Social Distancing – The Good and the Bad

PACAH Spring 2021

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Objectives

- Learn how to identify the signs and symptoms of isolation
- Understand the positive impact of physical and mental activity
- Understand the role nursing and therapy play in helping our SNF residents mitigate the negative impacts of isolation

Let’s start with some statistics

- 15,600 SNFs in U.S.
  - 1.2M residents
- 700 SNFs in PA
  - 80,000 residents
- 63.1M Americans enrolled in Medicare (60% FFS and 40% Medicare Advantage)
  - 2,719,148 total COVID-19 cases
  - 699,692 total COVID-19 hospitalizations
  - 447,382 total FFS COVID-19 hospitalizations
  - $10.3 Billion total Medicare FFS payment for COVID-19 hospitalizations

More statistics

- Total confirmed SNF resident COVID-19 cases in U.S.
  - 645,164
- Total SNF resident COVID-19 deaths in U.S.
  - 131,377
- Total confirmed SNF staff COVID-19 cases in U.S.
  - 563,913
- Total SNF staff COVID-19 deaths in U.S.
  - 1874

Source: data.cms.gov through week ending 3/28/21

More statistics

- Total confirmed SNF resident COVID-19 cases in PA
  - 40,162
- Total SNF resident COVID-19 deaths in PA
  - 10,189
- PA weekly resident cases per 1000 residents
  - 1.33 – 4th highest in U.S.
- PA weekly resident deaths per 1000 residents
  - 1.17 – 2nd highest in U.S.

Source: data.cms.gov through week ending 3/28/21

Isolation and Loneliness

- Social isolation
  - The objective state of having few social relationships or infrequent social contact with others
- Loneliness
  - A subjective feeling of being isolated
- Social isolation is a risk factor for the development of loneliness
- 22-42% of LTC facility residents experience severe loneliness
- Both are twice as harmful to physical and mental health as obesity
- Both are risk factors for poor aging outcomes

Isolation and Loneliness

- COVID-19 mitigation (lockdown) efforts have forced nursing home residents to socially distance / isolate to decrease “unnecessary” contact with others
  - Visitations
  - Group activities
  - Communal dining
- Isolation decreased the risk of spreading COVID-19 but has significantly increased the residents’ feelings of loneliness, abandonment, despair, and fear
- Ultimately creating a mental health crisis and pushing the pandemic’s death toll higher

Isolation and Loneliness

- Consequences of loneliness include increased risk of:
  - Depression
  - Alcoholism
  - Suicidal thoughts
  - Aggressive behaviors
  - Anxiety
  - Impulsivity
  - Cognitive decline and Alzheimer's progression
    - 50% increased risk of developing dementia
  - 32% increased risk of stroke
  - Obesity
  - Elevated blood pressure
  - Heart disease
  - Weakened immune system
  - Mortality (rivals the risks of smoking 15 cigarettes/day, obesity, & HBP)

Isolation and Loneliness

- Physical & mental impact of loneliness
  - Unexpected weight loss increased by 150%
    - Greater among COVID + cases but still significant among COVID - cases
  - Depressive symptoms increased 15%
    - Rate of depressive symptoms fell with the opening of outdoor visits
  - Significant decline in cognitive function
  - Increases in anxiety, frustration, and irritability
  - Increased episodes of incontinence
  - Withdrawal from care (refusal to eat, take meds, shower, exercise)
    - Leads to increased weakness and falls
  - No significant changes seen with pressure ulcers, falls, UTIs, or anti-psychotic medication use

Isolation and Loneliness

- “Social isolation” and “failure to thrive” is being listed as a cause or contributing factor on death certificates
- Lack of touch also negatively impacts residents especially those with dementia as tactile sensation remains intact

Interventions to Decrease Loneliness

- Name tags with large photo
- Skype / Zoom meetings with family / friends
- Phone calls
- “Window” visits
- Family mail with cards, “art work” and photos
- Virtual religious services
- Realistic toy dogs / cats or life-like dolls
- Simulated presence therapy (family recordings)
- Activity Department sorting tasks

