

# Patient-Initiated Research: The Impact of COVID-19 Isolation on Long-Term Care Facility Residents – A Visitor’s Perspective

## Objective

To investigate the impact of COVID-19 restrictions on the mental and physical well-being of visitors and residents in long-term care (LTC) facilities in Newfoundland and Labrador (NL) and to make recommendations for future policy on visitor restrictions.

## Practice Points

1. In LTC facilities, visitors are integral to residents’ care teams. Visitors provide supplementary care and can advocate for a resident as they are in a unique position to understand the full needs of the resident in care.
2. There are negative impacts associated with prolonged social isolation on residents’ mental and physical well-being.
3. Isolation may trigger responsive behaviours, particularly in those with dementia who may then be administered multiple sedative or antipsychotic medications.

## Methods

A survey, which contained multiple choice and open-ended questions, was used to examine the effect of COVID-19 restrictions on visitors and residents in LTC facilities in Eastern and Western NL. The survey was completed online or by mail during the period of 24 May 2022–31 October 2022.

## Data

The Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS 2.0) is completed every quarter on all LTC facility residents in the province by LTC staff. The survey collected responses from a relatively small number of individuals from only two regions of the province so data from the RAI-MDS 2.0 were used to provide additional context to the information collected in the survey. The RAI-MDS data provide a more complete picture of changes in residents’ health and well-being during the study period.

## Results

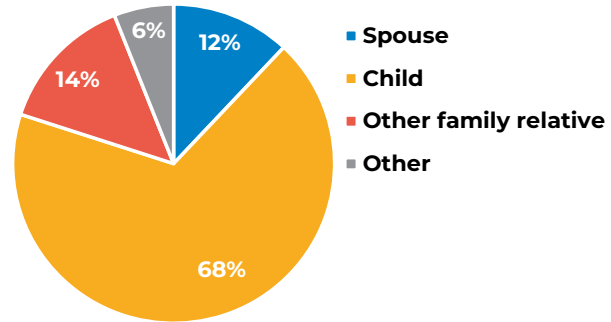


Figure 1. Relationship to the Resident Visited in LTC

- 68% of respondents were a child of a LTC resident, 14% were relatives (i.e. cousin, aunt, sibling), and 12% were a spouse.

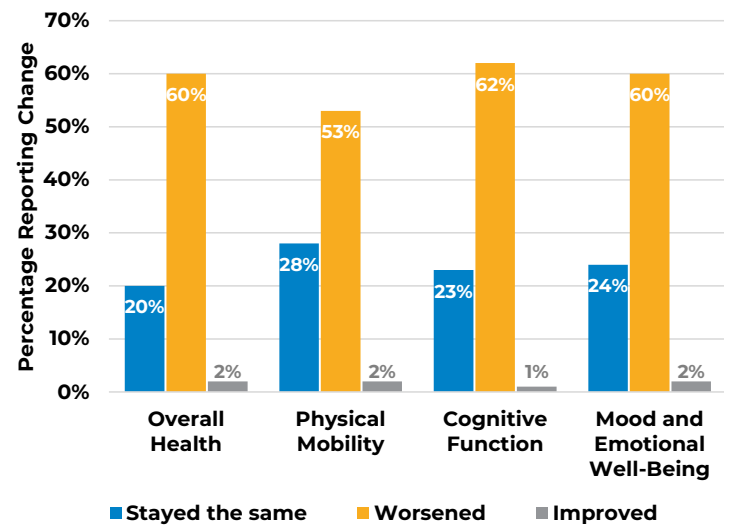
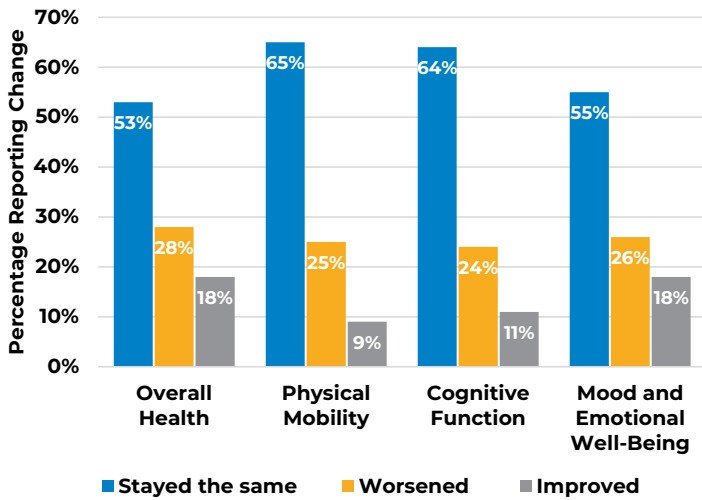


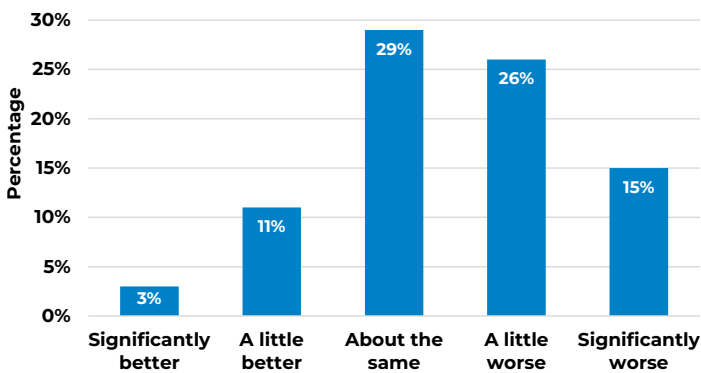
Figure 2. Health and Well-Being Changes of Residents During the COVID-19 Pandemic as Reported by Survey Respondents

- Compared to before the COVID-19 pandemic: 60% of survey respondents indicated the resident’s overall health, mood, and well-being worsened, 53% reported the resident’s physical mobility worsened, and 62% reported that the resident’s cognitive function worsened.



