

Welcome to the webinar

Family Perspectives: Nursing Home Visitation Restrictions & Communication

The webinar will begin at 10:30

August 13, 2020



**Quality Improvement
Organizations**
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Family Perspectives: Nursing Home Visitation Restrictions & Communication

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Housekeeping and Requests



For today's call, everyone is muted.

- Please use the Chat box (right side of your screen) for questions and comments.
- Please type questions in the Chat box and send to “all participants”
- If we are unable to get to your question today, we will follow up with you
- Use to the Chat box to let us know who's here today – your name, organization and role

The IPRO QIN-QIO Who We Are



- Healthcentric Advisors
- Qlarant

The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network–Quality Improvement Organization (QIN-QIO)
- 12 regional CMS QIN-QIOs nationally

IPRO:

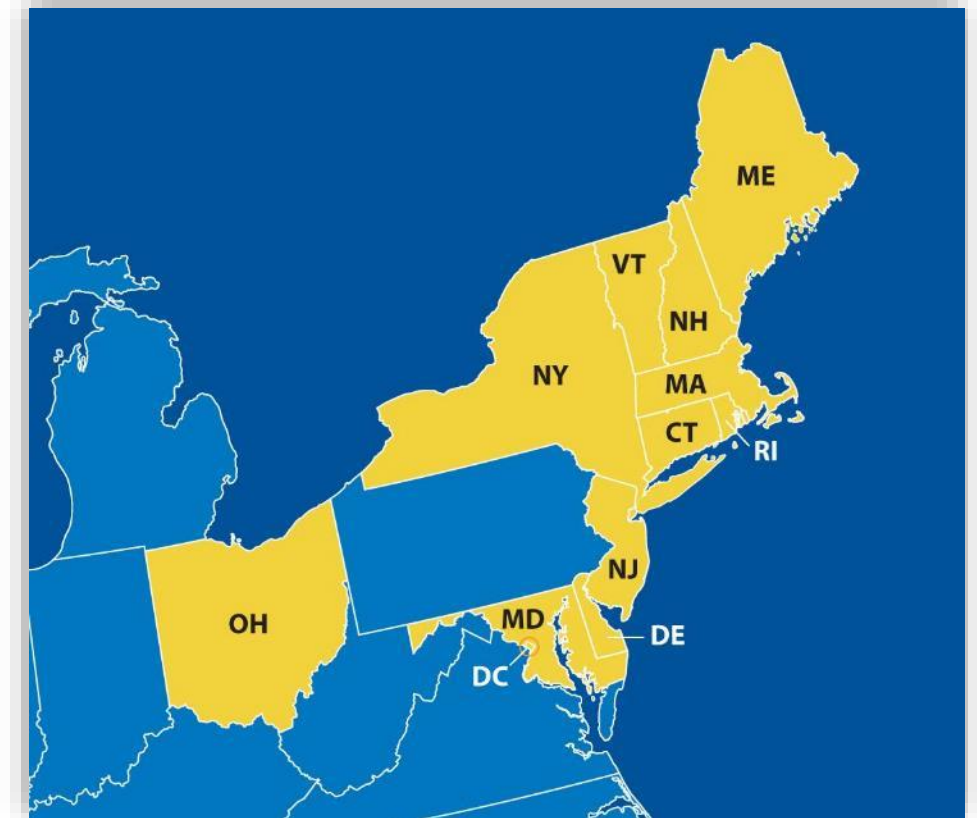
New York, New Jersey, and Ohio

Healthcentric Advisors:

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Qlarant:

Maryland, Delaware, and the District of Columbia



Working to ensure high-quality, safe healthcare for
20% of the nation's Medicare FFS beneficiaries

Focus Areas Across Settings



- Healthcentric Advisors
- Qlarant

Nursing Homes

- ✓ Working with more than 1,500 of the nursing homes in the region

Community Coalitions

- ✓ Communities that encompass at least 65% of the Medicare beneficiaries in each state
- ✓ Members collaborating to improve outcomes for the communities they serve:

