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Emily Gines
emilygines13@gmail.com

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Prospectus for Mitigating Loneliness During Quarantine for Older Adults in Long Term Care Facilities

Emily Gines

University of San Francisco

School of Nursing and Health Professions

Abstract

In 2020 as the COVID-19 pandemic resulted in quarantine safety measures and facility closures, facilities that cared for older adults in particular were hit the hardest. Long term care facilities (LTCFs), specifically those that care for older adults with memory care problems, must find ways to provide high-quality, standard care, despite many regulations and changes. Although infection control is an important aspect of care among this population, we must also consider how we can maintain quality of life and social connection. Loneliness is defined as the subjective feeling of being alone or perceived isolation. It can also relate to the discrepancies between ideal and perceived social relationships (Perissinotto, Holt-Lunstad, Periyakoil & Covinsky, 2019). Mitigating loneliness and advocating for the psychological and emotional safety for this population are essential to maintaining quality of life and social connection. Discussion with older adults living it LTCFs, as well as the community, revealed the experience of loneliness was felt universally in this population. In order to prevent loneliness in the LTCF, it is important caregivers and loved ones of residents understand the physical and emotional impact of loneliness and how to identify an older adult experiencing loneliness. For example, loneliness can be identified and tracked through the Revised UCLA Loneliness Scale. In addition, it is important to provide education on different therapeutic communication styles and coping mechanisms to help better understand the experience of the older adult and advocate for their emotional safety.

Prospectus for Mitigating Loneliness in Long Term Care Facilities

Introduction

When the COVID-19 outbreak was announced as a Public Health Emergency of International Concern on January 30th, 2020, long-term care facilities (LTCFs) like Mercy Retirement & Care Center (MRCC) began to take careful precautions to protect their residents (World Health Organization [WHO], 2020). The acute respiratory illness COVID-19 causes higher mortality in individuals over 60 years of age and those with underlying medical conditions such as diabetes, cancer or respiratory disease (WHO, 2020). In addition, the LTCF population is at high risk because of the close living proximity of residents in the facility.

This improvement project will aim to improve caregiver therapeutic communication with residents, increase social connection between residents and their loved ones and ultimately improve quality of life for older adults during quarantine. It is important that as a LTCF, Mercy abides by the health department requirements to maintain infection control. However, it is equally important, if not more important, that necessary steps are taken to ensure older adults do not have to sacrifice their quality of life. One important aspect to maintain quality of life is the prevention of loneliness. Loneliness can first be identified through the Revised UCLA Loneliness Scale. Prevention of loneliness can be achieved through education on enhanced therapeutic communication for health care providers during day to day care interactions. In addition, guiding friends and family to help residents feel emotionally supported, whether that be through conversations over video chat or safe face to face interactions.

Problem Description

For the MRCC community, quarantine has been in place since a facility influenza outbreak in February of 2020, which extended into March of 2020 as local health departments outlined strict protocols for COVID-19 transmission reduction for LTCFs like MRCC. As staff and residents alike have adjusted to the new normal, concerns are being raised on how to balance infection control with maintenance of quality of life. At MRCC, an Elder Care Alliance (ECA) assisted living community, a person-centered approach to holistic wellness is used to focus on overall health of an individual. These aspects of care include; physical, emotional, intellectual, social, vocational, environmental and spiritual (Elder Care Alliance, 2019). Keeping these holistic care goals in mind and considering that quarantine often happens at least once a year due to other disease outbreaks, improvements in care must be implemented to positively impact quarantine now and, in the future, to ultimately prevent loneliness.

In healthcare, the term loneliness can become disentangled with isolation. Although loneliness and isolation describe related experiences, they represent different concepts, which require different interventions and approaches. Loneliness is defined as the subjective feeling of being alone or perceived isolation. It can also relate to the discrepancies between ideal and perceived social relationships (Perissinotto, et. al, 2019). On the other hand, "… social isolation refers to a complete or near-complete lack of contact with society and refers to a quantifiable number of relationships" (Perissinotto, et. al, 2019). It is important to understand the distinct differences between the term's loneliness and social isolation because they require different approaches and interventions. Moreover, in the case of MRCC, loneliness is the correct term to define the experience of older adults during quarantine.

Loneliness is not an experience exclusive to quarantine, therefore it would be worthwhile to invest time to understand the loneliness epidemic in older adults and how healthcare providers can help prevent it. For example, a recent meta-analysis illustrated that loneliness has a greater impact on health than obesity, physical inactivity and air pollution (Perissinotto, et. al, 2019). In addition, as a social being, individuals rely on socially secure surroundings to survive and thrive. If there is perceived loneliness, this increased threat and desire to connect can create physiological changes that can potentially increase morbidity and mortality (Perissinotto, et. al, 2019). Healthcare providers must not take loneliness screening lightly and avoid assuming that if someone is not socially isolated, they are not experiencing feelings of loneliness. Due to the prevalence of loneliness and significant effects it can have on individuals, the epidemic of loneliness must be addressed by healthcare providers to help improve quality of life and reduce morbidity for older adults

Available Knowledge

The PICO question used to search for current literature asked for older adults in a LTCF at risk for loneliness in the COVID-19 quarantine (P), would education for caregivers on the detrimental effects of loneliness and prevention techniques (I), compared to adherence and continuation of standard infection prevention and control (C), which would decrease loneliness and increase caregiver engagement (O)? Literature search data was synthesized after utilizing CINAHL and Google Scholar with phrases that included *loneliness, older adults, long term care facility, COVID-19* and *quarantine.* The search generated journal articles published after 2008. Results of the literature search are summarized in Appendix A, Evaluation Table of Literature Review.

