

Difficulty in continuing home care after informal caregiver was exposed to the covid-19: a case report

Ryo Sakamoto¹, Makoto Yoshida², Divya Bhandari³, Hiroto Miyatake⁴, Makoto Kosaka³, Tetsuya Tanimoto³, Masahiro Kami³, and Akihiko Ozaki⁵

¹Visina Home care

²Teikyo University

³Medical Governance Research Institute

⁴Orange Home-Care Clinic

⁵Minamisoma Municipal General Hospital

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Abstract

There are many challenges that can arise while providing home care to a terminally ill patient. Isolation of infected patients was used to prevent COVID-19 infection. In home care, where informal caregivers play an important role, such measures could result in the loss of caregivers.

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Co-authors:

1. Ryo Sakamoto

Departments:

Institutions: Visina Home Care

City: Tokyo

Country: Japan

Email: *ryo.sakamoto1227@gmail.com*

2. Makoto Yoshida

Departments:

Institutions: Teikyo University school of Medicine

City: Tokyo

Country: Japan

Email: *110818makoto@gmail.com*

3. Divya Bhandari

Departments:

Institutions: Medical Governance Research Institute

City: Tokyo

Country: Japan

Email: rayordeal3@gmail.com

4. Hiroto Miyatake

Departments:

Institutions: Orange Home-Care Clinic

City: Fukui

Country: Japan

Email: hmiyatake@orangeclinic.jp

5. Makoto Kosaka

Departments:

Institutions: Medical Governance Research Institute

City: Tokyo

Country: Japan

Email: m.kosaka0811@gmail.com

6. Tetsuya Tanimoto

Departments:

Institutions: Medical Governance Research Institute

City: Tokyo

Country: Japan

Email: tetanimot@yahoo.co.jp

7. Masahiro Kami

Departments:

Institutions: Medical Governance Research Institute

City: Tokyo

Country: Japan

Email: *kami-ty@umin.net*

8. Akihiko Ozaki

Departments: Department of Breast Surgery

Institutions: Jyoban Hospital of Tokiwa Foundation

City: Fukushima

Country: Japan

Email: ozakiakihiko@gmail.com

Corresponding author:

Ryo Sakamoto

Postal address: Minatoku, Tokyo, Japan

Email: ryo.sakamoto1227@gmail.com

Tel: +81 9082761399

Fax: 03-6409-6358

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Abstract:

There are many challenges that can arise while providing home care to a terminally ill patient. Isolation of infected patients was used to prevent COVID-19 infection. In home care, where informal caregivers play an important role, such measures could result in the loss of caregivers.

Clinical message:

In home care, when informal care givers are exposed to COVID-19, it may be difficult to secure replacement caregivers and care could be interrupted.

Introduction

Although chronic and terminally ill patients have been usually cared for in nursing homes, people are increasingly choosing home care as an alternative type of medical care.¹ Japan is no exception. Home care consists of public services that provide necessary medical and nursing care, such as home medical care by doctors, home nursing care by nurses and caregivers, along with family care. Home care in Japan is usually covered by public insurance such as medical insurance and long-term care insurance.² As a result, patients receiving home care are from diverse backgrounds, including those suffering from chronic or intractable diseases, terminal stages of life, and mental illness.

During the coronavirus disease 2019 (COVID-19) pandemic, patients admitted to a hospital are usually unable to see or communicate with their family members effectively due to visiting restrictions.^{3 4} Therefore,

increasingly more patients are choosing home care to live their fulfilling life with their families at their end-stage of life.⁵ Studies have reported the importance of end-of-life home care during COVID-19.⁶ While it could seem an effective option, it is necessary to understand, acknowledge, and be prepared for possible challenges that may arise.

In this article, we have reported the challenges faced in continuing home care after informal caregiver was exposed to the COVID-19, underscoring the need for effective planning and preparation for the anticipated and unanticipated future challenges before opting for home care.

Case presentation

An elderly woman in her 80s with dementia was referred to our home nursing station in 2021. Originally, she used to run a restaurant with her husband but they closed it five years ago due to health concerns. Her husband also passed away three years ago and she has been living alone since then. Normally, she used a daycare service six days a week from Monday to Saturday, where she received exercise, leisure activities, and cleanliness care including bathing assistance. Additionally, she used to receive cleaning service and personal care from a home care service once a week, and her son also visited her almost every day. Meals were usually delivered to her home in a lunch box, and she was able to eat at the dining table. However, sometimes, due to short-term memory loss, she used to miss her meal. To ensure she ate it, her daughter-in-law could call her and her son could visit her every morning. In most cases, she was able to defecate on her own, but a few times she failed to do so, so the caregiver had to check her diapers and encourage her to change them.

In late June 2021, her son was found to be infected with SARS-CoV-2 and was admitted to a hospital. As she had been in close contact with him, the visiting physician immediately conducted a PCR test on her. Despite the test result being negative her usual home care and daycare services were completely suspended as she was in contact with an infected person. Furthermore, her daughter-in-law also did not feel comfortable visiting her. So, our institute was recommended by the public health center to a care manager who was seeking a home nursing station equipped to care for patients who had been in close contact with COVID-19 patients. Our role was to manage for home care until a short-term accommodation could be found.

