

Promoting Safe Visitation During COVID-19

Cohort 8 Session 13

February 26, 2021

11:00 am

Please note, Project ECHO collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.

**AHRQ ECHO National Nursing
Home COVID-19 Action Network**



Today's Agenda

Follow-up from Session 12 – Promoting Safe Care
Transitions during COVID-19

Promoting Safe Visitation during COVID-19

Case Study

Performance Improvement Discussion & Breakout Rooms

Wrap-up and Poll

Questions & Answers

Session 12 Follow Up

Promoting Safe Care

Transitions During COVID-19

Follow-up Questions?



Promoting Safe Visitation during COVID-19



Queen Anne Nursing Home, Hingham

Why is it so important to reopen nursing facilities to visitation

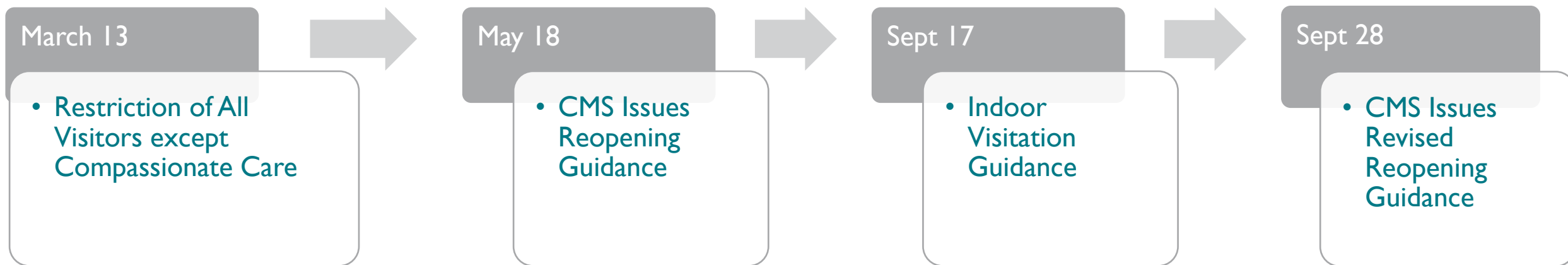
- Humans are social beings
- The elderly are particularly vulnerable to the effects of isolation



Lack of social interaction in the elderly can lead to:

- Changes in mood such as depression and anxiety
- Decline in mentation
- Increase in behaviors in residents with Dementia.
- Decreased desire to eat leading to weight loss.
- Can cause other physiological effects such as increased blood pressure or cardiovascular events.
- Some studies have shown that social isolation can lead to premature death

Regulatory Timeline-CMS



Key Points from Guidance (CMS)

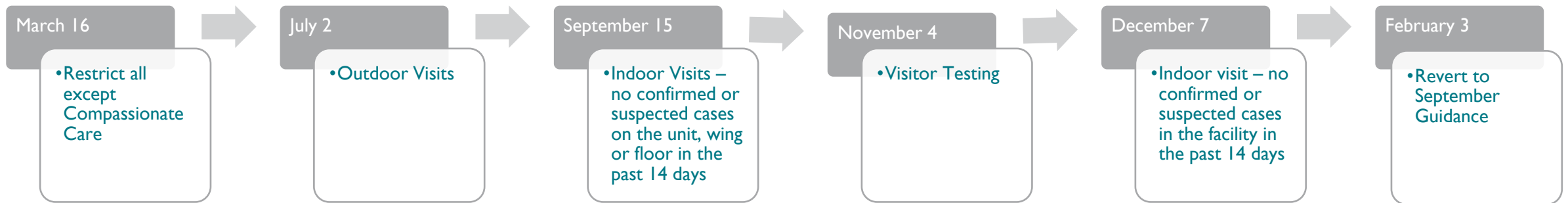
County Positivity Rates:

- Utilize the COVID-19 county positivity rate as additional information to determine how to facilitate indoor visitation:

Visitor Testing:

- Not required but facilities are encouraged in medium or high-positivity counties to test visitors, if feasible.
- If testing facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested.
- Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.

