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Brief Report

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

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A B S T R A C T

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.

Nursing homes (NHs) are particularly vulnerable to COVID-19 introduction, spread, and resultant morbidity and mortality.[1,2] Pandemic policies that restricted visitation meant that NH staff were the likely source for bringing COVID-19 from the community into NHs.[3] Thus, measures to ensure the health of NH staff became critical to resident safety. We hosted a confidential COVID-19 helpline for NH staff in Orange County, California. Our goal was to promote a safer NH workforce by addressing concerns, providing needed information, encouraging infection prevention activities, as well as symptom reporting, testing, and vaccination. We report the value of our COVID-19 helpline for NH staff.

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.[4] 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

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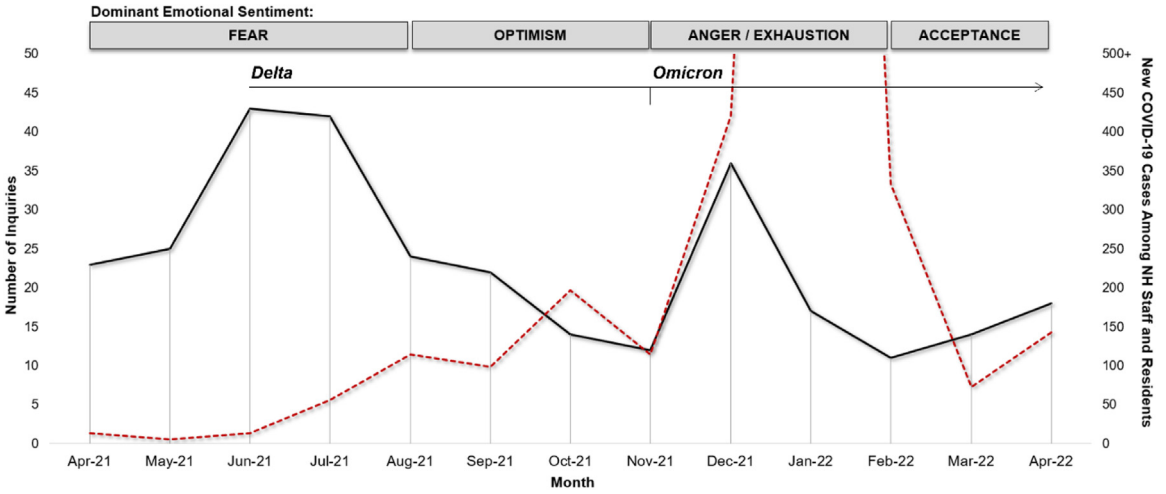

Fig 1. Line graph displaying (1) volume of monthly helpline inquiries from nursing home (NH) staff (black solid line), (2) number of incident COVID-19 cases among nursing home staff and residents in Orange County, CA (red dashed line), and (3) the dominant staff emotional sentiment over time (gray boxes). Delta and Omicron variant waves are noted.

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 wellbeing of the NH workforce is especially critical given that NH staff are subject to considerable educational and socioeconomic disparities.[5,6] 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.[7,8] 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

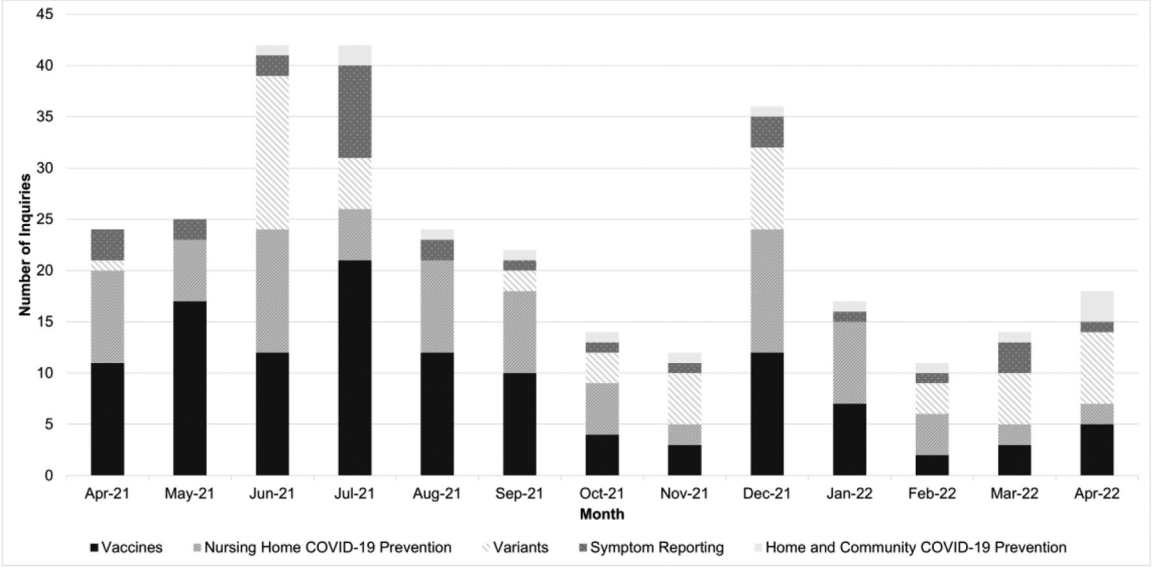

Fig 2. This bar graph displays monthly helpline inquiries by topic. Each inquiry was categorized by the primary topic of the question or concern raised by the caller.

prevention and control program by November 2019.[9] 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.

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