

COVID-19 preparedness and safety culture in nursing homes in Southern Portugal

Findings of a survey-based study among 138 nursing homes in the initial phases of the pandemic (March – July 2020)

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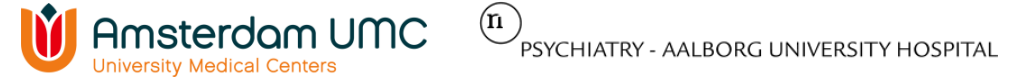
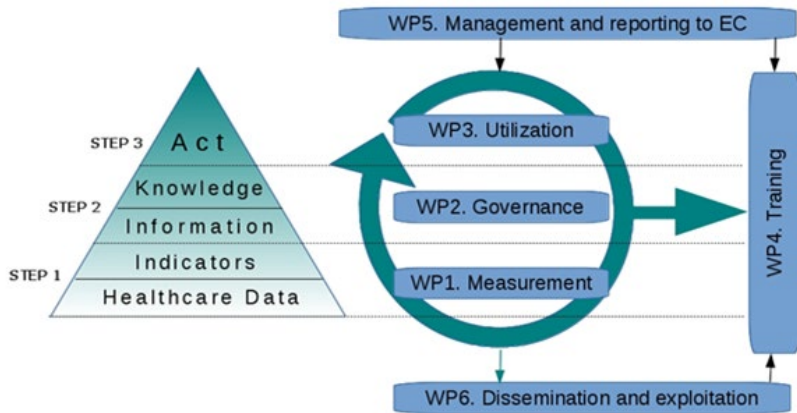
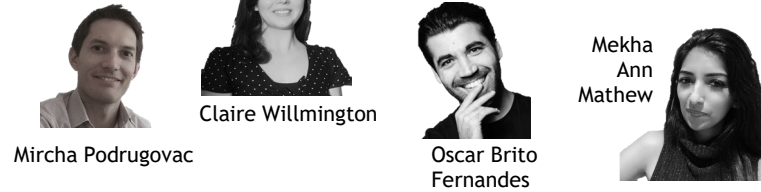


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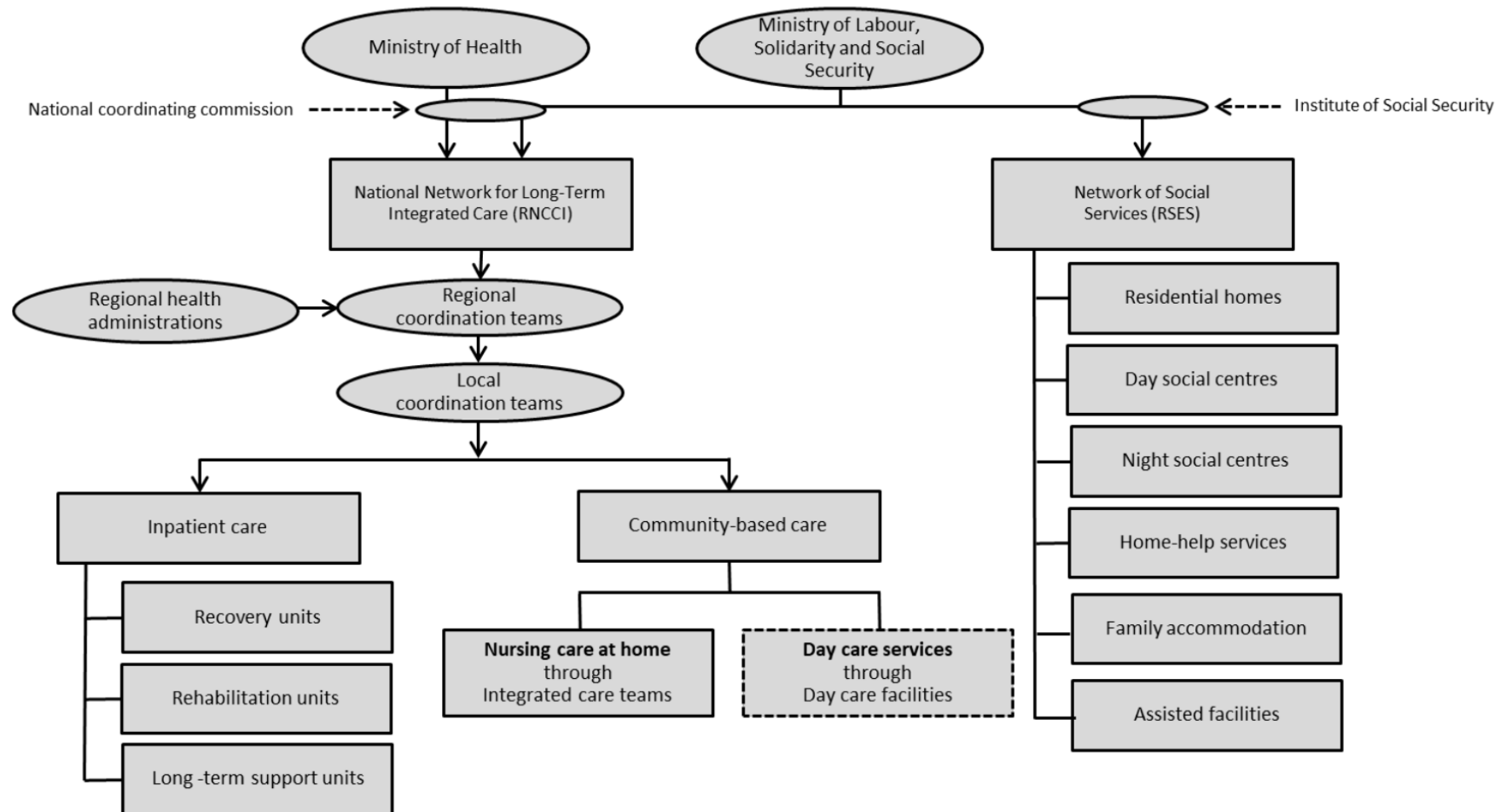
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Long-term care provision in Portugal: organizational overview



