



COVID-19 Social Isolation Effects on Advance Care Planning and Hospitalizations in Long-Term Care

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Optum Complex Care Management

Introduction

The SARS-CoV-2 (COVID 19) pandemic caused an unprecedented isolation of our elderly nursing home residents. Our seniors in long-term care have been isolated from their families and peers in a effort to save lives and prevent illness.

Purpose

The purpose of this research is to understand the impact of social isolation as it pertains to Advance Care Planning (ACP) and evaluate any mitigating factors which may impact ACP decision-making.

Method

Observational Qualitative Retrospective Study: experiential data from a 9-point survey including Likert scale, closed and a single open-ended question. Data Collection time frame 3/2020 – 8/2020

Sample

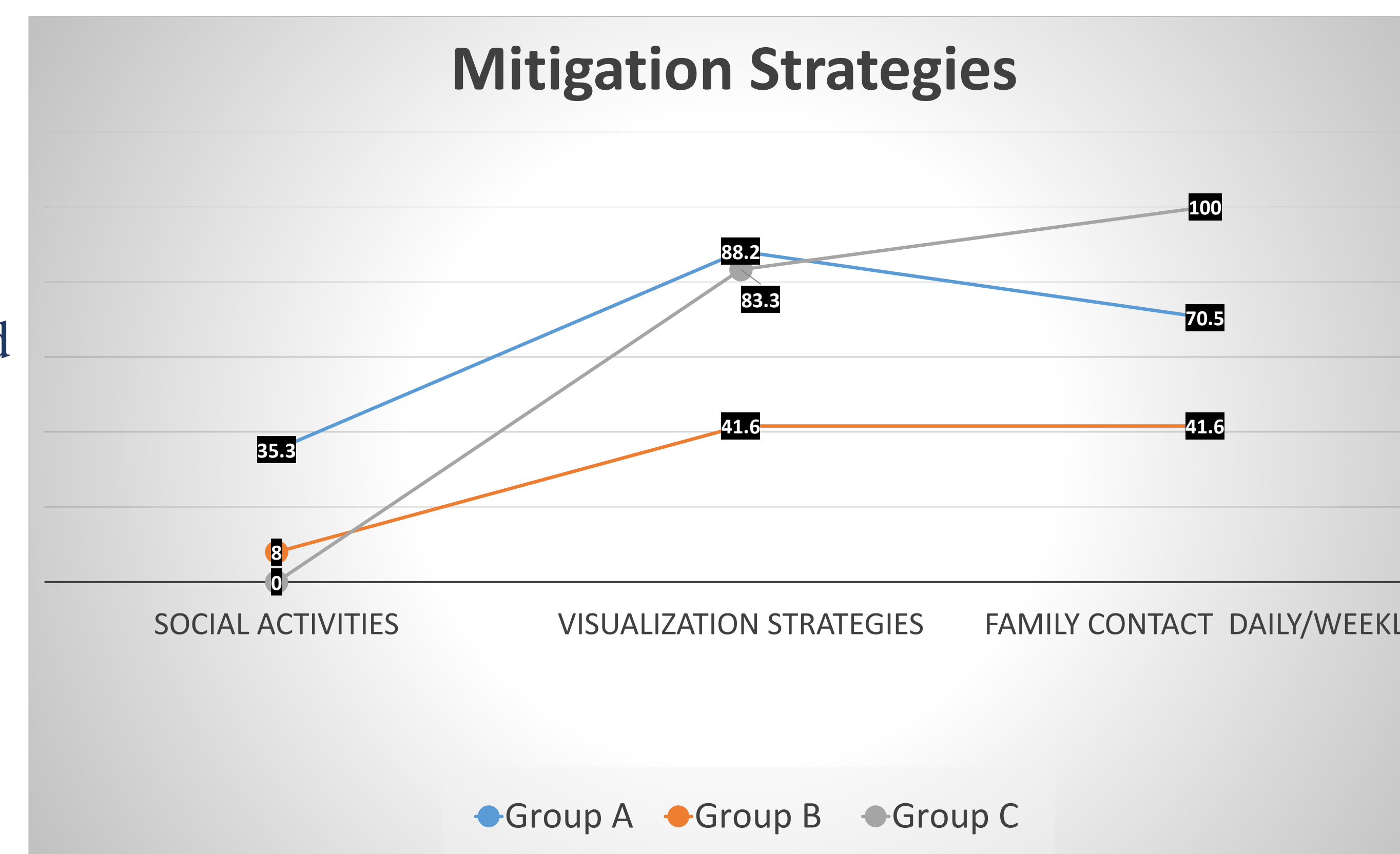
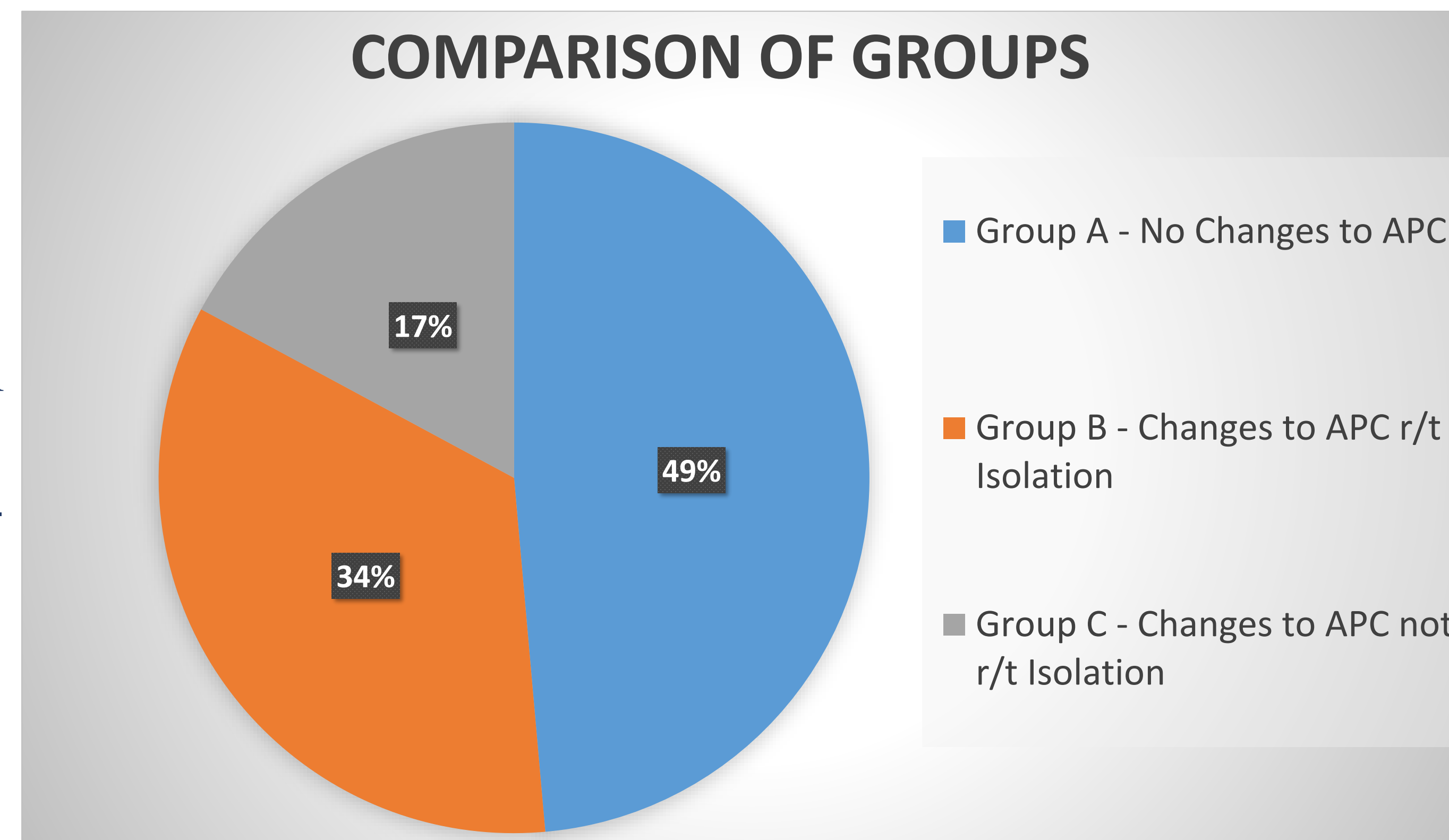
- advance practice clinicians in the state of Florida practicing in long term care facilities.
- 169 Nursing Facilities in Florida with 5,942 residents managed by 95 Advance Care Clinicians.
- 46 responding; 35 were accepted

