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Weekly Care Homes Evidence Digest

Prevention and control of COVID-19 in home care/care homes settings
27th August 2020

Summary

This weekly digest contains a selection of evidence published in the last 7 days, in relation to the prevention and control of COVID-19 in home care/care home settings. We search a number of Covid-19 review repositories, an existing PHE Covid-19 evidence digest, Ovid Medline and Embase, Social Care Online, medRxiv (pre-print server) and various websites. We select peer reviewed and non-peer reviewed publications (pre-prints), as well as systematic reviews, guidance and evidence summaries.

The digest is produced by PHE [Knowledge and Library Services](#) (KLS), in conjunction with a small editorial team.

We do not accept responsibility for the availability, reliability or content of the items included in this resource and do not necessarily endorse the views expressed within them. Our intent is to highlight early emerging research findings as well as research that has been subject to peer review and wider scrutiny.

This week's digest includes: reflections on the experience of the impact of COVID-19 on US care homes; challenges for long term care in Japan following the suspension of many facilities in response to COVID-19; and an evaluation of surveillance and testing strategies for long term care facilities in low and high transmission areas from Canada. From the UK, a report of a survey of the impact of COVID-19 on the Care Home Nurse workforce; and new thinking on the future for social care. Finally, a summary of recent published guidance and statistics.

Peer-Reviewed Articles

Publication date	Title / URL	Journal / Article type	Digest
17.08.2020	Long-Term Care and COVID-19, What's Next?	Journal of Patient Experience / Article	<ul style="list-style-type: none"> • A positive case of COVID-19 in a skilled nursing facility (SNF) is explored and the challenges brought up by cases such as this are highlighted. Guidelines recommended by several state and federal health agencies are discussed.
18.08.2020	Management of Dysphagia in Nursing Homes During the COVID-19 Pandemic: Strategies and Experiences	SN Comprehensive Clinical Medicine / Article	<ul style="list-style-type: none"> • Presents the dysphagia management strategies applied in Hong Kong during the COVID-19 pandemic and the related experiences. • A two-tier protection system was implemented wherein residents were categorised according to their contact and hospitalisation histories. The provided swallowing management and personal protective equipment level differed between the two tiers. • Also discusses the referral and prioritisation of clinical services for residents requiring swallowing management, the adaptations of swallowing assessment and management during the pandemic, the possible effects of COVID-19 on mealtime arrangements, the implications of the pandemic on the use of personal protective equipment, and the use of telepractice in nursing homes were also discussed.
19.08.2020	Long-term care and the coronavirus disease 2019 challenge in Japan	Journal of General and Family Medicine / Letter	<ul style="list-style-type: none"> • In Japan, there is a rising concern regarding a potential impact of suspension of day-care services on older adult's health. At least 909 LTC services (858 are day-care and 51 are home-visit services) have temporarily suspended operations as of April 20, 2020, due to the risk of infection. • Japan's Ministry of Health, Labour and Welfare has recommended that alternative LTC services (eg home-visit services) be provided where LTC facilities and day-care services have been suspended. However, the lack of care workers is making it impossible to maintain LTC services. LTC workers are also at a higher risk of infection due to the shortage of PPE.

