

# Long-Term Care Facility Compassionate Care and End of Life Visitation Guidance

Updated: March 5, 2021

Updated: September 17, 2021: removes criteria for the resident and visitor. Facilities should follow the [current visitation guidance](#).

This document encompasses both end of life care visits and compassionate care visits. New Mexico's positivity rate does not impact a facility's ability to provide compassionate care or end of life visitation. The frequency of visits is determined by the plan of care or service plan and the visits must follow the Core Principles of COVID-19 Infection Prevention as outlined in the Visitation Guidance Document. The capacity of a compassionate care visit should be determined by social distancing. The maximum allowable capacity of such a visit is the number of persons that can safely maintain a six-foot radius from others. Facilities may establish their own limits as they see fit.

The following guidance provides recommendations for facilities to consider when determining whether a compassionate care or end of life visit is appropriate.

## What is a Compassionate Care Visit?

A Compassionate Care Visit refers to any one of the following scenarios:

- A resident whose condition is defined by any or all of the following:
  - When a resident is newly enrolled in a hospice program;
  - When a resident has a change in status to palliative care as determined by an order from the clinician;
  - When a resident is determined to be in the dying process [terminal within 30 days];
  - The emergence of a condition/disease in which a resident is declining in accordance with the care plan/service team and most recent assessment;
  - A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support;
  - A resident who is grieving after a friend or family member recently passed away;
  - A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration; or
  - A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
- Failure to thrive manifested by functional parameters to include:
  - The emergence of unplanned weight loss problem;
  - The emergence of a new pressure injury, an unstageable pressure injury, a deep tissue injury, or a worsening in pressure injury status;
  - A fall that resulted in an injury or in which the resident was transferred to the hospital for evaluation;
  - A decrease in function as noted by a decline in Activities of Daily Living (ADL) or physical

- The ability or capacity of a resident’s decision-making has worsened.

### **What is an End of Life Visit?**

End of Life Visits refers to the following scenario:

- Visitation with a person who has a terminal condition or dementia-related disorder that has become advanced, progressive, and or incurable. The person is in the active stages of dying (probable within thirty days).

### **Visitation Area Criteria**

The visitation area should be established as follows:

- Conducted outdoors if the health of the resident and weather allows:
  - If possible, the outdoor visitation area should be accessible for visitors from the outdoors;
  - Outdoor visitation should occur only on days when there are no weather warnings that would put either visitors or residents at risk;
  - Visitation spaces must provide adequate protection from weather elements (e.g., shaded from the sun);
  - Visitation areas must be sanitized after every visitor.
- If outdoor visitation is not feasible or is not advisable for the health of the resident, visitation should be conducted in a designated room inside of the facility.
  - If possible, the room should be located close to the entrance of the facility, so the visitor has the least amount of contact with the rest of the facility;
- If the resident cannot be moved from their room, a compassionate care or end of life visit can be held in the resident’s room.
  - It is preferred that residents receiving compassionate care or end of life visit have a private room. If this is not possible and the resident has a roommate, a partition should be in place between the living areas of the resident and their roommate.