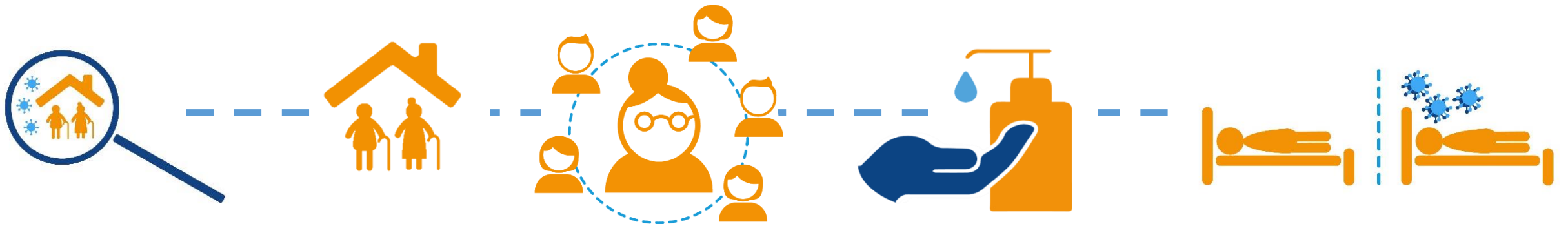


Corona and Nursing Homes in the Netherlands

WHAT WAS THE SITUATION IN NURSING HOMES?

An overview of information processed from minutes
of crisis team meetings in nursing homes during the corona crisis

FACTSHEET week 13 to 23 (23 March - 5 June 2020)



An investigation by the collaborative academic networks for geriatric care



Corona Research Nursing Homes

WHAT WAS THE SITUATION IN NURSING HOMES?

An overview of information processed from the nursing home crisis teams during the corona crisis
FACTSHEET - Week 13 to 23 (23 March - 5 June 2020)

THE RESEARCH



The COVID-19 epidemic presents nursing homes with major challenges, and has required policymakers and healthcare organizations to make rapid decisions based on limited information.

The minutes of crisis teams meetings are a valuable source of information that can provide insight into the impact of the crisis on both clients and personnel.

Organizations shared the minutes of their meetings with researchers from the academic networks for geriatric care in Leiden and Groningen. This approach was chosen in order to avoid burdening the organizations at this busy time. Follow-up research will delve deeper into the problem.

Research feedback based on the minutes of the meetings provides organizations with greater insight into how to address the corona crisis in their sector.

RESEARCH GOALS



In this study, researchers from the academic networks for elderly care UNC-ZH and UNO-UMCG aim to provide nursing homes with an outline, on a weekly basis, of the current situation and any developments in the corona crisis. Meeting documents (mainly minutes) of crisis teams provide the basis for this analysis. This approach creates a clearer picture of the situation and the (immediate) requirements of the sector. This factsheet looks back at weeks 13 to 23.



RESEARCH PLAN



Since the end of March 2020, affiliated healthcare institutions have been sharing crisis team minutes and other meeting documents with researchers from UNC-ZH and UNO-UMCG. A team of 17 researchers have assessed free text and made selections (referred to as notes in this report) to obtain a qualitative, anonymized summary of the information.

These notes are clustered weekly into themes and are briefly outlined by the core team/editorial staff. A total of 11 reports (for weeks 13 to 23) have now been shared internally with participants and directly interested parties. This fact sheet provides a summary of these reports.

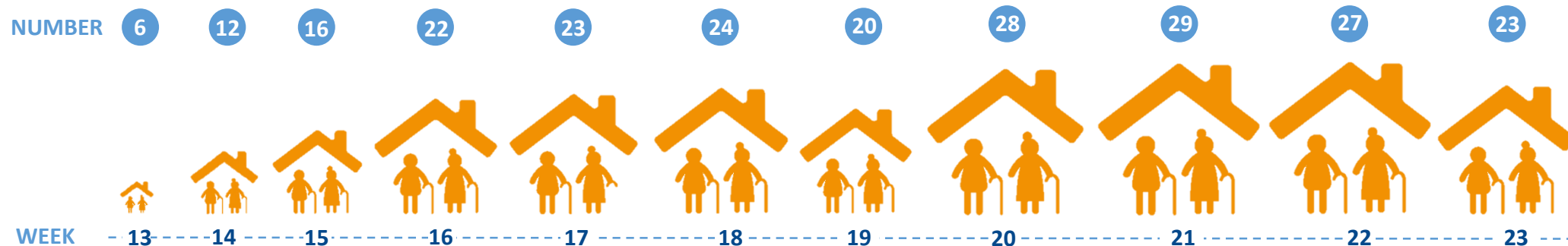
NUMBER OF PARTICIPATING CARE INSTITUTIONS PER WEEK

SUBMITTING MINUTES IS PARTICIPATION

During the earliest phase of this research, a request to participate was first shared amongst the academic networks for geriatric care in South Holland and Groningen (the initiators of the study). The request to participate was then distributed via the other networks.

Minutes supplied before Wednesday 10:00 am were included in the weekly report. As a result, and especially in the beginning, the level of promised collaboration and the actual number of participating healthcare organisations differed, as shown in the diagram below. A total of 41 institutions cooperated in this research.

NATIONAL DISTRIBUTION of participating nursing homes



THEMES AND KEY ISSUES

Which themes are relevant to nursing homes in this corona crisis? All topics discussed in the minutes have been translated into five principal themes. Following a short description per theme, you will find a schematic representation of the development of the topics per week.

