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Brief Report

Value of a confidential COVID-19 helpline for nursing home staff

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Key Words:
Nursing homes

ABSTRACT

We hosted a confidential helpline to address concerns about COVID-19 prevention among staff in 12 nursing homes in Orange County, California. We fielded 301 inquiries from April 2021-April 2022, most commonly involving questions about vaccines (40%), nursing home COVID-19 prevention (28%), SARS-CoV-2 variants (18%), symptom reporting (10%), and home and community COVID-19 prevention (5%). During COVID-19 surges, staff dominantly expressed fear, anger, and exhaustion. During nadirs, sentiment shifted towards optimism and acceptance.

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METHODS

We hosted a free, confidential helpline from April 2021-April 2022 for NH staff in Orange County, California, the sixth largest US County. This activity was conducted as a non-research public health endeavor within our ongoing role as the county’s NH COVID-19 Prevention Team. Helpline services were advertised to all 70 NHs in the county, with a focus on a subset of 12 NHs enrolled in intensive COVID-19 prevention training. Assistance was offered in English and Spanish by 2 trained responders. Inquiries were documented in real-time using a standardized instrument (Supplemental Material) including date/time, topic, emotional sentiment (subjective opinion of responder), and information provided/needs addressed. We performed descriptive analyses of call volume, topics, emotional sentiments, and needs addressed.

RESULTS

We fielded 301 helpline inquiries. The median number of monthly inquiries was 22 (range:11-43), with notable peaks during Delta and Omicron variant waves (Fig 1). The majority of inquiries (>90%) were from the 12 NHs with direct engagement in our COVID-19 intensive prevention training program. Common topics included vaccines (N = 119; 40%), nursing home COVID-19 prevention (N = 84; 28%), SARS-CoV-2 variants (N = 54; 18%), symptom reporting (N = 30; 10%), and home and community COVID-19 prevention (N = 14; 5%) (Fig 2).

When the helpline launched, the dominant sentiment expressed by staff was fear (Fig 1). This fear was rooted in uncertainty surrounding vaccines, information overload, SARS-CoV-2 variants, and a feeling that the pandemic would never end. We observed a shift towards cautious optimism as the Delta wave subsided and staff grew increasingly comfortable resuming normal day-to-day activities. This optimism quickly abated when the Omicron variant emerged in November 2021. Many staff expressed anger, while others expressed apathy or exhaustion as COVID-19 cases increased during Winter 2021-2022. Staff were frustrated to enter another holiday season dominated by COVID-19 concerns. As cases subsided, staff began to...
express an overall sense of acceptance of pandemic life as the new reality.

Nearly all inquiries involved requests for information (N = 298; 99%). Other commonly rendered services included validating concerns or frustrations (N = 112; 37%), consulting on a specific situation (N = 107; 36%), calming fears due to illness, job insecurity, job pressures due to short staffing and stressed supervisors, economic consequences of missing work, and stigma of COVID-19 illness (N = 75; 25%), and providing advice for personal or family illness (N = 41; 14%). Commonly addressed questions included, “Why should I [vaccinate/get boosted]?”, “Which mask should I wear, and when?”, “How can I safely perform [a task]?”, and “What to expect next?”. Other concerns could not be assuaged. For example, frustrations lingered among callers who asked, “When will the pandemic be over?” or who expressed concerns about lack of staffing or personal protective equipment in their building.

**DISCUSSION**

Our confidential COVID-19 helpline was used to answer questions, disseminate information, and address concerns raised by NH staff in Orange County, California. Supporting the safety and well-being of the NH workforce is especially critical given that NH staff are subject to considerable educational and socioeconomic disparities. NH staff called due to emotional concerns, knowledge gaps, and impediments to speaking up about illness at work. The helpline provided an anonymous way to obtain advice from an impartial subject matter expert when staff were hesitant to approach a supervisor due to stigma, insufficient paid leave, or short staffing.

The COVID-19 pandemic has highlighted the urgent need to improve the longstanding inadequacy of infection prevention in US NHs. While infection prevention efforts in hospitals have been a priority for many decades, the Centers for Medicare & Medicaid Services only recently mandated that NHs establish an infection prevention program that includes infection prevention and control, staff training, and resident and family education. Our findings underscore the importance of these efforts and the need for ongoing support and education for NH staff.
The COVID-19 pandemic was overwhelming to such nascent systems, and this confidential helpline highlighted challenges unique to this high-risk setting and provided real-time support to the NH workforce.

A major limitation is the granularity of the data collected. Due to the confidential nature of the helpline, callers were anonymous and data are unlinked to staff or NH characteristics. Furthermore, emotional sentiment was classified by subjective assessment during each call.

This work also has several strengths. Services were provided to a key workforce across a large geographic region. Assuring confidentiality helped protect against reporting bias and social desirability bias. The utility of the helpline services was enhanced by providing support in both English and Spanish, to address common primary languages among NH staff in Southern California. Overall, this work supports the value of a confidential helpline for NH staff during a pandemic.

SUPPLEMENTARY MATERIALS

Supplementary material associated with this article can be found in the online version at https://doi.org/10.1016/j.ajic.2022.11.004.

References

1. Grabowski DC, Mor V. Nursing home care in crisis in the wake of COVID-19. JAMA. 2020;324:23–24.
2. Panagiotou OA, Kosar CM, White EM, et al. Risk factors associated with all-cause 30-day mortality in nursing home residents with COVID-19. JAMA Intern Med. 2021;181:439–448.
3. Chen MK, Chevalier JA, Long EF. Nursing home staff networks and COVID-19. Proc Natl Acad Sci U S A. 2021;118:e2015455118. https://doi.org/10.1073/pnas.2015455118.
4. University of California Irvine Health. Orange county nursing home infection prevention toolkit. Accessed June 22, 2022. https://www.ucihealth.org/stopcovid.
5. Reza Scales P. It’s time to care: a detailed profile of America’s direct care workforce. 2020. Accessed July 1, 2022. https://phinational.org/resource/its-time-to-care-a-detailed-profile-of-americas-direct-care-workforce/.
6. Silver S, Boiano J, Li J. Patient care aides: differences in healthcare coverage, health-related behaviors, and health outcomes in a low-wage workforce by healthcare setting. Am J Ind Med. 2020;63:60–73.
7. Mody L, Bradley SF, Huang SS. Keeping the “home” in nursing home: implications for infection prevention. JAMA Intern Med. 2013;173:853–854.
8. Dumyati G, Stone ND, Nace DA, Crnich CJ, Jump RL. Challenges and strategies for prevention of multidrug-resistant organism transmission in nursing homes. Curr Infect Dis Rep. 2017;19:18.
9. Centers for Medicare & Medicaid Services. Reform of requirements for long term care facilities: 42 CFR Parts 405, 431, 447, 482, 483, 485, 488, and 489. Accessed August 2, 2020, https://www.govinfo.gov/content/pkg/FR-2016-10-04/pdf/2016-23903.pdf.