Long lasting challenges

Fragmentation of governance mechanisms	Financing and unclear contractual model that unifies health and social services provision
Coverage of long-term care and the ability to pay OOP contributions	Regional inequalities
Limited scope and reach of integrating health and social care	Overlapping mechanisms for needs assessment
High rates of institutionalization rather than focusing on home care	Poor information systems and lack of interoperability

Ministry of Labour, Solidarity and Social Security

Ministry of Health

Other ministries
(e.g. Ministry of Science and Higher Education, Internal Affairs)



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Drive Thru

- Coordination -

Medical teams set up for *in situ* sample collection

Medical teams set up for *drive thru* sample collection

COVID 70+

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- Team representatives-
Planning, booking and other queries related to COVID-19 screening tests at institutions

Laboratory

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- COVID-19 preparedness checklist -

- Follow-up -

Reporting results

Book screening tests and retests

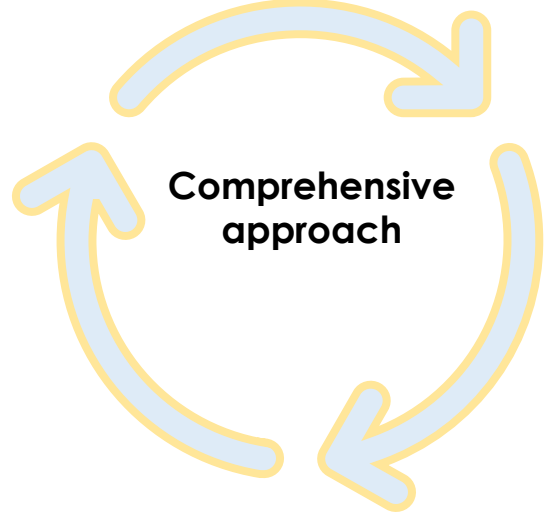
Survey to nursing home personnel on safety culture and well-being