In May of 2020, the Centers for Disease Control and Prevention (CDC) released a statement on infection prevention and control guidance for memory care units. These insights are important for LTCFs in particular because at least half of older adults living in these facilities suffer from cognitive impairment with Alzheimer's disease or other dementias (CDC, 2020). First and foremost, the CDC (2020) recognizes that infection prevention and control measures can be difficult to implement for residents with cognitive impairments because mask wearing, social distancing and frequent hand washing may interrupt daily routines. Daily routines are very important for this population because disruptions in daily schedules or unfamiliar caregivers with masks can result in anxiety, fear, depression and behavioral changes (CDC, 2020).

Another important aspect of daily routines for older adults in LTCFs are family visitation and social interaction with individuals from outside the facility. However, as COVID-19 health guidelines place strict restrictions on visitation policies, sustained social isolation worsens health risks for older adults like dementia and failure to thrive (Barkan, 2020). Family members of older adults living in LTCFs have raised their own concerns in regards to inability to visit and stay in touch with caregiving staff. In an article released by The Gothamist, family members expressed their concern over the obvious deterioration in physical and mental health of their loved ones, as well as the development of depression (Barkan, 2020).

An article released by the Wall Street Journal (Kamp & Overberg, 2020), revealed that at least 15,000 more Americans have died in recent months due to Alzheimer's disease and dementia than projected as normal, which also represents an 18% higher fatality rate than previous years. Although COVID-19 has ravaged through many LTCFs, these deaths are also indicative of collateral damage of the disease itself. Individuals in memory care are already in

fragile health states and are dependent on routines and close care from family members or caregivers that are vulnerable to disruption (Kamp & Overberg, 2020). These disruptions in care and change in environment can lead to agitation, increased fall risk, depression and failure to thrive.

It is important to understand the detrimental physical and psychological effects loneliness during quarantine can have on older adults in LTCFs so we can better identify and prioritize our interventions. Continuing to focus on only infection prevention and control will not help address these concerns. The evidence clearly indicates that implementing therapeutic communication interventions is crucial to preventing adverse outcomes for this population.

Rationale

Accurate and early identification is crucial to help reduce the unwanted effects of loneliness in older adults. The Revised UCLA Loneliness Scale (See Appendix B, Revised UCLA Loneliness Scale) can be applied to older adults and help identify individuals at risk for loneliness or currently experiencing loneliness. Unlike the initial UCLA Loneliness Scale, the revised version (UCLA LS-R) has 10 positively worded items and 10 negatively worded items as well as simplified wording. All 20 items are scored from 1 to 4 resulting in a total score between 20 and 80, with a higher score indicative of severe loneliness (Ausín, Muñoz, Martín, Pérez-Santos & Castellanos, 2019). A confirmatory analysis of the UCLA LS-R looked at several studies that examined the factor structure of the scale. It was found that a two-factor structure is the most appropriate to support older adults. The study discerns the difference between the UCLA LS-R two-factor structure of emotional and social loneliness. Emotional loneliness is linked to the subjectivity of loneliness and social loneliness is related to the social network

(Ausín, Muñoz, Martín, Pérez-Santos & Castellanos, 2019). Use of measures that are easy to apply and interpret, like the UCLA LS-R, should be encouraged to support earlier, more effective detection of loneliness

Along with early detection of loneliness, targeted therapeutic communication interventions must be used in conjunction to help effectively mitigate loneliness. One technique found to be useful with institutionalized older adults is the use of Logotheraphy, which was developed by Victor Frankl in 1955. This kind of meaning-oriented therapy is aimed to help individuals gain a greater sense of meaning in their lives (Elsherbiny & Maamari, 2018). This focus is particularly important in today's current climate because of COVID-19 and resulting quarantine. It can be difficult for any individual, not just older adults in LTCFs, to stay positive and find meaning during these unprecedented times. Social isolation or isolation in general can be caused by a change in things that used to give their lives meaning. The aim of Logotherapy is to help find new sources of the meaning of life for older adults.

Although the study by Elsherbiny & Maamari (2018), examines the effectiveness of Logotherapy in mitigating social isolation over in institutionalized older adults, the findings and use of Logotherapy are still relevant to the universal experience of loneliness. One of the most notable benefits of Logotherapy is the individual attention it provides for the older adult and presents them with an opportunity to express their personal interests and concerns (Elsherbiny & Maamari, 2018). Overall, the main positives changes associated with Logotherapy include; the formation of a positive therapeutic relationship with a caregiver, change in the sense of meaninglessness of life, discovery of meaning in life and pursuit of meaning and motivation to

achieve it. All of these positive changes align with the goals of supporting older adults psychologically and emotionally in LTCFs.