<p>20.08.2020</p>	<p>Severe Staffing And Personal Protective Equipment Shortages Faced By Nursing Homes During The COVID-19 Pandemic</p>	<p>Health Affairs / Research Article</p>	<ul style="list-style-type: none"> • Presents results from a new national database containing 98% of U.S. nursing homes. • Found that more than 1 in 5 nursing homes reported a severe shortage of PPE and any shortage of staff. Rates of both staff and PPE shortages did not meaningfully improve from May to July of 2020. Facilities with COVID-19 cases among residents and staff, as well as those serving more Medicaid recipients and with lower quality scores, were more likely to report shortages. • Policies aimed at providing resources to obtain additional direct care staff and PPE to these vulnerable nursing homes, particularly in areas with rising community COVID-19 case rates, are needed to reduce the national COVID-19 death toll.
<p>20.08.2020</p>	<p>Modelling resource requirements and physician staffing to provide virtual urgent medical care for residents of long-term care homes: a cross-sectional study</p>	<p>CMAJ Open / Article</p>	<ul style="list-style-type: none"> • The study objective was to model resource requirements to deliver virtual urgent medical care in LTC facilities that could potentially reduce transfers to emergency departments. • Used data from all general medicine inpatient admissions at 7 hospitals in the Greater Toronto Area, Ontario, Canada, over a 7.5-year period (Apr. 1, 2010, to Oct. 31, 2017) to estimate historical patterns of hospital resource use by LTC residents. • Among the admissions of residents of LTC facilities, short admissions constituted 24.1% (n = 5297), and for 99.8% (n = 5284) of these admissions, the patient received laboratory testing, for 86.9% (n = 4604) the patient received plain radiography, for 41.5% (n = 2197) the patient received computed tomography and for 81.2% (n = 4300) the patient received intravenous medications. • If all patients who have short admissions and are transferred from the emergency department were diverted to outpatient care, the average weekly demand for outpatient imaging per hospital would be 2.6 ultrasounds, 11.9 computed tomographic scans and 23.9 radiographs per week. The average daily volume of urgent medical virtual assessments would range from 2.0 to 5.8 per hospital.

			<ul style="list-style-type: none"> The results of this study can inform efforts to deliver urgent medical care in LTC facilities in light of a potential surge in COVID-19 cases.
24.08.2020	Evaluation of testing frequency and sampling for SARS-CoV-2 surveillance strategies in long-term care facilities	Journal of the American Medical Directors Association / Research Letter	<ul style="list-style-type: none"> Using a dynamic model of COVID-19 transmission in a LTCF setting we estimated the impact of seven SARS-CoV-2 surveillance strategies varying in test frequency and sampling on the time to diagnosis and the cumulative number of cases at first diagnosis. With low transmission rates, weekly testing of 50% of residents and staff should be implemented as a minimal surveillance strategy to prevent widespread outbreaks. Weekly testing of 100% of residents and staff provides added benefit in higher infectiousness contexts.
24.08.2020	Comment on: COVID-19 Deaths in Long-Term Care Facilities: A Critical Piece of the Pandemic Puzzle	Journal of the American Geriatrics Society / Letter	<ul style="list-style-type: none"> No COVID-19 outbreaks occurred amongst the 74500 older people living in 953 LTCFs in Hong Kong until July 7, 2020 when the first outbreak was reported, in which 9 staff and 34 of its 37 residents were infected, 4 of whom died (as of July 27). The improvements in and implementations of infection control measures in LTCFs in Hong Kong were built on lessons learnt from SARS epidemics in 2003, which affected 6.72% (51/759) of the LTCFs and 0.13% (72/54754) of the LTCF residents, with a mortality rate of 78.1%. 81% of these cases had been hospital acquired and only 14% were acquired in LTCFs. Collaboration among medical, social welfare, and private sectors is the key to the early detection of cases and the prevention of spread during infectious outbreaks. Effective measures include training on proper infection control practices, the correct use of PPE, cohort formation and surveillance of LTCF residents recently discharged from hospitals during the epidemics, and hospital-based community geriatric teams led by geriatric specialists, which is particularly important to reduce avoidable hospitalization by attending to the medical needs of frail older people. Due to the longer COVID-19 incubation period in older adults, suggests that extending the quarantine period from the current duration of 14 days to 17 days would increase coverage from 72% to 90%.