We made our first home nursing visit around noon, the day after her son's admission. We were informed in advance that she had dementia and she could refuse care services. However, we did not experience any rejection for care and appropriate precautions were taken to prevent COVID-19 infection. When she learned her son had been admitted to the hospital, she broke down in tears. Upon calming her down, nursing staff checked her vital signs, helped her take meals, medication and looked after her hygiene needs. After a few days, the care manager was able to find a private facility where she could stay for a short period. Besides helping her prepare for the stay, our staff took her to a cab where she was accompanied by her daughter-in-law.

Discussion

This case study has highlighted a challenge that could arise in-home care particularly when a caregiver is exposed to an infectious disease like COVID-19. While a caregiver was isolated due to COVID-19 infection, a patient was left unattended by other family members and the care center as she was exposed to the infected person. The patient could have faced a huge risk if we had not provided timely support.

Long-term care insurance in Japan is based on the premise of family care. However, when an informal caregiver becomes infected with SARS-CoV-2 or any other disease and is quarantined in a hospital or other institution, there would be no one to care for the patient as in this case. It is particularly difficult to find alternative caregivers when the patient is exposed to COVID-19 infected person. Moreover, staffs of day-care and home care facilities are not necessarily trained in medical countermeasures against infectious diseases, making it difficult for them to take care of those with close contact with a COVID-19 patient.

In this case, the home nursing station staff visited the patient with infection control measures in place. For example, protective clothing was worn when entering the room, the nurse in charge of this case was separated from the nurse in charge of normal duties, and an office was set up exclusively for the nurse in charge of this

case. Thus, in countries with home care systems, including Japan, it may be necessary to establish flexible rules for dealing with close contact with a COVID-19 patient, such as allowing public services to intervene in home care with infection control.

Luckily, in this case, the patient was not in a critical condition. However, for terminally ill patients, who are usually in critical condition, disruption of care could pose a high risk. Home care became a necessity in Japan particularly during COVID-19 where there is a constant rise in cases, difficult hospitalization, and shortage of health workers and beds.⁶ However, while emphasizing the importance of home care, it is equally important to expand home care measures particularly during COVID-19 pandemic, as underlined by this case.

Conclusion

This case presents the challenge faced in continuing home care once an informal caregiver was exposed to the COVID-19. It is one of many challenges that can arise while providing home care to a terminally ill patient. While home care can be a viable option, it is necessary to make effective planning and be prepared for the anticipated and unanticipated future challenges. This holds true during COVID-19 and beyond.

Author Contributions:

All authors conceptualized and designed the study. Sakamoto R, Yoshida M, Bhandari D, Ozaki A and Tanimoto T wrote the manuscript, and all authors contributed to making critical revisions for improving the intellectual content of the manuscript.

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References:

1. Saga Y, Enokido M, Iwata Y, Ogawa A. Transitions in palliative care: conceptual diversification and the integration of palliative care into standard oncology care. *Chinese clinical oncology* . Jun 2018;7(3):32. doi:10.21037/cco.2018.06.02
2. Hatano E. Long-term Care Insurance in Japan: How physicians are involved in providing rehabilitation for the elderly. *Japan Medical Association journal : JMAJ* . May 2012;55(3):231-9.
3. Jaswaney R, Davis A, Cadigan RJ, et al. Hospital Policies During COVID-19: An Analysis of Visitor Restrictions. *Journal of public health management and practice : JPHMP* . Jan-Feb 01 2022;28(1):E299-e306. doi:10.1097/phh.0000000000001320
4. Münch U, Müller H, Deffner T, et al. [Recommendations for the support of suffering, severely ill, dying or grieving persons in the corona pandemic from a palliative care perspective : Recommendations of the German Society for Palliative Medicine (DGP), the German Interdisciplinary Association for Intensive and Emergency Medicine (DIVI), the Federal Association for Grief Counseling (BVT), the Working Group for Psycho-oncology in the German Cancer Society, the German Association for Social Work in the Healthcare System (DVSG) and the German Association for Systemic Therapy, Counseling and Family Therapy (DGSF)]. *Schmerz (Berlin, Germany)* . Aug 2020;34(4):303-313. Empfehlungen zur Unterstützung von belasteten, schwerstkranken, sterbenden und trauernden Menschen in der Corona-Pandemie aus palliativmedizinischer Perspektive : Empfehlungen der Deutschen Gesellschaft für Palliativmedizin (DGP), der Deutschen Interdisziplinären Vereinigung für Intensiv- und Notfallmedizin (DIVI), des Bundesverbands Trauerbegleitung (BVT), der Arbeitsgemeinschaft für Psychoonkologie in der Deutschen Krebsgesellschaft, der Deutschen Vereinigung für Soziale Arbeit im Gesundheitswesen (DVSG) und der Deutschen Gesellschaft für Systemische Therapie, Beratung und Familientherapie (DGSF). doi:10.1007/s00482-020-00483-9
5. Gomes B, Calanzani N, Curiale V, McCrone P, Higginson IJ. Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers. *The Cochrane database of systematic reviews* . Jun 6 2013;(6):Cd007760. doi:10.1002/14651858.CD007760.pub2

6. Ryo Sakamoto, Divya Bhandari, Akihiko Ozaki, et al. End-of-life home care during the COVID-19 pandemic. *Authorea*. October 21, 2021.