

Dementia Center s Response to the Evolving COVID-19 Pandemic

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Abstract

With society as a whole adapting to the COVID-19 pandemic, dementia centers have also shared their family caregivers. The James L. West Center for Dementia Care is a prominent dementia care facility in Texas with a capacity of one hundred residents. At the beginning of the pandemic in 2020, the center prohibited in-person visitors and shifted all in-person caregiver sessions to a virtual format, and it faced several issues with resident engagement and staff turnover. As COVID-19 concerns mitigated in society, the facility began allowing in-person visitors but retained masking guidelines. Our analysis of this center s response to the pandemic suggest that dementia care facilities should prioritize an open design, provide pandemic preparation training for staff, and integrate virtual aspects.

Introduction

The COVID-19 pandemic has significantly altered the framework of society in general, but it has been even harder on specialized organizations like dementia centers. SARS-CoV-2 infections accelerate cognitive decline pathways as supported by prevalent neurobiological symptoms in patients and long-term symptoms in recovered patients, indicating that COVID-19 induced cognitive decline has the potential risk of worsening pre-existing dementia. The greatest cognitive risk is immune-mediated from cytokine storms that can target many organ systems including the brain which can impact cognition via cerebral ischemia and can also cause hypoxia, acidosis, and neuroinflammation [1]. As a result, behavioral and psychological symptoms of dementia are worsened due to feelings of loneliness, depression, and boredom [2]. Moreover, COVID-19 has created an opportunity to alter the historical structure of dementia centers to accommodate for patient isolation, social distancing, and staff turnover by highlighting the ninety-two residents, nearing its maximum capacity of one hundred. In order to adjust to public health regulations, the center initially closed its day program, stopped in-person visitors, and moved to virtual caregiver education sessions to limit the spread of the virus in this susceptible group. A ten article meta-analysis with over 119,000 participants showed that the mortality rate of those with dementia after being infected with COVID-19 was higher than those without dementia, illustrating the dire need for prevention strategies within long-term care facilities [4].

A majority of family caregivers maintain care provisions for their family members living in dementia long-term care facilities; however, when these facilities closed their doors to visitors, caregivers' alternative communication methods were not always effective. Family caregivers

reported negative outcomes including social isolation, strain, reduced quality of life. Patients with dementia showed an increased dementia progression [5]. A cross-sectional study collected data over ten weeks after the national visitor ban using a semi-open design that was administered to family caregivers of long-term care residents. Results showed that family caregivers were worried more during the pandemic than before the visitor restrictions. Family caregivers felt that their relatives' happiness and well-being were dependent on their presence. They felt anger, worry, helplessness, grief, guilt, and failure, which were mitigated by telephonic and video calls, both when they moved their family member into the facility and throughout the pandemic. Additionally, family caregivers who participated in more diverse activities with their loved ones during the visitor ban showed more resilience and less loneliness during the pandemic than those who did not. There was a unanimous agreement that national visitor bans should be avoided in the future, but in the event of implementation of local visitor restrictions, every effort should be taken to help family caregivers maintain on-going contact with their family members [6].

In consideration of the negative consequences that result

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masked. Guests II out COVID-19 screening questionnaires on kiosks. Virtual communication and care with family members and help have their temperature checked, and shoes sanitized. Large crowds provide can reduce behavioral problems by mitigating and the units are also limited not only to curb the spread of the virus but also to avoid disrupting the daily activities of the residents. Telemedicine allows for remote monitoring, care also to avoid disrupting the daily activities of the residents. Televisions, smartphones, tablets, and computers center still offers virtual support groups for caregivers, it also helps to reduce feelings of isolation by means of con in-person education sessions. e day program has also reached to family and friends. A survey of one hundred reside to serve twelve people at once. Due to the massive increase in health facilities revealed a preference for receiving inform regulations and policies, the additional COVID-19 procedures via television [2]. Long-term care facilities need increased res become fully integrated into the daily operations, and a Comprehensive nonpharmacological tools of technology for reside Director has been added to full time staff at the James L. West Center, training and pandemic preparation solutions incl for Dementia Care. education and training for staff members and caregivers in or

An unexpected disadvantage of the pandemic has been enormous among residents and their behavioral and psychological sympt staff turnover. e center has seen at least a 50 percent rate of staff turnover throughout the pandemic, which is unprecedented. Staff members, improve work ow, enhance quality of care, and adv now faced with additional responsibilities at work including infection safety for all. While the changes brought about by the COVI control, stringent disinfection protocols, and fear of being infected pandemic to dementia centers has led to increased support of themselves [2]. ese unique challenges are further strained by needs, government support is also needed. Decisive policy shi s increasing food and gas prices in the community, the deleterious effects be implemented to reduce underfunding and discrepancies bet on mental health, and the impact on the family if a staff member was public and private sectors, which have unfortunately led to a infected by the virus. COVID-19 has been noted as a traumatic event death toll among nursing home residents in the United States with lifelong implications on mental physical, social, emotional and conclusion, the COVID-19 pandemic offers a chance for demer spiritual health. ee types of fatigue were endured by many: primary central to improve their patient care by incorporating adap feelings such as fatigue, sleep disturbances, chest pain, and shortness of policies integrating virtual elements, and seeking local and na breath, tightness in the throat, heart palpitations, anxiousness, isolation, government support. and despair. Secondary fatigue depicts sensory overload. People be engaged

to function on auto-pilot and exhaustion. Economic resources are stressed and disproportionately affect vulnerable populations. Dementia Risk: Potential Pathways to Cognitive Decline. Neurodegener Dis psychosocial feelings may heighten and lead to anger, irritability, pain, 21-23, meaningfulness, and apathy. Tertiary fatigue references a diminished sense of control [7]. However, staff turnover has increased at the facility since June of 2022. As the perception of COVID-19 has changed, fear and panic have been mitigated. e James L. West Center for Dementia Care center is currently completely staffed, which is unparalleled in the last two years since the start of the pandemic. Staff members' optimism paves the way in finding a balance with managing the disease and in retaining a normal life.

Several lessons can be learned from the James L. West Center for Dementia Care's approach to adjusting to the COVID-19 pandemic. Dementia care facilities should be designed to consider the needs of staff, caregivers, and the building itself. Large, over-crowded buildings with poor design and layouts, shared bedrooms and bathrooms, lack of colour, and poor lighting do not support an environment of autonomy and greater quality of life, so attention to detail to architecture and interior design is essential to foster a well-being space for residents [8]. Proposed solutions to the challenges created by COVID-19 management include infection prevention strategies such as early detection, social isolation, source control, screening of environmental cleaning, and frequent disinfection of high traffic areas.

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