			<ul style="list-style-type: none"> To balance the risks and benefits of appropriate human contacts for frail residents, some LTCFs in Hong Kong have adopted a low visiting instead of a no visiting policy.
24.08.2020	Reply to Comment on COVID-19 deaths in long term care facilities - a critical piece of the puzzle	Journal of the American Geriatrics Society / Letter	<ul style="list-style-type: none"> Reply to the above letter. Emphasises that coordinating access to frequent and high volume testing requires sustained financial support for LTCFs as well as laboratories capable of rapid result turn-around times. Highlights public health policies that have been put in place in the U.S. to support the emotional needs of residents. Many U.S. states have started allowing some type of socially distanced visitation for LTCFs. The Minnesota Department of Health is allowing family members and others who serve a caregiving role to a LTC resident the designation of “essential caregiver”, so they can help meet the needs of residents. Volunteers from the Yale School of Medicine Geriatrics Student Interest Group had weekly telephone conversations with nursing home residents to alleviate some of the social isolation felt by residents.
26.08.2020	Risk Factors, Presentation, and Course of COVID-19 in a Large, Academic Long-term Care Facility	Journal of the American Medical Directors Association / Article	<ul style="list-style-type: none"> Retrospective cohort study (3/16/2020-5/8/2020) describing clinical characteristics and risk factors associated with COVID-19 in long-stay nursing home residents. Overall 146 of 389 (37.5%) long-stay residents tested positive for COVID-19. At the time of positive test, 66 of 146 (45.5%) residents were asymptomatic. In the subsequent illness course the most common symptom was anorexia (70.8%), followed by delirium (57.6%). During follow-up 44 (30.1%) of residents with COVID-19 died. Mortality increased with frailty (16.7% in pre-frail, 22.2% in moderately frail, and 50.0% in frail). The proportion of residents infected with COVID-19 varied across the long-term care units (range: 0-90.5%). In adjusted models male sex (RR: 1.80, 95% CI, 1.07, 3.05), bowel incontinence (RR: 1.97, 95% CI 1.10, 3.52), and staff residence remained significant predictors of COVID-19. For every 10% increase in the proportion of staff living in a high prevalence community, the risk of testing positive increased by 6% (95% CI, 1.04, 1.08).

Preprints (non-peer reviewed)

Publication date	Title / URL	Journal / Article type	Digest
17.08.2020	Are preventive measures adequate? An evaluation of the implementation of COVID-19 prevention and control measures in nursing homes in China	BMC Health Services Research / Article	<ul style="list-style-type: none"> • A self-report questionnaire based on the Ministry of Civil Affairs guidelines for COVID-19 prevention and control in nursing homes was sent to nursing home managers via the Wenjuanxing app online from February 7 to 29, 2020. A total of 461 responses were included in the analysis. • The implementation rates of COVID-19 prevention and control measures in nursing homes were moderate, with an average rate of 80.0%. The average implementation rates for hygienic behaviour management, access management, and environmental disinfection management were 75.3%, 78.7%, and 79.9%, respectively. • Nursing homes that did not have hospital-nursing home cooperation, did not have medical staff, and had not established a quarantine unit (room) had low implementation rates ($p < 0.01$). • The number of medical staff, education level of the manager, nursing home size, and establishment of quarantine room/unit were found to be strongly positively associated with the total implementation rate ($p < 0.01$).

Reports and other publications

Publication date	Title / URL	Author(s)	Digest
10.08.2020	Responding to Covid-19: Global Accountability Report 1 - March to May 2020	Médecins Sans Frontières	<ul style="list-style-type: none"> • This report is the first in a series of accountability reports and operational snapshots offering insight into MSF's global COVID-19 response, highlighting activities and outcomes,