Specific Project Aim

By January 1, 2021, all older adult residents of Elder Care Alliance long term care facilities will receive appropriate screening for loneliness using the UCLA LS-R scale. Direct caregivers will demonstrate understanding of loneliness and implement recommended therapeutic communication interventions to mitigate loneliness. The goal to prevent and mitigate loneliness among older adults through therapeutic communication interventions aligns with Institute for Healthcare Improvement (IHI) recommendations. Specifically, it follows the IHI initiative for Age-Friendly Health Systems. This Age-Friendly Initiative aims to follow an essential set of evidence-based practices, cause no harm and align with What Matters to the older adult and their family caregivers (IHI, 2020). The main component of this initiative is the 4Ms Framework, which provides a guideline for effective communication with older adults with four different components; What Matters, Medication, Mentation and Mobility (IHI, 2020). The 4Ms Framework offers a standardized approach to help facilitate communication in telehealth wellness checks and help patients feel connected to their provider (See Appendix C, Age-Friendly Health Systems 4Ms Framework). The goal of the 4Ms Framework is to rapidly spread the initiative to 20% of US hospitals and medical practices by 2020 (IHI, 2020). The Age-Friendly Health System along with the 4M Framework can help guide care during a pandemic to best address infection prevention and control, along with physical and psychological concerns, to ultimately mitigate loneliness.

Methods

Context

Mercy Retirement & Care Center is a LTCF established in 1872 and is located in Alameda County. Elder Care Alliance is an organization that focuses on quality senior living and memory care in California, with the Mercy community as one of their locations serving the Bay Area. Mercy itself focuses on providing assisted living, memory care, skilled nursing and rehabilitation services to meet a variety of different older adult care needs (Elder Care Alliance, 2019).

There are about 165 older adult residents living at the Mercy community (Elder Care Alliance, 2019). The care center is separated into 6 floors, with the lower floors for general assisted living and rehabilitation, while the upper floors are dedicated to memory care residents. Patients are encouraged to interact with one another in common spaces and emphasis is placed on the formation of a community. Length of stay can vary from short-term rehabilitative stays to a more long-term care contract in a homelike setting. Mercy values a patient-centered approach to elderly care, pain management, independence and individual need.

There are about 170 staff members at Mercy, including registered nurses, charge nurses, certified nursing assistants, medication assistants, physical therapists, life enrichment coordinators, residential care coordinators, registered dieticians, management personnel and more (Elder Care Alliance, 2019). Therefore, education and experience levels vary to help create a well-rounded interdisciplinary team. According to Mercy, employee engagement ratings consistently achieve company targets. Mercy strives to foster professional development, leadership, critical thinking skills and stress person-centered, high-quality care among all staff

levels. It is also important that employees maintain wellness through their employee wellness program, in order for employees to be able to best care for the residents.

It is important to note that Mercy has a readmission rate of 8.8%, compared to the 26.1% average statewide. In addition, Mercy maintains a Five Star Quality Rating by the Centers for Medicare & Medicaid Services (Elder Care Alliance, 2019). Because Mercy has a dedicated floor for individuals with Alzheimer's or dementia, specialized training for employees is key to successful relationships and communication with this specific population. Following evidence-based memory care practices, Mercy focuses on adapted environments, specialized communication techniques and purposeful social roles for memory care individuals.

Finally, maintaining a positive culture at Mercy is an essential part of the community. Because Mercy Retirement & Care Center is an Elder Alliance Community, there is a strong emphasis on holistic wellness: physical, emotional, spiritual, intellectual, vocational, environmental and social. The community is enriched by human relationships and connection through the individuals that live in the community and those who care for them.

The LTCF of Mercy was assessed for internal culture of safety, malpractice carrier, policies, guidelines, procedures, training, disclosure processes in place, the disclosure, ongoing support, resolution and learning using the IHI Disclosure Culture Assessment Tool. There were no concerns found in any items of the cultural assessment. In addition, a SWOT analysis was completed (See Appendix D, SWOT Analysis Table). The insight provided in each of the different areas of the analysis can help guide the approach and implementation of the prospectus. Given the current visitation limits and social distancing guidelines, adjustments must be made to delivery of the educational presentation and observation of effects. The weaknesses must be identified and addressed through an informative, educational presentation, emphasized through

an effective communication plan to help educate the staff on the importance of mitigating loneliness. Moreover, the strengths of this prospectus and potential improvement opportunities provide a strong foundation for this improvement project.

Intervention

The main interventions for this improvement project will take place in an educational learning presentation due to COVID-19 social restrictions and social distancing. The educational presentation will be facilitated and scheduled by the internship preceptor and experiential researcher in residence. Upper management, directors and direct caregiving staff (i.e nurses, doctors and life enrichment) will be in attendance and are able to implement the interventions directly with residents. The following educational modules and interventions aim to align with the IHI Age-Friendly Health Systems initiatives:

1. Define and explain the detrimental physical and psychological effects of loneliness in older adults at LTCFs, emphasizing its heightened prevalence during quarantine
2. Present the Revised UCLA Loneliness Scale, how to use it and explain the impact it can have on identifying and mitigating loneliness
3. Provide interventions of Logotherapy, combined with Socratic questioning to help improve therapeutic communication practices among caregivers and residents

The interventions are expected to improve provider and caregiver knowledge of loneliness and best practices to help mitigate loneliness during quarantine. From there, caregiving staff will be able to utilize these tools and interventions to address the specific needs of older adult residents and ultimately improve quality of life. In order to ensure smooth

implementation of the interventions and follow an organized process map, a Plan-Do-Study-Act (PDSA) model has been formulated (See Appendix E, PDSA Cycle).

