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Compassionate, Essential Care Visits

NOTE: Use of this Presentation

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Residents want:

- The same things all of us do: life back to “normal.”
- The chance to say good-bye, to hear the voice of a husband or wife, sister or brother, son or daughter, when they think it might be their last chance.
- To sit outside and feel the sun, breathe fresh air, and only hear the one voice of a friend instead of the many voices of others who can’t move about freely.
- To get back to living life without so many rules.
- To not be afraid.

As of today:

- Current guidance still says that the safest approach is to stay home, continue to limit visits and outings, especially with transmission rates currently increasing in many communities.

- For assisted living communities, DHS has posted the Safer Visits in Assisted Living Facilities guidance –

https://www.dhs.wisconsin.gov/covid-19/ltc.htm#-safer-visits-in-assisted-living-facilities

- Regardless of the guidance provided, each home will need to set its own policies, its own pace for when and how to relax visitation restrictions.

- As of today, knowing what we know about how the virus is transmitted and how to mitigate risk, can you begin to plan for allowing essential and compassionate visits to residents who need to see their families?

What's Your Plan?

- Set your priorities:
  - What is the Covid status of your home, your community?
  - What residents need what types of visits most urgently?
  - What can be done most easily and safely?

- What do you need:
  - A system, including a method for evaluation, a back-up plan
  - Cooperation and communication to make the system operate consistently
  - PPE that is appropriate for your residents' needs
  - Environmental adaptations
  - Buy-in to succeed
  - Attitudes of hopefulness

- Who do you need:
  - Input from residents, family members, staff
  - Collaboration with local public health, other community partners, DQA, Ombudsman, MCOs, ICAs

I hope the ombudsman can help me. My mom and dad have been married for 70 years, and they've rarely been apart. Now my dad seems to be dying, but my mom, all of us, are prevented from visiting him, even though he and my mom live on the same campus but in different facilities. My dad should not die alone, my mom shouldn't become a widow alone. We are all healthy, we are all careful, please help us.

- Understanding this to be a priority level visit, what does your plan say about:
  - rates of infection in your community, in your home, on your campus?
  - how you support residents and their families at end of life?
  - the logistics of accommodating a visit, necessary environmental adaptations?
  - messaging to families about end-of-life visits, their ability to participate, cooperate?
  - how you explore the expectations of the resident and his family?
  - who else needs to be involved to best ensure safe visits?
  - your Plan B?

Essential Visits – Compassionate Visits at End of Life

Consider this similar scenario:

A married couple live on the same LTC campus; the wife in the nursing home and the husband in the CBRF. The wife is her husband's activated POA-HC, and her husband is thought to be actively dying, is under hospice care. While the NH is allowing compassionate visits at end of life, the CBRF is not. Neither building has had a Covid case. The wife has put her intentions to fully cooperate with any conditions of a compassionate visit in writing, but has still been refused visits. Over the weekend the husband passes away. Taking direction from the residents' daughter, who is not a legal decision-maker, no one tells the wife of her husband's passing for 2 days.

- Understanding this to be a priority level visit, how might this scenario have been planned for differently, in addition to the plan aspects noted in the previous slide:
  - Plan components from the NH that could also work in the AL
  - Modified program statement for how residents and their families are supported at end of life
  - Necessary environmental adaptations for the CBRF
  - Messaging to families about end-of-life visits, their ability to participate, cooperate
  - Early involvement of the ombudsman to assist with boundaries of decision-makers and others, as well as how to explore the expectations of both residents and their family

Essential Visits – Compassionate Visits at End of Life - Replay

About Excess Disability

- *The discrepancy that exists when a person's functional limitations are greater than those warranted by the objective degree of impairment. Often excess disability is created by attitudes and policies that create barriers to a person's full participation.*

- Examples of potential excess disability
  - Weight loss
  - Dehydration
  - Pressure injuries
  - Depression
  - Exacerbation of severe chronic illness, including memory impairment

- Sources:

www.cdc.gov/ncbddd/disabilityandhealth

https://pubmed.ncbi.nlm.nih.gov/

https://ijmhs.biomedcentral.com/

Essential Visits – Prevent Excess Disability

- **I helped my dad every day eat his lunch – it was the only meal he would eat. He was usually up all nite so slept thru breakfast, and was so distracted at supper that he rarely ate anything more than dessert. Lunch was the one meal when he got good nutrition, he sat long enough to give himself a little break. He can be a handful, I know. When I could visit I could help the staff with things like getting him to wear clean socks or make sure he got to the bathroom. Last week he fell and had to go to the ER, and I saw him in person there, for the first time in almost 4 months. I was shocked. He's lost a ton of weight, his hair was oily and he hadn't shaved in I don't know how long, he smelled unclean. He was limping when I helped him from the bed to a wheelchair, and the ER nurse said he had blisters on his feet, I'll bet from not wearing socks. He would be so embarrassed if he knew any better. What can I do?**

- *Often excess disability is created by attitudes and policies that create barriers to a person's full participation.*
- How might your plan accommodate essential visits in a proactive way that inhibits excess disability?

