Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letters to the Editor

Essential Family Caregivers in Long-Term Care During the COVID-19 Pandemic

Four decades ago, my parents were not permitted to hold their dying infant because they were "visitors" to the intensive care unit. I learned from them that our health care policies sometimes carry huge human costs. As a geriatrician and medical director of a long-term care (LTC) facility, I have learned that family members are not merely visitors; family members are critical partners in our care. The practice of social distancing and physical separation is important to keep our residents in LTC facilities safe in the COVID-19 pandemic, but the time has come to revise our policies allowing family presence at the bedside of loved ones.

Centers for Disease Control and Prevention guidelines from March 13, 2020, state that visitors should be excluded from LTC facilities except in cases of compassionate care, such as end-of life situations.[1] Many facilities have adapted current protocols allowing family visitation only when imminent death is expected within 1 to 3 days. Family is not synonymous with visitor. My 10-year-old daughter and her dance troupe are visitors, and social isolation should limit their performance in our building. The daughter who feeds her bedbound mother lunch or the husband who combs and braids his wife's hair every morning, despite her anoxic injury that prevents her spoken word, are not visitors in our buildings. Technology can help decrease resident loneliness, but cognitive limitations and mobility impairment have increased the isolation of some of our bedbound residents, especially those with severe cognitive impairment. Maintaining connections between residents and their loved ones has safety, socio-emotional, and ethical components.[2]

Our facility has recognized the critical role that family members play as partners in the care of our residents. We continue to limit the number of persons coming into the building through restricted visitors and volunteers, but we are now designating Essential Family Caregivers (EFCs). These EFCs are not there for social visits, but instead provide services that otherwise would require a private duty caregiver, such as one-on-one direction or especially time-intensive hand feedings. EFCs are brought into the building under the same specific protocols used with staff (see Table 1).

Compassion, as well as optimal geriatrics care, requires that family members be allowed at the bedside of their loved ones not only in the final hours of life. In the months stretching out ahead of us in the prevention of COVID-19, we must keep our residents safe from the risk of circulating virus. We also must promote person-centered geriatric care allowing family presence as essential caregivers.

Table 1
The EFC in LTC: Balancing COVID Risk Reduction With Resident-Centered Care

- Single family member designee
- Provide care that would otherwise require private duty caregiver
- Joint decision of director of nursing and medical director
- Daily visits <2 hours
- Masks at all times in building
- Temperature and screening questionnaire on arrival
- Training in hand hygiene handled by nursing leadership

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References

1. Key Strategies to prepare for COVID-19 in long-term care facilities. Available at: 2020. https://www.cdc.gov/coronavirus/2019-ncov/index.html. Accessed May 1, 2020.
2. COVID-19 and patient- and family-centered care frequently asked questions. Available at: 2020. https://www.ipfcc.org/bestpractices//covid-19/IPFCC_PFCC_and_COVID.pdf. Accessed May 4, 2020.

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Use of Gerontechnology to Assist Older Adults to Cope with the COVID-19 Pandemic

Although people of all ages are at risk of contracting COVID-19, figures clearly showed that people older than 60 are more susceptible to the disease and presented the highest mortality.[1] Aggressive containment measures, such as national lockdown, social distancing, and quarantine, have been placed by many countries to mitigate the spread of the contagious disease. Strict public health measures can protect older people against infection but may inadvertently induce negative consequences,

including social isolation, limited access to routine health and social care services, and poor self-health management. Therefore, this work highlighted the role that gerontechnology can play in the time of pandemic for older people and caregivers to address those challenges.

Social distancing measures forced people to reduce physical interactions and be housebound, which may further induce social isolation and loneliness. Information and communication technologies (ICTs) are promising tools to respond to this challenge. The utilization of existing and free communication platforms (such as WhatsApp, FaceTime, Zoom, and WeChat) allow older adults to remain physically distant but emotionally connected. Systematic reviews have revealed that Internet- and mobile-based apps, companion robots, video games (Wii and TV gaming systems), video calls, and general computer usage are effective tools to reduce social isolation and loneliness for older adults in the short term.[2,3] ICTs can alleviate social isolation through the development of a sense of connection, maintenance of existing relationships, gain of social support, engagement in activities of interests, and enhancement of self-confidence.[4] Companion robots, such as Paro, can be used for isolated and agitated residents living in nursing homes or long-term care facilities when they cannot have any visitors and remain confined in their rooms during the pandemic.[5]

