

## Repercussions of Covid-19 in Post-Acute Services: A Nursing Perspective

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### Abstract

The Covid-19 has continuously ravaged the healthcare systems worldwide since the World Health Organization declared it as pandemic in March 2020. Its impact has been felt not only in acute care settings, but also in post-acute care environments where high-risk and vulnerable patients reside. The undesirable effects of Covid-19 does not only affect residents in long term care settings, but also the post-acute healthcare providers. By understanding the implications to both patients and caregivers in the post-acute continuum, relevant strategies can be put in place to somehow address and mitigate the challenges and repercussions of Covid-19 pillaging the post-acute settings.

**Keywords:** Covid-19; Covid-19 in Long Term Care; Post-Acute Services; Challenges; Long Term Care Settings

### Introduction

Since its announcement as a pandemic in the first quarter of 2020, COVID-19 has continued to ravage the healthcare systems all around the globe [1]. Its undesirable effect is not only felt in acute health care facilities that became the immediate go-to sites for acutely infected individuals, but also in post-acute care settings whose clientele are also extremely at high risk to the ill-effects of the coronavirus.

Post-acute care is a growing and important health and social service in the United States, responsible for more than \$2.7 trillion in personal health care spending [2]. Beneficiaries who receive post-acute treatment receive rehabilitation or palliative care after, or in some cases because of, a stay in an acute care facility. Treatment can include a stay in a hospital, regular outpatient therapy, or care given at home, depending on the severity of the patient's needs. Long-term care clinics, inpatient rehabilitation services, skilled nursing centers and hospices, and home health care services are also examples of post-acute care environments [3-5]. In the Middle East and Gulf Cooperation Council, post-acute services is a growing section of the healthcare industry that focuses on specialized care services catering to patients with complex medical needs [6].

COVID-19 increases the risk of morbidity and mortality in older adults and those with underlying, severe medical conditions. Residents in long-term care nursing facilities, skilled nursing and rehabilitation facilities, and assisted living residences may be particularly vulnerable [5,7]. Long-term care (LTC) facilities, in particular, provide a specific and demanding environment for meeting the healthcare needs of those most vulnerable to COVID-19's impact [8-10]. As a result, COVID-19 has had a major impact on LTC facilities.

According to a study of the available literature and evidence as of October 2020, COVID-19 has had a major effect on LTC populations living in congregate settings in most countries, accounting for a large percentage of total deaths [11]. More than one in every four nursing homes has had a case of COVID-19, with residents and workers responsible for roughly 10% of total cases in the United States and a disproportionate amount of deaths, with some reports putting the figure at close to 40% of all deaths in the nation [9,12-14].

In addition to their residents' insecurity and vulnerability, LTC facilities are dealing with a slew of issues that have become more evident as the pandemic has progressed. It is therefore primordial to evaluate the current challenges encountered in post-acute settings

particularly those affecting both patients and healthcare providers, so that these issues may come to light and relevant and well-structured interventions can be developed to mitigate the detrimental impact brought about by the continued progression of the COVID-19 pandemic.

### Implications to patients

#### Physical wellbeing

SARS-CoV-2, in addition to its reported pulmonary and other systemic effects, can infect the nervous system, with one pathway being directly through the olfactory bulb and cause a variety of neurological and psychological symptoms in at least one-third to one-half of symptomatic individuals. Neuropathies in the peripheries, hallucinations, transient ischemic attacks, encephalitis, neurologic and cognitive disorders, mood and anxiety disorders, as well as headache and sensory deficits such as loss of smell and taste, are examples of acute neurological symptoms [15,16].

Changes in ability, alertness, focus, orientation, sleep, and appetite in any vulnerable elderly person in long-term care may be important indicators of infection. COVID-19 testing is recommended for any suspected case of neuropsychiatric changes, regardless of the presence of respiratory symptoms or classic fever and cough symptoms. Older people, especially those with frailty and dementia, should be physically mobilized as soon as possible to minimize deconditioning, create trust, and promote contact with others [17].

#### Emotional wellbeing

Since the pandemic, the effect of Covid-19 on emotional well-being and mental health has been widely discussed. Long term care facilities are usually designed as community-based structures which maximizes on family involvement and interaction, as well as community re-integration. International governing bodies such as the Centers for Disease Control and Prevention (CDC) as well as health authorities in each state recommended that residents who are infected or suspected of being infected be placed on transmission-based precautions, which encourages limiting contact between residents and their family members, as well as other residents, in order to avoid cross infection [18,19]. This reduction in opportunities to socialize and communicate leads to feelings of isolation and anxiety, which are related to poor health, cognitive loss, and depression [10,12,26].

To mitigate the emotional repercussions of isolation, healthcare facilities can encourage family members to utilize other ways to promote socialization such as the use of virtual platforms of communication like video chatting or video conferencing, or even regular telephone calls. They can also encourage a more structured way of visitation from family members to control the inflow and outflow of visitors, as well to ensure the use of appropriate personal protective equipment during visits [20].

### Implications on healthcare personnel

#### Staff turnover

Despite the fact that staffing turnover is still a concern in healthcare facilities, Covid-19 has exacerbated it by exposing the issues and flaws associated with staffing shortages and recurrent turnover [19,22]. Nursing care has become more laborious and exhausting as patients have become isolated, resulting in workers being unable to maintain adequate hygiene or self-care, feeling stressed, low morale, and anxiety, among other psychosocial strains. Furthermore, staffs have been reluctant to work in facilities with high volume of covid-positive patients in fear that they or their family members might contract the disease [22-24]. These factors have led to staff burnout and have motivated a lot nurses to leave the profession.

Despite the fact that the pandemic has brought to light the many complex issues surrounding LTC facility staffing that must be addressed in the long term, facilities should take a number of immediate steps to help reduce staff turnover. For example, facilities may

show their appreciation for their employees by emphasizing the important and valuable role they play, such as by providing hazard pay or providing additional allowances and incentives [20,25].

### Clinical education

COVID-19 has wreaked havoc not only on the healthcare systems around the world but also on medical and clinical education processes [27]. Because of the virus's high contagiousness, it has been challenging to proceed with regular lectures, which has had an effect on the medical education system, which is based on lectures and patient-centered education. As a result of the COVID-19 pandemic, learners are at risk of developing life-threatening conditions, posing major challenges for clinical instruction, as instructors must deliver lectures safely while ensuring the quality and accuracy of the clinical education process. Bedside teaching opportunities for learners, particularly new employees, have been reduced as a result of these challenges, as have supernumerary and clinical shadowing periods for new hires, as well as the suspension of in-person skills workshops [28-30].

Synchronous and asynchronous online video lectures with interactive conversations, as well as the use of a variety of resources or self-paced virtually recorded lectures made accessible online for staff, are some of the most frequently proposed approaches to promoting education and training [31,32].

### Conclusion

Although a lot of work is being done to control the spread of Covid-19, it is evident that with the current infection rates worldwide and the morphologic changes of the virus itself, the pandemic might stay for quite some time. It is then expected that the current challenges that healthcare systems are experiencing will continue to impact the recipients of healthcare services, particularly those who are considered as highly vulnerable population. By identifying and evaluating the current challenges experienced in post-acute services and long term care facilities, organizations are able to establish specific strategies that can help mitigate the unpleasant and dreadful ramifications engendered by the Covid-19 pandemic to both patients and healthcare providers.

### Conflict of Interest

The author declares no potential conflicts of interest with respect to the authorship, and/or publication of this article.

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