The impact of COVID-19 on long-term care in the Netherlands

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1. Key points

- The number of COVID-19 cases and deaths in Dutch nursing homes has grown rapidly. This contrasts with the overall downward trend in the Netherlands.
- The nursing home visitor ban remains in force.
- The allocation mechanism of personal protective equipment (PPE) was amended in order to improve the distribution of PPE to long-term care (LTC) facilities.
- Testing policies have been revised to expand access to testing. LTC personnel are also eligible now.

2. Introduction

The first Dutch COVID-19 case was detected on 27th February[1] in Noord-Brabant (a province of the Netherlands). This region soon became the epicentre of the virus within the Netherlands. The nursing home sector could not be shielded from these developments and soon the first deaths in the Dutch nursing homes followed[2]. About a month ago, the first country report on policy responses in nursing homes in the Netherlands was published (1). This update outlines the main developments in the LTC sector.

3. Impact of COVID19 so far

3.1. Number of positive cases in population and deaths

On the 26 April, 37,845 people had tested positive in the Netherlands and there had been 4,475 confirmed deaths. These figures are published regularly by the National Public Health institution[3]. The measures in place seem to have been effective. The number of COVID-19 cases has been going down in the Netherlands. This is measured in the number of COVID-19 patients admitted to hospital and number of deceased due to COVID-19 (see Figures 1 and 2). Note that the number of deaths are an underestimate of the actual number of COVID-19 deaths since not all deceased individuals were tested. For example, overall mortality in the total population is almost double the normal annual pattern (2). General practitioners on 24 April stated that they suspect that at least 764 non-tested and non-hospitalised patients died because of COVID-19 (3).

[1] https://www.rivm.nl/nieuws/patient-met-nieuw-coronavirus-in-nederland
[2] https://www.limburger.nl/cnt/dmf20200308_00150905/eerste-limburgse-coronadode-woonde-in-verzorgingshuis-in-sittard
[3] https://www.rivm.nl/coronavirus-covid-19/actueel