Measures

Using the IHI Family of Measures, two process measures and three outcome measures were created to assess implementation of the educational module, tools and therapeutic communication interventions. The process measures include; caregiver engagement in educational module and resident feedback on UCLA LS-R screening tool and implemented therapeutic communication interventions. The outcome measures include; pre and post-test scores for providers with educational module, improvement in UCLA LS-R scores from pre to post therapeutic communication interventions and verbal resident feedback on interventions. These measures will ensure and determine the success of proposed interventions. Ultimately, it will measure the success of the improvement project to help decrease and mitigate loneliness among older adults during quarantine.

Ethical Considerations

The project was reviewed by faculty and is determined to qualify as an evidence-based improvement project, rather than a research project. Institutional review board (IRB) review is not required (see Appendix F, Statement of Non-Research Determination Form). Other ethical considerations were addressed, for example, resident privacy is maintained throughout the educational and informative presentation by keeping resident names anonymous. Resident autonomy is maintained by using resident feedback and concerns to help lead interventions that will directly benefit residents themselves. However, possible conflict of interest is recognized

because upper management and directors may prioritize following health department orders for infection control and prevention over resident concerns and preferences.

Results

In order to better understand the implementation timeline, a Gantt chart has been formulated to help describe the evolution over time (See Appendix I, Project Charter Timeline). Before and after the educational presentation for staff at Mercy and ECA, a pre and post-test will be provided to staff to help evaluate staff knowledge and satisfaction with proposed interventions. With the informal survey, which is part of the post-test, there is an expected 70% increase in knowledge on loneliness and different therapeutic interventions. It is expected that staff will report feeling better equipped to provide therapeutic communication to help reduce loneliness among older adult residents. Check-in's with residents following implementation of the UCLA LS-R and therapeutic interventions will report increased satisfaction of care and decreased feelings of loneliness.

As this improvement project developed out of the COVID-19 pandemic, there have been many positive and negative unintended consequences. Delivery of this educational presentation is an easier unexpected benefit because more individuals are able to attend due to the remote delivery. In addition, costs of this improvement project are low due to the remote delivery and few resources required to implement it. Budgeting and cost benefit analysis has been clearly outlined (See Appendix G and H, Improvement Project Budget and Cost Benefit Analysis). However, one problem with remote work is the unexpected difficulty trying to contact different individuals at the institution.

Discussion

Summary

This improvement project offered an opportunity to assess the initial response to COVID-19 quarantine, continue to learn and develop new strategies to ultimately mitigate loneliness. Compilation of research and current studies revealed the detrimental physical and psychological effects extended COVID-19 quarantine can have on older adults in LTCFs. Therefore, it was important that an educational presentation was shared to emphasize the importance of mitigating loneliness for older adults, alongside infection prevention and control. This improvement project was guided by the concerns and recommendations of residents themselves. The biggest learning lesson is that sometimes the most important primary intervention we can provide to our patients is simply to listen and help them feel heard. This simple act helps our patients feel cared for. Finally, successful change in the institution can be attributed to attentive and willing staff, resident led initiatives and current research studies guiding unprecedented changes occurring in LTCFs due to COVID-19.

Conclusion

Although this improvement project focuses on mitigating loneliness during quarantine, these findings and interventions can be used beyond COVID-19 quarantine specifically. As a LTCF, Mercy experiences many other quarantines annually due to other outbreaks and procedures. This screening tool and therapeutic interventions can ultimately help prevent loneliness from occurring in the first place. Moreover, screening and therapeutic interventions in the context of older adults can also be applicable in other settings. COVID-19 quarantine has affected every individual as we adjust to a new normal and lack of social connection with others. The loneliness epidemic can affect any individual at any age and the tools used here to mitigate loneliness can help us all find ways to guide everyone through these uncertain times.

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Barkan, R. (2020) New Yorkers Desperate to See Loved Ones in Nursing Homes Say Visitation Rules Do More Harm Than Good. *The Gothamist.* Retrieved from https://champ.gothamist.com/champ/gothamist/news/new-yorkers-desperate-see-loved-ones-nursing-homes-say-visitation-rules-do-more-harm-good

CDC. (2020). Considerations for Memory Care Units in Long Term Care Facilities. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html

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Institute for Healthcare Improvement (IHI). (2020). What to say during telehealth visits with older adults? Retrieved from http://www.ihi.org/communities/blogs/what-to-say-during-telehealth-visits-with-older-adults

Kamp, J. & Overberg, P. (2020). Coronavirus Pandemic Led to Surge in Alzheimer's Deaths. *The Wall Street Journal.* Retrieved from https://www.wsj.com/articles/coronavirus-pandemic-led-to-surge-in-alzheimers-deaths-11593345601

Perissinotto, C., Holt-Lunstad, L. J., Periyakoil, V. S., & Covinsky, K. (2019). A Practical Approach to Assessing and Mitigating Loneliness and Isolation in Older Adults. *Journal of the American Geriatrics Society*, *67*(4), 657–662. https://doi.org/10.1111/jgs.15746

World Health Organization. (2020). Infection prevention and control guidance for long-term care facilities in the context of COVID-19. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf

