Protecting the Most Fragile: Nursing Homes and COVID-19

Randi Minetor

Of all the fronts in upstate New York's battle against novel coronavirus COVID-19, nursing homes are among the hardest to defend. A virus that may arrive in an asymptomatic staff member or visitor can have devastating consequences for the elderly people who live there.

"Many of the residents that live in nursing homes have advanced disease; they are frail, or they wouldn't be living with us," said Brian Heppard, MD, CMD, who leads the medical team at Episcopal SeniorLife through his private practice, Pillar Medical Associates. "The virus is very stealthy. People without fever or any symptoms can spread it. These things become even more important in a nursing home setting. Once it gets in, it's very difficult to keep it from spreading."

The news from the Center for Medicare and Medicaid Services (CMS) gets bleaker with each report. While about 60,000 of the nation's 1.85 million COVID-19 cases have occurred in nursing homes, roughly a quarter of all coronavirus deaths are linked to long-term care facilities, including both residents and workers. In a survey with an 80 percent response rate from nursing homes, New York State counted 3,298 nursing home resident deaths from COVID-19 on May 31, with another 2,646 deaths presumed to be from COVID, with no end on the horizon. CMS reports that 39 nursing home staff members in New York have died from the virus.

In some areas of the country, the difficulty in maintaining consistent rules among privately run nursing homes may create confusion and inconsistencies in care, leading to wide outbreaks of the virus throughout these facilities. This is the kind of situation that sprang up in Washington state as COVID-19 began to spread in the United States, finding a fertile breeding ground among the fragile residents of nursing homes there.

Seeing this outcome on the other side of the country, medical directors at many nursing homes here in Monroe County moved quickly to establish rules to keep residents safe. Five of these non-profit senior life communities are part of a consortium known as the Alliance for Senior Care, representing more than a third of all skilled nursing and assisted living beds in the region. St. Ann's Community, Episcopal SeniorLife Communities, Friendly Senior Living, Jewish Senior Life, and St. John's Home are all members of this consortium.

"The Alliance has a strong history of collaboration and sharing of best practices," said Amanda Hagen, marketing promotions specialist at St. Ann's Community. "These relationships have always been important, but especially now more than ever with the COVID-19 pandemic plaguing the senior living industry."

Keeping the virus out

Brian Heppard, MD, CMD

With 4,400 employees and more than 2,000 skilled nursing and assisted living beds, the Alliance has had to enforce strict rules for safety. This determination to keep the virus out has led to the most stringent protection measures ever established in these buildings—including keeping residents separated from anyone who is not fully outfitted with personal protective equipment.

"There's no way to know if the staff has it without doing daily testing," said Kim Petrone, MD, medical director at St. Ann's Community. "The testing hasn't evolved to a point where that's feasible. Even when the test is run as expeditiously as we can, it still takes 24 hours to get the results."

This challenge gets compounded by the kind of care these residents need routinely, including many who cannot transfer themselves from a bed to a chair, who can no longer walk, or who may be unable to feed themselves or communicate their needs. "People need hands-on care, intimate care, and two people often need to care for the resident at the same time," said Dr. Petrone. "We can't social distance. This means it's harder to keep the virus under wraps."

In addition, facilities included in the Alliance for Senior Care have spent years migrating to an inclusive, neighborhood-like setting within their walls, bringing residents together to share meals, social activities, events, worship, and even decision-making for their floor. For now, most of these activities have to be scrapped, creating gaps in stimulation and socialization for residents. This signals the potential for residents to experience anxiety, depression, or exacerbation of dementia.

"This is a really big change for nursing homes," said Marie Aydelotte, MD, medical director for Jewish Senior Life. "People are there because they want socialization and support. We rely on families and family visits—our nursing home residents live for their family visits. Now our residents are encouraged to spend most of the time in their rooms, most are eating in their rooms, and we have activities on closed-circuit TV. It's not normal. We can't do concerts, we can't do bingo, we can't do cultural activities. It's unfortunate, because these are frail, elderly people who benefit so much from socialization."

At Jewish Senior Life, Dr. Aydelotte noted, mental health has always been part of each resident's care. "Psychologists, psychiatrists, and a mental health nurse practitioner are available one day a week," she said. "We still have that remotely via iPad and Facetime. We are also trying to give a lot of nurturing for residents through our recreational and spiritual care staff."

Some of the Alliance members help their residents maintain a connection to their religious faith as well, streaming church or temple services online for residents to watch in their rooms on a tablet or laptop.

"Principles of good geriatric care and medicine are that people do better from a physical and mental health perspective with activity," said Dr. Heppard. "Most of that activity is limited now by state mandate. So we do our best to help residents keep that connection."

Beyond residents: Caring for families

Marie Aydelotte, MD

"What's best for geriatric care – engagement, involvement – is exactly what is worst for spread of the virus," said Dr. Petrone. "In March, we began visitation restrictions."

Families are not permitted inside any of the nursing home facilities in Monroe County, as mandated by the state. Many families have expressed their willingness to put on personal protective equipment (PPE) in order to visit with their loved one in person, but this is also not permitted.