Traditional health and social care services, depending on physical proximity and in-person care, are challenged by the pandemic. Older people have none or limited access to routine home care services, community supports, and medical care during social distancing and/or lockdown. Homebound and containment may further increase sedentary behavior and nutritional challenges, contributing to frailty and functional decline. Telehealth, through platforms such as online forums, video conferencing, virtual reality, robotics, and mobile integrated health care programs, enables a person to receive consultations and/or health and social care over a distance.[6] Together with wearable devices, remote monitoring sensors, and other technologies like the Internet of Things, formal and informal caregivers can be alerted to changes of health status (physical activity, sleep, anxiety or stress level, and nutrition), as well as travel and exposure history of a person. Accordingly, personalized intervention work can be delivered, including messaging with reminders to perform hand hygiene, take medication, perform physical exercises, or schedule grocery/medication delivery; and appropriate resources and health care (para)professionals could be automatically connected.

Technology can, to a large extent, assist older adults and caregivers in response to this pandemic, and enhance well-being moving forward. Nevertheless, limited access to technology and a wide variation in technology literacy within older people should be noted. The "digital divide" still exists for disadvantaged older adults with low education and income.[7] COVID-19 is an alarm bell, reminding us that urgent attention should be paid to improve technology literacy among older people, as well as support caregivers and health professionals to use technological innovations as a complementary tool for delivering care services.

It is imperative for policymakers to develop best practices and public policies to ensure the appropriate, effective, and ethical use of gerontechnology. Issues that must be addressed include the following: accessibility and usability for vulnerable groups, licensure and credentials of telehealth in crisis, payment of digital service cost and insurance reimbursement, and protection of data privacy and security. Older adults, family members, caregivers, health care professionals, and service providers should be involved in the decision-making process to the extent possible to ensure that autonomy and dignity are upheld.

References

1. Verity R, Okell LC, Dorigatti I, et al. Estimates of the severity of coronavirus disease 2019: A model-based analysis. Lancet Infect Dis 2020;20:669–677.
2. Poscia A, Stojanovic J, La Milia DI, et al. Interventions targeting loneliness and social isolation among the older people: An update systematic review. Exp Gerontol 2018;102:133–144.
3. Khosravi P, Rezvani A, Wiewiora A. The impact of technology on older adults' social isolation. Computers in Human Behavior 2016;63:594–603.
4. Chen YRR, Schulz PJ. The effect of information communication technology interventions on reducing social isolation in the elderly: A systematic review. J Med Internet Res 2016;18:e18.
5. Abbott R, Orr N, McGill P, et al. How do "robopets" impact the health and well-being of residents in care homes? A systematic review of qualitative and quantitative evidence. Int J Older People Nurs 2019;14:e12239.
6. Lurie N, Carr BG. The role of telehealth in the medical response to disasters. JAMA Intern Med 2018;178:745–746.
7. Hong YA, Cho J. Has the digital health divide widened? Trends of health-related Internet use among older adults from 2003 to 2011. J Gerontol B Psychol Sci Soc Sci 2016;72:856–863.

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Overcoming the Challenge of Family Separation From Nursing Home Residents During COVID-19

The unprecedented medical realities of COVID-19 are being continuously documented. However, the collateral damage is more difficult to measure, especially when considering the psychological toll on patients and families separated from loved ones due to present mandates. The isolation can be particularly difficult in nursing homes, where separation is magnified by illness and geography.

This is one of many reasons it has been a challenging month in the 112-bed skilled nursing facility where I am the medical director. To address the spread of COVID-19, we have restricted access, halted visitation of families, discarded communal dining along with recreational activities and group therapy, and implemented reflex testing of patients and staff. And, not surprisingly, with this has come understandable uncertainty regarding our patients, our staff, our nursing home, and our future. The degree of concern is obvious throughout.

However, 6 words, "I love you, I miss you," have shed a ray of light. For the past 5 years, I have taken care of the patient at the VA Boston Healthcare System who uttered these words. He was status post a stroke, with resulting hemiparesis and aphasia. In all the years I have had the privilege to care for him, I have never heard him speak. Each morning when I greet him, I lift his hand with the understanding that he may or may not have some recognition; I then pivot to his wife to talk about his care. His wife has been at his bedside constantly during those years despite not being a resident herself. She pores over his medications, recommends adjustments, lovingly moisturizes his body daily, and sings to him most days. She lets the staff know when she thinks care has gone well and when there is opportunity for improvement. And despite foul weather or difficult circumstances, she boards 3 buses daily, and arrives at 10 AM, ready to hear the care plan and offer input.

And then 1 month ago, we stopped in-person visitation in the skilled nursing facility due to COVID-19. His wife was heartbroken;