



New Hampshire State
Commission on Aging
COVID-19 Emerging Issues Task Force

August 19, 2020

Social Isolation in Long Term Care during the COVID-19 Pandemic

Situation

The New Hampshire State Commission on Aging requested an update from the New Hampshire Office of Long-Term Care Ombudsman at the July 20, 2020 meeting upon hearing concerns from people in our communities about the social isolation currently being experienced by residents in long-term care (LTC) facilities in the wake of the COVID-19 pandemic. The New Hampshire Office of Long-Term Care Ombudsman receives, services, investigates and resolves complaints or problems concerning residents of long-term health care facilities.

The following is a list of some of the concerns raised to the Office of Long-Term Care Ombudsman since the implementation of measures to curb disease spread, including the limiting of visitors:

- From family members and friends of people living in LTC facilities:
 - Ongoing concern of what is happening within LTC facilities without friends and family members able to observe. This concern has increased since the start of outdoor visitation allowing family members to view the condition of their resident relative.
 - Concern that staffing shortages that existed prior to the onset of the COVID-19 epidemic have only been exacerbated since, meaning less care available for their loved ones.
- Calls from residents themselves:
 - Longer wait times for responses to requests for assistance (incontinent care, personal hygiene, aid in using a bathroom) raising concern about staffing shortages.
 - Meals served in rooms are coming late, cold, and/or not including ordered food.
 - Being restricted to their rooms which has resulted in:
 - No access to baths or showers and limited access to bed or sponge baths only when staff resources are sufficient to manage it.
 - No air-conditioning because room doors are closed and there are no room air-conditioners.
 - No time outdoors.
- Calls from LTC staff:
 - Stressful working conditions which sometimes results in staff outbursts directed at residents.

Direct quotes from callers:

From Residents:

- *"I am being treated like a prisoner."*
- *"I feel like I am being punished."*
- *"I would rather be dead than to live like this."*
- *"When I went out to an appointment and I returned I had to be quarantined. It made me feel like I was labeled as a risk."*

- *“My roommate has the TV on all day and night. I used to be able to get out of the room to get a break from it. Now that I can’t leave my room I feel like I am going to go crazy.”*

From Friends and Families:

- *“We should be able to come in if we follow guidelines like the staff. We too are essential and no more dangerous than the staff that are permitted to come in.”*
- *“My family member is not getting the care they paid for. As a private pay resident they should get a rebate and some relief like business owners got.”*
- *“I see pictures of staff members on Facebook out with their friends not wearing masks and not socially distancing. I have followed the guidelines under the emergency orders but I am not allowed to see my father.”*
- *“My wife aged 5 years. She looked awful when I finally got to see her.”*
- *“My mother in laws hair was greasy, she looked like she had lost a lot of weight. I was shocked.”*

Background:

With the COVID-19 pandemic has come outbreaks of disease within long-term care facilities which have resulted in an unfortunate number of deaths – 345 as of August 18, 2020. To mitigate and prevent the transmission of COVID-19 in nursing homes, the New Hampshire Department of Health and Human Services has provided guidance to New Hampshire Long-Term Care (LTC) facilities in alignment with Centers for Disease Control (CDC) and Centers for Medicare Medicaid Services (CMS) recommendations. The CMS’s recommendations are stepped according to stages of reopening based on many factors including case status in the community, case status in the nursing home, staffing levels, access to testing, access to personal protective equipment, hospital capacity, and rate of compliance with infection prevention standards of mask wearing and hand washing.

NH DHHS, as of August 14, 2020, categorizes all long term care facilities in NH with exception of two with active outbreaks at [CMS Reopening Phase II](#). In all phases of reopening, the emphasis is on limiting exposure to virus. Current NH DHHS Long Term Care guidance on phases of reopening and visitation is available at: <https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/lctf-visitation.pdf>

Under this guidance, outdoor visits are allowed following recommended protocols. Compassionate care indoor visits are allowed in this guidance in Phase II and III of reopening: “indoor visitation is allowed on a limited basis and under controlled circumstances. Outdoor visitation is preferable over indoor visitation. Indoor visitation should be considered for residents who are unable to go outdoors (e.g., due to a disability or advanced dementia), are in end-of-life circumstances or for residents whose psychological wellbeing requires visitation. Decisions about indoor visitation should be made on a case-by-case basis by the LTCF,...”. Indoor visits in Phase II and III are restricted to one Essential Support Person designated by the resident.

