

"People need to know they matter to somebody"

Staff Perceptions of Compassionate Care Visits for Seriously Ill Residents in Nursing Homes

Melissa McClean, MSN, ANP-BC, ACHPN¹ Kalei Kowalchik, BSN, RN² Liza Behrens, PhD, RN² Joan Carpenter, PhD, CRNP, ACHPN, FPCN¹

¹ University of Maryland School of Nursing, Organizational Systems and Adult Health Department ² Pennsylvania State University – Ross and Carol Nese College of Nursing

WHAT'S NEW: Compassionate Care Visits (CCV) were critical in supporting the physical and psychological well-being of nursing home residents who experienced decline due to isolation

BACKGROUND

- Guidance on CCV was left to interpretation by nursing home staff
- Risk of COVID-19 transmission created barriers to honoring residents' preferences for visitation
- Residents not imminently dying experienced high rates of isolation due to prolonged restriction of visitation

OBJECTIVES

- Illustrate nursing home staffs' understanding, use of, and perception of risk related to CCVs for residents receiving care during the COVID-19 pandemic

METHODS

- Qualitative descriptive study with semi-structured interviews
- Multi-pronged recruitment strategy (6/2021-4/2022)
- Demographic data was collected via email/phone and summarized via quantitative analysis
- Interviews conducted via phone/videoconference, transcribed verbatim, and analyzed using directed content analysis

RESULTS

Demographics (n=24)	
Age (years)	M=39; Range: 18-62
Gender	88% Female 12% Male
Ethnicity	79% Caucasian 13% Black or African American 8% Asian or Pacific Islander
Staff Roles	Activities Director/Staff (n=6) Certified Nursing Assistant (n=7) Licensed Practical Nurse (n=1) Registered Nurse (n=4) Social Worker (n=6)
Years of experience	More than 3 yrs (79%)
100% of the participants received training on person-centered care prior to the interview	

INTERVIEW QUESTIONS

1. What does compassionate care visits mean to you?
2. Have you had the opportunity to see/be involved in compassionate care visits?
3. How has compassionate care visits changed your thinking along honoring preferences?
4. What health and/or safety risks do you associate with a compassionate care visit?
5. How do you feel about weighing the risks and benefits of compassionate care visits?
6. What do you think are the risks and benefits of compassionate care visits, if any?

CONCLUSIONS

BENEFITS

Improved physical and emotional well-being far outweighed the risks associated with COVID-19 transmission

- "...the benefits were the family being able to see their loved ones that one last time before they left the earth." (#5)
- "The benefit is [to show] the patients, the residents, that people out there... care lots. The world is not against them, we see [their] challenges in life." (#8)

RISKS

Perceived as minimal when adequate safety precautions (e.g. screening, personal protective equipment, and vaccination) were used and available as risk mitigation strategies

- "I think that [it] is important that all the PPEs, all the policies must be followed to a tee including, and I know it's not a policy... vaccinations for people to come in for compassionate care." (#1)

RECOMMENDATIONS

- Consider the physical and psychosocial consequences of social isolation of nursing home residents
- Expediently assess the risk/benefit profile of CCV and viral transmission during restricted visitation
- Ensure equitable access to safety precautions in nursing homes during public health crises

SCAN FOR
ADDITIONAL INFORMATION



PARTICIPANT PERCEPTIONS

	Visits to support residents imminently dying	Visits to support psychosocial needs	Visits to alleviate family concern
Understanding of CCV	"Compassionate care visits has always meant end of life until COVID came" (#1)	"It's any type of visit that is going to support the emotional well-being of my residents" (#6)	"Compassionate care visits are usually for the family member" (#2)
Use of CVV	"...if they are about to pass, ...I feel like that human interaction is just so important... they already feel far away from their family." (#11)	"I do that almost every time I'm at work. I like to find the ones that don't have family or anything..." (#10)	"Not only were the residents declining, but their family members were as well when they couldn't see them." (#14)
Perception of risk of CVV	"Safe? I'm not 100% sure that all of that was safe, but sometimes you have to do what's right for the patient" (#20)	"I feel like it's worth the risk to me... I've watched a lot of people... I take care of personally suffer [because] they don't have anyone to see." (#3)	"If it was my family member, I would do whatever the facility asked me to do if I was able to see my loved one just even for five or ten minutes." (#1)