- Acute Care Hospitals
- Critical Access Hospitals
- Federally Qualified Health Centers
- Home Health Agencies
- Skilled Nursing Facilities
- Physician Practices
- Pharmacies
- Community Based Organizations

Cross-Cutting Priority Areas

- Health Information Technology
- Health Equity
- Trauma-Informed Care
- Patient & Family Engagement
- Rural Health
- Vulnerable Populations



Program Focus Areas



Quality Innovation Network – Quality Improvement Organizations (QIN-QIOs)

- Bring together healthcare providers, stakeholders, and Medicare beneficiaries to improve the quality of healthcare for targeted health conditions
- Work toward better care, healthier people & communities, and smarter spending
- Catalyze change through a data-driven approach to improving healthcare quality
- Collaborate with providers, practitioners and stakeholders at the community level to share knowledge, spread best practices and improve care coordination
- Promote a patient-centered model of care, in which healthcare services are tailored to meet the needs of patients

Our Speaker



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- Healthcentric
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- Qlarant

Jane Straker, PhD

Director of Research

Scripps Gerontology Center

Miami University

Oxford, OH

strakejk@miamioh.edu





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An Ohio Center of Excellence

**“They’re doing the best that they can”: Results from a Multi-State
Survey of Family Perspectives on Long-Term Care COVID-19 Visitor
Restrictions**

Jane K Straker, MGS, PhD, FGSA

Mi Sun Choi, PhD

August 13, 2020

Background

❑ *Nursing homes & Assisted Living facilities*

- » A national end of visitation to nursing homes was mandated by the Centers for Medicare and Medicaid Services (CMS) on March 13, 2020
- » Many states or long-term care organizations closed assisted living facilities at the same time
- » Families and long-term care organizations made dramatic shifts in the ways they stayed in touch



Knowledge Gaps

❑ *What do we need to know?*

- » How did facilities and families adjust?
- » What were the impacts of these new patterns of communication?

Background

Survey Overview

» **What**

- » Online survey, April 29-June 19, 2020
- » Most respondents came from Facebook or e-mail

» **Who—Typical Respondent is:**

- » White female
- » Adult child
- » Average age 62

» **Where**

- » Involved with resident in Assisted Living
- » Ohio and other Midwestern states or California

» **When**

- » Over half visited daily or several times a week



Learning Objective 1

Most Common Family Communication Strategies

- With Residents
- With Facilities

☐ Communication with residents



Telephone

- The most common way for families to stay in touch with residents
- Less than half could communicate with their residents independently by phone

01



Skype or Face time

- Less than 10% of residents were able to manage calls such as Skype or Facetime independently
- **62 %** could manage them with assistance

02



Window

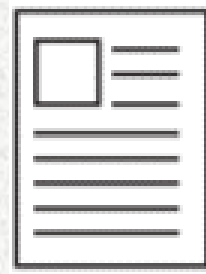
- **56%** could see their family member through a window.

03



❑ Communication with facility

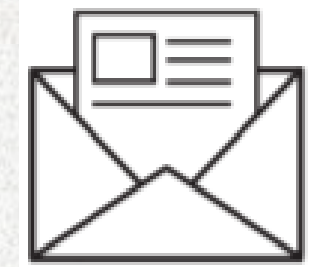
MOST COMMON GENERAL
INFORMATION
STRATEGIES



32%

Mass emails

VS



19%

Letters or notices
through postal mail

Nearly 3 in 10 families say they do not get any general information from the facility about how things are going.

Over a third of families reported that there were **COVID-19** positive cases among the residents or staff in the facility.

15% didn't know whether any cases were present.

Learning Objective 2

How Communication Effects Family Perspectives

- Peace of Mind
- Recommendation
- Intention to move
current facility

❑ Families' perspectives—recommendation & peace of mind by COVID-19 cases

COVID-19 Cases	Would recommend this facility	Peace of mind about the care the resident is getting
	Yes	Yes
No COVID-19 Cases in the facility	88%	84%
COVID-19 Cases in the facility	76%	72%
Don't know if COVID-19 cases in the facility	54%	50%
All facilities	79%	74%

Note. In recommend and Peace of mind, "Yes" combines responses *Yes, definitely* and *Yes, probably*.

