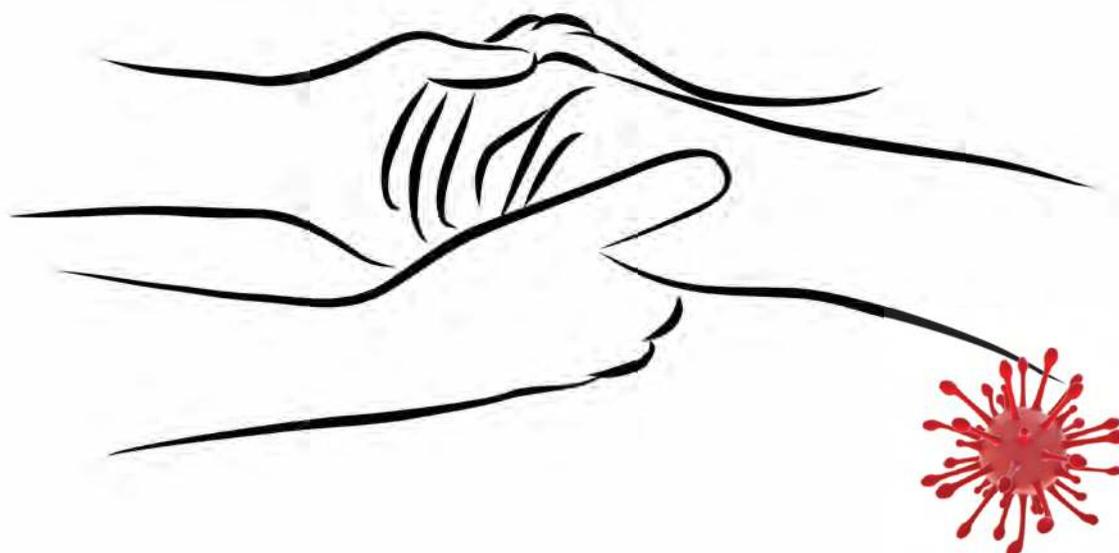


COVID-19:

FROM THE FRONT LINE IN HOME CARE | **Overseeing Multiple Conditions**

A collection of stories from caregivers on the front line overseeing patient care for multiple conditions at home: dementia, end-of-life, behavioral health, and falls.

The Remington Report thanks Pat Kelleher, Executive Director, Home Care Alliance of Massachusetts for submitting COVID-19 stories from the caregivers on the front line of home care.



Changing A Life Through Care at Home

By SUE MCGRANN, PARTNERS HEALTHCARE AT HOME

I was asked to care for a patient who had been a resident of a nursing home for over 5 years. During the COVID crisis, this patient watched nearly all of her friends and roommates pass away. She developed anxiety and depression and in early July her physician and family arranged for a discharge to her daughter's home. While at the nursing home, she needed 1 or 2 people to transfer into her scooter. She spent 5 years scooting and never walked.

We admitted her on July 9th and she began receiving visits from an RN and a PT. Our nurse found some pressure-related skin issues and quickly resolved them. The patient was spending 24 hours in a recliner chair, so I quickly secured a hospital bed and a

wheelchair. We started physical therapy twice a week. When she was discharged on August 25, she was transferring and walking throughout her home with a rolling walker and family supervision, had full access to her bedroom and bathroom, and enjoying visits with family in the backyard.

This case was amazing to be a part of. She had given up hope. Her family was so supportive and followed through on everything I asked and the patient was so appreciative of our services. I told her that she should be an example to the world about perseverance and she told me, "Tell them to call me ... I'll give an interview." ■

Filling the Loneliness Gap

By SANDRA BROWN, HOUSEWORKS



THE BIGGEST CHANGE WITH COVID-19 has been the restrictions on the number of visitors our clients can have. Sometimes I was Edith's only connection to the outside world. Edith didn't understand why no one was visiting. But you have to find ways to keep them connected to people they love. I always pulled out pictures of her family and put them in front of her and said, "this is Rose, these are the people in your family."

