A Response to Challenges in Long-Term Care

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"Let us try to recognize our times, understand and sympathize with the people of our times, with their desires, longings, endeavors and purposes. Let us be in agreement with every good thought, let us praise every good idea, let every good work find sustenance and praise, let every problem and hardship find sympathy and help."

— BLESSED ARCHBISHOP GEORGE MATULAITIS
Founder of the Sisters of the Immaculate Conception

Already we are in another year of anxiety and tension grappling with COVID-19. This pandemic came unexpectedly and has touched the whole world. Facing traumas such as panic and isolation as a result of the pandemic, many have felt lost, seeking healing and peace of mind and heart.

Since 1968, I have witnessed the ministry of healing at Matulaitis Rehabilitation & Skilled Care in Putnam, Connecticut. Holding multiple roles at the facility, including past administrator, I have seen numerous challenges and changes over the years. However, I have never seen a health care crisis on the magnitude of what we currently face.

Our early days in leadership were marked by a call to creativity and giving individual attention to the sick and dying in our care. In 1968, when Matulaitis Home first opened its doors, no licensing was required for administrators. We, the Sisters of the Immaculate Conception, responded to a plea from the aging Lithuanian immigrants displaced to the United States by World War II. Our community opened a home for the aged, a rest home with nursing supervision and later a skilled nursing care facility as the residents sought to receive care until the end of life in a compassionate, dignified and faith-based setting. Being among the first in Connecticut to receive the nursing home administrator's license, I found the inspection process in those early years to be collaborative, everyone striving together to improve patient care. This was a time of mutual learning when many new ideas and innovations were shared with state inspectors; they, likewise, shared with us new approaches and insights observed at other facilities. Learning, rather than being scrutinized, was the objective of state inspections. The combination of hard work, resolve, innovation and freedom to make choices most appropriate for our residents allowed Matulaitis Home to develop and to provide residents with holistic care. At that time, only truly essential charting was required of physicians and nurses, allowing them to spend most of their time with the residents, responding to their health and psychosocial needs. These early years were marked by a sense of flexibility and innovation that has been challenged over the years by increased regulations and extensive record keeping, especially with the current administrative demands due to the pandemic.

A CALL TO RESPOND

From the first days of the pandemic, science came forward with the fruits of its research: testing, vaccines, and now, medical treatments for COVID-19. The government attempted to control the spread of the virus through mandated masking, social distancing and quarantine, including regulations not only in health care institutions but in general life, limiting various gatherings of people, including church services. While the intent is to safeguard health, many elderly persons and those unable to shift to electronic means of socializing were left isolated and deprived of personal time with family members, friends and community support. Most recently, we have faced government requirements that health care workers need to be vaccinated in order to continue working (with few exceptions), otherwise, if facilities do not dismiss the unvaccinated, they can encounter stiff fines.

Although the mandates have presented challenges, our nursing home has persevered, attributable to the blessing of our competent and dedicated administration team. We addressed the immediate "fires" we faced by attending to the hierarchy of needs before routine business.

Many of the "normal" tasks like meetings and education sessions were postponed. Our primary focus was on the physical and spiritual needs of our residents. All were called on to provide alternatives to what had been the norm, creatively responding to residents' needs. In addition to specialized medical and nursing care, ancillary staff members extended their help with everyday living services, and we worked to prevent residents being overcome by depression or isolation. Activities staff increased individual therapeutic visitation, corridor sing-alongs and bingo. Pastoral care services introduced facility-wide noon prayer for healing of the sick and an end to the pandemic. We enabled family communication through electronic devices and window and outdoor visits. When our facility was finally struck by COVID-19 at the start of January 2021, we took all necessary precautions and worked together with families so residents, especially those at the end of life, received compassionate visits from loved ones and special attention from pastoral care staff. We ensured our home was spared the tragedy of not having family present for residents' final days and hours whenever possible.

Today, new challenges include an increased need to appropriately understand and support the resilience and capability of our workforce. Findings published in September 2021 give more weight to what we already know: there's a significant workforce crisis in the long-term care industry. The American Health Care Association and the National Center for Assisted Living found 78% of nursing homes and 61% of assisted living communities they surveyed were concerned workforce challenges might force them to close. Obstacles to hiring new staff included a lack of qualified or interested candidates, struggles with difficult decisions regarding unemployment benefits versus the competitiveness of wages, vaccine mandates and fear of becoming ill.[1]

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Our facility has countered these trials by adjusting our admissions according to staffing levels, recruiting staff beyond our typical geographical area, sharing psychoeducational information on coping and self-care, offering financial incentives and continuing to make staff members aware of the resources available to them, particularly through in-house counseling and our contracted employee assistance program.