Continuous need assessment



Laboratory

- Coordination -



Aim & Objectives

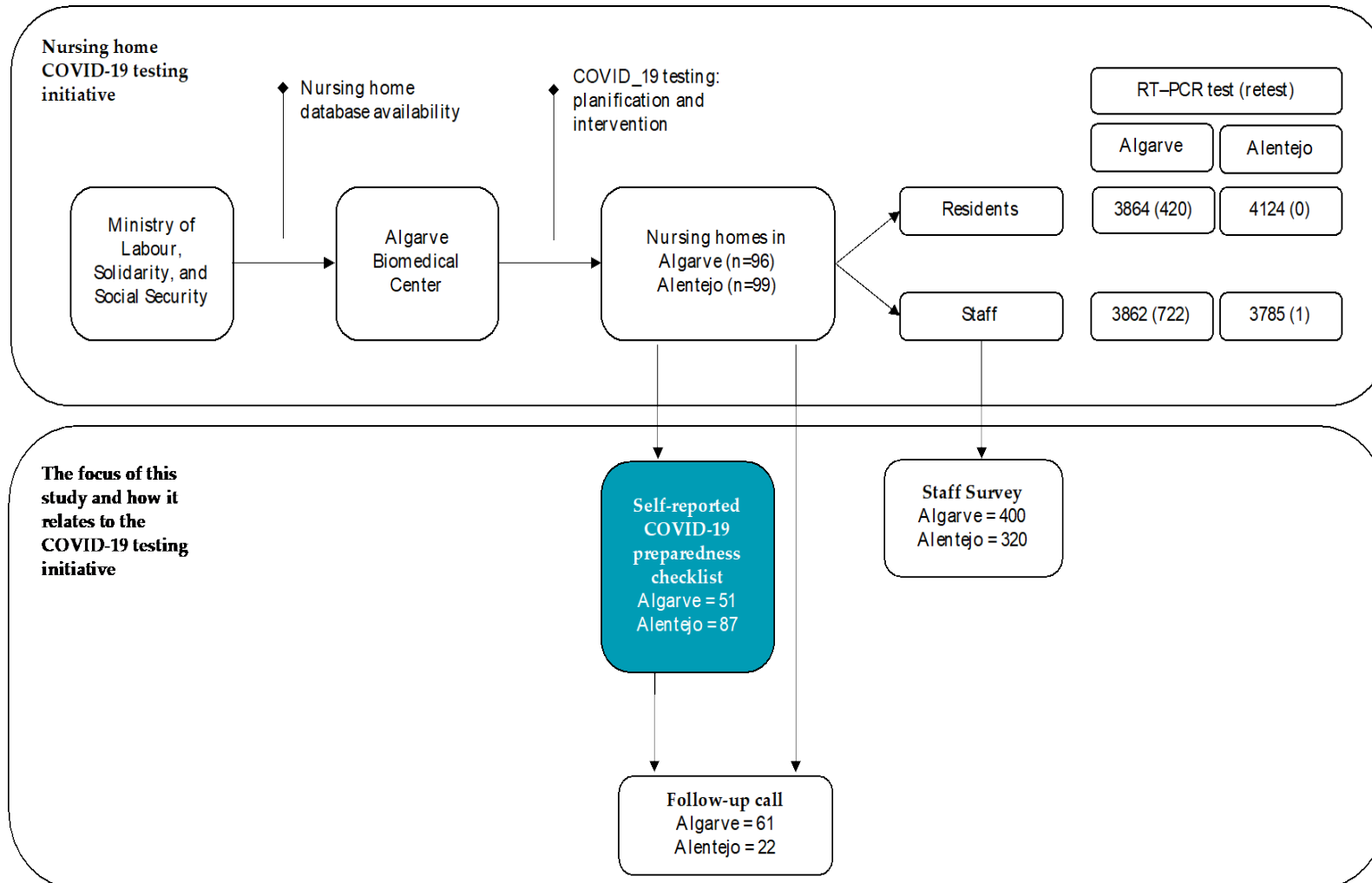
To assess the COVID-19 preparedness of nursing homes in Southern Portugal and explore its effects on nursing home staff safety culture and well-being in the early phases of the pandemic (March to July 2020).

To assess COVID-19 preparedness of nursing homes in 2 regions of Southern Portugal (Algarve and Alentejo) in the early phases of the pandemic.

To better understand safety concerns and well-being of nursing home staff .

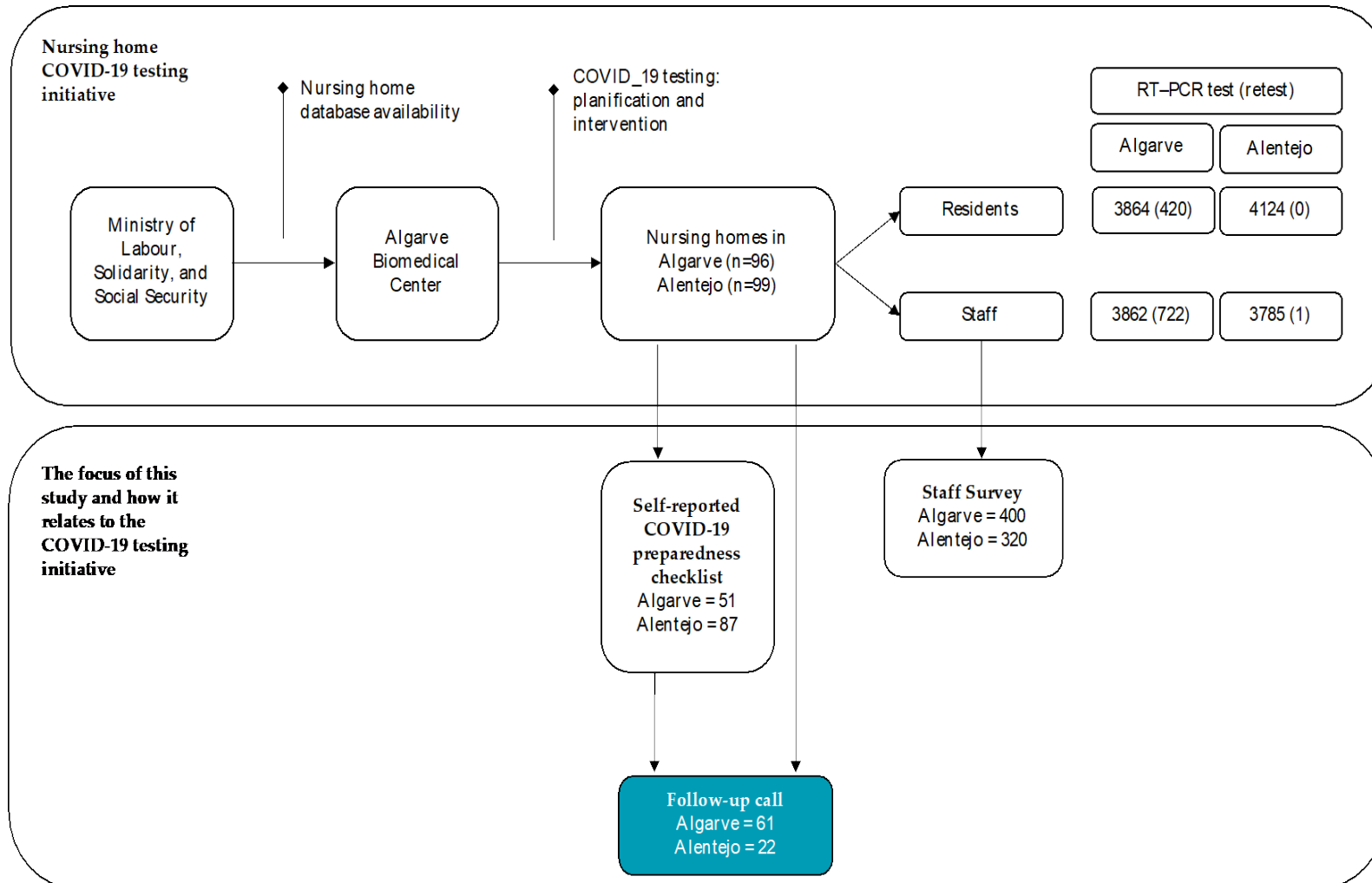
To understand nursing home staff's work experiences during the pandemic, including resident safety culture.