Regulatory Timeline DPH



Update – EOHHS Letter 2/23/21



COVID-19 Prevention Protocols Post-Vaccination

February 19th, 2021

Many families and friends of loved ones residing in long-term care communities have asked whether there will be changes to COVID-19 policies, in particular visitation, now that residents are fully vaccinated. Since June 3rd, families and friends have been able to visit their loved ones. You may visit your loved one so long as there have not been any new cases on your loved one's floor or unit for 14 days as outlined in [visitation guidance](#) from the Department of Public Health (DPH). This policy was recently revised as prior to this change, visitation was not allowed when there were any positive cases in the facility. DPH will continue to modify these policies gradually as more communities become fully vaccinated, and as we learn more from the CDC.

It is important to recognize that fully vaccinated individuals can still contract COVID-19 and spread the virus to others. COVID-19 safety protocols have helped contain infections dramatically since last March, and we want to keep infections to a minimum, particularly given recent information that several virus variants could spread rapidly. You can find more information on the current number of COVID-19 cases and deaths in nursing homes and rest homes, referred to as Long-Term Care (LTC) Facilities, on the [DPH Daily Dashboard](#) under "COVID-19 Cases in Long-Term Care (LTC) Facilities."

When will I be able to visit my loved one in a long-term care facility?

You may visit your loved one so long as there have not been any new cases on your loved one's floor or unit for 14 days. As outlined in the [visitation guidance](#) from DPH, facilities must allow residents the opportunity to visit for at least 45 minutes with their loved one; visitation is critically important to a long-term care resident's emotional well-being and quality of life and therefore we encourage you to visit if able. Regardless of the vaccination status of your loved one or those within the facility, it is important to continue to adhere to COVID-19 safety protocols. As we all know, COVID-19 can spread rapidly in LTC. Furthermore, fully vaccinated residents may experience little or no symptoms, and inadvertently transmit the virus to visitors.

What else will change in long-term care facilities after residents are vaccinated?

Isolation and quarantine precautions:

At this point, isolation and quarantine recommendations for staff and residents have not changed, even if the person has received one or two doses of the COVID-19 vaccine. This includes quarantine for staff and residents after an exposure, and residents after admission to the long-term care facility.

COVID-19 Testing:

Testing will continue as currently outlined in DPH guidance, [Long Term Care Surveillance Testing](#), regardless of vaccination status for individual residents or staff in the long-term care facility. This includes weekly testing of all staff, testing of symptomatic staff and residents as well as more extensive outbreak testing of all residents and staff when a new COVID-19 case is identified.

Screening:

Screening residents, staff, and visitors for signs and symptoms of illness will continue as outlined in [DPH guidance](#), even after residents and staff at the facility have been vaccinated. There have been no changes to recommendations for screening for signs and symptoms of COVID-19 in long-term care facilities. No

Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID 19 (e.g., temperature checks, questions or observations about signs and symptoms) and denial of entry of those with signs and symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred for mitigation of COVID 19)
- Face Covering or mask (covering mouth and nose)
- Social distancing of at least six (6) feet between persons
- Specific entries, exits, and routes to designated visitation areas.
- Instructional signage throughout the facility and proper visitor education on COVID 19 signs and symptoms, infection control precautions, other applicable practices (exits, routes to designated areas)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and in designated visitation after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID 19 care)
- Resident and staff testing conducted as required at 42 CFR 483.80(h)

Visitation



Virtual

Face time, Zoom, Skype, Google Duo



Outdoor

Window visits
Designated outdoor visitation space



Indoor

Compassionate Care visits
Designated indoor visitation space
Resident room visits

Your Visitation Innovations



Winchester Nursing Center



Your Visitation Innovations



Mt. Greylock Extended Care Facility

Sep 25, 2020 ·

Although Resident Virginia D. was not able to attend a family wedding, she was thrilled to have them stop by to make sure she was included in a family photo! Her son Carmen married the love of his life Annette today. We thought they all looked amazing!



Mt. Greylock

Case Study

90 year old patient, at end of life, patient recently admitted to Hospice. HCP (daughter) lives in Abu Dhabi. Daughter wants to know if she should get on a plane and travel 24 hours to see her mother. Will she be allowed into the building for a compassion visit?

- Does she need proof of negative test before visiting?
- Will Binax be sufficient?
- If the patient can be brought off floor would this impact decision making?
- What other factors might impact decision making?

Compassionate Care Visits

Compassionate care situations” does not exclusively refer to end-of-life situations.

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past.)

What the future may look like

Breakout Sessions – 10 minutes

What are your top three wishes for visitation in the nursing homes?