A NEW TREND FORWARD

Health care organizations generally support vaccination as a means of reducing potential risk from the coronavirus. Looking ahead, we trust in continued scientific advances and more robust medical management of COVID-19 that may nullify the need for all-inclusive vaccination mandates in the future. We hope to see an eventual end to the pandemic. However, we do not imagine a return to pre-pandemic practices entirely.

Electronic connections provided increased flexibility. We, like other care facilities, made an investment in a number of iPads to facilitate virtual visits with loved ones as well as medical personnel. A new staff member was hired and additional hours were provided to the activities department

specifically to coordinate outdoor family visits (for times when indoor visits could not be safely permitted) and to set residents up with an iPad or laptop for virtual visits.

Therapeutic activities also reduced isolation. These included gardening, organizing Mother's Day and Father's Day parades and, as restrictions relaxed, a fall festival and a visit from a miniature horse. We have music performances and a small-group Bible study. When safety guidelines permitted, we received support from volunteers for some of these activities. Flexibility has been required on all sides as we learned how quickly things can change, demanding a readiness to adjust and adapt, whether that be shifting visits from in-person to virtual, or changing activities like bingo or hymn singing from being group programs to socially-distanced events with residents participating from the doorways of their rooms.

With hospital and institutional placements shortening, in addition to a decline in long-term care admissions, vulnerable persons are increasingly receiving care in community settings. Home health services must prepare additional qualified and trustworthy staff. An understanding of person-centered and holistic care requires that spiritual support be developed so that when patients leave transitional care settings they are ensured reconnection with home parishes or faith communities, including support for Catholics who wish to receive sacraments. This can be done during discharge planning and by communicating with the individual's parish and/or family, if requested. On occasion, residents have shared that while their churches have resumed normal services, they remain fearful and therefore have not been attending. In such cases, they were often deeply grateful for the chance to feel safe attending Mass while here. Some were offered or requested information for contacting their parishes to set up visits by Eucharistic ministers, and appreciated that help.

CHALLENGES AHEAD FOR LONG-TERM CARE

By far, among the greatest needs and challenges we see are the regulations and documentation required for long-term care settings. In our facility, we have seen a marked rise in the amount of time nurses and CNAs spend on documentation at the expense of making connections with vulnerable individuals we are committed to serve; it appears to be experienced across health care settings as well. The issue of "clinical documentation burden" and its association with clinician burnout is an issue presently being explored and studied.[2]

COVID-19 only compounded regulatory demands with testing for vital signs and the virus, ensuring administration of the vaccine and all other precautionary measures. Medicare and Medicaid now require not only essential data, but also activities of daily living/personal care services provided for each person, with health care facilities' reimbursement dependent on recording these pursuits. In the present system, it seems that much of the time needed for individual attention and additional personal services is spent on documentation. This leaves one to question if the benefits outweigh the cost. Can we hope for some changes, or at least easement, in the regulatory system? The physical aspect of care is only one part of the larger picture. This crisis has brought increased attention to the other elements of holistic care, and we all seek solutions that allow for more whole-person care.

Peace of mind and heart seems elusive today, yet we know God offers it through a deeper level of faith and openness to grace. Catholic leadership in long-term care could learn from the simplicity of its roots while keeping focus and response on human relationships. Respect for individual efforts and choices will energize the creative breath of the Holy Spirit within us, leading toward greater expressions of love for those we serve.

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NOTES

1. "State of the Long Term Care Industry: Survey of Nursing Home and Assisted Living Providers Show Industry Facing Significant Workforce Crisis," American Health Care Association and the National Center for Assisted Living, September 2021, https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/Workforce-Survey-September2021.pdf.

2. Amanda J. Moy et al., "Measurement of Clinical Documentation Burden Among Physicians and Nurses Using Electronic Health Records: A Scoping Review," *Journal of the American Medical Informatics Association* 28, no. 5 (May 2021): 998–1008, https://doi.org/10.1093/jamia/ocaa325.

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