



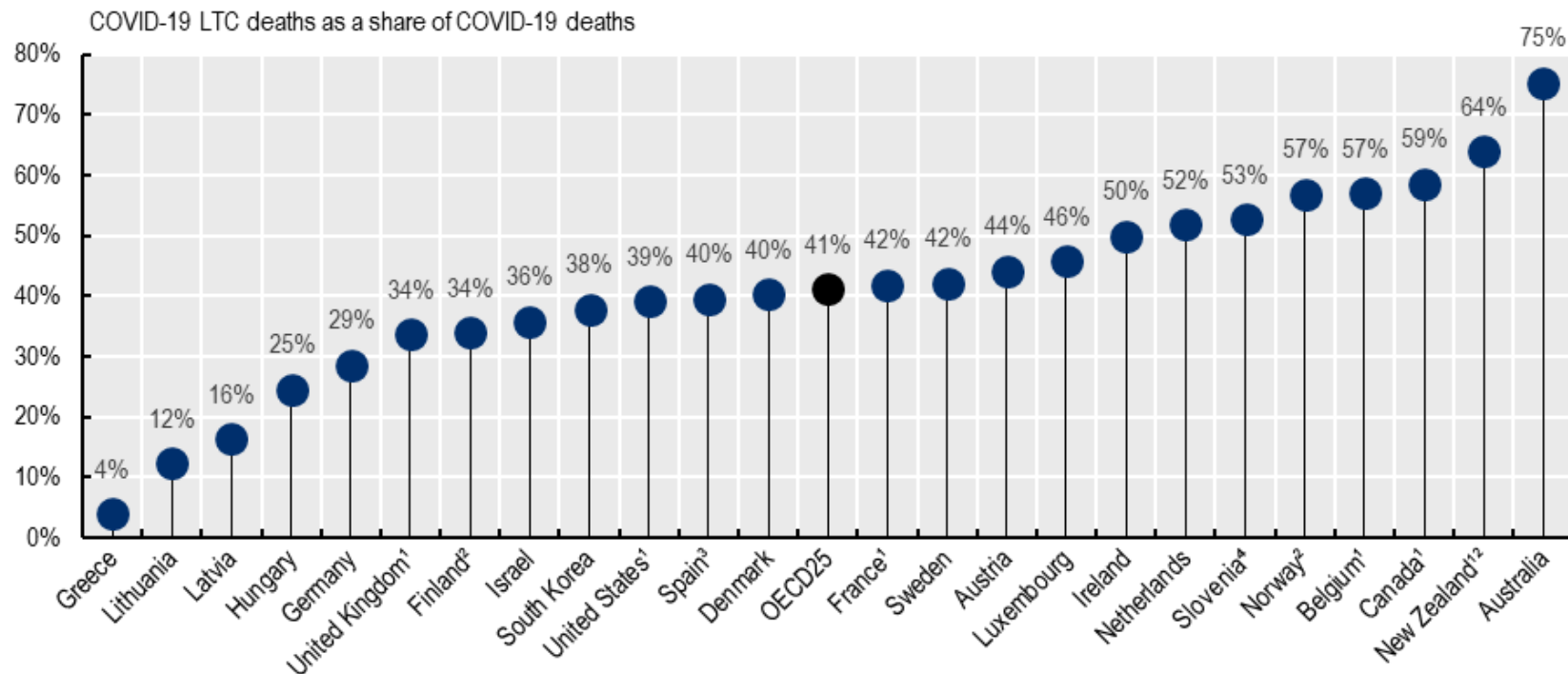
# THE LTC SECTOR THROUGH THE PANDEMIC

Challenges and policy responses across OECD countries

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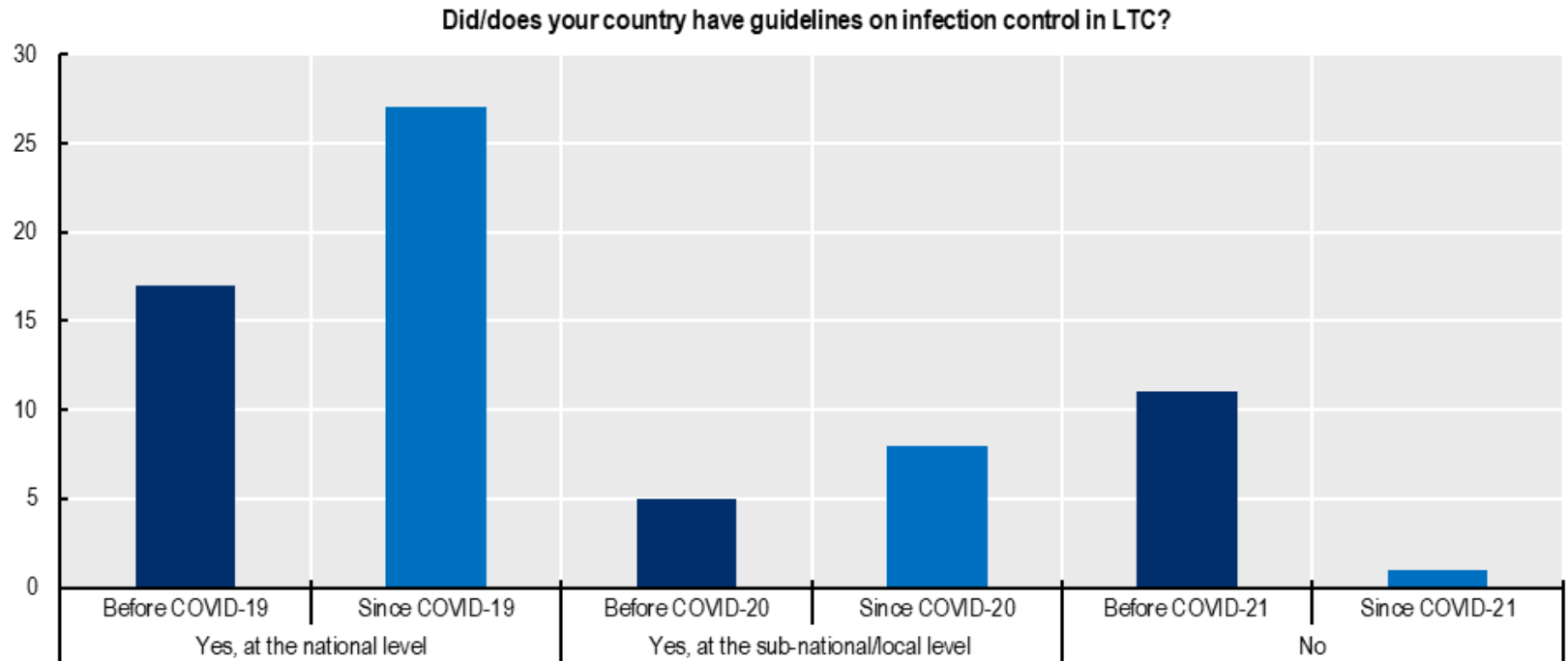
# A sizeable share of COVID-19 deaths has been in the long-term care sector



Note: Data on cumulative deaths up to early February 2021. 1. Includes confirmed and suspected deaths. 2. Only includes deaths occurring within LTC facilities. 3. Data come from regional governments using different methodologies, some including suspected deaths. 4. Includes deaths in nursing homes and social LTC facilities.  
Source: (Comas-Herrera et al., 2021), (ECDC, 2021), (OECD Questionnaire on COVID-19 in LTC).



# Emergency preparedness in long-term care was insufficient



Source: OECD “COVID-19 in LTC: impact, policy responses and challenges”, 2021.