Report Out

- Allow visitation to visit patients, who have been vaccinated , if visitor has neg PCR test within 72 hrs of visit (produce proof) and agrees to BINAX now test at time of visit. Agrees to wear required PPE. Visits need to be scheduled. Home should have a max capacity for number of visitors at one time (like restaurants example 25%) based on size of facility.
- DPH should mirror visitation to hospital visitations so there is less conflict when residents transferred to SNF
- Allow SLOA for vaccinated residents , testing the people picking resident up with binax and then PCR test patients 3-5 days after return from SLOA.
- Reliable access to vaccines for *new admissions*
- Before we open visits any more we should slow down. Allow residents to meet with each other first (communal dining/activities/social visits...etc.). Our residents are vaccinated and have been part of a cohort. There is so much benefit in allowing this- social engagement, increased meal intake, increased morale, looking forward for something to do.
- If we must open we must open SLOWLY. We are scared of reinfection despite vaccination



Report Out

- Binax testing is currently not required but should be made mandatory
- Allow for more physical contact
- Allow for in room visits with the negative Binax test
- PPE should stay the same
- More free flowing arrivals
- Allow privacy during visits but staff check-in esp to ensure that PPE is being worn appropriately – not having someone monitor visits
- Being more open – this will increase morale and reward those who were vaccinated – those who weren't shouldn't be rewarded
- Increase frequency of visitations but what is the balance btwn frequency and too many ppl in the facility at one time
- Visitors should be allowed to come when they want without having to schedule
- It should be back to pre-covid scheduling
- Still send laundry being brought in to the laundry room – increase in visitation should not be a problem
- Allow food – it is a positive, any extra food is a good thing right now