❑ Families' perspectives

“

They are not communicating to residents or family members the extent of the COVID illnesses. I've learned through the Ohio website that there are [many] residents and staff with the illness

”

“

Quality of life is medically necessary!

”

“

It is horrible that I can NOT trust the place she lives in

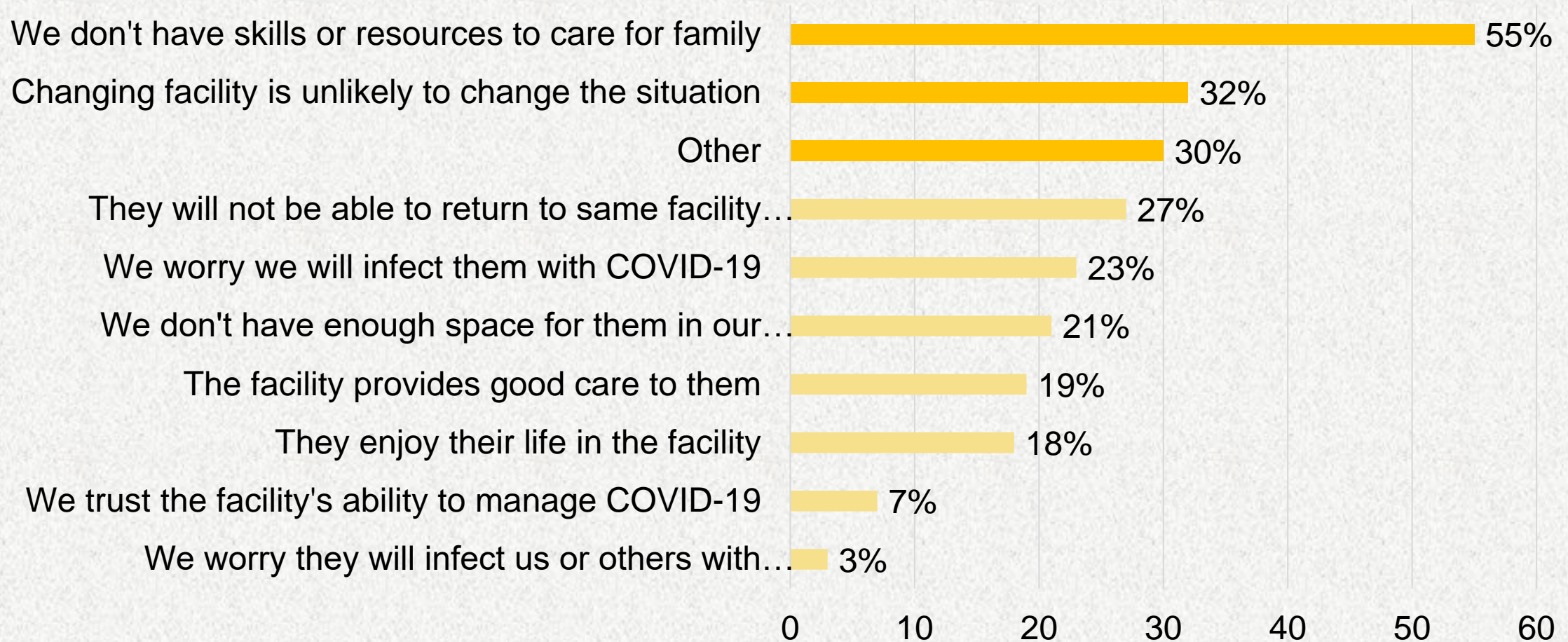
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❑ Families' perspectives—considering moving out of the facility

COVID-19 Cases	Considering moving out of the facility
	Yes
No COVID-19 Cases in the facility	32%
COVID-19 Cases in the facility	45%
Don't know if COVID-19 cases in the facility	61%