Figure 1. Number of COVID-19 patients admitted to hospital per day

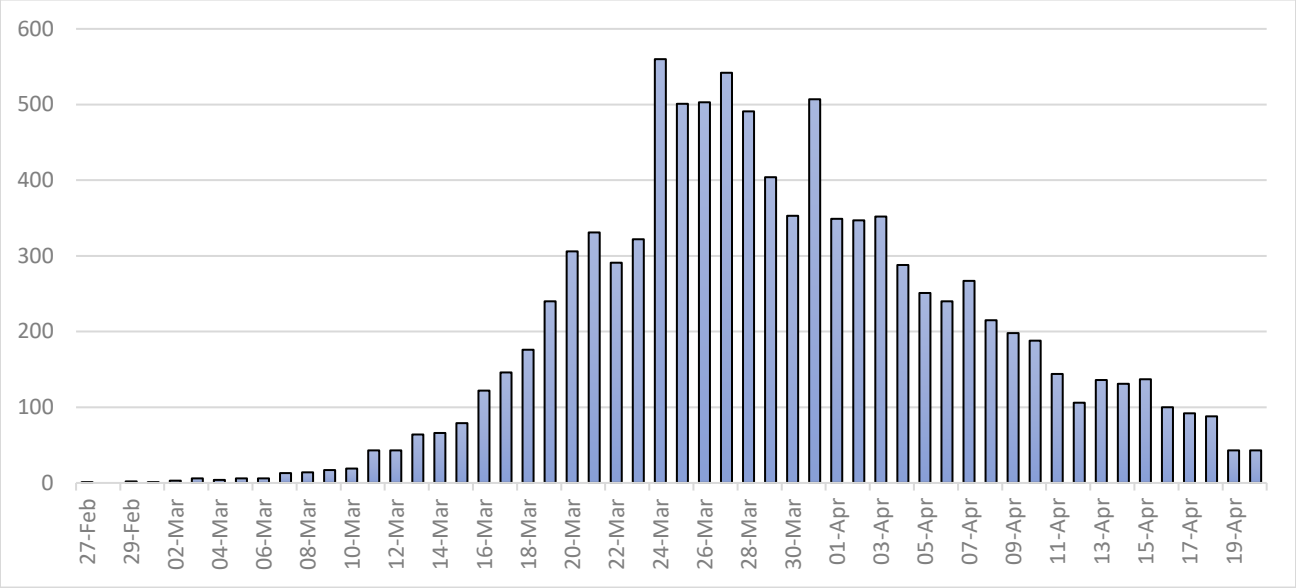
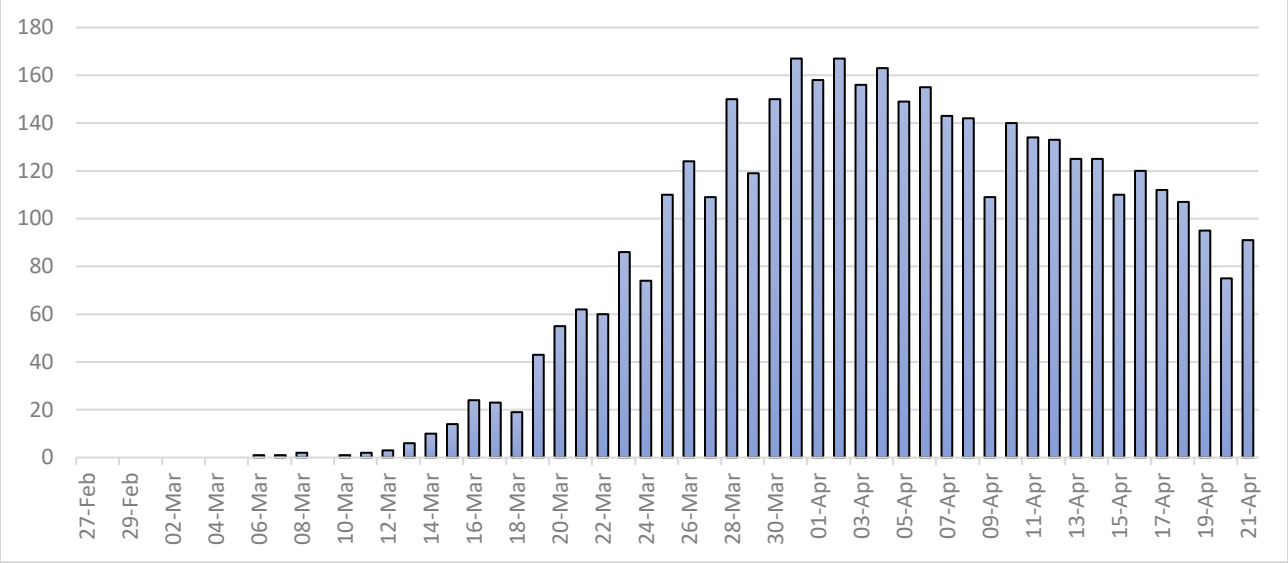


Figure 2. Number of deceased COVID-19 patients per day



Source: Derived from the National Institute for Public Health and the Environment (RIVM). Accessed on April 23, 2020 from: https://www.rivm.nl/coronavirus-covid-19/grafieken

3.2. Population level measures to contain spread of COVID-19

Since mid-March, the Netherlands has been in an 'intelligent' lockdown. This consists of the following measures:

i) People should keep a 1.5 metre distance.
ii) People are strongly urged to work from home if possible.

iii) Keyworkers can go to work (e.g. healthcare staff). They can keep using schools, nurseries or day-care facilities for their children.
iv) Schools were closed. Public events were banned.
v) No visitors were allowed in nursing homes.
vi) Non-essential facilities and occupations that cannot uphold a 1.5 metre distance (e.g. hairdressers) had to close.
vii) A 'tracking and tracing' app is going to be developed to tackle the spread of the virus.

