

CONFERENCE ABSTRACT

Elderly in nursing homes and COVID-19: organization of a unique strategy and opportunity to improve integrated care in Long Term Care Facilities

21st International Conference on Integrated Care, Virtual Conference – May 2021

Mireia Massot Mesquida¹, Miquel Angel Mas Bergas, Ramon Miralles, Sara Pablo, Ricard Peiró, Sara Rodoreda, Maria José Ulldemolins, Mar Isnard, Susana Morales, Yolanda Ordorica

1: Institut Català de la Salut, Spain

Introduction

Along with the Covid-19 pandemic, the social and health systems faced a great challenge, particularly in institutionalized patients. An integrated care emergency response was required, not only for the Covid-19 impact on health outcomes but for the complexity of the pandemic control in long term care facilities (LTCF).

Due to a lack of evidence on how to respond to new pandemic disease, we created a multidisciplinary group from a network of public primary care teams (PCT), to set up and unify the implementation of the strategic lines in management of the Covid-19 emergency in LTCF. All decisions were taken under expert's consensus and they were implemented by a learning-by-doing method, based on protocols, IT solutions expressly implementation, and strategies shared with local health and social authorities.

Aim

The aim was to set up and unify the implementation of the strategic lines in Covid-19 prevention, diagnostic and clinical management along with all LTCF of our area. We were urged to develop different clinical protocols to deliver patient-centred care tailored to the needs derived from the different stages of the emergency.

Targeted population

10,688 residents from 196 LTCF (169 nursing homes and 27 institutions for people with physical and mental disabilities). A network of public and private stakeholders collaborated to implement multilevel strategies supported by the Government of Catalonia.

Timeline

Started in March 2020. We defined three phases. First wave: March to June (developing and setting up strategic lines); Off-peak (between waves): June to October (strengthening disease control prevention); Second wave: October until December 2020 (applying all lessons learned along the process).

Highlights

64 PCT led the response to guarantee 24 hours seven days a week care. Massive testing to residents and workers was introduced.

New IT implemented solutions were: coVIDApp (to improve daily communication with LTCF staff, by sharing information on disease control and patient's needs) and Covid-19 LTCF intranet business object platform (for clinical and epidemiological indicators follow-up). We developed a necessary basic conditions checklist of measures on LTCF pandemic preparedness for Covid-19 prevention.

An improvement in infection control and mortality was detected between phases.

Comments on sustainability

High sustainability due to no new structures were created and a pragmatic approach reached.

Comments on transferability

High transferability due to the possibility of post-pandemic continuation of this collaborative networking, to build more integrated care in LTCF.

Conclusions

- a. The more efficient strategy to reduce mortality was infection prevention.
- b. Using tests regularly for both residents and workers was key to detect all infected but asymptomatic patients.
- c. Defining risk factors for poor bad epidemiologic disease control at the facility level led to early preventive actions.

Discussions

All stakeholders assumed a unique strategy with shared objectives. Outbreak prevention, by detecting LTCF risks and avoiding spreading was key. An end-of-life focus emerged as a need, to provide right time right care palliative care to individuals with advanced illness and advanced care plans in this sense.

Lessons learned

This emergency response was an opportunity for re-thinking future integrated care LTCF approaches provided by several stakeholders.