagement.**
- Athena Network begin orders for additional technology for distribution to the sites which continue to date with the most recent order of more than 250 tablets.



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# Maintenance in the age of Technology in Long Term Care during a Pandemic.



- Facilities developed Safe Disinfection Policies in conjunction with available resources taking into consideration of time frames and dwell times for effective disinfection of devices between scheduled virtual visits.
- Facilities developed unique plans to ensure technology was available 24 hours a day for resident's connections to loved ones





# Maintenance in the age of Technology in Long Term Care during a Pandemic



- **Timeline: Spring/Summer months and the emergence of the option for outdoor visits:**
- Staff are now managing the virtual visits as well as scheduled outdoor visits with guidance provided by CMS and CT DPH.
- Various platforms of connections and visits continue to change and adapt at the company and facility level.
- Compassionate Care Visits introduced.



# Lessons learned....



- **Identified need for an increase in workforce to support the high level of need for connections and engagement for the resident and families to ensure the social, emotional needs are being supported.**
- ***“Athena Ambassador Program” - August 2020***
- Increased quality of life through “Holistic” support of residents.
- Attention to details of daily customer service and quality of services.
- Providing the “Above and Beyond” attention and support needed especially during the pandemic to assure residents satisfaction.
- Bridge for increased communications between disciplines to support more oversight and assure resident needs are met.
- To conduct spontaneous connections beyond scheduled visits to residents and families when the situation warrants.



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# Technology and the Cognitively Impaired:

*Athena's collective data summary of outcomes during the Pandemic specific to the "Memory Impaired"*



- Outcomes and responses to use of technology with our memory impaired throughout the network have drastically varied.
- Success for cognitively impaired residents depend on the continued facilitation of the virtual visit by staff. Staff need to fully facilitate the connection; providing cues, reminders, and at times to be an active participant in the engagement to maintain connection all while attempting to provide some sense of privacy.
- Technology does evoke many challenges and is highly dependent on the diagnosis and stage of Dementia/ Alzheimer's.
- These forms of technology often cause increased confusion, anxiety, and fear requiring close monitoring by staff to alleviate the possibility of a poor outcome.
- Staff adapted through the pandemic noting many with cognitive impairment had higher levels of success with the old- fashioned landline while some were comforted by a familiar face through a FaceTime / video session.



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# In Conclusion...



- **As we have moved forward and navigated through the pandemic there has been a noted need for continued adaptations including the following:**
- **Enhancement Needed:**  
Identified adaption tools were needed as issues arose surrounding vision impairment and hearing loss limitations that severely impacted the quality and outcome of the virtual visit.
- Hearing adapters were instituted as needed to enhance the connection.
- Most recently we have partnered into a trial with Mini Projector that have been loaned through the State of CT. Long Term Care Ombudsman Program to enhance the virtual visits and create a grander scale visit or event.



# In Conclusion...



- **Drawbacks and concerns with technology use in communal living settings.**
- **Privacy:**  
Various technology platforms do pose the threat in communal living to adherence of privacy practices. We strive to maintain the highest level of privacy for the residents that we care for and their families. The infrastructure of the sites poses a challenge to enable privacy and dignity where technology is present in a communal setting.
- **In closing - We await the day that we can put the technology at large to rest and once again provide that much needed desire for the back to basics “Human Connection” that technology cannot replace.**



# Questions?

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