

BACKGROUND



Home healthcare (HHC) agencies provide skilled nursing care and therapy services to homebound patients.



The HHC patient population is older, with higher proportions of dual Medicare/Medicaid eligible beneficiaries, persons of color, and rural residents.



Most HHC patients have multiple chronic conditions leading to complex care needs.



Clinicians often must contend with fewer resources and sanitation hazards in patients' homes.



During the COVID-19 pandemic, these challenges were likely amplified, potentially impacting care delivery.

OBJECTIVE

- ✓ Guided by the National Institute on Minority Health and Health Disparities (NIMHD) framework, we aimed to better understand care delivery experiences of U.S. HHC staff during the COVID-19 pandemic.

METHODS

- ✓ U.S. HHC agencies were purposively sampled based on quality measures, rurality, and race/ethnicity of patient population (≤ or >70% white).
- ✓ Recruitment lasted from February 2022 to June 2023.
- ✓ Telephone interviews were conducted with 2-3 staff per agency (employed at least one year) using semi-structured interview guides tailored to staff roles.
- ✓ Questions were asked about participants' lived experience as HHC staff during the COVID-19 pandemic.
- ✓ Interviews were recorded and professionally transcribed.
- ✓ Initial transcripts were reviewed and openly and axially coded by a coding team of 5 researchers to produce a draft codebook.
- ✓ As the directed content analysis progressed, the codebook was iteratively refined and finalized.

RESULTS



10
AGENCIES
PARTICIPATED



25
HHC STAFF
PARTICIPATED

PRELIMINARY THEMES

Changing Norms of Care

- Added impediment of wearing full PPE when visiting patients homes; in particular, donning and doffing PPE outside inclement weather made care provision challenging for field clinicians.

Relationships with Patients

- Families and caregivers barred HHC clinicians from visiting, delaying essential care.
- Shifts in rapport and patient trust due to fear of COVID-19 exposure.

Whirlwind

- Administrators and managers scrambling due to shortage of PPE, disinfection, and testing supplies.
- Rapidly-changing local, state, and federal regulations and guidance.

Lessons Learned

- Timely communication, adequate resources, and frequent education from agency management were vital.
- Education of patients/families/caregivers, joining a healthcare coalitions, and being resourceful.

"Summertime, oh... the heat would get so hot that some people's face shields melted... Some of these places 'cause they have no AC and these little old people shut all the windows and wear 500 million sweaters and the clinician is just sweating bullets."
- *an Infection Preventionist, Hawaii, Urban*

"We lost our census... All the patients panicked and didn't want anyone in their home... I had to be very creative in how to keep those people on service... They really needed the home care. We did Zoom meetings with them to get an eyeball on them and make sure they were okay and keep 'em on service as long as we could."
- *a Nursing Director, Florida, Urban*

"Waiting at Home Depot for their trucks to get there... We couldn't get paper towels, or Clorox wipes, or you couldn't order any kind of sanitizers online, so we had to have letters, and we would go to Wal-Mart, and when Wal-Mart got a stock of stuff in, they would give us more than their allotment for most people."
- *a Clinical Director, Colorado, Rural*

"We had weekly staff communications. Like, 'Here's where we're at [with staff/patient COVID-19 infections]... Here's what the CDC is recommending. Thank you for being part of this organization.' That email came out either from our CEO or other leaders weekly... I think it was really good... When staff knows why things are changing every day, it makes the change a little bit more palatable."
- *a Director of Nursing, Minnesota, Urban*

DISCUSSION

- ✓ The COVID-19 pandemic greatly impacted HHC delivery, as evidenced by clinical and administrative staff experiences.
- ✓ Changes in hospital capacity and negative attention on nursing homes shifted patients toward HHC at a time when the healthcare system was under stress.
- ✓ Understanding how HHC agencies managed care delivery despite these stressors is important for future emergency and pandemic preparedness.

CONCLUSION & IMPLICATIONS

- ✓ Challenges faced by HHC clinicians were amplified during the pandemic, thus impacting care delivery.
- ✓ During future infectious disease emergencies:
 - Federal and state/territory policies should be implemented requiring HHC agencies to be classified as essential healthcare providers so that vital supplies can be accessed from all sources.
 - Policies providing temporary regulatory flexibility to allow HHC agencies to use new technologies and adapt quickly to changing situations should also be implemented.
 - Clear communication channels should be established between HHC agencies, local health departments, and regulatory bodies for real-time guidance and updates.
 - Mental health support and resources for HHC staff should be provided, acknowledging the stressors and challenges they face.

CONTACT INFORMATION

Ashley Chastain, DrPH, MPH
Senior Project Director
Columbia University School of Nursing
ac4192@cumc.columbia.edu
Study website: www.nursing.columbia.edu/across-care

