

COVID-19 Nursing Homes Expert Panel Stakeholder Survey

In line with the Terms of Reference for the establishment of the CoViD-19 Nursing Homes Expert Panel, the purpose of this group is to report to the Minister for Health in order to provide immediate real-time learnings and recommendations in light of the expected ongoing impact of COVID-19 with regard to Nursing Homes over the next 12-18 months.

As part of this process the Expert Panel is undertaking rapid consultative processes to engage with a range of key stakeholders through various means. There is a short timeframe for the completion of its considerations, including a broad range of actions required to meet its purpose, including data and evidence gathering and analysis, stakeholder feedback and relevant deliberations and the development of a report to the Minister. Therefore, the Panel is conscious of the need to progress its work in a timely manner.

With this in mind, as a key stakeholder, you are invited to participate in a concise, focused engagement process.

Instructions for use:

- The form may be typed or handwritten, bearing in mind recipients' ability to interpret the submission for processing and inclusion in consideration
- For tick boxes () – please select one only under each question
- For free-text boxes – please limit submissions to 250 words per question, and make use of bullet points and brevity to aid the impact of your submission

All submissions submitted for this purpose are subject to release under the Freedom of Information (FOI) Act 2014.

Personal, confidential or commercially sensitive information should not be included in your submission and it will be presumed that all information contained in your submission is releasable under the Freedom of Information Act 2014.

Your organisations name (required): Irish Medical Organisation

Your name (optional): _____

I represent (please tick one only):

An organisation for:	
Resident / patient	
Family members	
Workers and staff	
Management of a centre	
Relevant research/ academic body	

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Other: Trade Union and Representative body for all doctors in Ireland _____	X
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Section 1: Key Learnings and actions – COVID-19 and Nursing Homes

Based on your knowledge or experience, what are the **key lessons** for the immediate term arising from the experience of the COVID-19 pandemic to date?

The tragic experience of Covid-19 among nursing home patients in Ireland highlights the needs and systemic problems in governance and organisation of care for older people in Ireland – (See Other Relevant matters below). Urgent attention must be given to planning for the health and social needs of our older citizens.

At national level there was absence of planning in how healthcare should be delivered to Covid-19 patients in nursing homes, including GP involvement, and a poor assessment of risk in transferring patients from hospital into residential care facilities.

Key issues in relation to nursing homes are as follows:

- PPE issues including availability, suitability and appropriate training
- Insufficient isolation facilities particularly in shared accommodation
- Insufficient staffing levels to cover close contact exclusion and even sick absent healthcare workers which was a major risk to Covid-19 control and resident safety (strong work ethic exists so resilience rosters are needed)
- Issues relating to low pay and job insecurity – creates a disincentive for workers with mild symptoms to exclude themselves. They may also live in low-cost crowded accommodation
- Staff employed in multiple locations and unaware of risk of transmission – managers do not always know that their staff member has recently worked in a health care facility affected by Covid-19
- Lack of occupational health services
- Lack of knowledge and training in infection control policies
- Absence of procedures to determine transfer of patients to hospital
- Absence of or out-of-date care plans including end of life care plans
- Delayed enactment of advocacy legislation to allow patient centred care for those with cognitive impairment

Based on your knowledge or experience or key learning, what key actions or measures do you think are required for the short, medium and long term to safeguard residents in nursing homes, against the impact of COVID-19?

Short – term measures

- Assure adequate supplies of PPE
- Resilience Rosters / sufficient staffing is essential when some staff become infected. Staff who have been close contacts of Covid-19 infected patients/colleagues/others should not be working in the residential care facility until the incubation period is over and there is no evidence of infection
- Isolation facilities- ideally all or nearly all rooms (couples may prefer to share) should be in single en-suite rooms
- HIQA should continue to inspect nursing homes to ensure appropriate policies and protocols are in place in relation to infection control, that staff have received appropriate guidance and training and that adequate risk assessments have been carried out
- Improve training and communication with staff on risks and infection control
- Start preparatory planning to prevent seasonal influenza in Nursing Homes especially highest possible uptake of vaccination of residents and health care workers
- All nursing home staff should have access to appropriate occupational health services