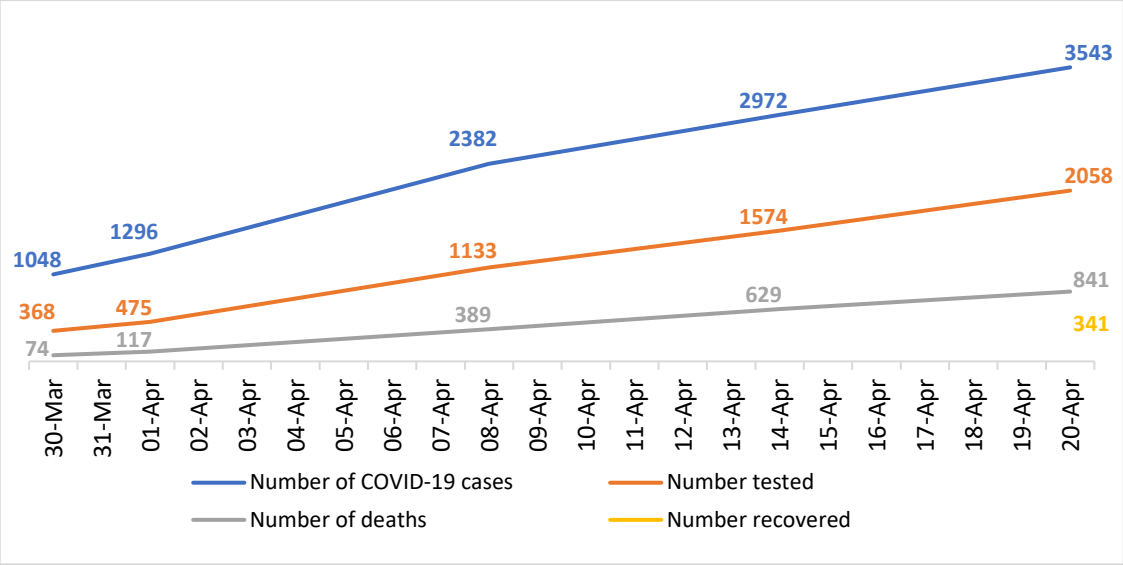
On 21 April, the Government of the Netherlands announced that the restrictive measures will remain in force until at least 20 May (4). Only primary schools and nurseries will be reopened again; however, precaution measures apply (e.g. only half of the class can come to school to ensure sufficient distance).

3.3. Rates of infection and mortality among long-term care users and staff

The number of COVID-19 cases in Dutch nursing homes has increased at an alarming rate (Figure 3). Also the number of people with disabilities that fell ill because of COVID-19 has increased significantly (not included in Figure 3) (4). This contrasts sharply with the overall downward trend in the Netherlands (Figure 1 & 2). However, the total number of (COVID-19 and non-COVID-19) deaths in nursing homes now seems to show the first signs of a decline (Figure 4). It is important to note that there is some variation in the rate of infection between nursing homes: on 8 April, 40% of the nursing homes reported at least one COVID-19 case (5).

Two electronic healthcare systems (i.e. Ysis and Ons) have collected the number of COVID-19 cases in nursing homes (1). In total, on 20 April, more than 5,300 COVID-19 cases were reported in nursing homes (residents that were tested and showed COVID-19 symptoms). However, only one electronical portal system reports the number of deaths. This electronic system accounts for approximately 50% of the nursing homes in the Netherlands. Hence, the number of deaths are underreported in nursing homes (6). Figure 3 shows the growing number of cases and deaths recorded in this system. This database also reveals that 5.6% of residents have COVID-19 or symptoms of COVID-19. In addition, also based on the data of Ysis, the total number of deaths in Dutch nursing homes, since 14 April, has increased by 40.9% (20 April). Several key stakeholders ascribe the large increase in mortality rate in part to the shortage of personal protective equipment (PPE) in nursing homes (7).

Figure 3. Total number of reported COVID-19 cases (tested and with COVID-19 like symptoms) in long-term care homes



Author's own compilation of data.
Source: data derived from the Dutch Association of Geriatric Specialists. Accessed on April 22, 2020 from:
https://www.verenso.nl/nieuws/covid-19-meldingen-vanaf-nu-beschikbaar-uit-ysis-en-ons-eerste-sterftecijfers-uit-follow-up-bekend
https://www.verenso.nl/nieuws/update-covid-19-registratie-uit-ysis-en-ons
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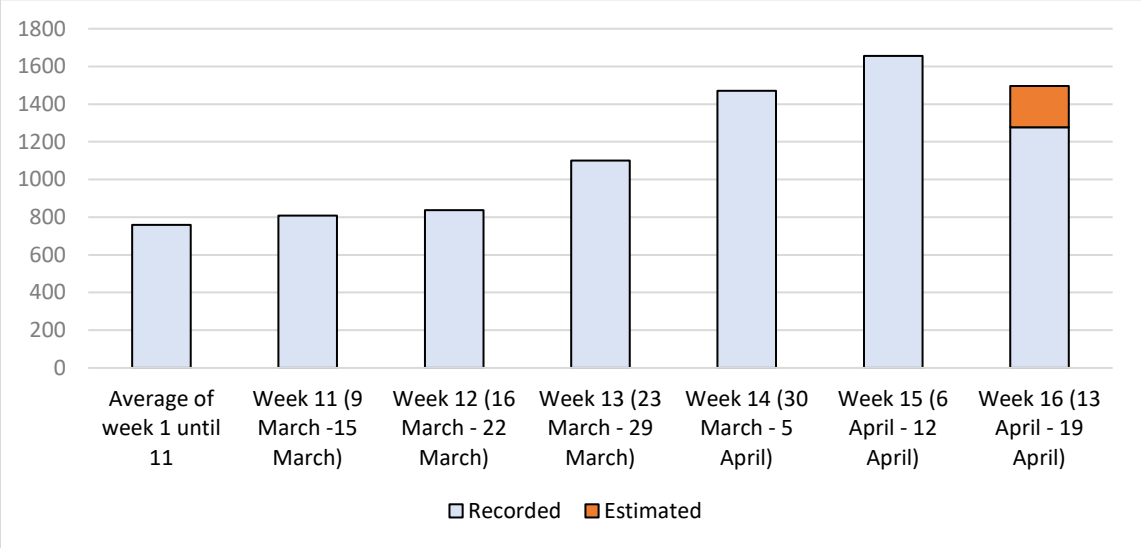
https://www.verenso.nl/nieuws/update-covid-19-registratie-uit-ysis-en-ons-14-april-2020
https://www.verenso.nl/nieuws/update-covid-19-registratie-20-april-2020-nog-geen-daling-van-covid-19-meldingen-in-verpleeghuizen

