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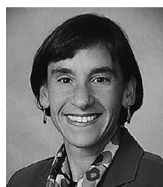
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Editorial



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Next steps in long term care: How can nursing help?



Residents in assisted living communities and nursing homes have been greatly impacted by COVID-19 with regard to the number of positive cases of COVID-19 as well as the many restrictions implemented to prevent the spread of disease within these communities.¹ Nursing homes and assisted living communities are congregate settings and as such are at high risk for outbreaks of COVID-19. Older individuals by virtue of age and comorbidities are at higher risk than the general population for morbidity and mortality associated with COVID-19. Consequently the Centers for Disease Control's National Healthcare Safety Network (NHSN) put forth nationwide COVID-19 nursing home surveillance to report COVID-19 cases among residents and staff. Over the months of the pandemic the number of cases ebbed and flowed ranging from 11.5 cases per 1,000 resident-weeks (calculated as the total number of occupied beds on the day that weekly data were reported) in May of 2020 to 23.2 cases per 1,000 resident-weeks by late November of 2020. COVID-19 cases among nursing home staff members were also high in June of 2020 (10.9 cases per 1,000 resident-weeks) and likewise increased in November 2020 (21.3 cases per 1,000 resident-weeks). Residents and staff in assisted living were also impacted by COVID-19. The first attempt to quantify the impact of COVID-19 in assisted living occurred by members of congress in the Spring of 2020 when Senators Warren and Markey and the House Oversight and Reform committee initiated a survey of the 11 largest assisted living chains to report COVID-19 cases within their communities. At the end of May 2020 approximately 3% of residents in these communities tested positive for COVID-19. This was five times the rate of the general population. In addition, 24% of the communities had at least one COVID-19 positive resident.² Many of these residents could not be cared for in place and 43% were sent to the hospital and approximately 33% died.²

There are many reasons for the high rates of COVID-19 in these communities including staff knowledge about infectious disease, insufficient personal protective equipment, inadequate or unfair sick leave policies that required sick employees to work which increased exposure of disease to residents and other staff, and no requirements for testing or inadequate testing protocols and resources.³

Increasingly, all state and federal agencies and the long term care industry and health care providers began to address the high risk of COVID-19 for staff and residents and implemented or reinforced preventive practices such as use of personal protective equipment, social distancing, and elimination of visitors. The primary focus of care became the prevention of disease spread and obtaining resources for staff and residents such as personal protective equipment and other relevant supplies.⁴

At the beginning of 2021 vaccines were made available and fortunately given first to residents and staff in long term care. What can nursing do to help the immunization initiative? First of all get vaccinated and get all your residents and all your staff vaccinated as well. No immunization is perfect but this is the best protection we have to date. While I can appreciate the hesitation individuals may feel based on historical factors, prior experiences with immunizations, or simply fear of a shot, there are times when we should be role models and do what is best from a public health perspective. At this point in time, it is not clear what the long term impact of immunizations will be. In the short term, however, post immunization there has been a decrease in COVID-19 cases and long term care settings have begun to ease up on restrictions and allow visitation and small group activities while maintaining physical distancing and the wearing of masks.

The impact of COVID-19 was not just from disease and direct impact of the disease. For many, although not all residents, the decrease in social activities, visits from families and ability to go out of the facility resulted in depression, feelings of loneliness, anxiety, apathy, boredom and a decline in function and increase in fall risk.^{5,6,7} What can nursing do to help? Nurses often provided the social support for residents as a way to overcome these negative outcomes. Nurses can use every moment during caregiving, passing of medication, or cleaning up in a room to get to know that resident and engage him or her at the level possible to talk about prior interests and experiences. For example, if the individual was a baseball fan, talk about baseball, if they were a surgeon ask about prior surgical challenges or tell them about your own surgeries. Or simply ask the resident to tell you about his or her favorite things after you share

Table 1
Sit to Stand Exercise to Do With Residents.

<p>Sit to Stand Exercise</p> <ul style="list-style-type: none"> - Begin in seated position with a chair against a wall, feet flat on floor, shoulder width apart. - Stand up-leaning with nose over toes. Use arms to help push you up if needed. Try and decrease arm use over time. - Gradually increase from 1 sit to stand exercise to 2, 3, 4, up to as much as doing this 10 times in a row - Try and do this activity three times a day
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what yours are. Engage them socially as a person and a friend regardless of cognitive status.

With regard to optimizing and maintaining function, what can nursing do? Nursing can help by engaging the resident in personal care-have them perform their own bathing using verbal cues or role modeling. Telling a resident to wash his or her face, put on his or her shirt or comb hair does not take longer than doing the care yourself. Engaging the resident in the activity allows for range of motion of upper extremities which otherwise may not occur. If the resident is able to stand and do a sit to stand exercise (see Table 1) these can be done with the resident three times a day. This only takes a few minutes and will help maintain safe transfers and prevent future falls. Five or ten minutes marching or walking in the room or the hallway to music or with a small group is also a good way to continue to engage residents in physical activity. Small group walks outside in nice weather are also a great activity and while they require supervision there may be a quiet time when one or two staff can facilitate that activity.

Most importantly as we move forward in the future of long term care post pandemic nurses need to be part of the planning. Nurse researchers have to help with demonstrating the impact of the COVID-19 pandemic on the psychosocial and physical health of residents and staff and develop interventions to reverse any negative changes and consider ways to prevent a negative impact in the next pandemic. Further nurses need to help with the development and

use of new environments in long term care such as changes in surface areas to prevent spread of disease or transitioning of rooms from having multiple to single beds, spacing in dining and activity areas to facilitate physical distancing and also allow for adequate visualization and hearing on the part of the resident, ongoing use of PPE and assuring that residents can see and recognize us and hear what we are saying when masked, and innovative use of technology. For example, I recently intercepted a resident trying to get off the unit to sit with a computer and sing along to some favorite tunes. I was even amazed at her engagement in this activity and enjoyment. COVID-19 has given us lots of opportunities and new resources to change how we provide care to residents in long term care. Please respond nurses by showing how you can help.

References

1. Fernandez A, Crowe R, Bourn S, et al. COVID-19 preliminary case series: characteristics of EMS encounters with linked hospital diagnoses. *Prehospital Emerg Care*. 2021;25(1):16–27.
2. Warren E, Markey E, Maloney C. COVID-19 in assisted living facilities. Available at: <https://www.warren.senate.gov/imo/media/doc/Assisted%20Living%20Facilities%20Staff%20Report.pdf>. Last accessed April, 2021.
3. Zimmerman S, Sloane P, Katz P, Kunze M, O'Neil K, Resnick B. The need to include assisted living in responding to the COVID-19 pandemic. *J Am Geriatrics Soc*. 2020;21:572–575.
4. Munanga A. Critical infection control adaptations to survive COVID-19 in retirement communities. *J Gerontol Nurs*. 2020;46(6):3–5.
5. Van der Roest H, Prins M, Van der Velden C. The impact of COVID-19 measures on well being of older long term care facility residents in the Netherlands. *J Am Med Directors Ass*. 2020;21:1569–1570.
6. Whitehead B, Torossian E. Older adults' experience of the COVID-19 pandemic: a mixed-methods analysis of stresses and joys. *Gerontologist*. 2021;61(1):36–47.
7. Wong S, Zhang D, Sit R, et al. Impact of COVID-19 on loneliness, mental health, and health service utilisation: a prospective cohort study of older adults with multimorbidity in primary care. *British J General Pract*. 2020;70(700):e817–e824.

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