REIMAGINING CARE FOR OLDER ADULTS

Next Steps in COVID-19 Response in Long-Term Care and Retirement Homes

What We Heard: Executive Summary

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Canadian Foundation for Healthcare Improvement
Fondation canadienne pour l'amélioration des services de santé

cpsi icsp
Canadian Patient Safety Institute
Institut canadien pour la sécurité des patients

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The Canadian Foundation for Healthcare Improvement (CFHI) works shoulder-to-shoulder with partners to accelerate the identification, spread and scale of proven healthcare innovations. Together, we're delivering lasting improvement in patient experience, work life of healthcare providers, value for money and the health of everyone in Canada.

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Established by Health Canada in 2003, the Canadian Patient Safety Institute (CPSI) works with governments, health organizations, leaders, and healthcare providers to inspire extraordinary improvement in patient safety and quality.

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Disclaimer

Because of its limitations, this Discussion Paper should not be used as the sole source of information when assessing the requirements for change in Long-Term Care (LTC) and Retirement Homes. This Discussion Paper should be read and considered as a part of a more comprehensive review of the LTC and Retirement Home landscape in addressing the challenges posed by COVID-19.

Unless explicitly indicated otherwise, all opinions expressed in this report are the opinions of the interviewee(s) and may not reflect the beliefs or opinions of the CFHI or the CPSI.

WHAT WE HEARD: EXECUTIVE SUMMARY

About 8 in 10 COVID-19-related deaths in Canada are in long-term care (LTC), double the OECD average.[1] By July 7, 2020, the National Institute of Ageing reported more than 18,000 cases and 6,851 deaths among residents of long-term care and retirement homes in Canada, as well as almost 10,000 staff cases and 16 deaths; however the majority of deaths have been in LTC.[2] Reports in the press, by the Canadian Armed Forces and elsewhere have highlighted the pandemic's devastating effects in some homes.

This report focuses on steps we can take now to ensure that settings that care for older adults are better prepared for future waves of the pandemic, potentially coinciding with seasonal influenza. It is intended for front-line teams, policy-makers, and others who are spending long hours managing tough situations now, while also trying to look ahead.

What Happened Between March and May in Long-term Care and Retirement Homes in Canada

The first questions we asked interviewees were about contributing factors to COVID-19 outbreaks: What happened and why? What are the key issues that need to be addressed in the next 3-6 months?

They noted that the COVID-19 pandemic has surfaced long-standing systemic vulnerabilities in LTC homes. Examples include chronic under-resourcing, rising needs of residents, infrastructure/facility risks, staffing challenges, underlying demographics, high numbers of people coming into homes, insufficient infection prevention and control training and practice, and uneven clinical leadership. Some but not all of these issues also apply to other settings such as retirement homes where older adults live communally. Interviewees noted that these challenges did not develop in weeks or months and will not all be solved quickly.

Many also told us that:

- Initial pandemic preparations focused on acute care hospitals.
- Personal protective equipment and infection prevention and control expertise was not shared across the health system early in the pandemic.
- A regional focus helped to coordinate resource allocation and pandemic response.
- Reporting and testing have been uneven across the country.
- LTC homes that were overwhelmed seem to follow a consistent pattern to reach a tipping point.
- Homes in full outbreak require a major team response.

APPROACH

This report is primarily based on more than 40 interviews with family partners in care and health system leaders across Canada, undertaken mostly over a three-week period in late May and early June, 2020. Where possible, we have also reflected up-to-date data, published reports and expert commentaries. We are respectful that the insights reflected in this report come from very difficult learned experiences this spring and deeply appreciate the generosity of those who shared them with us. The interviews focused on:

- Contributing factors to COVID-19 outbreaks in LTC and other places where older adults live in congregate settings
- Promising practices with the potential for short-term spread and scale
- Maintaining essential non-COVID-19 care for older adults through 2020 and beyond.