Appendix A

Evaluation Table of Literature Review

Study	**Key Findings**	**Explanation of How Article Supports Improvement Project**
Barkan, R. (2020) New Yorkers Desperate to See Loved Ones in Nursing Homes Say Visitation Rules Do More Harm Than Good. *The Gothamist.* Retrieved from https://champ.gothamist.com/champ/gothamist/news/new-yorkers-desperate-see-loved-ones-nursing-homes-say-visitation-rules-do-more-harm-good	This article shares patient and family experiences of separation due to COVID-19 quarantine and the negative effects it can have on the patient. Without visitation rights for many New York nursing homes, sustained isolation has resulted in increased health risks like dementia and failure to thrive. The author illustrates that the lack of family visitation may allow problems in patient care to be ignored because family is unable to be present and discuss their concerns with the staff.	These findings are important to my improvement project because I can better understand the effects of isolation and viewpoints of residents and their family members.
Brown-Johnson, C., Vilendrer, S., Heffernan, M. B., Winter, S., Khong, T., Reidy, J., & Asch, S. M. (2020). PPE Portraits-a Way to Humanize Personal Protective Equipment. *Journal of general internal medicine*, *35*(7), 2240–2242. https://doi.org/10.1007/s11606-020-05875-2	This article examines ways to humanize the COVID-19 care experience through the use of PPE portraits affixed to the gown of caregivers. It also an indicator that a therapeutic caregiving relationship offers warmth and compassion, two components that are associated with better health outcomes.	These findings are important additions to my work because we must be creative with our approaches to mitigate social isolation and encourage therapeutic caregiver/patient relationships at all times.
CDC. (2020). Considerations for Memory Care Units in Long Term Care Facilities. Retrieved	The CDC article highlights important considerations for dementia and Alzheimer's patients living in long term care and reminds us that changes in behavior could indicate COVID-19 or other infections. In order to maintain as much	The recommendations in this article are pertinent to my work because it is a reminder there are special considerations to make when caring for

from https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html	normalcy as possible, the CDC recommends maintaining routines and continuing to provide structured activities. In addition, the CDC offers recommendations for how to care for patients on the unit who have suspected or confirmed COVID-19.	residents living in memory care units during quarantine situations.
Donovan, M. L., & Corcoran, M. A. (2010). Description of Dementia Caregiver Uplifts and Implications for Occupational Therapy. American Journal of Occupational Therapy, 64(4), 590–595. https://doi.org/10.5014/ajot.2010.09064	This study highlights the importance of providing interventions that directly help caregivers to emphasize and act on positive aspects of care. Unlike other articles that focus on negative aspects of care, the authors focused on uplifts of care that can help translate into better health for the caregiver and care recipient.	Although this article focuses on the interactions between spouse caregivers and care recipients, the takeaways are applicable to caregivers in a long-term care facility. When a caregiver feels more positively about their efforts and outcomes, there are enhanced treatment outcomes.
Kamp, J. & Overberg, P. (2020). Coronavirus Pandemic Led to Surge in Alzheimer's Deaths. *The Wall Street Journal.* Retrieved from https://www.wsj.com/articles/coronavirus-pandemic-led-to-surge-in-alzheimers-deaths-11593345601	This article shares the heightened difficulties older adults living with dementia or Alzheimer's face during the COVID-19 pandemic. In addition, it is noted that these individuals are facing a higher fatality rate on average compared to recent years. However, the additional deaths may be due to collateral damage, not COVID-19 itself. For example, the disruption of normal routines, lack of family visitation and increased falls can contribute to poor health outcomes for these older adults.	These considerations are important for my project because it highlights the detrimental effects of isolation and disruptions in normal care.
Khosravi, P., Rezvani, A., & Wiewiora, A. (2016). The impact of technology on older	This article focuses on how technology-based interventions have the potential to reduce social isolation and loneliness among older adults. It indicates that social isolation and loneliness have been	The findings in this article are pertinent to my project because it offers a variety of technology-based

adults' social isolation. Computers in Human Behavior, 63, 594–603. https://doi.org/10.1016/j.chb.2016.05.092	linked to poor cognitive functioning, mortality, impaired sleep and daytime dysfunction, reductions in physical activity, impaired mental health and even Alzheimer's disease. One of the points I found interesting was that social network sites such as Facebook or Twitter can help build social relationships and can greatly improve the wellbeing of seniors.	interventions I could potentially include in my work. However, it also recognizes that more studies need to be conducted on the effectiveness of each of the interventions.
Levy-Storms L. (2008). Therapeutic communication training in long-term care institutions: recommendations for future research. ***Patient Education & Counseling*****,** ***73*****(1), 8–21. https://doi.org/10.1016/j.pec.2008.05.026**	This article highlights that nursing aides and frontline staff provide 90% of direct care in nursing homes, but initiate little communication during interaction with older adult residents. Even further interaction with residents in memory care was even less frequent and poorer in quality. Personal relationships and social interaction are valuable to older adults, but there a few strategies offered on how to optimize these interactions among caregivers and care receivers.	The article offers different strategies for caregiver therapeutic communication and suggest presenting strategies with real-life examples. The suggestions found within this article are useful to my project as a I begin to build the "portrait of a therapeutic caregiver" to provide information on how to optimize time spent with older adults in a quarantine setting in a long-term care facility.
Perissinotto, C., Holt, L. J., Periyakoil, V. S., & Covinsky, K. (2019). A Practical Approach to Assessing and Mitigating Loneliness and Isolation in Older Adults. ***Journal of the American Geriatrics Society*****,** ***67*****(4), 657–662. https://doi.org/10.1111/jgs.15746**	This article provides a framework for different healthcare systems and providers to better understand loneliness and social isolation, explain ways these experiences can affect health status and offer ways to assess the experiences.	These findings are important to my project because loneliness and isolation are both prevalent during the COVID-19 pandemic. In addition, we can better support the theory that the COVID-19 quarantine has increased the death rate due to indirect factors like loneliness and isolation.
Taylor, H. O., Taylor, R. J., Chatters, L., & Nguyen, A. W. (2018).	This study focuses on determining the association between objective and subjective social isolation from friends and family members and their effects on	. This study confirmed that isolation from their support groups were associated

