

# Impact of COVID-19 on Home Healthcare Agencies and Nursing Homes in the United States



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## BACKGROUND



Home healthcare agencies (HHAs) and nursing homes (NHs) provide essential services for a large number of elderly patients in the United States.



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



The COVID-19 pandemic disrupted care transitions from hospitals to post-acute care settings and amplified already existing challenges in providing quality care in these less controlled environments.

## OBJECTIVE

- The aim of this study was to better understand the experiences of U.S. HHC and NH staff during the COVID-19 pandemic.

## METHODS

- U.S. HHC agencies and NHs were purposively sampled based on quality measures, rurality, and race/ethnicity of patient population ( $\leq$  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 and NH 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 preliminary codebook.
- As coding progressed to include all transcripts (using NVivo 1.7.1), the codebook was iteratively refined and finalized.

## RESULTS



**10 HHC Agencies & 10 NHs PARTICIPATED**



**54 STAFF PARTICIPATED**

### HHC 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.

"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 IP, Hawaii, Urban*

#### 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.

"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." - *a Nursing Director, Florida, Urban*

#### Whirlwind

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

"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 ...they would give us more than their allotment for most people." - *a Clinical Director, Colorado, Rural*

#### Lessons Learned

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

"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... When staff knows why things are changing every day, it makes the change a little bit more palatable." - *a Director of Nursing, Minnesota, Urban*

### NH THEMES

#### Structural Chaos

- Lack of support and existing in survival mode when faced with uncertainty and confusion arising from frequent changes in federal/state/local guidelines

"It was horrendous. Because we were virtually on our own - we're a freestanding facility. We're not a corporation or anything like that. It's just little old us. Everything we did we kind of—it was us thinking about what to do." - *a Director of Nursing, New Jersey, Urban*

#### Resident/Staff Well-Being

- Concerns related to resident and staff well-being
- Solutions implemented to mitigate these concerns.

"It was horrible, and I honestly did not feel really good about having to tell a family that they couldn't come in—it's heartbreaking. It changes you, to be honest; it changes you." - *an Administrator, Alabama, Urban*

#### Staffing

- Low census, staffing shortages and restrictive visitation policies which increased workload

"On the whole, [Certified Nursing Assistants] and nurses were nowhere to be found. If you could find 'em, the hospitals were paying three and four times what we could pay for any of those positions... It created a unique challenge for long-term care for sure." - *an Administrator, Alabama, Urban*

## DISCUSSION

- ✓ The pandemic was chaotic for both the HHC and NH setting with the uncertainty, changing guidelines and overall crisis.
- ✓ In NHs, resident well-being suffered as a result of stringent isolation protocols and staff well-being suffered from not having enough grief/mental health programs offered by facility/organization.
- ✓ HHC staff felt excluded as healthcare providers during the pandemic, which impacted morale and resources.
- ✓ Staffing was affected in both settings due to low census, shortages of staff, restrictive visitation and/or changing norms of care which increased workload.
- ✓ Understanding how HHC agencies and NHs managed care delivery despite these stressors is important for future emergency and pandemic preparedness.

## CONCLUSION & IMPLICATIONS

- ✓ The COVID-19 pandemic greatly impacted care delivery in NHs and HHAs in the United States.
- ✓ Understanding how post acute care settings managed care delivery despite these stressors is important for future pandemic preparedness.

## CONTACT INFORMATION

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