Study design & Instruments



- March – July 2020
- COVID-19 preparedness checklist to NH managers
 - Based on the CDC version
 - Cultural and contextual adaptations (eg, to reflect the guidelines of the Directorate-General of Health)
 - Focus on existing structures for planning and decision-making & elements of a contingency plan

Study design & Instruments



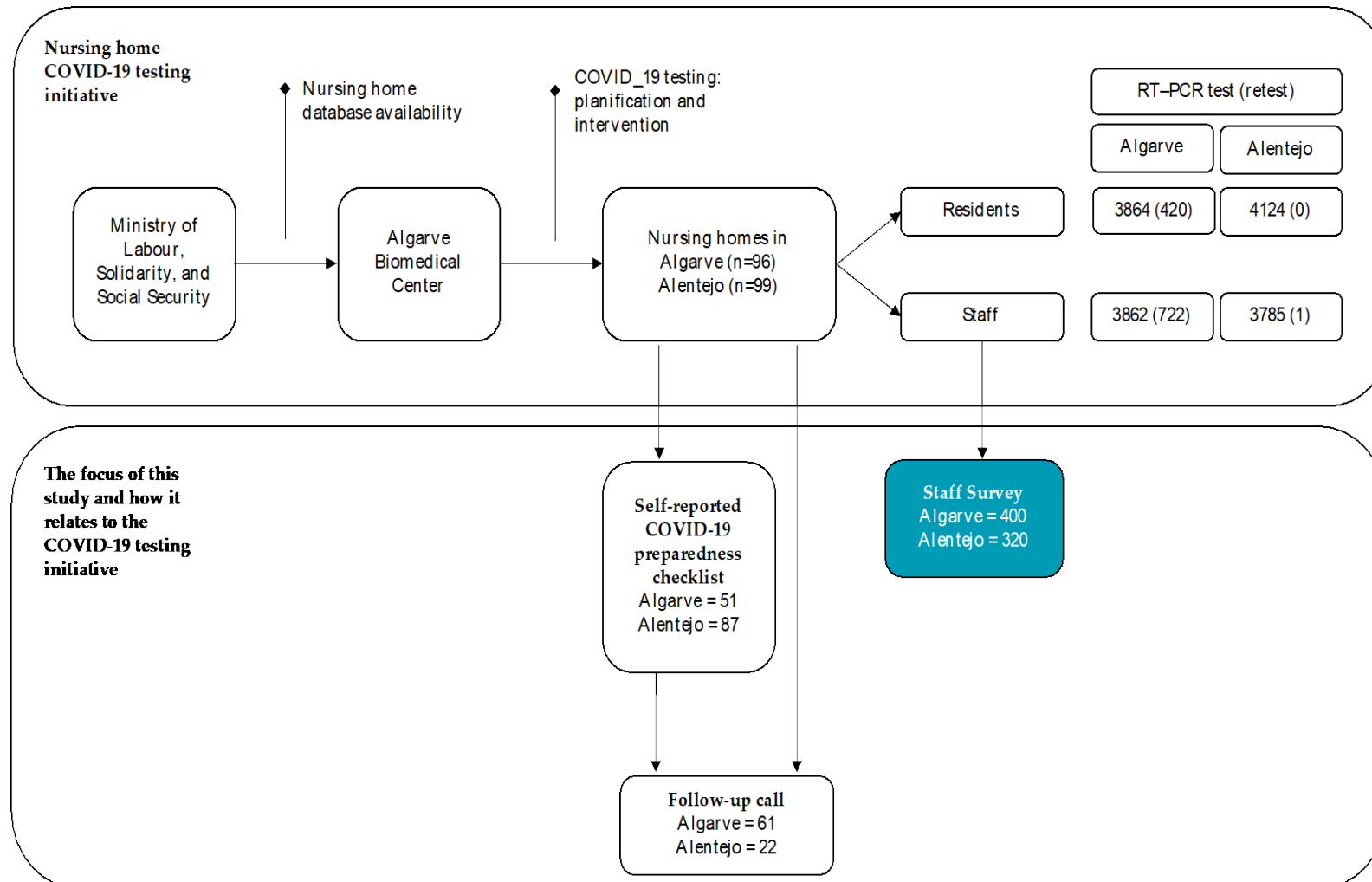
- Follow-up calls as a 2nd-stage of engagement