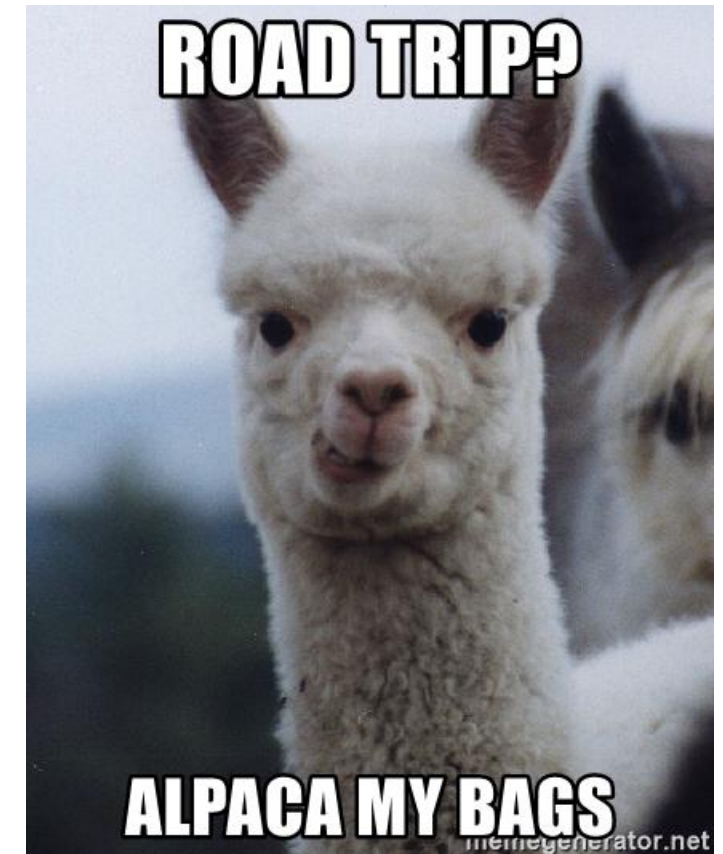
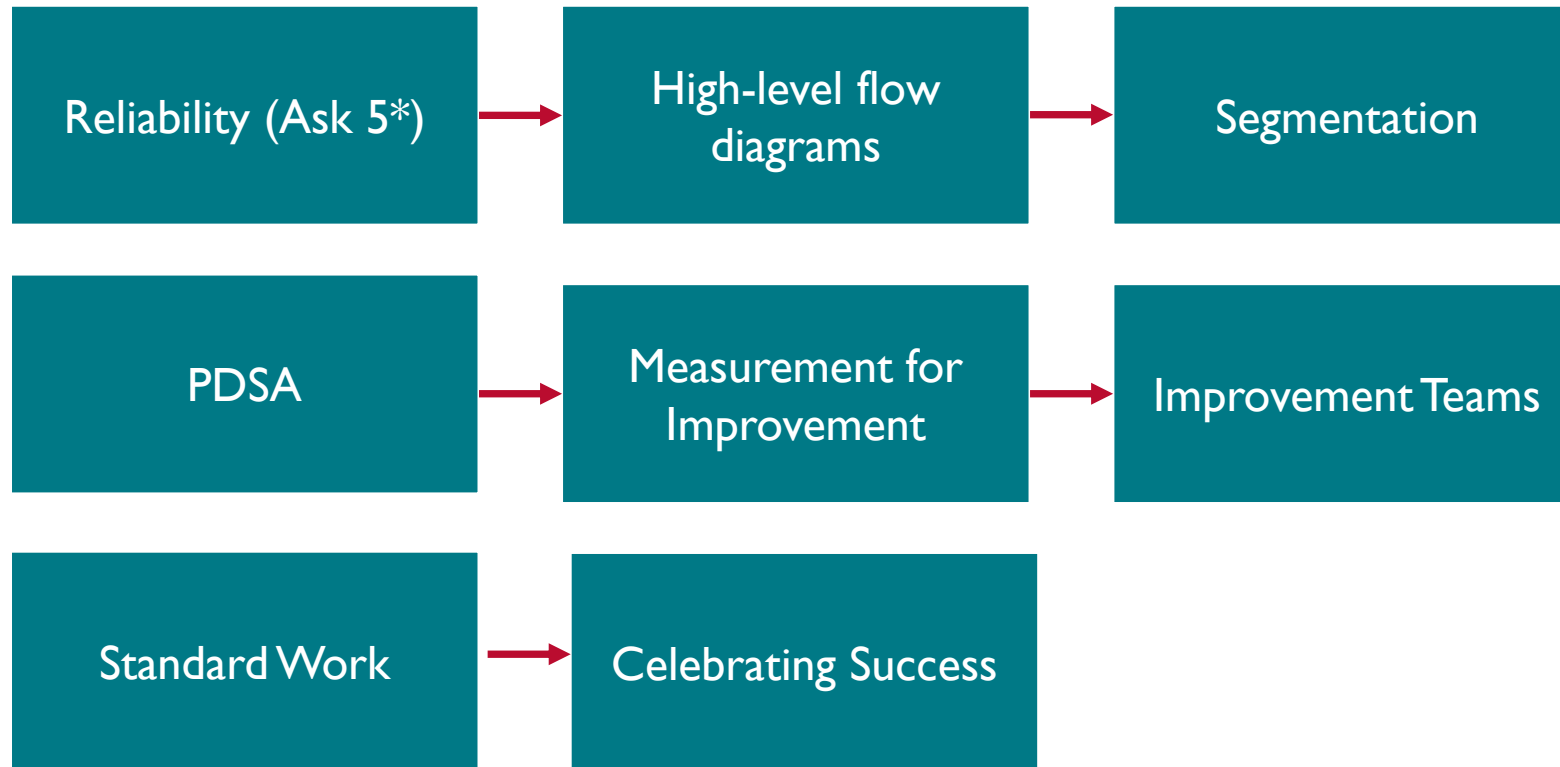
Human Frailty and Standard Work

Martha Hayward, IHI

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The QI Journey



Ask 5: Who, When, Where, How, What

Human Frailty

Accepting human failure in process design

Some Observations



If 80% of those using the designed process understand and believe **why the** project is important then you are ready for implementation.



Relying on humans to always do the right thing even if they want to is a poor design assumption.



Relying solely on education, training and vigilance to guarantee process acceptance will likely cause process failure.



The best way to achieve implementation of an idea even if the **why** is highly accepted is to assume human failure and design appropriately

Education and Training

- Absolutely required but not sufficient.
- Tends to be the only implementation tool for most processes.
- Uses and wastes a lot of resources.
- Often uses compliance, feedback and more training rather than accepting frailty of the design.

How to thwart human failure

Use design principles that assume human failure will occur from the onset so whenever possible help humans to remember.



Checklists



Double checks



Reminders



Mechanical interfaces



Habits and patterns

What to expect next...

Next Session: **March 5, 2021**

Topics:

- Session 14: Promoting Solutions for Making the Built Environment Safer During COVID-19

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Wrap Up and Poll

- Please watch your screen and respond to our 2 poll questions as they launch



Questions?

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