Images of family caregivers looking through windows to see their loved ones in nursing homes have come to characterize a serious challenge of the COVID-19 pandemic: supporting families who are separated from their loved ones. Family and caregiver involvement has long been considered essential in transitions of care from short-term, skilled nursing facility (SNF) stays back to the community to ensure the patient’s safety and recovery at home. However, isolation and quarantine policies aimed at reducing the risk of infection have severely curtailed the efforts of family and informal caregivers who wish to be present and involved during transitions of care management.

Many family members and caregivers approach health care with great initiative, seeking efficient and timely communication and embracing technology and the internet (Virtual Mentor 2014;16:380–384). The need to engage families and caregivers during transitions of care, coupled with SNF visitation restrictions during the pandemic, has created opportunities for SNFs looking to improve transitional care services.

**Family support curtailed by the pandemic**

At first glance, one might only perceive the downsides of remote family support necessitated by the pandemic. For example, a resident experiencing memory loss who is temporarily separated from loved ones may yearn for a familiar voice and touch and have no idea why their SNF is under lockdown. Even providing family visits by telephone or video conference may be hampered by a resident’s sensory deficits such as vision or hearing loss. Moreover, unfamiliar electronic platforms or unreliable internet connections often render remote connections impersonal and even a source of frustration. And, like so much else in nursing homes, making remote connections requires the assistance of staff who already have limited time and resources for new responsibilities.

Indeed, nursing home staff also are experiencing the disconnect created by distance. A physical therapist must rely on telephone calls with family members to teach transfer techniques without an in-person demonstration. A social worker must use phone-based rather than in-person visits with families, creating a barrier to developing the trust that is a key driver of the care planning process. Such challenges have been impediments to high-quality transitional care.

Before COVID-19, staff and family interactions centered around care planning meetings and chance encounters in hallways and patient rooms. Even a brief comment to a family member — “Yes, your mom ate much more today” — could build trust and advance the progress of care. Savvy family members could glean rich information not only from clinical staff but also from interactions with other staff such as dietary and custodial team members.

The restrictions on in-person visits have limited such spontaneous, live encounters to brief contacts in parking lots or to scheduled conferences with invited staff using phone or video. Thus, families wishing to prepare their loved ones for the transition from SNF to home have encountered barriers to much-needed support — but unexpected innovations may potentially turn the barriers into advantages.

**Enhanced Remote Visitation Skills**

By necessity, family visits switched from in-person to predominantly remote contact during the pandemic, and telephone and video conference visits proliferated almost overnight. Tablets and laptops were supplied to nursing home staff along with their personal protective equipment, and staff members quickly learned to assist residents with remote visits. For many, this technology was entirely new, yet staff learned to help their residents connect to the internet, maneuver video cameras in the correct direction, adjust microphones, ensure adequate lighting, and disinfected devices between visits.

Subscriptions to video conference platforms, even if SNFs had not budgeted for them before, have become the norm. For short-stay residents, fear of infection and eagerness to return home have made remote connections with loved ones a lifeline. For long-term care residents, staff began using remote visits to facilitate meaningful reminiscences, virtual tours, and discussions of current events (Evans Plys, “Re-thinking Rituals Around the Holidays,” https://bit.ly/38MofM7; and “Planning a Meaningful Remote Visit During COVID-19,” https://bit.ly/3Q37wK1, Colorado Dementia Partnership, 2020). Although challenges remain, these efforts have created an unseen infrastructure for caregivers to continue supporting their loved ones even if visitation restrictions in SNFs are lifted.

SNFs have made weekly touch-base calls, check-in calls, and ambassador calls to keep families informed during visitation restrictions. A social worker described the touch-base calls as staff-initiated, weekly calls aimed to reach a wide group of families, not just the families who, before COVID, might have visited in person. The touch-base calls...

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calls and conference calls have become the engines of the care planning process. Over the telephone, case managers, nurses, and social workers have assessed preferences for care, arranged discharge dates, taught skills for symptom management and medication administration, and made plans for care at home.

Looking ahead, video conferencing and systematic telephone calls may become standard resources for increasing the reach of discharge planning services and caregiver involvement. For example, they may become the standard for involving caregivers who cannot visit the nursing home or who prefer remote communication for interactions with the care planning team. In the long run, remote communication skills will be an important resource for SNF teams creating transition-of-care plans.

Caring from a distance in real-time

Remote visits also open the way for more interactive care in nursing homes by providing a powerful tool for real-time, live updates on resident care. They have the potential to build stronger rapport between family members and the SNF staff. Having family members witness interactions between SNF physicians, staff, and their loved one will build trust and a higher comfort level.

For instance, when family members wonder how loved ones are doing in rehabilitation, how they are enjoying meals, or how care is being provided, SNFs may take advantage of the ability to provide audio or video conferencing on the spot. Family members may be included in bedside conversations with rounding physicians, nurse practitioners, physician assistants, or other clinical specialists. In this type of encounter, clinicians may provide focused educational messages and details about medication changes and other considerations for continuing and coordinating care at home.

Many believe these types of encounters have the potential to improve family satisfaction and address problem resolution, while solidifying the relationships among the staff, caregivers, and residents.

Use of remote encounters also increases opportunities for patient- and family-centered goal setting. For example, nurses have the ability, while providing care, to assess the readiness of caregivers for their complex roles at home. With this knowledge, nurses will have more information to tailor self-care education, such as health status monitoring, medication administration and treatment, and reminders of key care needs at home. Similarly, rehabilitation staff can explain a resident’s progress or lack thereof with therapy and verify for family members what residents may have difficulty communicating on their own.

These applications create a new approach to communication, helping families feel more informed and confident to provide effective care after a resident has returned home.

Conclusion

Support for families promotes successful transitions from SNFs to home, and the visitation restrictions necessitated by the COVID-19 pandemic have given SNFs an unexpected opportunity to learn new, effective communication approaches. The novel skills developed for telephone-based support, remote visits, and virtual family conferences are now resources that may be extended to benefit all SNF residents and their families.

Supportive caregivers have come to expect more touch points between themselves and SNF staff, even if they are unable or prefer not to visit in person. SNFs now have many more strategies to provide that support for families and caregivers in their essential roles while coordinating resident care transitions.

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