Assessment:

Social connection is a critical component of well-being. Current NH DHHS guidance to LTC facilities on visitation encourages limiting indoor compassionate care visits. Several [studies](#) provide evidence of the negative impact of social isolation on physical and mental health that not only results in increased morbidity, but increased mortality. The CDC has summarized the “[Health Risks of Loneliness](#)” citing the

National Academies of Science, Engineering, and Medicine 2020 report [*Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*](#):

- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% percent increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

Care previously provided by family members during visits is going undone and/or becoming an added burden on an already stressed, understaffed workforce. This includes encouraging and assisting residents to eat during mealtimes to get adequate nutrition and hydration, toileting, hair care, nail care, refreshing toiletries, offering physical touch, engagement in meaningful conversation, etc. Limited visitation also increases the burden on staff by requiring increased communication to family and friends of residents.

Once the Emergency Stay-At-Home Order was lifted, and staff from LTC facilities began to engage in public life opening themselves to be exposed and carry the virus into LTC facilities, the value of keeping residents separate from their friends and family decreased.

Interpretation of the protocols varies greatly between facilities with the intent of visits sometimes being lost in implementation of the guidance. Additionally, as weather gets colder, outdoor visits will no longer be tenable.

Finally, ethical considerations need to be factored into the decisions on visitation. Ethically, is the current practice acceptable over the long-term curve of this epidemic?

There is significant difficulty in making the risk/benefit calculation required for developing guidance that increases access to visitation. Yet the necessity to do so is evident.

Recommendations for Consideration:

The New Hampshire State Commission on Aging recommends state policymakers in collaboration with providers, residents and families, continue to thoughtfully evaluate both the epidemiology of COVID-19 and the science on social isolation in the course of developing guidance. The Commission on Aging recognizes the experience and expertise of the leadership at the New Hampshire Department of Health & Human Services and that this leadership team is already on course seeking to balance person-centered care, psycho-social wellbeing and the reduction of community spread. The Commission on Aging urges continued deliberation in this direction and consideration of the following list of measures culled from those raised by residents, family members and staff from long-term care facilities:

Increasing Understanding of Impact of Social Isolation Associated with COVID-19:

- **STUDY:** Track and study COVID-19 secondary cause morbidity/mortality for the purpose of influencing Department of Health & Human Services' guidance to long-term care facilities:
 - Potential exists using the assessments mandated by CMS (Centers for Medicare & Medicaid Services):

- Decline in ambulation
- Weight loss
- Frequency of falls
- Activities of daily living,
- Others as appropriate.

Expansion of Indoor Visitation:

- **ACCESS:** Expand the definition of Compassionate Care Visits to encompass those evidencing adverse impacts of social isolation. Clarify end-of-life situations so that they may include time for support and meaningful goodbyes.
 - A pilot conducted in a facility in Bar Harbor, Maine set metrics to prioritize at-risk residents for indoor visitation based upon factors including:
 - Weight loss
 - Depression and/or Anxiety
 - Bar Harbor pilot enabled both staff and fellow residents to recommend people for prioritization for visitation.

- **PEOPLE:** Continue to allow one and consider adding a second outside visitor per resident designated by the resident as their Essential Support Person/People:
 - Allow for Essential Support people to assist in providing care as appropriate.
 - Allow for physical contact and privacy.
 - LTC facility to provide PPE to support physical contact.

- **ACCESS:** Allow the Essential Support Person(s) to visit as a compassionate care visit in every phase of re-opening with the exception of Phase 0, active outbreak.
 - For early phases of reopening, consider requiring submission of COVID-19 test results on a regular basis for designated visitor(s).
 - Access to testing could be provided by facility as part of regular CRISP Staff testing.
 - Testing burden could be put on visitor(s).

- **SUPERVISION:** Supervision of Visits
 - Allow limited number of volunteers trained by LTC facilities to provide this supervision to alleviate the additional burden this task places on staffing.
 - Allow volunteers to be included in regular CRISP testing of Staff.
 - Include provisions for respecting privacy.
 - Volunteer welcomes visitor, reviews guidance, monitors visit at a safe distance for adherence to guidelines and returns at visit end.

Support for Long-Term Care Facilities:

- **GUIDANCE INTERPRETATION SUPPORT:** Creation of a team that includes representation from Division of Public Health, Health Facilities Administration, and the Office of Long-Term Care Ombudsman that is available for consultant on interpretation of guidance in collaboration with providers.