			<p>documenting expenditures, and shedding light on challenges faced in accessing and supplying communities with essential medicines and supplies.</p> <ul style="list-style-type: none"> • Chapter 5 looks at MSF’s response in Europe, including supporting residents and staff in retirement homes and long-term care facilities.
14.08.2020	A Study of the COVID-19 Outbreak and Response in Connecticut Long-Term Care Facilities : interim report	Mathematica	<ul style="list-style-type: none"> • The research found that: • COVID-19 cases and deaths were concentrated in certain long-term care facilities; • The prevalence of COVID-19 in the surrounding community was a major predictor of its effect on nursing homes and assisted living communities; • The other major predictors were whether the nursing home was for-profit, and its level of staffing. For-profit nursing homes had about 60 percent more cases and deaths than non-profit nursing homes. Nursing homes with higher reported staffing also had significantly fewer cases and deaths than those with lower staffing; • Provides a set of recommendations that will ensure the state and long-term care industry are better positioned to respond to a potential second wave of COVID-19.
24.08.2020	The Experience of Care Home Staff During Covid-19: A Survey Report	Queens Nursing Institute International Community Nursing Observatory	<ul style="list-style-type: none"> • Survey carried out to understand more about the impact of Covid-19 on the Care Home Nurse workforce within the UK. • There were 163 responses to the survey, equating to a response rate of 41%. Key findings include: • 66% of respondents reported always having appropriate PPE while 1% reported never having access to the appropriate type and quantity of PPE during the first three months of the pandemic. 75% reported that their employer had provided all their PPE; • 21% reported receiving residents from the hospital sector who had tested positive for Covid-19 in hospital; • 43% reported receiving residents from the hospital with an unknown Covid-19 status; • 54% reported it was easy or somewhat easy to access hospital care with 25% reporting it somewhat difficult or very difficult during;

			<ul style="list-style-type: none"> • 67% reported it was easy or somewhat easy to access GP services with 32% reporting it somewhat difficult or very difficult; • 23% reported it was easy or somewhat easy to access District Nursing services with 33% reporting it somewhat difficult or very difficult; • 71% reported it was easy or somewhat easy to access end of life medication/services for residents who required it, with 12% reporting it difficult or very difficult; • 16 respondents reported negative changes which they found challenging such as “blanket DNACPR” decisions, or decisions taken about resuscitation status by others without discussion with residents, families or care home staff; • 56% felt worse or much worse in terms of their physical and mental wellbeing, while 36% reported no change; • 62 respondents stated that they could take time off with full pay, while 15 felt pressure not to take time off at all.
24.08.2020	Beyond COVID: New thinking on the future of adult social care	Social Care Institute for Excellence	<ul style="list-style-type: none"> • This position paper for commissioners and senior managers working in the health and social care sector sets out the findings of the report, which is based on: • a series of articles and podcasts from over 25 stakeholders which explore the impact of COVID-19 and the future of social care; • outputs from the Beyond COVID-19 roundtable held on 22 July, attended by Helen Whately MP; • contributions from the SCIE Board and the Co-production Steering Group; • SCIE’s broader work with the sector to support improvement, and particularly insights from the DHSC-funded Social Care Innovation Network and DHSC-funded work to support the sector to recover from COVID-19.
25.08.2020	How Covid-19 has magnified some of social care’s key problems	The King’s Fund	<ul style="list-style-type: none"> • In 2019 The King’s Fund discussed the following eight key problems facing social care and called for reforms to address them: <ul style="list-style-type: none"> ○ means testing: social care is not free at point of use like the NHS

			<ul style="list-style-type: none"> ○ catastrophic costs: some people end up paying large amounts and even selling their homes to pay for care ○ unmet need: many people go without the care and support they need ○ quality of care: a wide spectrum of concerns, from 15-minute care visits to neglect and lack of choice and control ○ workforce pay and conditions: staff are underpaid, leading to high vacancy rates and turnover ○ market fragility: care providers go out of business or hand back contracts ○ disjointed care: health and care is not integrated around the individual and causes issues such as delayed transfers of care from hospital ○ the 'postcode lottery': there is unwarranted variation between places in access to care and its quality. <ul style="list-style-type: none"> ● These eight problems are revisited in the light of the Covid-19 pandemic.
27.08.2020	COVID-19 Nursing Homes Expert Panel Report: Implementation Oversight Team	Government of Ireland Department of Health	<ul style="list-style-type: none"> ● Following the publication of the COVID-19 Nursing Home Expert Panel Report on 19.08.2020, an inter-agency Implementation Oversight Team was established by the Minister for Health to oversee the implementation of the recommendations of the report. ● The purpose of the Implementation Oversight Team is to determine an approach to and oversee the implementation of the relevant COVID-19 Nursing Homes Expert Panel recommendations, and report regularly to the Minister for Health and the Minister for Mental Health and Older People.