Exclusion Criteria

- incomplete/incongruent answers
- failure to properly complete the Likert scale
- Second building excluded for simplicity since the results mirrored the answers for the larger building with no significant differences.

Results

Three Distinct Groups were identified by the Survey



Abbreviated questions

- Did the facility Isolate the LTC residents from family and friends? Frequency?
- Did the facility allow resident to continue to engage in social activities while social distancing and using mask? Frequency?
- Which isolation mitigation strategies where residents allowed to participate in (Window visits,/video calls/phone calls)? Frequency?
- Were there unexpected changes to the ACP? Who initiated?

Conclusions

- 48.5% reporting no changes to the advanced care plan
- 51.4% affirming changes to advanced care plan during COVID isolation
- 80% of APCs who serviced one building had no changes to the ACP
- Group A reported the most peer to peer activities with mask and social distancing.
- Change to the ACP; #1 rescind Do Not Hospitalize; #2 rescind DNR/DNI.
- Initiation of changes to ACP: Group B - family/POA; Group C - facility

Implications for Practice

- Visualization strategies were more likely to be incorporated in the groups reporting no change to ACP; Group A 88%, Group C 83.3%
- Frequency of visitation - weekly or more often, had a positive impact on preventing changes to ACP
- APC presence in the building reduced changes to APC.

Points for further investigation

- Where ACPs with 2 buildings locked out of one? did that make a difference?
- How often did the APC communicate with families in building that had no changes to the ACP related to Isolation?
- How generalizable can these results be to LTC facilities with different models of care?



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