- Understand how nursing homes were doing
- Walkthrough discussion of a previously submitted checklist

OR

- Brief discussion on the topics covered in the checklist, if none had been filled prior to the call

Study design & Instruments



- Safety concerns and well-being of nursing home personnel
- May–June (Algarve) and June–July (Alentejo)
- Nursing home survey on patient safety culture (AHRQ); WHO-5 well-being index; Minimum European Health Module
- Areas in which support from others was needed
- On the last day of administering the survey: 9% increase of cases in Algarve (389) and 33% increase in Alentejo (636) compared to the first day of the survey.

Generalized COVID-19 unpreparedness across nursing homes

Table 1. Nursing home COVID-19 preparedness checklist compliance scores.

Item grouping	COVID-19 preparedness compliance (%) ^a		
	Algarve (n=51)	Alentejo (n=87)	Total (n=138)
Structure for planning and decision-making	65%	79%	74%
COVID-19 contingency plan	75%	87%	83%
Elements of a COVID-19 contingency plan			
General	66%	72%	70%
Outbreak capacity	35%	45%	41%
Communication	79%	76%	77%
Supplies and resources	68%	79%	75%
Education and training	44%	43%	43%
Occupational health	71%	75%	74%
Identification and management of ill residents	87%	81%	83%
Access control	83%	81%	82%

^a Scores were computed as the geometric mean of items fully implemented within each group.

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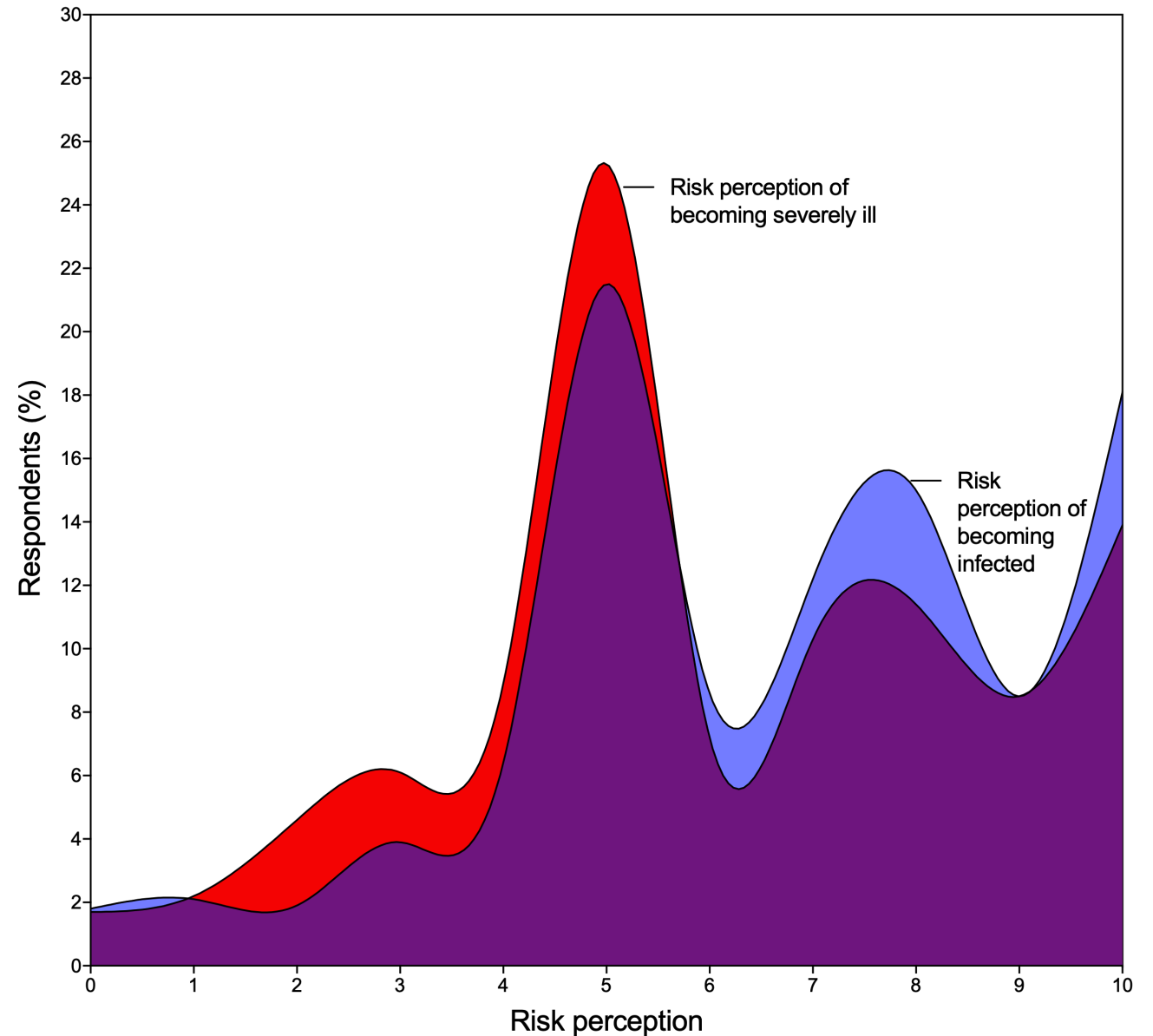
Most frequently overlooked

