

HB 983
NURSING HOMES – COVID–19 – VISITATION
SUPPORT

Statement of

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The devastation wrought by the Covid-19 pandemic has laid bare the vulnerabilities of our long-term care system for older adults, including persistent quality of care failings, short-staffing, and epidemic levels of loneliness and isolation. Although each of these problems were matters of imminent concern in terms of the health and well-being of the roughly 24,500 Marylanders living in nursing homes before the pandemic, the situation has quickly become a matter of life and death since the pandemic. Across the nation, nursing homes have borne the brunt of the Covid-19 pandemic, and the situation is no different in Maryland, with roughly 45% to 55% of all state deaths due to Covid-19 occurring among persons residing in nursing homes, despite representing less than 2% of our state's total population.

In the beginning of the pandemic, with little information but clear evidence that older adults and those with compromised health were at grave risk of Covid complications, coupled with the quick contagion within some nursing homes resulting in startling headlines of tragedy, nursing homes locked down. Despite the crisis, protective equipment for staff and residents were in short supply, with care further compromised by a legacy of poor infectious control procedures in nursing homes. In response to the alarming infection rates and limited information, outside visitation by loved ones ceased and residents were restricted to their rooms as common areas in facilities were closed in an effort to limit infectious spread. What began as a short-term effort, however, has become standard practice, with lockdowns still in place more than a year later. Now, in place of the startling news of uncontrolled infectious spread in nursing homes, anecdotal reports and empirical evidence of unspeakable pain, neglect, and loneliness are emerging.

Setting the Stage

In nursing homes, the days are long, with pre-pandemic estimates suggesting that in Maryland, persons living in nursing homes received 3.43 hours of nurse staffing time each day, leaving the other 20.57 hours of the day left largely unaccounted. Some of this time was made more bearable by the provision of facility organized activities in common areas of the building, communal meals in dining rooms, and

of course, visits with loved ones. Contrary to popular opinion, families do not abandon their elders to nursing home care, but stay intimately involved in caring for their elder through weekly visits, with estimates from 30 years of research indicating that 76% to 94% of persons in nursing homes are visited at least once a week by family.¹ The importance of preserving these family ties cannot be understated—research has long documented the devastating effects of isolation and loneliness on health and well-being, including increased risks for heart disease, stroke, depression, weight loss, and death.² A recent survey of persons living in nursing homes during Covid reveal staggering increases in feelings of isolation and loneliness—nearly 3-times as many residents (54% vs. 14%) reported engaging in no facility-sponsored activities after lockdown, while an additional 64% reported not leaving their rooms for any reason, while 3 out of every 4 residents indicated that they felt more lonely after lockdown. And, most critically, across the United States, 72% of residents reported not interacting with a single visitor. Even within the nursing home, social interaction has been severely limited, with nearly 65% of residents during Covid reporting that they never leave their room to socially interact with other residents. Moreover, reports of staffing shortages further erode opportunities for socialization. As facilities struggle to maintain adequate staffing levels, time for the more humane interactions between staff and residents are curtailed, with more than half of all surveyed residents reporting that staff were less available to them following Covid.³

Although the increase in deaths among nursing home residents due to Covid is well-known, with approximately 1 out of every 100 nursing home residents in the state dying from Covid-19, less well known is the increase in the number of premature deaths among nursing home residents that has also occurred during the pandemic. Estimates suggest that for every 2 deaths among nursing homes due to Covid-19, a third death occurs, driven in part by the loneliness and despair that residents have faced.⁴ Known to researchers as excess deaths, these numbers are calculated from trend data that demonstrate substantial increases in death rates in comparison with trends from prior years, and that cannot be explained by simple fluctuations. Rather, what this research suggests is that the nursing homes that have been most successful as preventing Covid-19 spread, have had some of the highest, unexplained death rates. From a practical standpoint, these deaths reflect the consequences of the many personal stories you will hear today—clinical depression, refusal to eat, loneliness, isolation, dismay, neglect, and withering away. On death certificates, this is often recorded as “failure to thrive”, but here, the label is applied in error. It is not that persons in nursing homes have somehow failed to thrive, but that we have failed to provide hope.

What’s Needed

In response, we need common sense practices and nursing home policy that ensure that steps to providing safe, compassionate family visits is made mandatory for all nursing homes. With increasing

¹ Gaugler J. E. (2005). Family involvement in residential long-term care: a synthesis and critical review. *Aging & mental health*, 9(2), 105–118. <https://doi.org/10.1080/13607860412331310245>

² National Academies of Sciences, Engineering, and Medicine. 2020. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>.

³ Montgomery, A., Slocum, S., & Stanik, C. (2020). *Experiences of Nursing Home Residents During the Pandemic*. Special Report. Altarum. Available from: [Nursing-Home-Resident-Survey_Altarum-Special-Report_FINAL.pdf](#).

⁴ Cronin, C. J. & Evans, W. N. (2020). *Nursing home quality, Covid-19 Deaths, and Excess Mortality*. NBER Working Paper Series. National Bureau of Economic Research. <https://www.nber.org/papers/w28012>

knowledge about virus spread, double-masking, physical distancing, testing, and the promise of vaccination, we must open safe rooms in nursing homes to allow one-on-one visits between residents and family. Protocols for allowing visits have already been established by the CDC and CMS, with health policy experts, government agencies, and mental health advocates agreeing on the urgency of the matter. However, the current language in these recommendations has led to wide differences among nursing homes in interpretation and implementation of steps towards easing the unprecedented restriction of visitors to nursing homes, leaving residents at critical risk of poor outcomes and death. In simple terms, families and local Ombudsman have continued to be locked out of nursing homes, leaving residents in precarious states without recourse to address their situation. Reports⁵ of malnutrition, residents unbathed and unwashed for days at a time, bed sores, and increasing rates of depression underscore the critical role that the community plays in ensuring adequate, humane care. HB 983 addresses these challenges by standardizing and regulating facility obligations to implementing safe visiting procedures. Mandatory safe rooms in nursing homes will not only address the devastating effects of the current lockdown, reunite families, and ensure compassionate care, but it will also begin to open up our facilities to oversight as well, ensuring adequate, humane care for persons living in nursing homes.

⁵ Nursing Home Patients Are Dying of Loneliness [Editorial]. (2020, December 29th, The New York Times. Opinion | Nursing Home Patients Are Dying of Loneliness - The New York Times (nytimes.com))