Suggestions for the Future

- Create a federal essential caregiver designation
  - Appointed family member to visit using same infection control protocols as staff
- Screening residents for isolation and loneliness
  - i.e. UCLA Loneliness Scale
- Cognitive-behavioral therapy (CBT)
- People who engage in meaningful and productive activities with others tend to live longer, boost their mood, and have a sense of purpose → well-being and improved cognitive function

Social Distancing as a short term fix becomes a long term challenge

- March 2020 – All nursing home visitation comes to a halt
- Patients are to stay in their rooms
- For most of the day, patient doors are closed
- No communal activities, including dining

The isolation (otherwise known as social distancing) begins

We start to prepare our therapy teams for how COVID-19 will affect our patients

- Compromised pulmonary systems
- Muscle weakness
- Decline in transfers
- Decline in ambulation
- Decline in wheelchair positioning and mobility
- Decline in ADLs
- Decline in self-feeding due to weakness
- Decline in appetite due to no sense of taste/smell

COVID Tracker

Monthly COVID Tracker

Facility Name: _____

Month/Year: _____

Patient Name	Date Positive	Quarantine End Date	Screen Date	Completed by	Added COVID Program Tag	Eval Indicated PT Y/N	Eval Indicated OT Y/N	Eval Indicated ST Y/N	If No, Why?	Eval Only Y/N

Conversion Rate / = %

Somewhere around 4 to 6 months into the quarantine we identify the following:

- There are declines that our tracker is not catching
- There are significant declines being identified in non-COVID positive patients

  - Weight Loss
  - Changes in Behavior
  - Declines in Cognition
  - Depression

Social Distancing has Side-effects

Response to Social Distancing Side-Effects

- Identify the challenges
  - PPE although vital is also a communication challenge
  - All treatments are presented individually, no concurrent or group therapy
  - All treatments must be completed in the patient's room
  - Very little if any therapeutic tools are allowed in the patient's room
  - Patient motivation is low

Response to Social Distancing Side-Effects

- Mitigate through the challenges
  - Quarantine Screen development/education
  - Remind our teams why they became a therapist
  - Remind our teams how functional treatments are more than possible in this setting and under these circumstances
  - Encourage our teams to share activities that motivate
  - Remind our teams that you are more than a therapist to these patients during this time: friend, family, Chaplin, care-giver, social worker, confidant …..

Quarantine Screen

- (Therapy Information Gathering Tool)
- Patient name and room #: _____
- Needs more help to walk/knees buckle
- Tires easily/unable to complete task
- Needs more help to transfer
- Loses balance/complaints of dizziness
- Loss of joint motion
- Falling
- Needs help using wheelchair
- Leaning/sliding out of wheelchair
- Not safe alone in room
- Easily distracted
- Not following directions
- Confused or not oriented
- Increase in behaviors
- Losing weight
- Drooling or coughing during meals
- Problem using utensils/self-feeding
- Problem with dressing
- Problem with bathing
- Problem with toileting
- Problem with coordination
- Can't understand resident's speech
- Complains of pain
- Getting weaker
- Withdrawn and isolate
- Ankles/legs swollen
- Red area(s) under splint
- Splint(s) missing/broken/ill-fitting
- Hearing difficulties
- Difficulty seeing
- Wounds/open areas
- Other_____

Response to Social Distancing Side-Effects

- Activities shared by our staff:
  - Laundry activities - folding, retrieving, hanging in closet, (using patient's own clothes)
  - Planting activity for one (leaving plant in patient room)
  - Electronic communication with family (working on cognition & speech intelligibility)
  - Cleaning tasks – mirror, bedside table, dresser, window, sink (ROM & Balance)
  - Painting messages or drawings on windows for family to see (standing tolerance and ROM)
  - Writing notes / letters to family members(cognitive / fine motor)