The interviews were designed to represent a range of perspectives but those we spoke with were invited to contribute their personal thoughts and expertise, not to represent specific organizations or communities. They were intended to provide rapid feedback to suggest directions for further exploration, rather than to produce definitive conclusions and so should not be the sole source of information when assessing opportunities for improvement in this sector.

1. https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf
2. https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf

Promising Practices and Policy Options

Hard-won lessons from LTC homes that experienced outbreaks – alongside lessons learned in Canada and internationally from those less affected in the first wave of the pandemic – point to a range of promising practices that have the potential to offer significant value in the short-term. Based on what we heard, there are six main types of practices that could reduce the risk of another wave of outbreaks or mitigate its effects.[3] They can be translated into a series of questions to ask when assessing preparedness and response:

1. PREPARATION:

- Have LTC homes updated implementation of Infection Prevention and Control (IPAC) standards and training?
- Have homes met with regional partners to co-design response plans for different outbreak scenarios (e.g. using tabletop simulations)?
- Have homes and/or others secured Personal Protective Equipment (PPE) supply and management arrangements?
- Are third-party assessment and guidance to ensure adherence to IPAC protocols being leveraged?

2. PREVENTION:

- Are homes regularly and systematically testing, even those without symptoms? Do homes have rigorous contact tracing protocols in place?
- Have homes implemented universal masking and other IPAC precautions?
- Have homes worked with partners to optimize care models, to reduce the number of outside care providers coming into the home and to manage how often residents need to leave for care (e.g. using virtual care, strong primary care, and on-site services where appropriate)?
- Are approaches in place (e.g. via intensive home and community care supports) to reduce the number of people who are waiting in hospital for other types of care and/or who need long-term care?

3. PEOPLE IN THE WORKFORCE:

- Have homes stabilized and reinforced staffing, as well as working conditions and psychological health and safety?
- Are staff limited to working in only 1 higher risk environment and are supports in place to make this possible?
- Are there plans to increase capacity through training and recruitment as required?
- Are the community-transmission risks that staff and their families may face understood and mitigated where possible?

4. PANDEMIC RESPONSE AND SURGE CAPACITY:

- Do homes have formal, clear, and well-communicated plans of where they will turn for assistance if there is an outbreak?
- Is there a pre-agreed plan for surge support for every home if needed that will ensure a robust response?
- Are surveillance methods in place (e.g. data/dashboards) to proactively identify where surge capacity may be needed?
- How will homes reduce the risk of cross-infection in the case of an outbreak involving residents (e.g. testing before cohorting residents who are or are not infected)?

3. While our focus is on actions specific to the care of older adults, homes were more likely to have outbreaks if more cases were circulating in the community. The effectiveness of broader pandemic response matters greatly. For instance, we heard about communities with managed entry who provided hotels and food to help people entering the community to self-isolate. Likewise, broad-based public health messaging, testing, and contact tracing can reduce the risk of infection among staff.

5. PLAN FOR COVID-19 AND NON-COVID-19 CARE

- Have homes stabilized clinical leadership (e.g. medical director) and ensured back-up?
- Do all residents have access to high quality primary health care that does not require them to leave the home during an outbreak?
- Have arrangements for access to needed specialty care been put in place?
- Do all residents have up-to-date, person-centred, integrated care plans in place?
- Have palliative approaches to care been embedded in the home's processes and culture?

6. PRESENCE OF FAMILY

- Do homes recognize and support family caregivers as essential partners in care?
- Have policies regarding family presence been revisited with resident/family representatives at the table?
- Have harm reduction approaches been considered to support family presence (in-person and/or virtually) and are appropriate infrastructure, supplies, and policies in place?
- If family caregivers are not permitted in the home, what are the alternate plans for ensuring that the care and services (e.g. assistance with eating, translation) that they normally provide are not compromised?

These questions and the observations that follow are presented to Canadian stakeholders in an effort to spread and scale promising practices as we prepare for potential future waves of the pandemic. They are intended to complement work being undertaken by others regarding broader policy and system change.