COVID also reinforced the importance of knowing your clients well. Being that I was the only person with Edith on a regular basis, it was my responsibility to pick up on changes in her behavior or her physical health. I noticed Edith wasn't feeling well, and I alerted her doctor that she had a UTI, which we were able to treat right away. It was during her treatment for the UTI that they found Edith also had COVID-19.

During her hospital stay, doctors became concerned when Edith wasn't eating. I had to tell the nurses that Edith was a picky eater – it wasn't because of the COVID-19. I told them Edith likes her drinks a little warm and her soups a little bit cold and if everything else fails, she'll always eat dessert, so feed her dessert. It was those kinds of tips that got her eating again in the hospital. ■

COVID Care at End of Life

By MATTHEW SMITH, RN, HEBREW SENIOR LIFE HOSPICE

Serving those in the 10th decade of life is common in our hospice and one of our 100-year-old patients, who was living in a single home in the community with private support, had just learned that her geriatric care manager tested positive for coronavirus.

Within one week of learning this news, the patient became symptomatic with a high fever and sore throat. Her children, all seniors themselves, became consumed with worry for their own health and safety

as well as their Mom's. The elder, growing ever more fragile, was now facing an extremely unsafe situation.

On one particular hospice visit, her fever was found to be climbing, she was in worsening respiratory distress and experiencing pain. In what felt like a snapshot picture of the world at that moment, the patient's daughter stood outside the private home on the sidewalk, too afraid to enter the home.

Fortunately, through cross-continuum collaboration, this elder continued to re-

ceive thoughtful end of life care. Within 90 minutes of the hospice nurse walking into the elder's home, she was moved to a bed in a COVID care unit three miles away, a unit created as part of our continuum of care to meet the growing demand.

The patient passed away comfortably and peacefully 15 hours later, and most importantly, not alone. Her family was so very grateful.

It made me so proud to be a member of Hebrew SeniorLife. ■

COVID and Dementia

By SANDRA BROWN, HOUSEWORKS

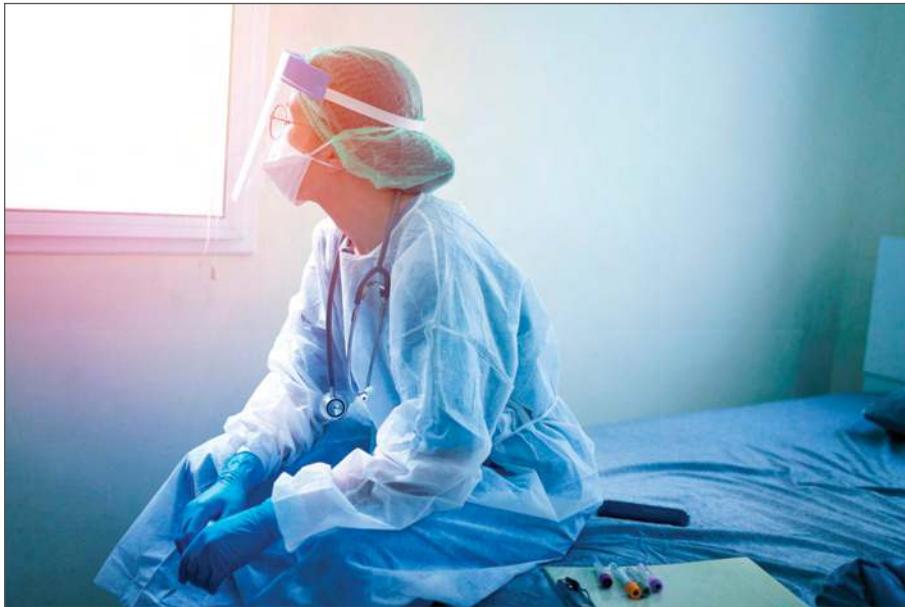
I have been a Caregiver for 20 years, and sometimes I have been working up to 12 hours a day with my clients. I recently worked with Edith, a COVID-19 positive patient who also had dementia. She had little memory of why there was a mask on or understanding of why hands were being washed so often – which added to the challenge.