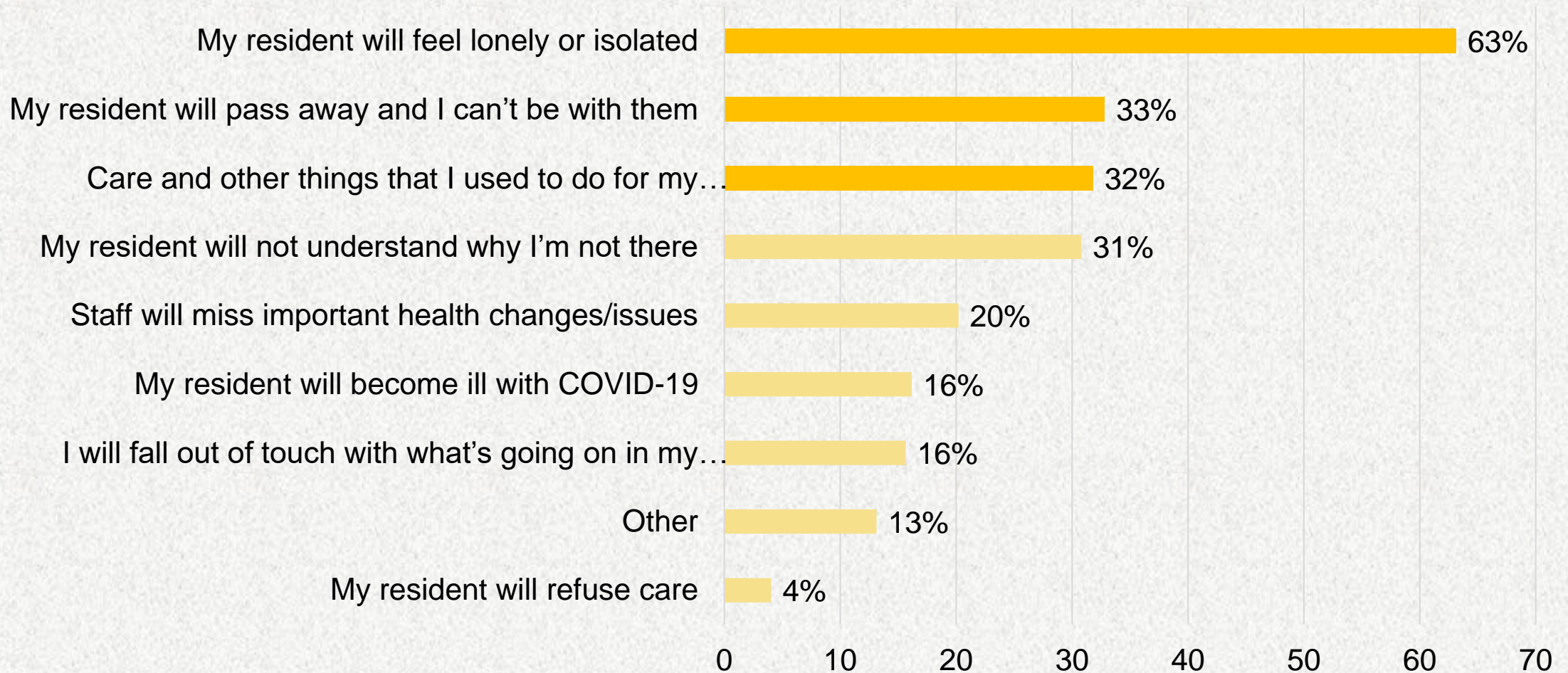
❑ Families' perspectives—main factors that have prevented moving family out of the facility



Learning Objective 3

Families' Concerns

❑ Concerns of families



❑ Concerns of families

“
She has been in her room for 45 days with little exercise which is important for her to walk daily.”

“
My resident's health has seriously declined since he has been so isolated.”

“
My resident has increased anxiety and has been depressed.”