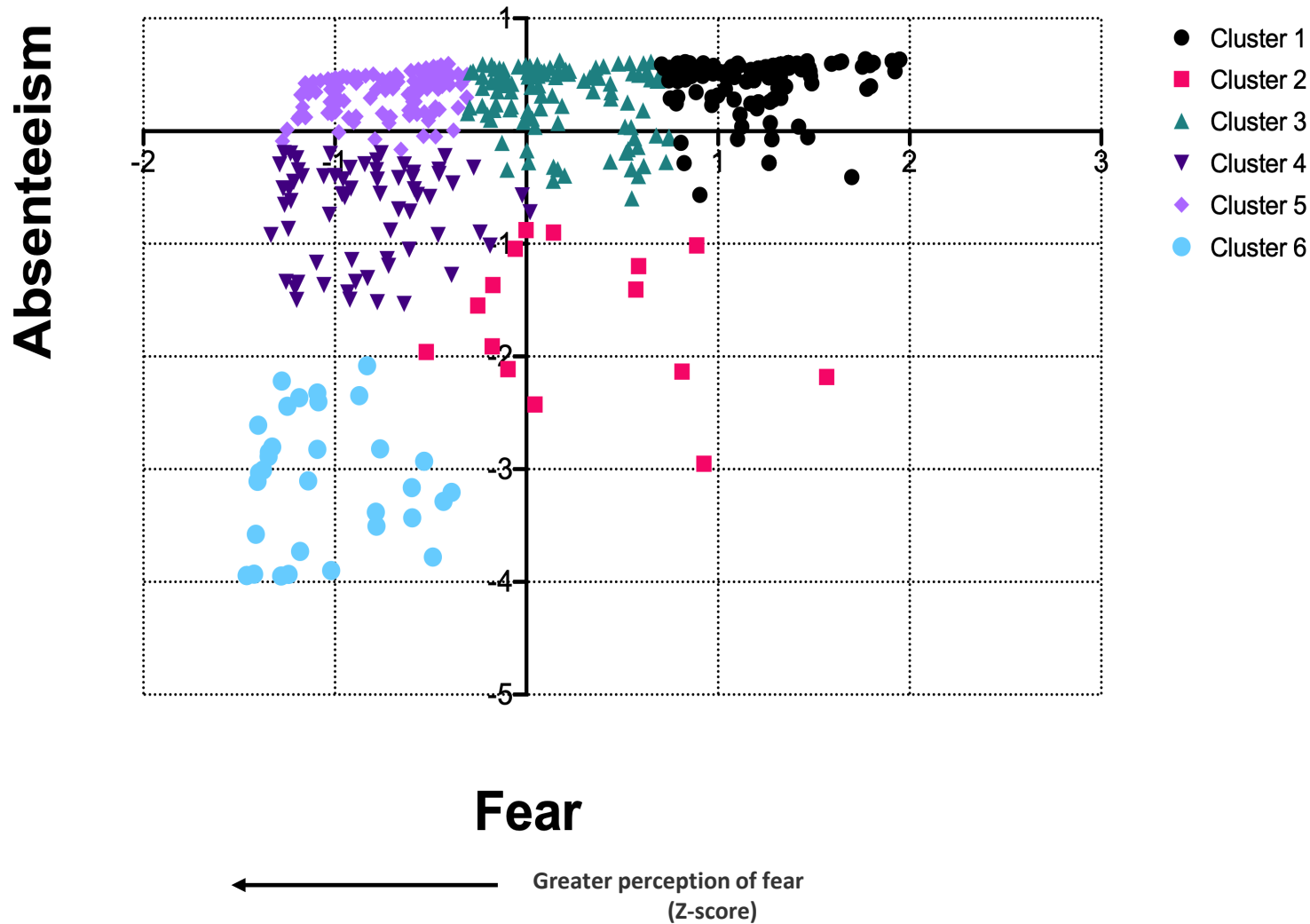
- **Poor communication channels**, both internal and external
- **Insufficient planning to overcome hindrances** related to staff shortages, absenteeism, and infrastructure constraints
- **Misuse of personal protective equipment** attributed to poor training and a generalized shortage of specific equipment (eg, gowns and FFP2 face masks)