Social Isolation, Depression, and Psychological Distress Among Older Adults. Journal of Aging & Health, 30(2), 229–246. https://doi.org/10.1177/0898264316673511	depressive symptoms and psychological distress.	with higher levels of depressive symptoms and psychological distress. Although some of the information in the study has already been repeated in previous articles I found, the information is still relevant because it reaffirms that social isolation from loved ones can cause detrimental mental and physical health effects.
Wang, H., Li, T., Barbarino, P., Gauthier, S., Brodaty, H., & Molinuevo, J.L. (2020). Dementia care during COVID-19. *The Lancet.* 395(10231). https://doi.org/10.1016/S0140-6736(20)30755-8	This article released early during the COVID-19 pandemic highlights the different concerns related specifically to older adults with dementia. For example, they recognize that the lack of visitors and group activities may result in feelings of loneliness and abandonment. The article also suggests that along with infection control, we address mental health and psychosocial support. The best delivery of this care would be through the interdisciplinary team and allow for the support of team members for other disciplines.	For my project, one big takeaway I did not consider was the effect a long quarantine will have on the mental health of the caregivers. I must also consider the possibility of burnout and exhaustion on this end of healthcare.

Appendix B

Revised UCLA Loneliness Scale

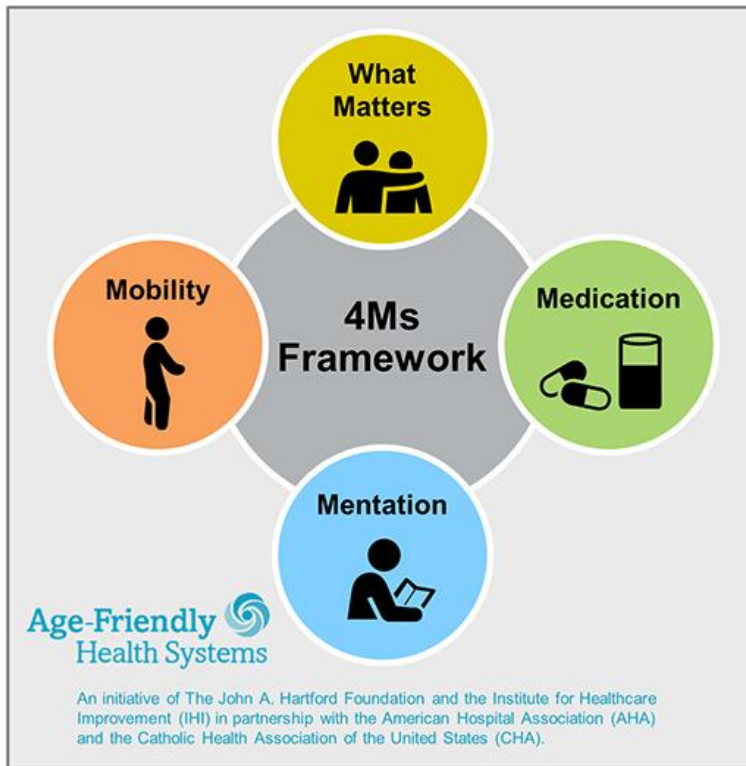
Statement	Never	Rarely	Sometimes	Often
1. I feel in tune with people around me	1	2	3	4
2. I lack companionship	1	2	3	4
3. There is no one I can turn to	1	2	3	4
4. I do not feel alone	1	2	3	4
5. I feel part of a group of friends	1	2	3	4
6. I have a lot in common with the people around me	1	2	3	4
7. I am no longer close to anyone	1	2	3	4
8. My interests and ideas are not shared by those around me	1	2	3	4
9. I am an outgoing person	1	2	3	4
10. There are people I feel close to	1	2	3	4
11. I feel left out	1	2	3	4
12. My social relationships are superficial	1	2	3	4
13. No one really knows me well	1	2	3	4
14. I feel isolated from others	1	2	3	4
15. I can find companionship when I want it	1	2	3	4
16. There are people who really understand me	1	2	3	4
17. I am unhappy being so withdrawn	1	2	3	4
18. People are around me but not with me	1	2	3	4
19. There are people I can talk to	1	2	3	4
20. There are people I can turn to	1	2	3	4

Scoring:

Items 1, 5, 6, 9, 10, 15, 16, 19, 20 are all reverse scored. Keep scoring continuous.

Appendix C

IHI Age-Friendly Health Systems 4Ms Framework



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

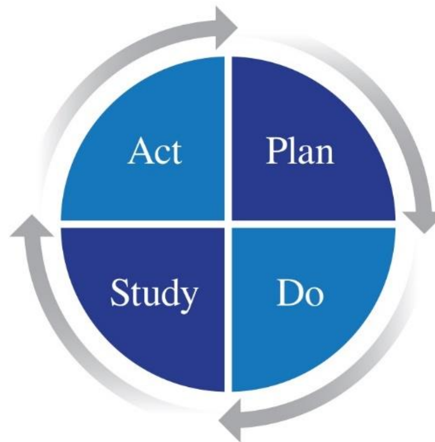
Appendix D

SWOT Analysis Table

STRENGTHS:	WEAKNESSES:
- Compassionate staff willing to put in the extra work to improve quality of life for residents - Investment and support for life enrichment resources - Residents willing to give input and feedback on improvements that can be made	- Upper management feels pressure from local and federal health departments to focus on infection prevention and control - Lack of current understanding and education for direct caregiving staff on detrimental health effects of loneliness
OPPORTUNITIES:	**THREATS:**
- Potential to help improve overall quality of life and caregiver/resident relationship in the event of future quarantine - Teaching moment to help caregiving staff better understand loneliness and how to prevent it - Provide staff with applicable interventions and examples on how to improve therapeutic communication	- Possible poor engagement due to virtual learning format - Inability to see direct effects on caregiving staff and residents due to visitation limitations