Learning Objective 4

Developing Facility Communication Strategies

Tips for Facilities

❑ *General facility information*

- » Communicate at least weekly
- » Make sure the phone is answered
- » Tell family members what to expect
 - » Reporting positive cases
 - » End-of-life visit policy
 - » Managing cases in facility
- » Don't make families find things on their own
 - » Send out link to federal or state data
 - » Help families communicate with each other

❑ *Individual resident information*

- » Communicate, when able, WITH the resident
- » Communicate twice weekly about the resident
- » Provide individual information
- » Use a quick text or emails
- » Use multiple staff—social workers, activities, evening shift CNAs, leadership team
- » Don't communicate only when there is an issue or problem

Tools and Resources

<https://qi.ipro.org/2020/08/05/covid-19-ws-aug13-family-visit-restrictions/>

Communication with Families During the Pandemic

The extent to which nursing home visitation restrictions remain in place varies based on federal, state and local regulations and the prevalence of COVID-19 in surrounding communities. Some levels of visitation restrictions are likely to remain for some time as decision-makers strive to determine the right balance between resident safety and socialization.

The following tips for targeted and timely communication with family members and residents are based on a survey of 198 families in 21 states conducted by researchers from the Miami University Scripps Gerontology Center.

The survey identifies a correlation between effective communication, family satisfaction and whether families considered removing a resident from the facility during the pandemic-associated visitor restrictions.



- **Develop a clear management strategy** for regular communication from multiple sources.
 - As you develop your strategy and approach, consider the predominant cultures in your community
 - Establish a practice to identify family communication preferences at admission and verify at regular intervals to include telephone, email, text and other methods in use by facility.
 - Utilize mass emails, daily robocalls, and regular telephone calls to keep families informed on general facility information and COVID-19 status in the facility.
- **Review regularly** to determine what has worked effectively and what elements might need adjustment. Ask for input from residents and families.
- **Build family confidence** by communicating what is being done to prevent occurrences and/or the spread of COVID-19 in the facility and what notification will occur when staff or residents test positive.
- **Communicate anecdotes** or stories about an event or something in the resident's day to help allay family worries about loneliness and isolation or their concern that care and assistance that used to be provided by family will no longer be available.
- **Remind families** that compassionate visits can be allowed under some circumstances such as end-of-life to address family worries about residents passing away alone.
- **Provide staff with facility cell phone access** to regularly send texts or record case notes such as "Mrs. Smith loved the blueberry pie at lunch," or "Mr. Jones learned to play solitaire on the tablet today." Messages like these can go a long way towards reassuring families that things are going as well as can be expected.
- **Provide a forum for families** to ask questions and provide feedback, particularly about information they may have heard from residents or seen on the news or social media.
- **Consider closed Facebook groups or other social media platforms** as a way to share messaging with more than the resident's primary contact.

To learn more about the study findings and recommendations, visit

[The family experience in long-term care during the COVID-19 visitation restriction - Miami University](#)



This material was prepared by the I PRO QIN-QIO, a partnership of Healthcentric Advisors, Qlarant and I PRO, serving as the Medicare Quality Improvement Network-Quality Improvement Organization for the New England states, NY, NJ, OH, OK, DC, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 1250W-I PRO-QIN-QIO-AA-20-156



I PRO v3 8/11/2020

The Family Experience in Long-Term Care During the COVID-19 Visitation Restriction

Jane K. Straker & Mi Sun Choi



June 2020

Scan for full report:



A national end of visitation to nursing homes was mandated by the Centers for Medicare and Medicaid Services (CMS) on March 13, 2020. Many states or long-term care organizations also prohibited visitation to assisted living facilities at the same time. Families and long-term care organizations were forced to make dramatic shifts in the ways they stayed in touch. How did facilities and families adjust? How are family perceptions about facilities related to these new patterns of communication?