# Lack of testing hampered contact tracing, but countries took several measures

## Training

In 13 countries, LTC facilities received training for staff on testing practices



## Mobile teams

11 countries set up mobile teams to facilitate testing in the facilities

60% of OECD countries had policies to improve testing

## Funding

In 10 countries, governments provided extra funding for testing



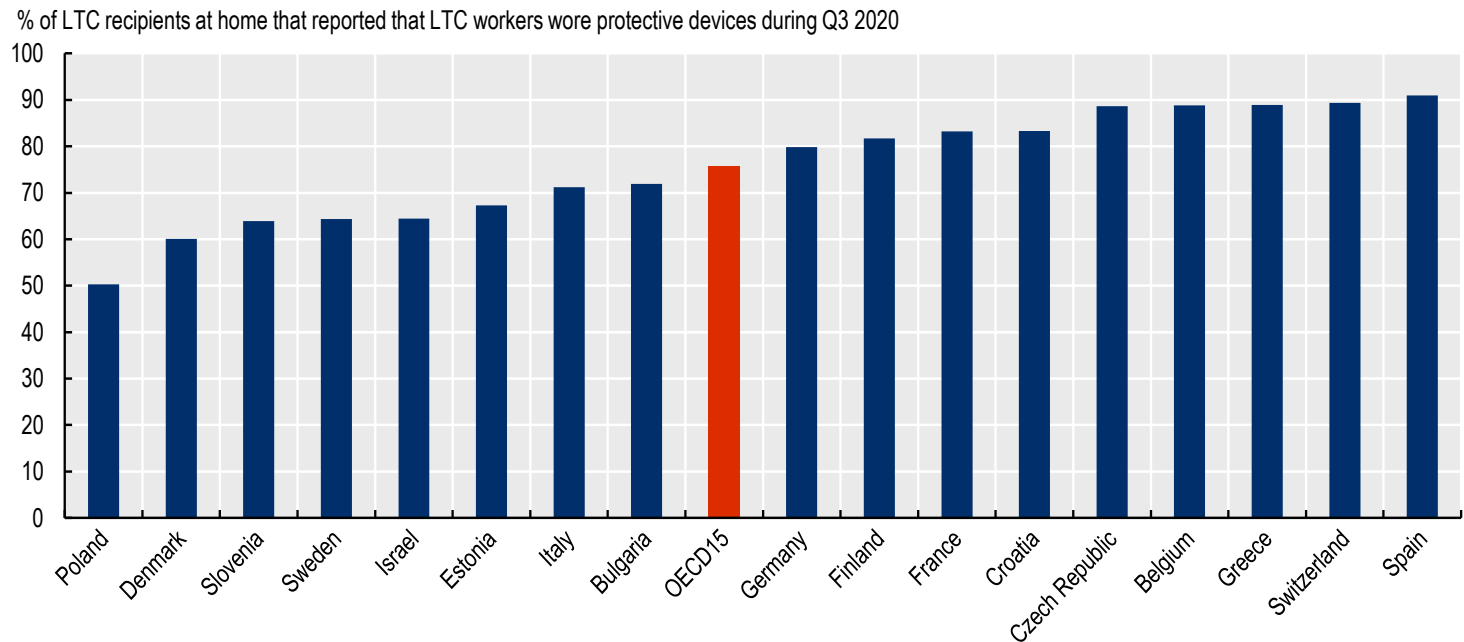
## Other measures

Germany financed the Armed Forces to perform testing, Greece provided free rapid tests to LTC facilities



# PPE were scarce early on in the pandemic

In a ranking from 1 (not an issue) to 5 (extremely challenging), countries defined access to PPE as 3



Note: LTC recipients refer to those aged 65 years old receiving regularly home care who reported ADL or IADL limitations in SHARE wave 7 (2017). Question is “Did the people who cared for you wear protective devices such as masks or gloves?”.

Source: SHARE-COVID-19 wave 8 (data refer to June and August 2020).



# Around March-April 2020, countries started to apply policies to ensure the provision of PPE

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Most countries issued **guidelines** on the use of PPE in LTC around March 2020, some even earlier



All surveyed countries have also **stockpiled PPEs** in 2021



Most governments **funded** PPE



# Community living facilitated viral spread and isolation measures evolved over time

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## Facility density and size

**Higher facility density and size** were associated with **higher infection rates** based on studies from Canada and Spain

## Visiting restrictions

A number of countries initially **banned visitors** except for an emergency or end-of-life reason

Visits often **resumed but with restrictions** on the numbers, frequency or conditions of access

## Group activities

Countries had to balance the minimization of the **risk of contagion** with the support of a **dignified everyday life** inside the facilities



# Care integration improved during the pandemic

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## Coordination with primary care

- Before the pandemic, only 10 OECD countries had guidelines or legislation on integration between LTC and primary care
- Since the pandemic, 8 more OECD countries introduced measures to foster multi-disciplinary teams, with the aim to integrate more primary care in LTC facilities (EE, CA, CO, FI, LV, LU, PT, SI)