Figure 4. Total number of deaths in nursing homes per week



Source: Data derived from Statistics Netherlands. Accessed on April 24, 2020 from: https://www.cbs.nl/nl-nl/nieuws/2020/17/sterfte-onder-bewoners-van-verpleeg-en-verzorgingshuizen-nu-ook-gedaald

4. Long-term care policy and practice measures

The Dutch response has primarily focused on slowing the spread of the virus[4]. The main aim is to avoid a demand peak that will significantly strain the resources of the healthcare system. Another aim spelled out by the government is to protect older people and those with poor health. The governmental response that follows from this can be described as, on the one hand, imposing strict regulatory measures and, on the other hand, relaxing traditional rules and standards to give long-term care professionals discretionary power to make certain decisions.

4.1. Whole sector measures

4.1.1. Expansion of the current testing policies

On 6 April, the Dutch government decided to revise their current policy on testing and expand eligibility for COVID-19 testing (9). Previously, only hospital staff and suspected cases of COVID-19 who reported themselves to their GP or nearby hospitals were tested. The new testing policy now allows all healthcare staff to get tested when they develop symptoms of COVID-19; this includes LTC workers. Additionally, the Minister of Health, Welfare and Sport announced that further, gradual expansion of eligibility will follow next month once testing capacity has increased. Teachers, nursery staff and informal caregivers then also have to possibility to request tests (10).

4.1.2. Allocation of PPE based on risk of infection

The COVID-19 pandemic has been accompanied by a worldwide shortage in PPE. While the Netherlands still imports PPE from other countries, the Dutch government has also encouraged national production of PPE to limit the dependency on international supplies.

The Ministry of Health, Welfare and Sport partnered with hospitals, suppliers and producers in late March to manage the distribution of medical materials to combat the epidemic. The consortium acts like a centralised (non-profit) purchaser (11). However, a fair and efficient allocation system for PPE has proven to be difficult. The nursing home sector in particular had raised the alarm about supply shortages as early as mid-March (12). On 11 April, the Dutch government launched a new centralised allocation mechanism for PPE in order to improve its distribution (9). At first, the focus was very much on acute care, but now the allocation mechanism also applies to LTC facilities. The allocation mechanism initially only applied to face masks however, but is now being expanded gradually to include other PPE (13). The aim is to make the distribution of PPE more responsive to the levels of risk that health professionals are exposed to rather than solely considering in which sector the professional is working. This means that only those LTC personnel that are at risk will receive PPE.

4.1.3. The role of the Dutch Health and Youth Inspectorate

The Dutch Health and Youth Inspectorate (IGJ) is actively approaching LTC providers to assess whether LTC facilities are coping and are able to deliver the necessary care. They also inquire

[4] https://www.rijksoverheid.nl/documenten/kamerstukken/2020/03/19/kamerbrief-over-aanscherping-bezoek-verpleeghuizen-in-verband-met-covid-19

whether the LTC providers have sufficient PPE (14). The IGJ is also exercising its responsibility to monitor LTC facilities closely to ensure quality and safety of care (15). For example, IGJ has launched an investigation into one dementia ward after half its residents died (16).