Essential Visits – Prevent Excess Disability - Replay

- Consider again the prior complaint, and hear this update from 2 weeks later, after the ombudsman attempted to negotiate a visitation schedule, which continued to be denied. There had been one case of staff having Covid in the building in the early days of the pandemic, but the home seemed to have managed it well and had had no further known infection.

- **I am feeling desperate now. The home just called and said they think my dad should go on hospice. I asked what that meant, is he dying, has something happened to him? They said he's just not doing well since he fell, and I know it's because I'm not there to help him, and it's been a lot longer than just since he fell. I know what hospice means: they probably won't try very hard to get him to eat, that's already happening, and I'll just never see him alive again.**

Essential Visits – Prevent Excess Disability - Success

- **A mother and her older intellectually disabled son had been used to sharing lunch several times a week, pre-Covid. The home began expressing concern to the mom that her son was pretty steadily losing weight, and suggested she start thinking about hospice. The ombudsman and mom discussed the situation with the home's manager. The home offered to convert the manager's office, which was just inside the home's front door, into a single-use visiting area where the mom and her resident son could have lunch again. They agreed to let mom bring in her son's favorite foods most days, she brought in her own utensils and linens, and cooperated with the home's symptom monitoring protocol. The room was set to physically distance as much as possible, mom wore a face covering when entering and leaving the room, and cooperated in not going to her son's room or anywhere else in the building. After just a few days staff reported the resident's mood improved greatly, he seemed more verbal and able to participate in his personal care, and ate better at other meals when his mom was not present, especially when they told him she could come another day.**

Essential Visits – Prevent Excess Disability - Success

A CBRF manager called the ombudsman for ideas about how to support a resident with dementia who seemed to have more challenges related to sundowning, and there was some pressure from corporate to talk to the family about an involuntary discharge. The ombudsman suggested the home try to locate the root cause of the changes in the resident's mood and function, and they thought perhaps the resident may have been missing the early PM visits of her daughter. After taking another look at the home's plan and talking with the daughter about her ability and willingness to participate in a structured visitation plan, the home accommodated a trial run of resumed essential visits, with agreement on conditions such as remaining in the resident's room, not engaging with staff or other residents, and participating in the home's symptom monitoring processes.

A Resident's Right to Choose a Visit

- We recently started offering outside visits, with rules. We have a resident who wants to see only her son but not her daughter. Her daughter insists it's her right to visit and doesn't believe us when we say her mom doesn't want to see her.

  - Good reason to call the ombudsman
  - Only residents have rights, families have responsibilities to respect rights
  - Think about ways to share this difficult message from the resident; be honest but kind
  - Ask the resident if there are ways to allow her daughter to visit that would meet the resident's needs and preferences

https://memegenerator.net/instance/54708929/energizer-bunny-defeated-keep-it-going

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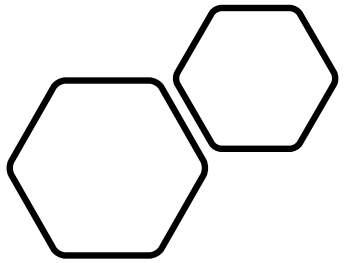
What is Risk?

Risk involves uncertainty about the effects/implications of an activity with respect to something that humans value (such as health, well-being, wealth, property or the environment), often focusing on negative, undesirable consequences.

More simply: **Risk** is the possibility or chance of loss, danger or injury.

Risk Management



The identification, evaluation, and prioritization of risks (risk assessment) followed by implementation of risk controls to minimize the probability or impacts of unfortune outcomes (risk mitigation).

RESOURCES

- TimeSlips Imagination Resources https://www.timeslips.org/resources
- Staying Connected with Family and Friends Living in Long-Term Care Facilities - https://theconsumervoice.org/issues/other-issues-and-resources/covid-19#staying-connected
- Board on Aging and Long Term Care – Long-Term Care Ombudsman Program www.longtermcare.wi.gov Phone: 1-800-815-0015 *{Advocates for persons age 60 and over}* *kim.marheine@wisconsin.gov*
- Safer Visits in assisted Living Facilities, State of WI DHS https://www.dhs.wisconsin.gov/covid-19/ltc.htm#-safer-visits-in-assisted-living-facilities
- Disability Rights Wisconsin - www.disabilityrightswi.org - 800-928-8778 *{Advocates for persons under age 60}*
- Languageofcaring.com
- www.pioneernetwork.net