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)

Monday 19 July 2021 | 15:00–16:30 CET

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HealthPros is a Marie Skłodowska-Curie innovative training network for a first cohort of Healthcare Performance Intelligence Professionals.

Visit the HealthPros website for more on the network and its research activities: https://www.healthpros-h2020.eu/
Long-term care provision in Portugal: organizational overview

## Long lasting challenges

<table>
<thead>
<tr>
<th>Fragmentation of governance mechanisms</th>
<th>Financing and unclear contractual model that unifies health and social services provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage of long-term care and the ability to pay OOP contributions</td>
<td>Regional inequalities</td>
</tr>
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<td>Limited scope and reach of integrating health and social care</td>
<td>Overlapping mechanisms for needs assessment</td>
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<tr>
<td>High rates of institutionalization rather than focusing on home care</td>
<td>Poor information systems and lack of interoperability</td>
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</table>
Medical teams set up for drive thru sample collection

Medical teams set up for in situ sample collection

Planning, booking and other queries related to COVID-19 screening tests at institutions
Medical teams set up for in situ sample collection

Medical teams set up for drive thru sample collection

- Coordination -

Ministry of Labour, Solidarity and Social Security

Ministry of Health

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

Algarve Biomedical Center | University of Algarve

Drive Thru

COVID 70+

- Coordination -

- Team representatives-

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

- 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

Comprehensive approach
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.

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<tr>
<th>Item grouping</th>
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**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%           |

*Scores were computed as the geometric mean of items fully implemented within each group.*
Generalized COVID-19 unpreparedness across nursing homes

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**Generalized COVID-19 unpreparedness across nursing homes**

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<th>Good practices</th>
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<td>• <strong>Poor communication channels</strong>, both internal and external</td>
<td>• Continuous revisions to the contingency plan to reflect up-to-date guidelines</td>
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<td>• <strong>Insufficient planning to overcome hindrances</strong> related to staff shortages, absenteeism, and infrastructure constraints</td>
<td>• Emergency protocol with the nearest primary health care centers for a quick response in case of an outbreak</td>
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<td>• <strong>Misuse of personal protective equipment</strong> attributed to poor training and a generalized shortage of specific equipment (eg, gowns and FFP2 face masks)</td>
<td>• Using social media to update families and carers on residents’ well-being and explain safety measures</td>
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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.

- 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

VALUE-BASED HEALTHCARE

PERSONAL VALUE
Appropriate care to achieve patients’ personal goals

TECHNICAL VALUE
Best possible outcomes with available resources

ALLOCATIVE VALUE
Equitable resource distribution

SOCIETAL VALUE
Contributions to social participation and connectedness

Expert Panel on effective ways of investing in Health (EXPH) Defining value in “value-based healthcare”, 26 June 2019
COVID-19 preparedness and safety culture in nursing homes in Southern Portugal

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