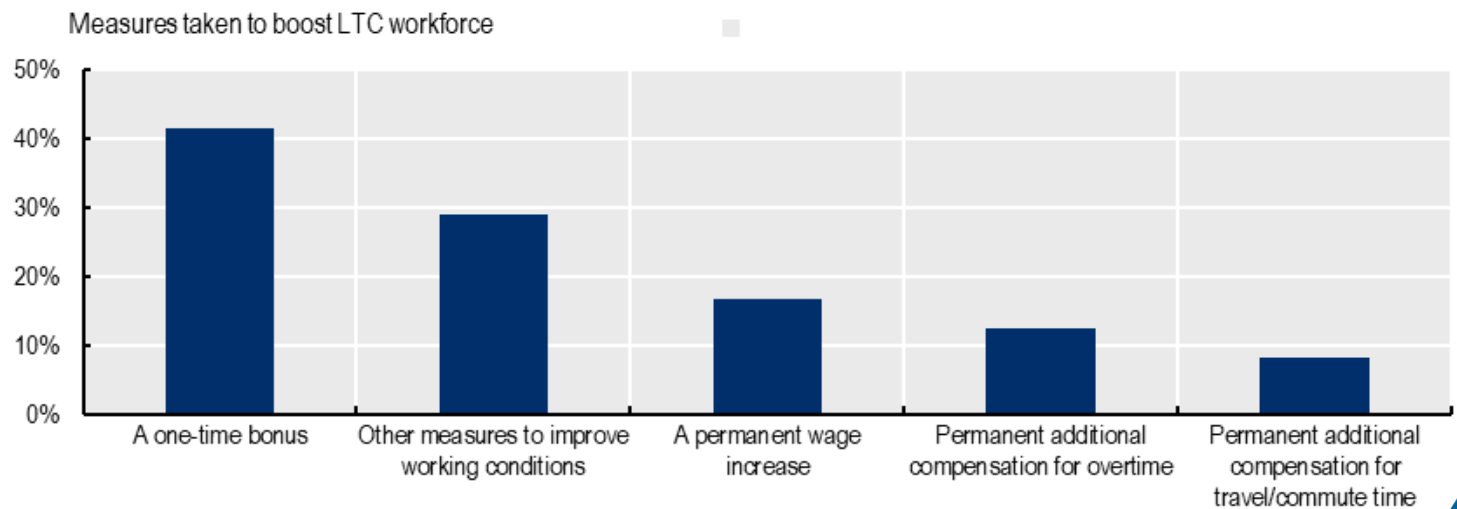
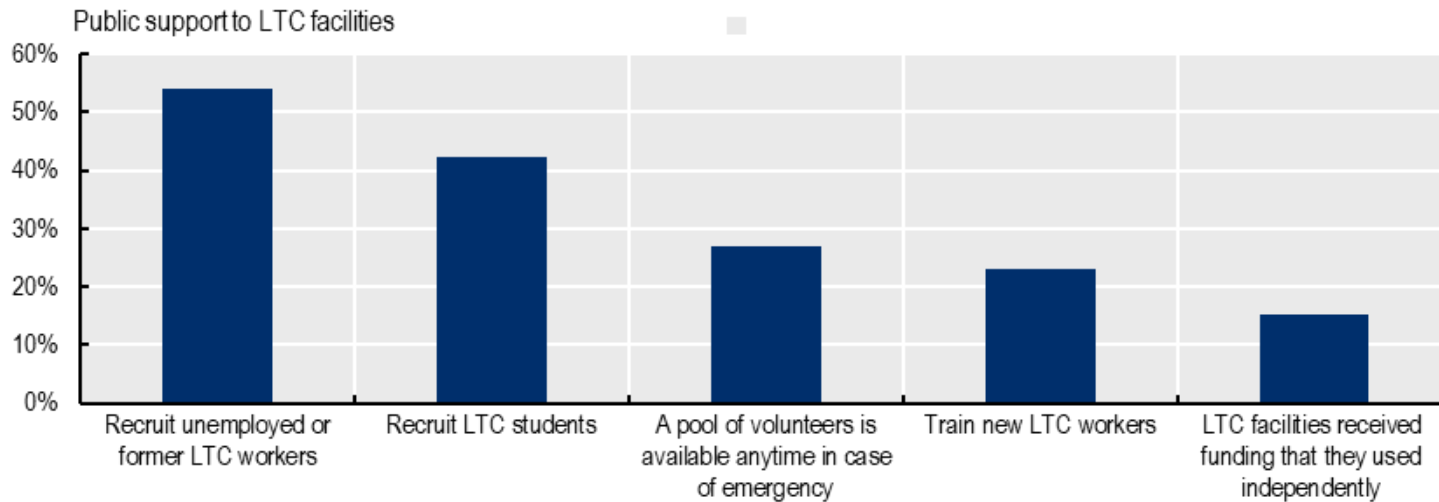
## Coordination with hospitals

- Since the pandemic, 7 countries introduced new guidelines on the integration of long-term care and care in hospital (BE, CO, EE, EL, FR, HU, NL)





# Countries have also addressed the issue of staff shortages



Source: OECD "COVID-19 in LTC: impact, policy responses and challenges", 2021.



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Further OECD work on LTC – check it out!