Appendix E

Plan-Do-Study-Act (PDSA) Cycle



Plan	- Initial research aims to understand loneliness and appropriate therapeutic interventions - Improvement project implementation will take place in an educational presentation for staff - Presentation format is as follows: - Define and explain the detrimental physical and psychological effects of loneliness in older adults at LTCFs, emphasizing its heightened prevalence during quarantine - Present the Revised UCLA Loneliness Scale, how to use it and explain the impact it can have on identifying and mitigating loneliness - Provide interventions of Logotherapy, combined with Socratic questioning to help improve therapeutic communication practices among caregivers and residents
Do	- Following the educational presentation, implementation of the

	UCLA LS-R screening and therapeutic interventions will begin - There is an expected adjustment period for providers implementing therapeutic interventions and residents getting used to the loneliness screening
Study	- It is expected there will be a 70% increase in provider knowledge and understanding of therapeutic interventions related to loneliness following the educational presentation - There is an also an expected reported increase in resident connection to caregiver, decrease in feelings of loneliness and overall increased satisfaction with care
Act	- If results do not meet expectations, a secondary educational presentation can be considered to help supplement knowledge and understanding of initial educational presentation - In addition, plans can be made to reach back out to residents for feedback, concerns and suggestions

Appendix F

Evidence-Based Change of Practice Project Checklist

STUDENT NAME: Emily Gines

DATE: 10/10/2020

SUPERVISING FACULTY: Professor Jackson

Instructions: Answer YES or NO to each of the following statements:

Project Title:	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	X	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	X	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	X	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	X	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	X	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	X	
The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	X	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	X	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	X	

Appendix G

Improvement Project Budget

	FY 2020	FY 2021
FTE Expense		
Team education for 20 clinicians, 2 hours salary annualized @$60/hour	$2400	$2400
Team education for 40 nurses, 2 hours salary annualized @$50/hour	$4000	$4000
Team education for 10 life enrichment coordinators, 2 hours salary annualized @$40/hour	$800	$800
Non-FTE Expenses		
Team Education Printing	$500	$500
Patient Education Printing	$500	$500
Total Expenses	**$8200**	**$8200**

Appendix H

Cost Benefit Analysis

The budget provides a rough estimate of costs associated with implementation of the UCLA LS-R loneliness screening and educational presentation for staff. Projected costs are the same for both the first and second year. It includes the clinician, nursing and life enrichment coordinator time for individuals participating in the educational presentation and physical materials needed for implementation. The low projected cost of $8200 per fiscal year is due to the virtual presentation delivery, with the main portion of costs attributed to payment for staff participating. This improvement project has the potential to greatly improve resident quality of life by creating awareness and ultimately working to mitigate loneliness.

Appendix I

Project Charter

Title

Prospectus for Mitigating Loneliness During Quarantine for Older Adults in Long Term Care Facilities

Global Aim

By January 1, 2021, all older adult residents of Elder Care Alliance long term care facilities will receive appropriate screening for loneliness using the UCLA LS-R scale. Direct caregivers will demonstrate understanding of loneliness and implement recommended therapeutic communication interventions to mitigate loneliness.

Specific Aim

This improvement project will aim to improve caregiver therapeutic communication with residents, increase social connection between residents and their loved ones and ultimately improve quality of life for older adults during quarantine.

Background

When the COVID-19 outbreak was announced as a Public Health Emergency of International Concern on January 30th, 2020, long-term care facilities (LTCFs) like Mercy Retirement & Care Center (MRCC) began to take careful precautions to protect their residents (World Health Organization [WHO], 2020). The acute respiratory illness COVID-19 causes higher mortality in individuals over 60 years of age and those with underlying medical

conditions such as diabetes, cancer or respiratory disease (WHO, 2020). In addition, the LTCF population is at high risk because of the close living proximity of residents in the facility.

For the MRCC community, quarantine has been in place since a facility influenza outbreak in February of 2020, which extended into March of 2020 as local health departments outlined strict protocols for COVID-19 transmission reduction for LTCFs like MRCC. As staff and residents alike have adjusted to the new normal, concerns are being raised on how to balance infection control with maintenance of quality of life.

It is important to understand the distinct differences between the term's loneliness and social isolation because they require different approaches and interventions. Loneliness is defined as the subjective feeling of being alone or perceived isolation. It can also relate to the discrepancies between ideal and perceived social relationships (Perissinotto, et. al, 2019). On the other hand, "… social isolation refers to a complete or near-complete lack of contact with society and refers to a quantifiable number of relationships" (Perissinotto, et. al, 2019).