See also Section 2 Public Health measures

Medium – Long-Term

- Creation of a central register of all nursing homes be created detailing individual level of services provided, staffing ratios, medical governance structures and pathways of integrated care that exist with community services and local departments of geriatric medicine.
- Funding of NHSS beds to be reviewed and remuneration to be a 'gerontological tariff' that is cognisant of individual case complexity and co-morbidity, agreed staffing ratios, medical care and therapy input costs, and agreed integrated care pathways.
- Formally resourced pathways of integrated care be agreed with community and public health structures and local departments of geriatric medicine, old age psychiatry and palliative care.
- ICT systems in NHs need to be compatible with the national standard instrument for assessing care needs, interRAI
- To ensure continuity of care, the role of the GP as primary care giver to patients in Nursing Homes should remain in place. A programme of care for nursing home patients should be negotiated between the IMO, the Dept of Health, and the HSE that reflects the complexity and workload of care. The clinical governance of the patient should remain with the patient's registered GP who should be fully supported in this role.
- Consideration should be given in the context of the CHO structures that the GP Lead , Community Geriatrician and Older Persons Lead should be responsible for clinical governance or nursing homes including :
 - Preparation and planning of appropriate care for older persons in all eventualities including viral outbreaks
 - dissemination, training and audit of new protocols and guidelines
- Training in Nursing Home Medicine should be a compulsory component in post-graduate training for all specialties involved in the care of older people and available as part of CPD programmes for those currently engaged in nursing home care

Section 2: Public Health Measures Priorities

Describe what you think are the existing **and** additional **priority** national protective public health measures for nursing homes in the context of COVID-19

Public Health Medicine works with Nursing Homes every year to prevent and minimise the impact of seasonal influenza on residents and in 2020, this will need to be ramped up to prevent both seasonal influenza and Covid-19. The measures to prevent are well known and include:

- Primary prevention - vaccination of residents and staff for seasonal influenza
- Preparatory actions - Influenza and Covid-19 packs – information and guidance in advance to make it easy for the NH to implement recommended measures in a timely and effective manner
- Primary and secondary prevention - strict adherence to infection prevention and control guidance
- Secondary prevention - early detection of disease / testing and reporting cases/outbreaks to Medical Officers of Health who with their staff in Departments of Public Health will assist in the minimisation of the impact/ control of the outbreak through outbreak control teams
- Risk assessment by Nursing Home management, in accordance with the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013, of the Nursing Home, linking with public health/MOH and all relevant disciplines and taking into account the levels of community infection, transfer in and out of hospitals etc

The expertise required to investigate and control infectious disease outbreaks is in Public Health Medicine – which is poorly understood and under-resourced currently. There is an urgent need to strengthen the Public Health Medicine services through the Immediate awarding of a consultant contract to Specialists in Public Health Medicine to ensure they are contracted to carry out their essential statutory functions in infection control. Both the Crowe Horwath Report and the Scally report in 2018 recommended the immediate awarding of consultant status to attract graduates to a career in public health medicine. This gap remains a vulnerability affecting all health sectors.

Other relevant matters you wish to bring to the attention of the panel.

Systemic problems in governance and organisation of nursing home care

- Absence of an appropriate continuum of care – there are widespread problems and challenges in nursing homes and their ability to meet the care of older people appropriately
- Models of nursing home care vary substantially including a mixture of public run level 2 hospital type facilities, voluntary nursing homes and a majority of private nursing homes ranging from family run or small medium enterprises of one or two homes, and larger companies with a ‘chain’ model of nursing homes. The medical governance and role of the community health structures input into such homes is also varied and poorly described.
- Nursing home care is primarily funded through the Nursing Home Support Scheme on a bed and board basis and typically does not include provision for additional medical costs, access to therapies (such as physiotherapy), or specialised equipment (continence wear, etc).

Supporting Function of Older Citizens

Our demography is ageing. While we are ageing healthily there is a widespread need to prepare for loss of function and support our older citizens to remain at home as long as possible:

- The need for ‘admission’ to residential care from normal domicile should not occur due to shortage of a reasonable home care support
- ‘Care packages’ to support a return to home should be defined in terms of their scope and

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assessment of function so this is transparent to the public .

- A right to access care packages should be stated for all older citizens and not dependant on 'post-code' budgeting
- Care packages should be agreed with older people and their carers, where appropriate, and informed by the single assessment tool (interRAI/SAT) with input from the treating gerontology multidisciplinary team.
- Admission to nursing home should be contingent on assessment by a geriatrician or old age psychiatrist that all remediable issues have been addressed optimally so as to avoid unnecessary admission to residential care.
- There is a wider need for the redesign of residential care and provision of smaller assisted living units for people with moderate levels of care and supervision need , which are integrated into communities local to older people