

## Crisis management and renewal plans in long-term care will need to consider five key domains

Waddell KA, DeMaio P, Wilson MG, Bain T, Wang Q, Al-Khateeb S, Sharma K, Gauvin FP, Lavis JN. COVID-19 living evidence profile #2 (version 2.4): What is known about preventing and managing COVID-19, outbreaks of COVID-19, and about supporting renewal in long-term care homes? Hamilton: McMaster Health Forum, 6 July 2021.

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### Why is all the evidence on this topic being summarized?

- Long-term care homes (sometimes referred to as nursing homes, continuing-care facilities, or residential-care homes) provide 24/7 access to nursing and personal care to residents. This generally includes more care than can be safely met through supportive housing or a retirement home, but not so much care that they require admission to a hospital unit.
- The long-term care sector has been hit very hard by the COVID-19 pandemic.
- The pandemic highlighted new and long-standing problems in the long-term care sector.

### What question did we want to answer?

- What is known about preventing and managing outbreaks of COVID-19 in long-term care homes?
- What is known about how to strengthen or reform the long-term care sector?

### How have we done this rapid review/rapid evidence profile/living evidence profile?

- We identified research evidence addressing the questions by searching the [COVID-END inventory](#) and the [COVID-END guide to key COVID-19 evidence sources](#), as well as two databases that capture research beyond COVID-19 ([Health Evidence](#) and [Health Systems Evidence](#)).
- We also examined what was done in Canada and in eight other countries (Australia, France, Finland, Germany, Netherlands, New Zealand, United Kingdom, United States). These countries were selected because they are advanced in their approaches and delivery of long-term care or are good comparators to Canada.

### **Box 1: Crisis management and renewal in long-term care**

Five key domains must be considered:

- preventing infections;
- managing outbreaks;
- renewing the delivery, financial and governance arrangements (for example, improving access to care, improving integration with other sectors, changing how care is funded);
- renewing supports for residents (and their families and caregivers) and staff (and volunteers); and
- promoting alternatives to long-term care homes.

## How up to date is this living evidence profile?

- This living evidence profile was last updated on 6 July 2021.

## What are the main results of our living evidence profile?

- We identified 28 new documents since the last update, of which 19 were highly relevant.
- Several key themes emerged from these documents, notably:
  - jurisdictions that responded early to the COVID-19 pandemic with state-of-emergency declarations, non-essential visitor restrictions, and single site-restrictions for staff (among other measures) had lower rates of COVID-19 and lower rates of mortality in long-term care homes;
  - prioritizing staff and residents of long-term care homes for vaccinations successfully reduced the number of new cases of COVID-19 in long-term care homes, but some hesitancy towards vaccinations among staff has been reported;
  - adhering to prevention measures has been critical to reducing rates of infection and mortality, including:
    - ensuring sufficient supply of personal protective equipment,
    - implementing mass testing of residents and staff,
    - physically distancing residents or grouping residents based on their risk of infection (or whether they have tested positive for COVID-19),
    - implementing a ban on visitors, including families and caregivers (however, this ban led to a reduction in the quality and quantity of care provided to residents, and had an overall negative effect on the health and wellbeing of residents)
  - outdated physical infrastructure (for example, older designs of rooms and common spaces, poor ventilation, multi-bed rooms, and larger homes) was all found to contribute to higher rates of infection;
  - COVID-19 has challenged staff and managers at long-term care homes, with many reporting job strain, emotional exhaustion and burn-out (which led jurisdictions to invest in rapid training programs for new staff as well as to provide incentives to those who choose to work in long-term care); and
  - electronic health records (available to authorized health providers and the individual anywhere, anytime) may enhance quality of care and improve the management of information, but some long-term care homes have been slow to adopt them and to put in place training and processes to support their use.

## How confident are we in the results?

- The quality of research evidence is mixed, ranging from low- to high-quality reviews
- Most of the evidence comes from individual studies (for which the quality was not appraised) and experiences from other jurisdictions

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