Allowing visitors back in nursing homes

A Dutch national study

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July 6th 2020
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Journal Pre-proof

Allowing visitors back in the nursing home during the COVID-19 crisis – A Dutch national study into first experiences and impact on well-being

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PII: S1525-8610(20)30526-0
DOI: https://doi.org/10.1016/j.jamda.2020.06.020
Reference: JMDA 3517
COVID-19 in the Netherlands

Total Covid-19 cases: 50,546
(date July 3rd, source: John Hopkins)
COVID-19 in the Netherlands

Regional spread:

Started in the Southern part

More COVID-19 in Southern areas

Northern regions relatively few infections
COVID-19 in the Netherlands

Officially COVID-19 cases reported by local health authority

Almost half of the deaths due to COVID-19 in the NL lived in nursing homes

> 6,000 in total, of approx. 2,750 in nursing homes (46%)

Source: RIVM
COVID-19 in nursing homes

- # Nursing homes with COVID-19

- Most recent estimation: 10,287 COVID-19 cases in NHs
  - 1,915 have died
  - 2,682 recovered

Source: Verenso, June 30th

Source: RIVM
Nursing homes closed nationally on March 20th

In the southern part of the Netherlands, organizations closed from March 10th
Ban for visitors

- Highly restrictive measure
- Enormous impact on residents
- Pose dilemma for staff

- Creative alternatives
  - E.g. window visiting, separate container

- BUT serious challenge to residents’ autonomy

- Primary data lacking
Cautiously opening doors

- Two months after ban, measures to cautiously allowing visitors
- National pilot project in 26 nursing homes
  - Start date: May 11th
- Specific guideline for allowing visitors
  - Developed by stakeholders in the field
    - Professional organizations for old age medicine, psychologists, nurses
    - Client representative organization, Alzheimer’s Society
    - Sector organization for nursing homes
  - Guideline is directive, not mandatory
    - Depending on the local context
Key points Guideline - Visitors

- 1 designated visitor allowed per residents
- Take personal hygiene measures at entrance
- Make agreements with nursing home on frequency and duration of visits. Visitors are spread throughout the day and week
- Visits take place at 1.5m (i.e. 5 feet) distance, including from staff and other residents
- Visitors should be free from COVID-19 symptoms
- Visitors are obliged to wear a protective mouth mask for visiting residents who are difficult to instruct (e.g. with dementia)
Key points - Organization

• Should observe regulations and keep perspective on well-being

• Sufficient protective equipment, thermometer assessment and sufficient applications

• Strict hygiene protocol

• Sufficient staffing

• Sufficient test capacity by Local Health Authority
Research questions:

How are the guideline applied in the local context?

How was the compliance with the guideline?

What is the impact on well-being on residents, family caregivers and nursing staff?
The study

- 26 nursing homes selected, 1 by each Local Health Authority

- Mixed-methods approach
  - Electronic survey & telephone interview
  - Documentation (i.e. local protocols)
  - WhatsApp group

- Data collected on:
  - Visits
  - Context of the nursing homes
  - Application of national guidelines in local context
  - Compliance with local protocol
  - Wellbeing of residents, family caregivers and staff
Visits in local context

• After the first week: 954 residents received a visitor (57%)
  - 21 locations: visitors allowed for all residents
  - 5 locations: only a selection of residents were allowed visitors

• Only 6 locations with >80% of the residents receiving visits

• In 1 nursing home, residents had >1 designated visitor

• Most visits in residents’ own room
  - 8 locations had a specifically designed room
  - 1 nursing home people could walk outside

• Average visit was approx. 1 hour
  - 45 minutes with resident
Compliance

• Variation of guidelines in local context

• Main differences regarding protective mouth masks
  - 11 nursing homes masks for staff and visitors
  - Others: only for visitors of residents with dementia

• In 10 nursing homes visits were unsupervised
  - Others had some form of supervision (e.g. entering room after 15 min)

• In general, respondents indicated that visitors and staff were compliant with the local protocol guidelines
  - In practice, deviations were observed, e.g. not wearing protective masks during the whole visit.
  - Physical contact did occur between visitor and residents (including hugs)
Barriers / facilitators

• Significant increase in workload for staff for:
  - Preparing and organizing visits (planning, informing relatives and staff)
  - Putting measures into practice (registration, symptom checking)

• Some designated specific staff for these tasks

• Evaluations after the visit by the nursing homes

• Scarcity of personal protective masks
  - Should the nursing home supply this?
Impact on well-being

• All nursing homes were unanimously positive about visits

“The visits have a positive influence. Drinking a cup of coffee together, being together in the same space without a screen in between. It seems a small step, but it feels as a giant emotional step.” Manager, Nursing Home 17

“A staff member cannot replace a family member...Since our residents know that they are allowed to receive a visitor again, they are in a different mood and have something to look forward to again.” Manager, Nursing Home 6”
Impact on well-being

• Family members and residents were in general very emotional when seeing each other after such a long time
  - Personal visits perceived as huge added value over other solutions

• Physical contact with each other was missed
• Opportunity to go outside was missed

“It was an emotion reunion. Mister J. did not recognize his son as they had not seen each other for 10 weeks...He was crying and could not understand how he could forget about his son. For the son this was difficult too” Team leader, Nursing Home 26

• Realizing the protocol was stressful for staff
COVID-19

• No new COVID-19 infections were reported 3 weeks after visitors were allowed.
  - In comparison: 732 new cases reported in nursing homes during the same period in the Netherlands

Source: Verenso

• Overall a decreasing national trend was reported in that time
  - 421 reported in week 1; 231 in week 2 and 80 new cases in week 3 after visitors were allowed
Conclusion

• First study to report on compliance and experiences with allowing visitors back in the nursing home

• National guidelines applied differently in the local context

• Compliance was sufficient to good in these first 3 weeks

• Very positive experiences and added value widely recognized

• As of May 25th: all nursing homes are applying the national guideline
Follow-up 4 weeks later

- Survey among 76 nursing homes (26 + additional 50)
- Visits
  - May 11th group: 86% of the residents received a visitor; stayed close to the guidelines (e.g. only 6% went out for a walk)
  - May 25th group: 61% received a visitor

- First week: visits very emotional
- Respondents feel negative impact of a ban for visitors
  - Loneliness and effects on functioning of residents

- After 3 weeks: family needs expansion of regulations
  - Allowing more than 1 visitor
  - More flexibility in time and frequency of visit
  - Going outside
Follow-up 4 weeks later

- Staff experiences anxiety for COVID-19 outbreak

- Concerns of staff for long-term implementation of guidelines
  - High workload with organizing, planning and regulating visits

- Different regulations among nursing homes in a similar region
  - Difficult for family caregivers
Current situation

• June 15\textsuperscript{th}: National guidelines were less restrictive, e.g. more than 1 designated visitor for all residents, walking outside

• July 1\textsuperscript{st}: Nursing homes open as usual

• Lessons learned:
  - Perhaps the measures were too restrictive for a too long period
  - Reported cases from practice of death by loneliness
  - Why were nursing homes lagging behind on hospitals regarding PPE supply?

• Current debate of infection prevention vs. quality of life
Partners:

- UKON
- MeanderGroep
- Gildezorgcollege
- Vivantes Ouderenzorg
- Sevagram
- Zuyderland
- Maastricht University
- Zuyd Onderzoek
- Mosae zorggroep
- Vista College