"I completely understand how excruciating this is," said Dr. Petrone. "But the problem with PPE is that putting it on

Kim Petrone, MD

and taking it off creates a danger for contamination – it's difficult to put on and take off without contamination. It's a big education process and it leaves a lot of liability. Someone will do it wrong, and they we will have the virus in the facility."

Whenever possible, residents see their families through plate glass windows, and talk to them using cellular phones provided by staff. While families are always happy to see their loved one in any situation, this enforced separation can lead to increased anxiety as well.

"We are calling the families a lot, trying to reassure them that their loved one is okay," said Dr. Aydelotte. "We are having a phone call with the family and staff every one to two weeks."

Alliance members maintain protocols for notifying families about changes in regulations and state mandates, as well as any changes in their loved one's condition. "We have Zoom meetings to keep families abreast of changes," said Dr. Petrone. "We have utilized a lot of platforms for teleconferencing with families. We've found ways to implement all the things we usually do, but to prevent the spread of the virus at the same time."

Families are notified immediately if a resident develops symptoms linked to the virus, or if he or she tests positive for COVID-19. "Transparency to the families and to our staff builds trust," she said, which helps to alleviate some of the anxiety.

Some of the most difficult times for families occur as their loved one reaches the end of his or her life, whether or not COVID is the cause. The anguish of knowing a cherished family member may be dying without the family close by can be heartbreaking. Nursing homes have worked hard to find a way to bring the family in for the last moments of life.

"For residents at very end of life, we allow a short period of time every day when people are allowed to come in and visit," said Dr. Petrone. "People have to be screened on entrance to the building for any signs or symptoms. Everyone must wear a mask." She added, "It's very foreign to not have our families here. They are the lifeblood of our community. We have done everything we can to include them, but it's a quieter place."

Many residents expressed their wishes about end of life when they moved to the nursing home or soon after, Dr. Heppard said, and they may have decided that they would not want to be kept alive by artificial means. "We talk with patients and their families about what their wishes are," he said. "There is no effective treatment for COVID-19; the care is all supportive. We can provide intravenous fluids, but we can't put people on a ventilator here. But many of our residents don't want to be intubated at this point in their lives. So we carry out their wishes."

When staff members get sick

Some nursing homes have seen staff members come down with the virus, requiring them to quarantine in their own home immediately.

"They will be home for fourteen days or more before they can come back into the facility," said Dr. Petrone. "We are fortunate that we are able to do contact tracing ourselves with the assistance of the Monroe County Department of Health. We can figure out what residents the staff member cared for, and who else they may have come in contact with. The Department of Health does a lot of follow-up with staff members about how to protect themselves, their families, and others in the community."

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Communication with staff members about new rules, state mandates, and equipment requirements makes a big difference in protecting them from getting the virus themselves, she said.

"We have daily communication with our staff – we go through the whole building at one p.m., sharing news about the latest state mandates. In all of the communities, we have what we call a rule-out unit, so if a new resident is coming into our community from somewhere else, they spend fourteen days there, keeping them in as much isolation as possible while tending to their needs. Staff in that unit don't migrate to any other space. We put a shower in, so they can

be assured they are not taking the virus home. They are getting hazard pay. We have equipment dedicated to that unit. We feel like we're medically able to keep people safe."

How this will end

There may never be a time when nursing homes return to the level of normalcy they maintained before COVID-19, the medical directors agreed.

"I think even in the federal phased-in plan, opening nursing homes to visitors will be among the very last things we do as a society," said Dr. Heppard. "The people are at the highest risk, and that puts them at the most vulnerable."

> ***"There may never be a time when nursing homes return to the level of normalcy"***

Dr. Aydelotte echoed this prediction. "I don't see how things will be less risky. Until there's a vaccine, and that's potentially years, it's a very strange time to be in this environment."

As in every part of society, the Alliance is looking for ways to re-establish a "new normal" within its facilities.

"We as nursing home medical directors are being very aggressive with this," said Dr. Aydelotte. "We are wearing face shields, we are cohorting people who are sick, we are protecting people with PPE when they have been ruled out for the virus, we are working extremely hard to take care of our extremely vulnerable population, to meet their biopsychosocial needs. We get new regulations and guidelines every other day. Some of it is hard to comply with, but we are working on it."

Primary care physicians (PCPs) for nursing home staff members may play a role in helping to normalize new levels of care, said Dr. Heppard. "For example, the governor executed an executive order that all staff be tested twice a week. We are working through that now to see if it's operationally possible. For staff, the results are going to get communicated to the primary care physicians. They will have to know how to manage this person's quarantine, and how to determine when they can return to work. They need to understand that their patients are working in nursing homes and that's why they're being tested."

He added, "We as medical directors and staff are keeping up literally on a daily basis with the advisories from the Department of Health. I would not expect PCPs to do that, but I do ask them to stay current with the guidelines for who qualifies for prioritized testing. People in senior living communities are as much at risk as those in nursing homes. They are also vulnerable and they live in a cohorted setting. Take these into account when prioritizing who should get tested."

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