Good practices

- Continuous **revisions to the contingency plan** to reflect up-to-date guidelines
- Emergency **protocol with the nearest primary health care centers** for a quick response in case of an outbreak
- **Using social media to update families** and carers on residents' well-being and explain safety measures

Testing was important, but had little effect on the staff's perception of becoming infected





Staff perceived fear and absenteeism among peers differently, the latter with greater variability

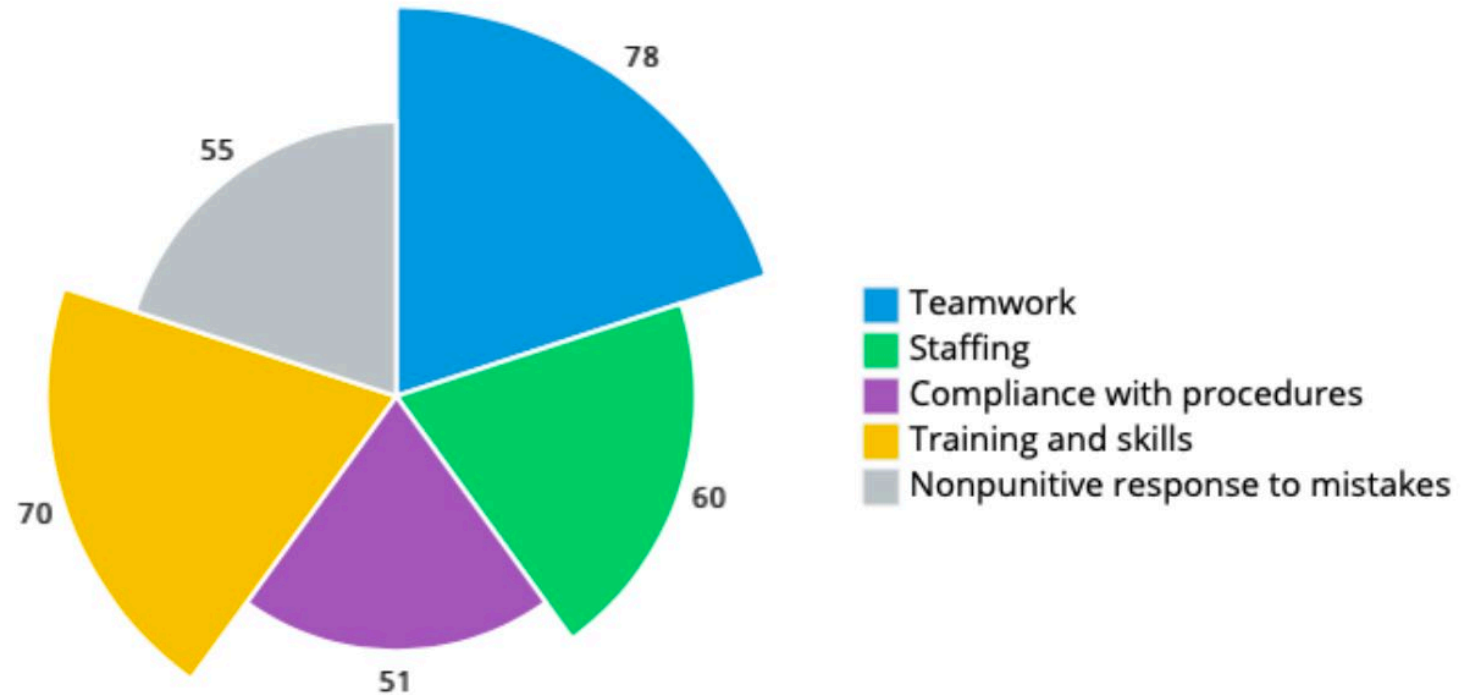
Cluster 1: Most people without children (77%) and with low perception of becoming infected

Cluster 2 & Cluster 4: Most people with children

Cluster 5: Older people in the household

Cluster 6: Younger and worse well-being than average

Resident safety culture from the staff's perspective:
Many areas were signalled as needing improvement



Preliminary results of this study led to new tools now available nation-wide to nursing homes



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Apoio e Informação aos Lares
no Âmbito da Pandemia

- Since October 2020: to provide generic information and support to nursing homes 24/7
- Identify NH needs (eg, PPE or training) and plan how to address those
- Streamline the communication among competent authorities



Since July 5, 2021: SupERa aims to facilitate the recording and monitoring of oxygen saturation levels, temperature and respiratory rate to support staff decision-making regarding symptoms associated with COVID-19 and other respiratory conditions.