198 family members of residents in assisted living and nursing homes participated in an online survey between April 29, 2020 and June 19, 2020. Participants were recruited via Facebook, Twitter, LinkedIn, and other media. About two-thirds (57.9%) were family members of residents in assisted living or residential care facilities. The remainder had residents in nursing homes. Respondents from 21 states completed the survey. Most respondents were from Ohio and other midwestern states, but ranged from California to New York.

COMMUNICATION WITH RESIDENTS



Telephone is the most common way for families to stay in touch with residents—about half (**46.5%**) report the resident can use the phone independently.



Only **8.8%** of residents are able to manage video calls such as Skype or FaceTime independently; however, **62.4%** can manage them with assistance.



Over half of families (**55.8%**) can see and talk to the resident through a window.



Alternative ways of staying in touch *increased* contact for some families. 37.5% of those who previously visited once a week say they are now contacting the resident several times a week or daily. Several are using Amazon Echo to "drop in on Mom and she doesn't have to do anything."

FAMILY CONCERNS

Resident will become lonely/isolated 63.1%
Resident will pass away without family/friends 32.8%
Care and assistance that used to be provided by family will not be given 31.8%
Resident will not understand a family member's absence 30.8%

0 20 40 60 80 100

COMMUNICATION WITH FACILITY



About 3 in 10 families (27.0%) say they do not get any general information from the facility about how things are going.

35 PERCENT

Over a third of families (34.9%) report that there are COVID-19 positive cases among the residents or staff in the facility. Another 15.4% don't know whether any cases are present.

Most common general information strategies



31.8%
Mass emails

VS.



18.7%
Letters or notices through postal mail

2/3
1/2

(63.1%) say the general information they get about the facility is the right amount.

(55.3%) think they are getting the right amount of information about the resident.

Almost all of the families who think they are getting the right amount of information say they are told:

- a story or anecdote about the resident (92.0%)
- how the resident is spending time (87.8%)
- about the resident's mood (81.4%)

IMPACT ON FAMILIES

Communication—or a lack thereof—has an impact on families. Families who don't know if COVID-19 is present are the least likely to **recommend** the facility or have **peace of mind** about the care the resident was getting, even compared to families who are aware of COVID-19 cases in the facility. As one family member said, "It is horrible that I can NOT trust the place she lives in."

Families who don't know if COVID-19 is present are more likely to **consider a move out of the facility** (60.7%) than families who know COVID-19 is present (44.4%). Among all families, most have not made a move because they do not have the skills or resources to care for the resident at home (54.8%).

Despite concerns and challenges, about three-quarters (74.3%) of families have peace of mind about the care the resident is receiving while they aren't there and would recommend the facility to a family member or friend (78.4%). Of those who don't know whether there is COVID-19 in the facility, only 53.6% would recommend the facility to others.

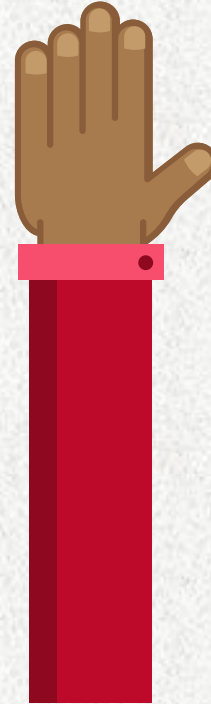
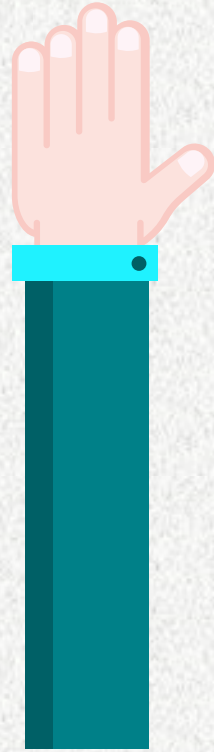
“

Many expressed appreciation. "All is well... She is getting the care she needs in as safe an environment as she could be in." Another said "I was extremely glad when they closed the nursing home so quickly to avoid the virus."

Others shared concerns. "I understand the need to keep the residents safe, but at what cost?" And, "They are so lonely and bored. It breaks my heart."