Goals

The goal of this improvement project is to advocate for the psychological and emotional safety of older adults in LTCFs during quarantine and ultimately mitigate loneliness. This can be achieved through an educational presentation, implementation of standardized loneliness screening and individualized therapeutic communication. Implementation of this improvement project requires a multidisciplinary team approach and includes the following goals:

1- Increase caregiver knowledge and understanding of loneliness and appropriate therapeutic communication interventions

2- Increase resident satisfaction with caregiver therapeutic communication and delivery of care

3- Facilitate resident social connection with friends and family

4- Improve overall support and quality of life for residents during quarantine

Measurement Strategy

Background (Global Aim) By January 1, 2021, all older adult residents of Elder Care Alliance long term care facilities will receive appropriate screening for loneliness using the UCLA LS-R scale. Direct caregivers will demonstrate understanding of loneliness and implement recommended therapeutic communication interventions to mitigate loneliness.

Population Criteria Residents of Mercy Retirement and Care Center.

Data Collection Method Data will be obtained from staff pre and post tests with educational presentation. In addition to resident satisfaction surveys and reports following initial implementation of UCLA LS-R loneliness screening and therapeutic communication interventions.

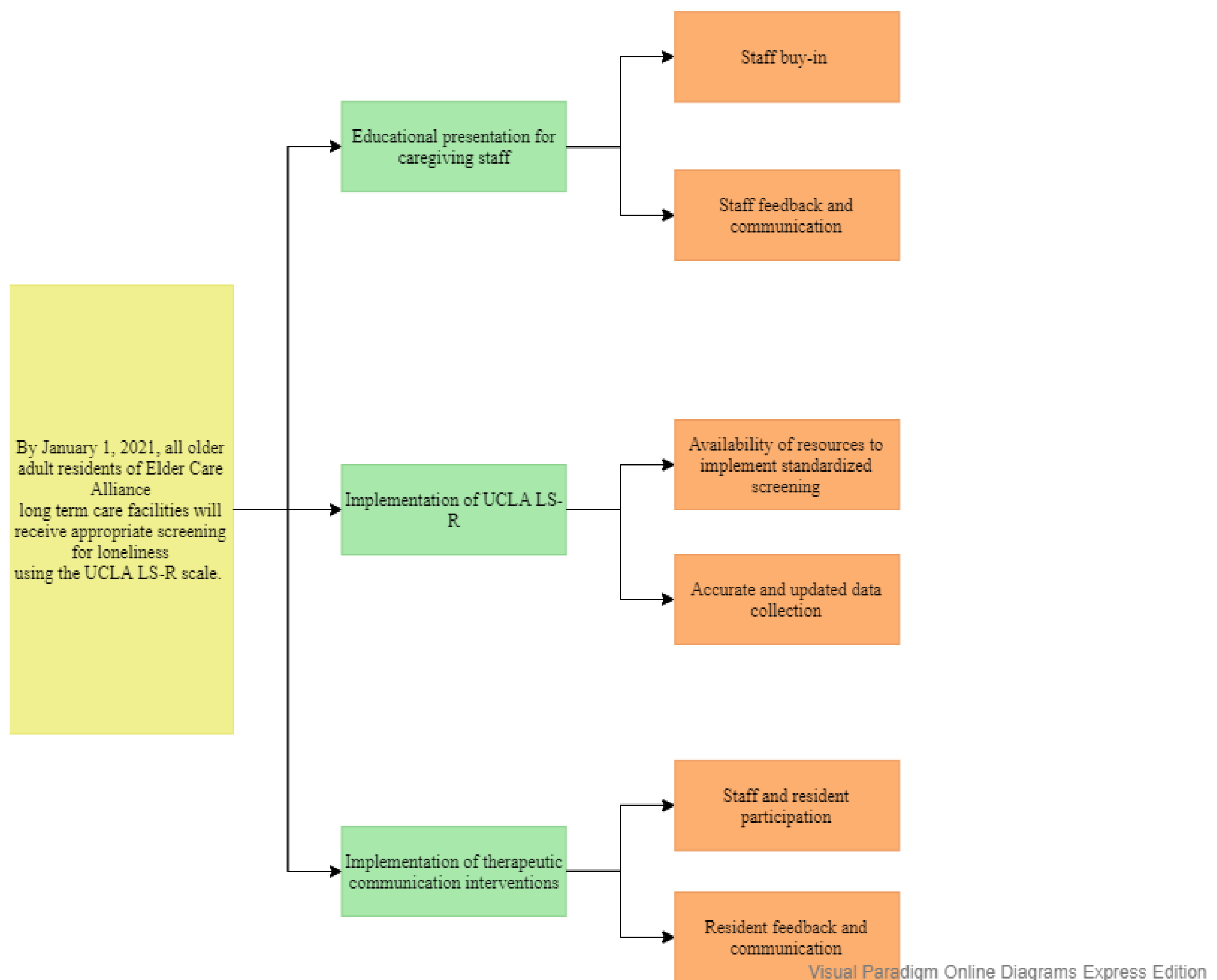
Team

Adriene Iverson	President & CEO
Phil Altman	Vice President of Operations
Monica Stinson	Vice President of Human Resources
Dan Hadfield	Vice President of Sales & Marketing
Carmel Dolcine-Joseph	Vice President of Wellness
Emily Gines	RN Lead and Nursing Intern

Sponsors

Rosemary Jordan	Vice President of Business Development and Strategy
Erin Partridge	Experiential Researcher in Residence
Krista Lucchesi	Mercy Brown Bag Program Director

Driver Diagram



Timeline

Gantt Chart