It is now 8 & 9 months into the social distancing and holidays are arriving

- We now challenged our teams to bring the holidays to our patients in a functional therapeutic way
- Goals such as standing tolerance, memory recall, sequencing, fine motor, seating and positioning, balance, reading comprehension, and IADLs were addressed with the following activities:
  - Making of dough ornaments
  - A Hot Chocolate Bar
  - Decorating Cookies
  - Making decorations and decorating the tree
  - Making, signing, addressing holiday cards
  - Helping to wrap fake gifts
  - Creating smells associated with the holidays
  - Planning a menu for a holiday meal

Mitigation Education

- All non-treating therapists were considered visitors
- All education was delivered through email or Skype

- Keeping the therapists motivated and empowered would motivate the patients
- Trainings on what reports will identify changes in patient physical, mental, and psycho-social changes

Mitigation Success

- Goal: modify the risk factors and minimize the effects of social isolation through:
  - Physical Activity
  - Familiarization (know your patient)
  - Engage the patient
  - Focus on the goals

Case Study

Jane Doe

- 78 y/o female
- Admit Feb 2021 and discharged April 2021
- s/p fall @ home
- PLOF: Lived @ home w/ spouse, patient was his caregiver

- No visitation permitted during her stay
- Patient concerned about her spouse
- Therapists identify emotional changes that affect patient performance

Case Study

- Therapist recalls email from ACR encouraging use of functional treatments in patient rooms
  - Patient goal for increasing standing tolerance
  - Patient goal addressed by standing task of cleaning out dresser drawers
  - Patient finds cards from friends
  - Patient finds medical equipment no longer needed
- Patient comments that this is an activity that she will do at home once she is discharged

Case Study Outcomes

Admission

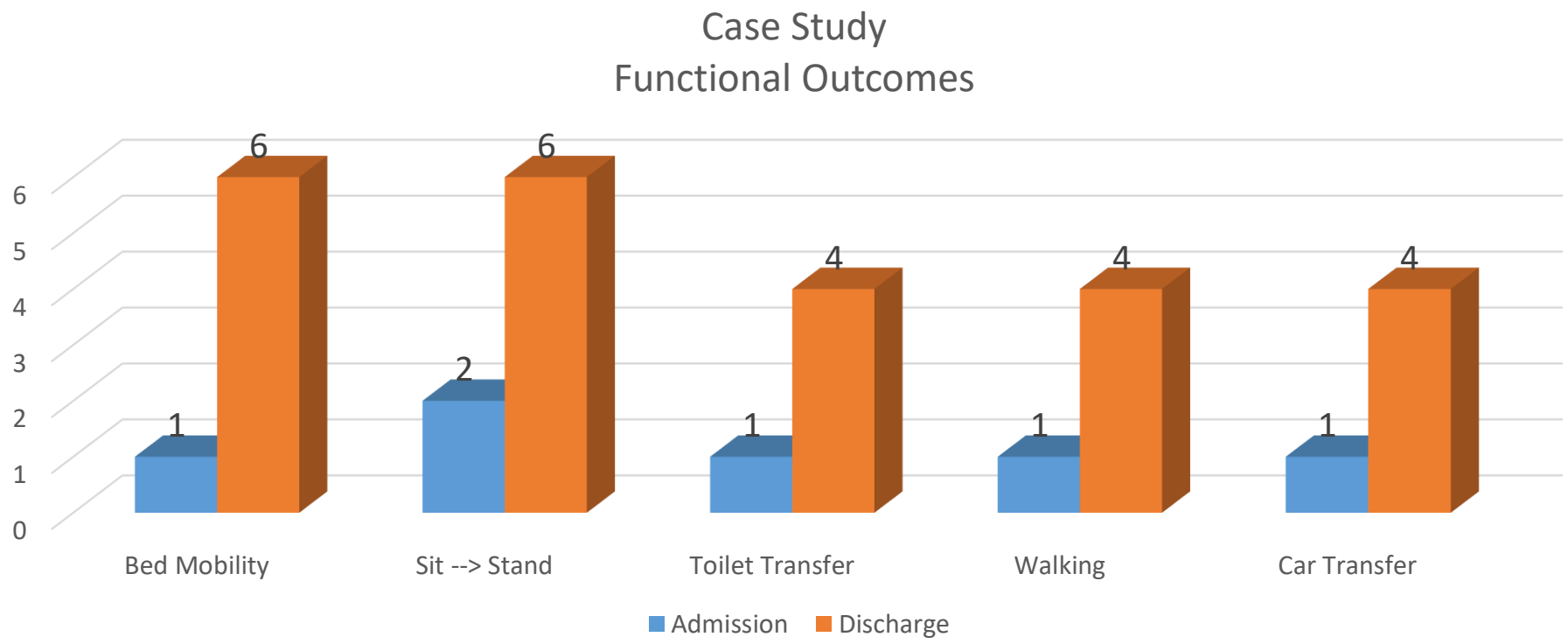
Basic Mobility	
Lying to Sitting on Side of Bed	Dependent (1/6)
Sit to Lying	Dependent (1/6)
Rolling Left & Right	Dependent (1/6)
Sit to Stand	Substantial/Maximal Assistance (2/6)
Chair or Bed to Chair Transfer	Dependent (1/6)
Toilet Transfer	Dependent (1/6)
Locomotion | Walking	
Walking Distance (ft.)	10 to 49 feet
Walking - Level of Assistance	Dependent (1/6)
Locomotion | Wheeling	
Wheeling Distance (ft.)	10 to 49 feet
Wheeling - Level of Assistance	Dependent (1/6)
Additional Mobility	
Picking Up Objects	Dependent (1/6)
Car Transfer	Dependent (1/6)
Walking 50 ft. with 2 Turns	Dependent (1/6)
Walking 10 ft. on Uneven Surfaces	Dependent (1/6)
Taking 1 Step or Curb	Dependent (1/6)
Taking 4 Steps with or without Rail	Dependent (1/6)
Taking 12 Steps with or without Rail	Dependent (1/6)