Funded by the Ohio Long-Term Care Research Project through the Ohio Department of Education.

Questions?





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Thank you!

[Email: strakejk@miamioh.edu](mailto:strakejk@miamioh.edu)

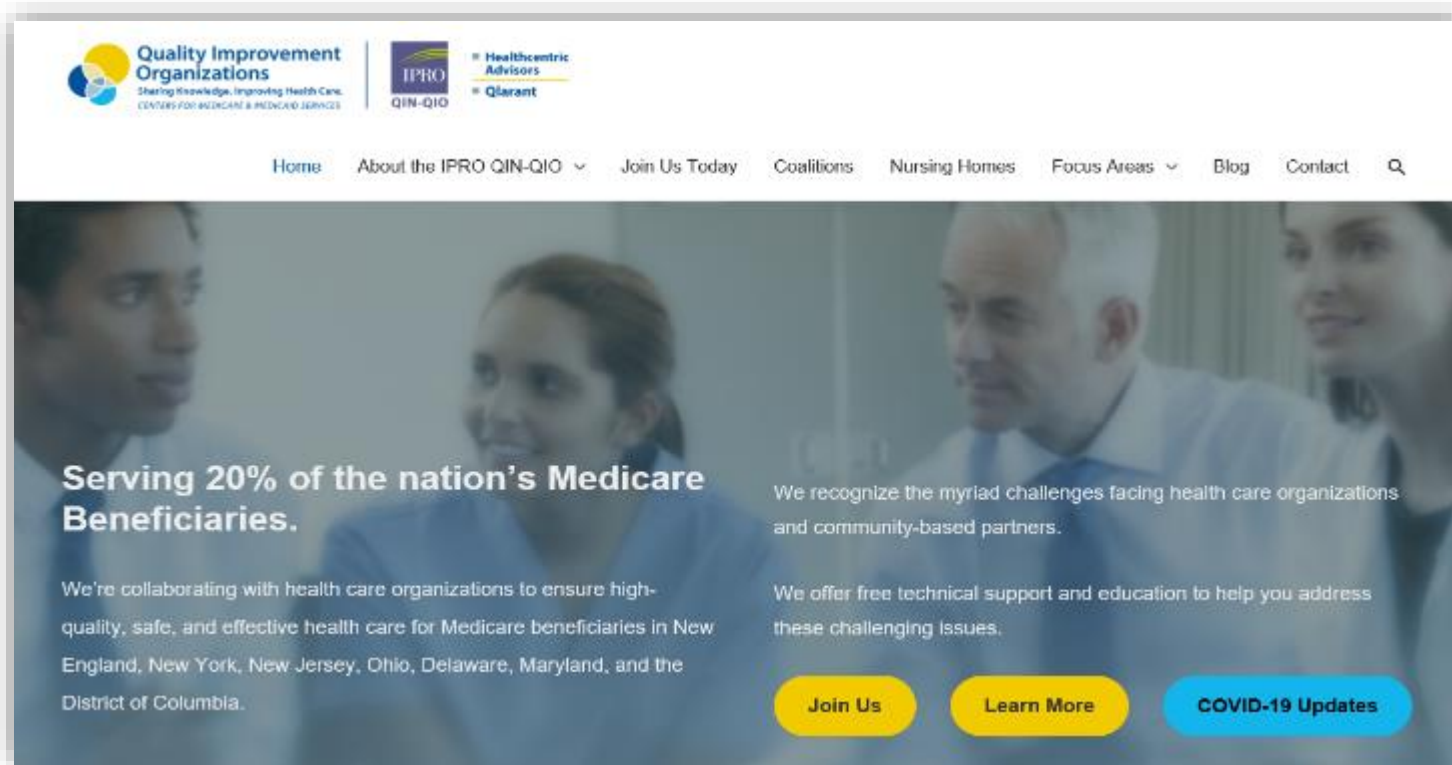
Full report:

<https://bit.ly/covidfamilies>

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<https://qi.ipro.org/>

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