

Research Brief

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HOSPICE AIDE VISITS AMONG NURSING HOME RESIDENTS DURING THE EARLY MONTHS OF THE COVID-19 PANDEMIC

Keywords: COVID-19, hospice, end-of-life, quality of care, nursing home residents

Purpose of the Study: To develop a more clear, quantified understanding of how the frequency and duration of hospice aide visits changed during the first nine months of COVID-19

Key Findings:

- ✓ Overall, nursing home residents with hospice had a greater predicted probability of not receiving a hospice aide visit in 2020 compared to 2019.
- ✓ Overall, residents' predicted face-time with hospice aides was much lower in 2020 than in 2019.

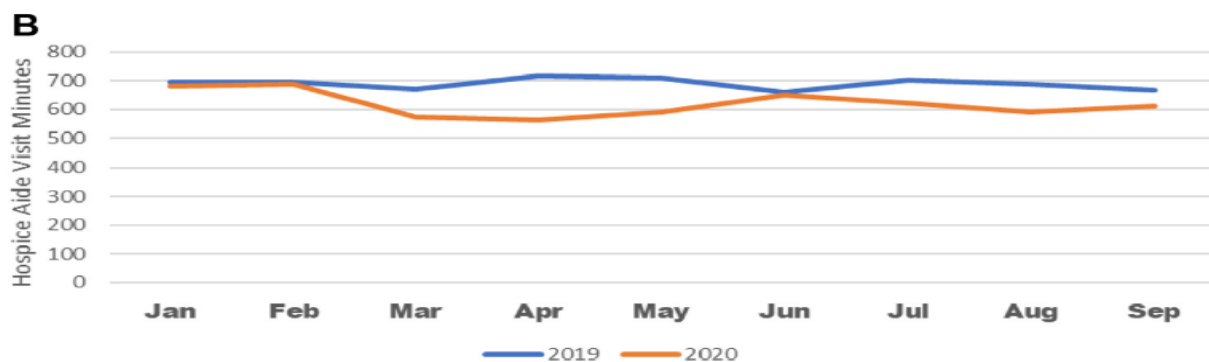
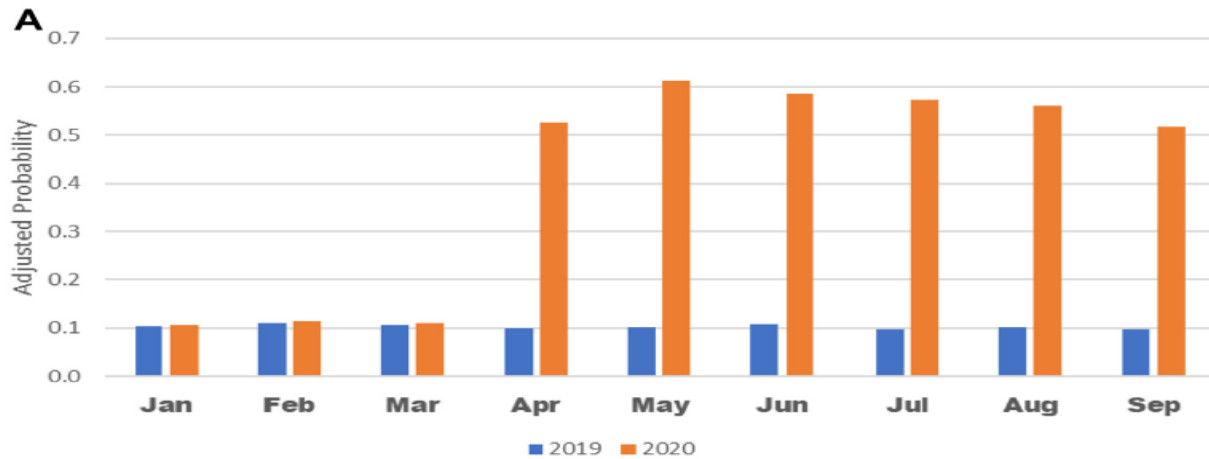
Major Policy/Practice Implication: This data contributes to the growing pool of research that calls for more balanced policies for older adults during emergencies that consider their entire well-being, including safety, mental and emotional health, and relational needs.

IMPORTANT BACKGROUND INFORMATION

By January 2021, older adults who resided in long-term care, such as nursing homes, comprised $\frac{1}{4}$ of total COVID-related deaths. Even more, anecdotal evidence suggests that visits from hospice aides to dying residents became less frequent during the first nine months of COVID-19 due to several factors, including conflicting or restricting nursing home regulations and limited PPE. Prior to COVID-19, residents in hospice received about two visits per week. Hospice aides are often critical players to help older adults die with comfort, dignity, and aligned with their wishes. Research demonstrates that **disruptions in care**, such as lack of visits from hospice aides, can result in residents' worsened quality of life and increased stress on family and staff.

STUDY METHODS

Researchers gathered health data from the MDS, a federally mandated assessment for all nursing home residents, and sociodemographic and hospice use data from Medicare. Data come from 153,109 nursing home residents in 2019, and 152,077 in 2020 who were 65+, resided in a nursing home for 100+ days, and were enrolled in a hospice routine home care program at any time from January to September in 2019 (pre-pandemic) or 2020 (COVID-19). For each year researchers predicted the probability of not having a hospice aide visit, and how many minutes each resident visited with aids each month. Their statistical analyses accounted for several factors, such as nursing home characteristics and short hospice enrollment due to COVID-19.



KEY FINDINGS

- ✓ **Overall, nursing home residents with hospice had a greater predicted probability of not receiving a hospice aide visit in 2020 compared to 2019 (see Figure A above).** From January to September of 2019 residents had about a 10% predicted probability of not receiving a hospice aide visit, compared to April to September of 2020 in which residents had over a 50% predicted probability.
- ✓ **Overall, residents' predicted face-time with hospice aides was much lower in 2020 than in 2019 (see Figure B above).** The greatest predicted difference was that the predicted hospice aide visit minutes per resident per month was 155 minutes less in April 2020 than April 2019.

PRACTICE AND POLICY IMPLICATIONS

This data contributes to the growing pool of research that calls for **more balanced policies**

for older adults during emergencies that consider their entire well-being, including safety, mental and emotional health, and relational needs. While most emergency policies are intended to protect older adults' safety, policy makers must recognize that prioritizing safety above all else may contribute to diminished well-being. For example, strict COVID-19 nursing home visitation policies may have contributed to residents' disruptions in care, loneliness, and depression that have all been linked to poor health outcomes.

ORIGINAL ARTICLE

Wang, X., Thomas, K.S., Belanger, E., Dobbs, D., Dosa, D.M. (2023). Hospice Aide Visits among Nursing Home Residents During the Early Months of the COVID-19 Pandemic. *Journal of the American Medical Directors Association*, 24(6). doi: 10.1016/j.jamda.2023.03.028

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