4.1.4. Mental health of LTC workers

LTC professionals experience a high level of work-related stress. Their work can be both physically as well as mentally challenging. The rate of absence is a good indicator of the level of well-being and job satisfaction of the employees. Even before the outbreak of COVID-19, the rate of absence had increased significantly from 6.67% in 2017 to 7.12% in 2018 (19). COVID-19 has made matters worse for LTC professionals. There has been no national reporting of rates of absence among LTC professionals during the epidemic, but individual LTC providers that do collect these figures state that they have seen an increase in the rate of absence during the COVID-19 crisis (20).

4.2. Care homes (including supported living, residential and nursing homes, skilled nursing facilities)

4.2.1. Visiting rules for nursing homes

On 19 March, strict visiting rules were imposed nationally: visitors are not allowed at nursing homes at least until the 6 April (8). This decision was supported by stakeholders in the long-term care sector. However, in contrast to some other countries, the Dutch government does allow nursing home staff to make rare exceptions for close friends and relatives to visit clients when they receive end-of-life care. On 21 April, the Government of the Netherlands announced that nursing homes remain closed to visitors until at least 20 May (4).

4.2.2. Managing staff availability and wellbeing

On 16 March, the Dutch Youth and Health Care Inspectorate (IGJ) allowed nursing home managers to recruit personnel beyond their traditional pool of employees, allowing them to hire personnel such as medical students[5].

4.2.3. Economic support

COVID-19 has, and will have in the future, a significant financial impact on nursing homes. They have to invest in additional measures to combat COVID-19. For instance, measures to isolate clients, provide protective clothing for nurses and possibly employing additional staff. It has therefore been agreed that regional Dutch long-term care offices, who purchase long-term care from nursing homes, can provide financial support to those long-term care providers that are confronted with additional costs due to the outbreak[6].

[5] https://www.igj.nl/onderwerpen/coronavirus/nieuws/2020/03/16/coronavirus-instellingen-hebben-ruimte-om-ondersteunende-medewerkers-in-te-zetten
[6] https://zn.nl/actueel/nieuws/nieuwsbericht?newsitemid=4738809856

4.3. Community-based care

Until recently, there was no centralised guidance for individuals who depend on domiciliary care, day care or informal care. On 16 April this changed (9). The Dutch government published guidelines to ensure the continuation of care for individuals who are completely dependent on domiciliary care or day care (i.e. adult day care centres) and with no social network to support them. For those individuals who can fall back on their own social network and non-essential homecare activities are currently postponed (17). One or two regular informal care-givers are allowed to visit those that require care from 29 April.

4.4. Impact on unpaid carers and measures to support them

The government recently issued guidelines for informal carers. These guidelines include advice on hygiene standards and guidelines on how a care-giver should act if their care-recipient develops symptoms of COVID-19 (18). The guidelines also advise that general practitioners (GPs) play an important role in supporting the informal carers. GPs should closely monitor those who are homebound and frail, and should act like a case-manager when they develop COVID-19 symptoms (18).

5. Lessons learnt so far

This update has shown that the number of cases and deaths in Dutch nursing homes has grown rapidly. This contrasts with the downward trend in the overall number of cases in the Netherlands. Despite the high social cost, the ban on visitors to nursing homes remain in force. Some restrictions have been lifted for care-dependent individuals who live at home. The allocation mechanism for PPE was amended in order to improve the distribution of PPE to LTC facilities. Testing capacity has somewhat increased and this has allowed the government to widen the eligibility criteria for tests. LTC personnel are now also eligible for testing when they show symptoms, and informal care-givers will be allowed to access testing in the coming month.

A few lessons can be learned from the developments related to COVID-19 and its impact on the LTC sector. The LTC sector has been overshadowed by the acute care sector during the early stages of the COVID-19 outbreak. Therefore, one of the lessons is that it is important to include the LTC sector in the distribution of PPE as soon as possible. Additionally, clear guidelines are needed to outline the measures that nursing homes must take to prevent a COVID-19 outbreak.

Another lesson is that little attention has been given to support the mental health of LTC workers important. They are especially exposed to high-stress environments during health crises such as the COVID-19 pandemic and this could cause serious mental health issues. Pro-active measures should be considered to address these mental health concerns.

The vital question that remains is when, and how, to lift the ban on visits to nursing homes and the restrictions on visiting the elderly at home. The government is planning to initiate several pilots to assess what the impact is when the visitor ban is loosened in nursing homes (14). Nevertheless, there will always be a trade-off between the physical health and the mental health

of elderly and care-dependent individuals. The government may look to innovative ways to provide relief to those seeking social warmth in times of social distancing.

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