There are **major gaps to address** after decades of disinvestment

1. Strengthen integration and coordination between health and social care

2. Support regional and local networks considerate of the Portuguese healthy and active ageing agenda

3. Alignment of and new financial mechanisms to pay long-term care providers (including informal carers)

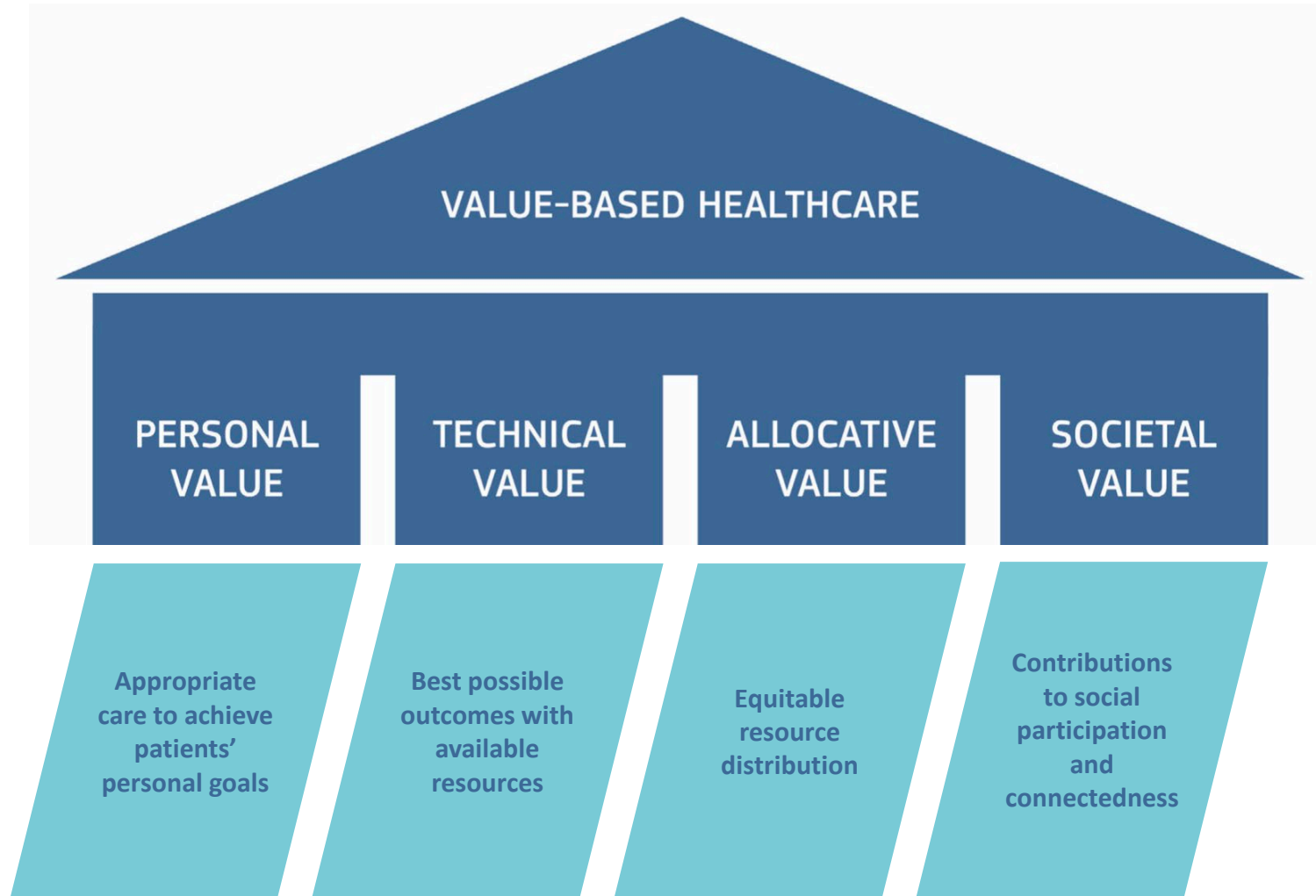
4. Revise workforce skill set, levels, training, and pay

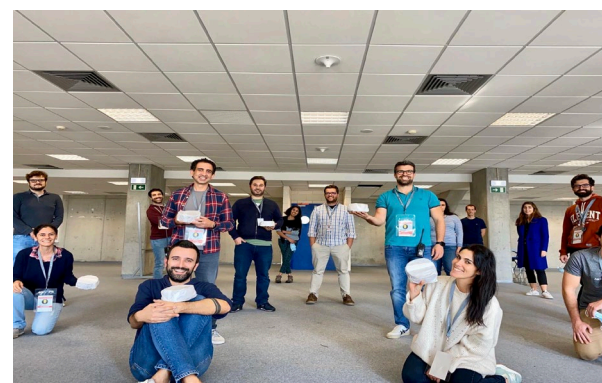
5. Develop quality standards which should underpin safety culture and greater care experiences

6. Establish robust performance intelligence supported by interoperable information systems

7. People centered care approach

Transposing the value agenda to LTC





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