**Figure 3. Health and Well-Being Changes of Residents During the COVID-19 Pandemic as Reported by RAI-MDS 2.0**

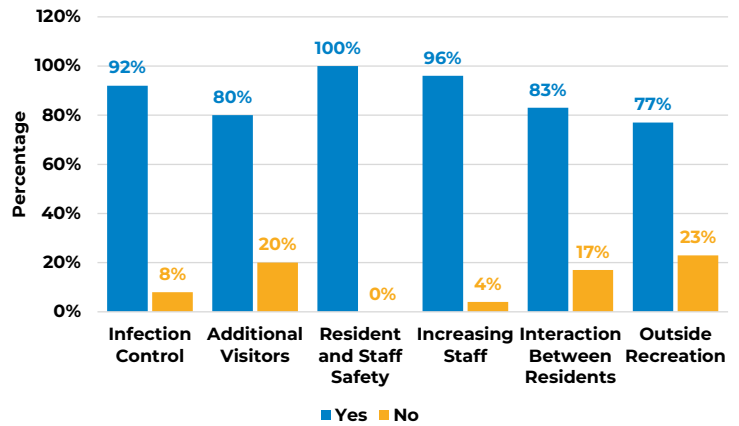
- The RAI-MDS 2.0 data reported that compared to before the COVID-19 pandemic: 28% of residents' overall health worsened, 25% of residents' physical mobility worsened, 24% of residents' cognitive function worsened, and 26% of residents' overall mood and well-being worsened.



**Figure 4. Mental and Emotional Well-Being of the Respondent**

- In response to visitor restrictions, survey respondents reported that compared to before the COVID-19 pandemic: 14% reported that their mental and emotional well-being was better, 29% reported that there was no change to their mental and emotional well-being, and 41% reported that their mental and emotional well-being was worse.

- Overall, 27 themes were identified in the survey results (see full report available on [www.nlsupport.ca](http://www.nlsupport.ca)).
- The two most common themes identified in the qualitative analysis and examples of corresponding quotes are listed in Table 1.



**Figure 5. Priorities for Future Health Care Policies Identified by Survey Respondents**

- Respondents identified resident and staff safety as having the greatest importance with 100% in agreement, while access to outside recreation opportunities was of lesser importance to respondents with only 77% in agreement.

**Table 1. Common Themes and Corresponding Quotes**

<b>Theme – Resident quality of life: mental health any elements related to the quality of life for the resident (mental, emotional)</b>
<p>“My mother was unable to see her husband, children, and grandchildren. Then she passed away during a lockdown in Jan 2022 and a month later they lifted all restrictions. My husband who has been in her life for over 20 years wasn’t even allowed in the facility to say goodbye. It was traumatic for all involved. The treatment of my family and my mom will never be fully erased from our memories. Life is about family. That’s it. End of story.”</p>
<p>“It is nearly impossible to eliminate all risk. Staff must interact with the general public when not at LTC (Long Term Care) and visitors also pose risk. But residents’ mental health and ability to interact with loved ones is equally important for overall health and to help prevent cognitive, mental and physical decline. It is impossible to have these without some degree of risk”</p>
<b>Theme – Negative feelings related to policies elements relating to respondents’ opinion of policies in a negative way (too restrictive, harms related to isolation did not outweigh benefits of possible reduced risk of contracting COVID-19 etc.)</b>
<p>“There was no collaboration (between) residents and family caregivers... Listen to families. We are already devastated by the lack of standards and terrible shortages of staff. The only comfort is being a constant presence and that was completely taken away. There needs to be a true patient/family centered approach to care that respects the rights of residents and those they entrust to keep them safe (i.e. family).”</p>

## Conclusions

The COVID-19 pandemic provided an opportunity to identify major gaps in NL’s health and social systems, in particular the LTC sector.

In review of survey responses and similar work, five major recommendations were made to help guide future policies on visitor restriction in LTC facilities:

1. There should always be at least one visitor allowed in LTC facilities to support the quality of life of the resident. Alternative designated visitors should be permitted to reduce the burden on the designated visitor.
2. Place priority on socialization and connection between residents. In addition, restriction on regular extracurricular, physical, social, and routine activities should be minimized.
3. Improve mechanisms of communication between facilities, staff, visitors, and residents, specifically in relation to policies and decision-making processes regarding residents’ physical and mental care.
4. Policies and decisions around restrictions must be considered when concerning the different needs and circumstances of residents, such as those with cognitive impairment, those in protective care units, and those receiving palliative care.
5. Provide a method of communication available to residents that they know how to use or that they can be assisted to use with the support of staff, volunteers, and visitors.

A copy of the final report, *Through the Looking Glass: The Impact of COVID-19 Isolation on Long-Term Care Facility Residents – A Visitor’s Perspective*, is available on [www.nlsupport.ca](http://www.nlsupport.ca).