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Department of Physical Therapy and
Human Movement Sciences
Northwestern University
Feinberg School of Medicine
Chicago, IL

Rachel Lessem, JD, PhD
Leonard Schanfield Research Institute
CJE SeniorLife
Chicago, IL

Jason R. Falvey, DPT, PhD, GCS
Division of Geriatrics
Department of Internal Medicine
Yale School of Medicine
New Haven, CT

exercise and cognitive-stimulating programs and having (2) short exercise routines as filler television programs to periodically remind them to exercise. For comprehensive personalized care, we propose having (1) a dedicated resource helpline to help PWDs and their caregivers navigate the myriad of new resources and initiatives, and (2) where resources are available, for all PWDs to be recruited into a registry for tailored case management.

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COVID-19 Impact in Community Care—A Perspective on Older Persons With Dementia in Singapore



To the Editor:

The health and care of our vulnerable older persons with dementia (PWDs) have been inadvertently compromised by general measures taken to protect our community. On April 3, 2020, the Singapore government enforced social distancing measures and compulsory mask-wearing.¹ The Silver Generation Office reinforced these measures to cognitively impaired older people with home visits.² An ongoing initiative, “Support for Persons Living With Dementia Over the COVID-19 Period (SPOC-19),” organized by the Alzheimer's Disease Association (ADA) and the Agency for Integrated Care, provides memos to appeal for waiver of monetary fines for PWDs who breach safe distancing rules.^{3,4}

Physical rehabilitation and dementia care centers have suspended operations temporarily.⁵ The burden of caregiving, having fallen squarely on families of PWDs, invariably increases caregiver stress.⁶ These center closures have also led to their physical and cognitive deconditioning.^{6,7} New online alternatives are made available to replace center-based exercise and dementia-care programs. These include exercise programs by the Singapore Health Promotion Board and SportsSG as well as dementia-care programs by ADA such as (1) “Stay Home Fun With ADA” comprising of karaoke, bingo, and cooking; (2) “Journey with the Arts and Dementia (JADE),” a reminiscence-based program; and (3) “ADA Memories Café,” a virtual sing-along session.⁸

Lack of access to technology, digital illiteracy, and sensory impairment, however, limit the use of online resources.⁶ Additional assistance is needed to set up digital devices and troubleshoot connectivity problems. This is challenging for households that are struggling with caregiving duties in addition to working-from-home and looking after young children.

Recognizing the above limitations, we can consider engaging mass media channels for our digitally challenged older persons with (1) dedicated television and radio channels to screen

Nydia C. Rais, MMBS
Lydia Au, MMBS
Melanie Tan, MMBS

Division of Geriatric Medicine, Department of Medicine, Ng Teng Fong Hospital, National University Health System, Singapore

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What Have We Learned About Nursing From the Coronavirus Pandemic?



To the Editor:

During the current coronavirus pandemic, the focus of the accolades has gone to nurses working in the acute care sector, where “real nursing” occurs as portrayed in television or in the movies. Over the past few months there has, however, been some increased recognition of the critically important role that nurses play in long-term care. Nursing home nurses are present 24 hours a day, providing care and serving as the eyes and ears of all other providers who intermittently evaluate residents in these settings. During the coronavirus pandemic quarantine, they provide enhanced care, as families are not able to visit. They also facilitate telecommunication with physicians, hospital staff, and families and friends of residents. This care is consistent with the role of nurses over time, which ranges from preventing illness and promoting health to caring for the sick and comforting the dying.

Their courage, dedication, and resilience are something to be admired. Never have I been prouder to be a nurse.