Discharge

Basic Mobility	
Lying to Sitting on Side of Bed	Independent (6/6)
Sit to Lying	Independent (6/6)
Rolling Left & Right	Independent (6/6)
Sit to Stand	Independent (6/6)
Chair or Bed to Chair Transfer	Independent (6/6)
Toilet Transfer	Supervision/Touching Assistance (4/6)
Locomotion | Walking	
Walking Distance (ft.)	>/= 150 feet
Walking - Level of Assistance	Supervision/Touching Assistance (4/6)
Locomotion | Wheeling	
Wheeling Distance (ft.)	>/= 150 feet
Wheeling - Level of Assistance	Independent (6/6)
Additional Mobility	
Picking Up Objects	Independent (6/6)
Car Transfer	Supervision/Touching Assistance (4/6)
Walking 50 ft. with 2 Turns	Independent (6/6)
Walking 10 ft. on Uneven Surfaces	Supervision/Touching Assistance (4/6)
Taking 1 Step or Curb	Supervision/Touching Assistance (4/6)
Taking 4 Steps with or without Rail	Supervision/Touching Assistance (4/6)
Taking 12 Steps with or without Rail	Dependent (1/6)

Advantage

Case Study Outcomes



1 = Dependent
2 = Max Assist
3 = Mod Assist
4 = Supervision
5 = Set-up
6 = Independent

References

- Loneliness and Isolation in Long-term Care and the COVID-19 Pandemic - Journal of the American Medical Directors Association (jamda.com)
- Lockdowns Led to Spikes in Depression, Weight Loss, Cognitive Decline in Nursing Home Residents - Skilled Nursing News
- Is Isolation Killing America's Nursing Home Residents? (aarp.org)
- Social isolation, loneliness in older people pose health risks | National Institute on Aging (nih.gov)
- Loneliness, isolation need attention from healthcare providers (modernhealthcare.com)
- The risks of social isolation (apa.org)

THANK YOU!

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