Guidance

Publication date	Title / URL	Author(s)	Digest
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10.08.2020	COVID-19 infection prevention and control : preparedness checklist for long-term care facilities	World Health Organization, Western Pacific Region	<ul style="list-style-type: none"> • This preparedness checklist consists of several elements that are crucial for preparing LTCF for COVID-19. It can be used by facility administrators, IPC focal points or staff, internal or external professionals. There are seven elements of the checklist which include: • Facility information; Organization and planning; Safe and healthy work environment; Equipment and supplies; Cleaning, disinfection, and waste disposal; Education and training (for Staff, Residents and Visitors); Communication.
20.08.2020	CQC coronavirus update for adult social care providers	Care Quality Commission	<ul style="list-style-type: none"> • A regular update for providers and professionals working in adult social care, sharing the latest guidance on COVID-19 and CQC's approach during this period. • As well as links to guidance from a variety of organisations, it includes information on access to hospital care for older and disabled people living in care homes and in the community, COVID-19 testing and PPE for CQC inspectors, and accessibility resources to help communicate about COVID-19.
Updated 21.08.2020	COVID-19 - information and guidance for social, community and residential care settings	Health Protection Scotland	<ul style="list-style-type: none"> • This guidance is to support those working in Social, Community and Residential care settings including sheltered housing and hospices to give advice to their staff and users of their services about COVID-19.
Updated 24.08.2020	COVID-19 Guidance on visitations to Residential Care Facilities	Health Protection Surveillance Centre	<ul style="list-style-type: none"> • This guidance applies to all congregated care settings including nursing homes, acute mental health facilities and community housing units for people with disabilities but excluding acute hospitals. Updates include: • The number of nominated visitors should be limited to a maximum of 4. • Explicit statement that visitors should be provided with any necessary PPE.
Updated 26.08.2020	Overview of adult social care guidance on coronavirus (COVID-19)	Department of Health & Social Care	<ul style="list-style-type: none"> • Information for adult social care providers on COVID-19 guidance and support.

Statistics

Publication date	Title / URL	Author(s)	Digest
Updated 24.08.2020	Excess mortality in England: weekly report	Public Health England	<ul style="list-style-type: none"> Weekly excess mortality in England broken down by age, sex, region, ethnic group, level of deprivation, cause of death and place of death, including care homes (nursing or residential).
25.08.2020	Number of deaths in care homes notified to the Care Quality Commission, England	Office for National Statistics & Care Quality Commission	<ul style="list-style-type: none"> Provisional counts of deaths in care homes caused by the coronavirus (COVID-19) by local authority up to week ending 21 August.
26.08.2020	Coronavirus (COVID-19): adult care homes - additional data	Scottish Government	<ul style="list-style-type: none"> Weekly data on COVID-19 in adult care homes in Scotland, including: Testing for COVID-19 in adult care homes in Scotland split by care homes with confirmed Covid-19 and without confirmed Covid-19, presented by NHS Health Board; Deaths reported to Care Inspectorate - the number of deaths reported by adult care homes, including COVID-19 and non-COVID-19 related deaths.

Editorials and News

Publication date	Title / URL	Author(s)	Digest
19.08.2020	Covid-19: Care homes in Belgium and Spain had “alarming living conditions,” says MSF report	BMJ / News	<ul style="list-style-type: none"> Comments on the report by Médecins Sans Frontières (MSF), which documents the first phase of the organisation’s global covid-19 response from March until May. Highlights the conditions that MSF found in Belgian and Spanish care homes, where living conditions, lack of PPE, low staffing levels and the enormous emotional burden on caregivers caused high concern.