She didn't like to put on her mask, so I had to work extra hard to be sure both of us were protected. Sometimes she would agree with me and say, "Okay, I'll do whatever you say," but sometimes she would take off her mask, or my mask because she just didn't understand.

After Edith passed away from COVID-19, I worked with another client until she

passed away. I had great relationships with both of their families and really helped them through the ups and downs. Sometimes I had to learn new skills, but it's part of the job.

Sometimes you have to put their needs before your own, but that's the job and I wouldn't have it any other way. ■



26 Years a Nurse and Still Learning New Things

By KATIE NOONAN, HALLMARK HEALTH VNA/HOME HEALTH FOUNDATION

I didn't always aspire to be a nurse. My mother was a nurse, and although I admired her and what she did, I didn't think I had the stomach for it. It's hard to believe I've now been a nurse for 36 years, with the last 26 years in home care.

There have been a lot of changes in home health due to COVID-19, and patients are experiencing a lot of anxiety. We review their symptoms over the phone prior to each visit so we're not walking into an exposure situation without being aware of it. We also run down what they can expect from us before we come into their home. A lot of it is allaying fear and reassuring them we practice good hand hygiene, wear masks and gloves, and maintain proper technique in general.

I try to see my patients with COVID-19 last so I can go straight home afterward. Even though I'm wearing full protective equip-

ment, I put a garbage bag by their door so when I'm leaving I can carefully remove my protective equipment and put it inside the bag to be disposed of. When I get to my car, I properly wash any equipment that was with me using a new pair of gloves that I then put in a bag in the back seat and throw away when I get home. Maintaining good technique has always been important in home care, but now so more than ever.

As a home care nurse, I'm also seeing patients recovering from COVID-19. One nice moment was with a woman in her 80s who was 14 days post-diagnosis. Her temperature was flat and she was presumed recovered, and she and I both said, "Isn't this wonderful? You survived it!"

As a nurse, I'm solution-driven. My attitude is we've identified the problem, so now what can we do? I trust that the appropriate scientists are working on developing a vaccine and treatment, and I'm hopeful that we'll all emerge from this with lessons to return to a simpler life, and enough knowledge to respect pandemics and be better prepared in the future. Life will be different, but in some ways, I believe it will be better.

My advice for others during this uncertain time is to please wear face masks and not question it. Don't discard your gloves on the street, and don't judge if you see a home care nurse going into a house wearing full personal protective equipment. |

THE DEDICATION OF HOME HEALTH AIDES

By ELAINE BUCKLEY, ALL CARE VNA

Our private home care division had been servicing an elderly couple – Mr. and Mrs. C – since 2018. This care was really for the wife, but the aides frequently helped the husband. On April 20, the husband was transported to the hospital because of a fall. His son called us three days later worried for his dad and our aides because his dad tested positive for COVID. His mom was presumed positive. All the aides who worked with this couple continued with her services without hesitation. Our field supervisor took over responsibility for extra training of the aides to manage precautions. She also made several visits to help coordinate FaceTime with Mrs. C and her family. The first visit was to FaceTime with Mrs. C and the nurse taking care of her husband at Winchester Hospital before he died. A second visit was for Mrs. C to FaceTime with her daughter.

In May, it looked as though Mrs. C was going to complete the 14-day quarantine without developing symptoms. Yet on a subsequent visit, our aide noticed a significant change in Mrs. C's status. The aide's supervisor came to the home and confirmed worsened respiratory status and weakness. We were able to reach her son and daughter and facilitated a home visit with her kids, (6 feet apart) before Mrs. C had to be sent to the hospital. |