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COVID-19 and Maltese long-term care systems: Lessons learnt and new reforms

Dr Maria Aurora Fenech
Department of Gerontology and Dementia Studies

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Impact of the pandemic on LTC systems in Malta

- Malta was never resolved to complete mandatory lockdown.
- Voluntary lock down in the majority of care homes for 12 weeks, whilst other care homes worked on a 1, 2 or 3 week shifts; swabbing of health care professionals was mandatory prior to assuming duties within LTC.
- The second wave, triggered by mass gatherings constituted the bulk of positive cases in August 2020. This ended up threatening residents in LTC settings who accounted for most cases in September-October-November 2020.
- Deaths of older persons was often coupled with references to 'underlying conditions', which perpetuated the cruel perception that COVID-19 mainly only impacted those persons who would have passed away anyway.
- Older Persons in care homes were dually vaccinated by end of February 2021; however they were only allowed outside the care homes some 15 months *after* the first COVID-19 related case was recorded, 15 June 2021.

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Impact of the pandemic on LTC systems in Malta (contd.)

- Management of both private and non-governmental care homes in Malta voiced their concerns on a number of issues related to the pandemic's exit strategy,
- Extra costs incurred towards COVID-19 measures,
- Increased overtime costs as more care workers were needed for cleaning or to coordinate video calls between older persons and their relatives,
- Extra costs towards adapting spaces into living quarters, providing laundry facilities, food, and transportation of health care workers, the income for private service providers dropped as admissions and respite services had stopped,
- *Active older persons within the care homes inquired when they would be able to go out again, expressing their indignation at not have been 'spoken to' at any stage of the pandemic.*

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Lessons learnt

- Infection prevention and control measures for *each* care home,
- Mandatory face mask wearing *prevented* the seasonal influenza,
- Social isolation *harmed* the older persons; older persons required next of kin/friends,
- Care homes are *too large*,
- Care homes *not prepared* in that policies were not in line with Public Health and they were getting different instructions from different departments,
- *Not all care homes have the infrastructure* for isolation or infection control
- *Consultation with the heads of homes is focal and must remain ongoing*,
- *Communication* between care homes improved.


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Reforms ... 'or not? Everyman for himself!'

- Gross fragmentation,
- Power incumbency beyond control,
- Directionless – no strategy – no vision – working on a political crisis – unfair governance,
- Incestuous relationships between the different organisations,
- Increase audits and enforce fines,
- Push for relatives to meet with older persons on line,
- Reward staff for 'holding on during the pandemic',
- Re-introduce the isolation hospital for older persons prior to re-entry to the LTC setting.

Thank you for your attention.

Contact me on the details below for further info:

 Maria Aurora Fenech (+356) 2340 2237 maria-aurora.fenech@um.edu.mt