



Te Ārai

Palliative Care & End of Life Research Group



Experiences of COVID19 in Aged Residential Care

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Lockdown Level 4

- Residents were scared and many did not understand
- Communication was difficult in PPE
- Screening questions not always helpful in people with chronic conditions
- Surge staff were not known to the residents
- Family unable to carry out their caring of residents
- Facility staff were stood down immediately but remained anxious and worried about the residents
- No time to discuss transfer to hospital as a choice for residents or family



Impact on residential aged care

- Devastating impact of COVID-19 seen in aged residential care internationally
- Visitors to residential aged care facilities were prohibited for several weeks
- Restrictions tightened as the need to institute droplet precautions and full quarantine of residents takes effect



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- Aim: to explore the impact of isolation and quarantine on health and wellbeing in residents of one aged care facility who experienced a COVID19 outbreak
- Study design: a concurrent exploratory two phased mixed methods study
- Study setting: experienced restricted visiting for several weeks before a sudden 3 week period of quarantine



Phase 1

An analysis of interRAI LTCF assessments utilising variables related to overall health and wellbeing

- Prior to the 25th March (lockdown level 4) and after 8th June (lockdown level 1).
- Cognition, physical function, mood, psychosocial variables



Phase 2

- To explore residents, family and staff views of the impact of isolation and quarantine on residents during lockdown
 - **Recruitment:**
 - permanent staff working prior to and during first or second lockdown
 - Next of kin as recorded in clinical notes (post and email invitation)
 - Residents of facility during first or second lockdown
 - **Sampling:** purposive sampling
 - **Data collection:** Semi structured telephone interviews with staff and family; face to face interviews with residents.



Characteristic (n=75)	Number	Percentage
Gender		
Female	34	45.3
Male	41	54.7
Age		
<65 years	5	6.7
66-75 years	18	24.0
76-85 years	26	34.7
86-95 years	23	30.7
>95 years	3	4.0
Ethnicity		
NZ European	43	57.3
Maori	6	8.0
Pacific	8	10.7
Chinese	2	2.7
Indian	3	4.0
Other	13	17.3
Primary diagnosis		
Cancer	14	18.7
Cardiac	10	13.3
Respiratory	5	6.7
Neurological	12	16.0
Dementia	17	22.7

Findings

- No significant change in scores related to cognition or mood
- Negative impact on psychosocial scores particularly
 - Social relationships (11.28 c/t 10.30, $p=0.005$)
 - Strengths (5.34 c/t 5.21, $p=0.03$)
 - Maintaining strong relationships with family
 - Consistent positive outlook
 - Finding meaning in day to day life
- Negative impact on locomotion/walking (31.32 c/t 33.5, $p=0.000$)
- Positive impact on ADL Self functioning (7.0 c/t 5.06, $p=0.016$)



Phase 2 – semi-structured interviews

- Residential care home staff (n=4)
 - Focused on experiences of how they thought the restrictions impacted on residents and what strategies they found useful in supporting residents
- Family/whanau (n=5)
 - Asked how they felt when the facility went into lockdown and what strategies they used to stay connected with their family member
- Residents (n=5)
 - Explored how they felt about not seeing family, staying in their room for extended periods and whether they felt their health and well being had been affected.



No difference in the day: a reflection of normality

I didn't miss anything because it made no difference to me, except when the girls came on. One lot comes in, the other one. Because I don't go in and out, I never miss nothing. No, I don't mind because I've got no visitors, hardly anyone, just the odd one on a Sunday. And no, it didn't bother me one bit.
(Resident A)



Establishing and maintaining connection:

Absolutely dreadful to be honest. I was allowed to rush back to try and mention to my husband the reason why I wouldn't be coming back. And I, while he understood it at the moment, when I was there, he can't retain so he had no idea why I wasn't able to come. (Wife of a resident)



Social connection: finding ways while staying safe

I used to have to go up, I'd go up to the petrol station late at night, there was no-one around, you'd see (laughing). I'd go out the back way and that. But if you use common-sense, it's alright, you know. It was a little bit frustrating, but, hey, that's the way it goes, you know.

You know, when we knew about how other facilities were being affected, we were quite, no-one wanted it. So, you know, it's just part of life. It was hard in a way, but not, you know, yeah. (Resident)



Staff

- Staying safe as a family; “we want to keep each other safe so we will do what we have to”
- Restricting residents to their rooms was extremely challenging but most were very accepting
- Technology used to maintain connection; letters and cards from family increased
- Mood of residents improved when usual care staff returned
- Too many people in the surge response team made communication difficult



Summary

- Restrictions impacted negatively on some physical and psychosocial factors
- For some people being isolated from others was their norm
- Family worked hard to stay connected and were concerned about being forgotten by the resident
- There was a sense of residents making the most of a difficult situation to keep themselves and others safe
- Usual care home staff were missed by residents and impacted on their emotional wellbeing

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