There is, however, a price to pay for our work as nurses in this pandemic environment. Some have begun to think about retiring; some potential nurses are dropping out of nursing school or deciding not to enroll; some are deciding not to engage in clinical care for fear of their own health or the health of their families; some continue to work despite significant mental and physical health-related stress; and some have died or become chronically ill due to coronavirus disease 2019 obtained in the line of duty.^{1,2}

What do we owe the nurses in long-term care? First and foremost it is the availability of appropriate and sufficient personal protective equipment (PPE) to keep them as safe as possible while they are providing the intimate care necessary for residents within these settings. Availability of PPE for nursing staff is critical to residents as well – to prevent the spread of disease as staff move from one resident to the next. Further, ready availability of PPE provides an important statement to the staff, which is that we as a society care about keeping them safe and healthy.

In addition to PPE, nurses deserve to be recognized for their knowledge about the residents. Although telehealth is a wonderful alternative to face-to-face visits when those are not possible, telehealth visits are not ideal. The input from nurses and other members of the healthcare team is invaluable during or associated with telehealth visits. Nurses evaluate the function and behavior of their residents day by day, as opposed to the moment of time that a telehealth visit provides. This is especially important in post-acute and long-term care, where residents may present as lethargic one moment and later in the day blossom and engage in activities. Moreover, direct care workers and nurses in long-term care can provide the assessment information needed to diagnose and treat a resident following a more careful and comprehensive work-up.

Lastly, nursing home nurses deserve to be able to work to the full scope of their practice. There are not too many silver linings from the 2020 coronavirus, but one of them has been the release of some regulatory issues that limit scope of practice. For example, on April 9 the Centers for Medicare and Medicaid Services made it easier for providers to practice across state lines.³ Further, advance practice nurses can now order home health care services for patients, and we are all aware of the changes in allowing for telehealth visits across multiple settings. Nurses deserve to have these “waivers” remain as recognition of their training, skills, and ability as well as increasing access to care for all older adults.

In closing, remember to thank the nurses providing care to your residents. They are heroes but they are also human. They are tired and afraid but committed to the pledge they took as a nurse, the Nightingale pledge,⁴ and they are doing their best with limited staff and resources to provide care for the world’s older adults.

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Barbara Resnick, PhD, CRNP
University of Maryland School of Nursing
Baltimore, MD

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Home Health Services in the Time of Coronavirus Disease 2019: Recommendations for Safe Transitions



To the Editor:

As the coronavirus disease 2019 (COVID-19) pandemic has led health systems to focus on hospital capacity, hospitals are emphasizing early discharges to prepare for and mitigate patient surges. This has resulted in greater numbers of older adults with COVID-19 who require home health (HH) services. HH care of older adults with COVID-19 leads to several unique risk categories: (1) risks to HH providers; (2) risks to patients/families; and (3) risks to subsequent patients/families the HH provider will visit. We describe challenges in providing HH services in the time of COVID-19 and present recommendations to improve transitional care and the safety of older adults, families, and HH providers (Table 1).

HH providers are delivering care to older adults who, during nonpandemic times, would have remained in the hospital. Many older adults prefer to be at home instead of in hospitals or residential facilities, because of visitor restrictions and concerns over severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) transmission. Furthermore, while hospitalized older adults requiring post-acute care often go to residential facilities, many of these facilities are infection hotspots and may be closed to new patients, particularly persons with COVID-19.

Older adults receiving HH services after hospitalization are at the highest risk of unplanned healthcare utilization compared with other care transitions even during nonpandemic times.⁴ Homebound older adults have increased unmet needs⁵ and are at risk for complications related to social isolation,⁶ challenges that are exacerbated by the pandemic.⁷ Ambulatory care sites conducting telemedicine approaches may leave many older adults at risk for incomplete clinical evaluations. Meanwhile, HH agencies often lack infection prevention professionals⁸ to prepare them to care for patients during a pandemic.

HH Provider Safety

Health care workers in all care locations including HH are experiencing personal protective equipment (PPE) shortages. Attempts to mitigate PPE shortages in hospitals have focused on reuse. However, PPE reuse is difficult in HH, where processes for safe HH PPE reuse without self-contamination and when traveling between homes are not clearly established. Ensuring appropriate PPE use, including donning, wearing, and doffing, is equally

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