▲ THEME 1

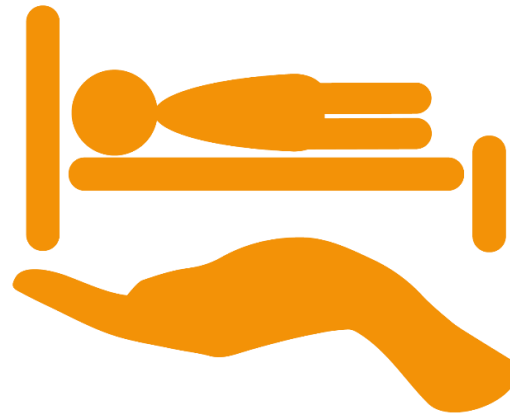
Beds, segregation and isolation of clients: intramural and in the chain

- Segregation and isolation of clients infected with COVID-19, in their own room or ward or by transfer to corona cohort
- Deployment of personnel across locations
- Procedures pertaining to hygiene
- Harmonizing procedures and measures with (changing) guidelines
- Quarantine rules for clients, wards and personnel
- How to deal with suspected contamination
- Admissions policy, use of geriatric rehabilitation beds
- Consultation in the between integrated care partners (community care/ home care, hospital, nursing home)
- Finance
- Rehabilitation of post-COVID patients
- How to 'return to normal'

▲ THEME 2

Well-being of clients and family

- Prevention of COVID-19 infection
- Maintaining Quality of Life
- Consideration for the concerns of and loneliness amongst clients and family
- Planning of activities
- Death and palliative situations



● THEME 3

Visitor policy

- Providing details on visiting arrangements
- Alternatives to receiving visitors



THEMES AND KEY ISSUES (2)

THEME 4

Hygiene, care and policy

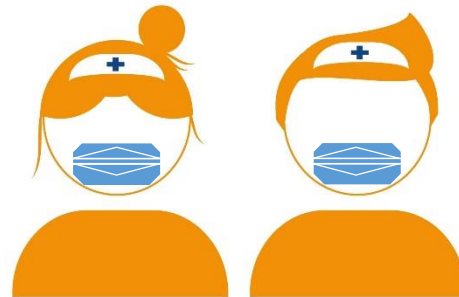
- Care procedures for clients infected with COVID-19
- Communicating with personnel, clients and family
- Disease characteristics and symptoms
- Testing policy, coordination internal and external
- Hygiene policy, cleaning instructions
- Procedures for hospitalization or outpatient visits
- Daytime activities: for whom, how and where, transportation and deployment of volunteers
- The resumption of contact professions
- Arranging inside areas in a 1.5m society



THEME 5

PPE* and material

- Central and local inventory management in coordination with the region
- Shortages and measures to conserve PPE
- Creative solutions and reuse of PPE
- Testing the quality of PPE
- Procedures for the use of PPE
- Anxiety related to (preventive) use of face masks
- Communication and instructions to employees, clients and family
- An overview of other materials, such as oxygen and thermometers



*PPE = Personal Protective Equipment

THEME 6

Commitment and well-being of personnel

- Flexibility of personnel and volunteers
- Consideration for other employment and the family situation
- Personnel shortages and solutions
- Logistics, movement of personnel between locations
- Time administration and holidays
- Consideration for vulnerable employees
- Monitoring sickness and absenteeism
- Procedures in case of suspected infection with COVID-19
- Meetings and mutual contact
- Psychological well-being, aftercare
- Arranging inside areas in a 1.5m society

An overarching theme is Communication. This has not received separate treatment in the reports, but has often been discussed in the context of other themes.

CORONA CRISIS - KEY ISSUES IN NURSING HOMES PER WEEK

WEEK 15

6 - 12 April

- ▲ **ISOLATION and COHORTING**
Differing advice from authorities regarding isolation when returning to a nursing home
- ▲ **ISOLATION and COHORTING**
Relocation between and within locations
- ▲ **WELL-BEING CLIENTS and FAMILY**
Concern among residents and family, disagreements regarding measures
- **PPE and MATERIALS**
Scarcity, concern and creative solutions PPE
- **ALLOCATION and WELL-BEING of PERSONNEL**
Considerable attention for flexibility and well-being of personnel

WEEK 16

13 - 19 April

- **VISITOR POLICY**
Occasional family pressure regarding visiting and creative alternatives
- **HYGIENE, CARE and POLICY**
Testing policy is not uniform across all organisations
- **PPE and MATERIALS**
Reuse of PPE is possible but expensive, and not (yet) deployed
- **PPE and MATERIALS**
Concern among employees regarding when and when not to use facemasks
- **ALLOCATION and WELL-BEING of PERSONNEL**
Physical and psychological well-being of burdened personnel

WEEK 17

20 - 26 April

- ▲ **ISOLATION and COHORTING**
More thought regarding transfer of COVID-19 patients to geriatric rehabilitation
- ▲ **ISOLATION and COHORTING**
Step-by-step plan to scale down from a corona cohort to a 'regular' ward
- **VISITOR POLICY**
Alternatives for client visits and occasional exceptions to visitor bans
- **PPE and MATERIALS**
(Need) for greater use of PPE but current shortage of PPE. Sterilization and reuse avoided
- **ALLOCATION and WELL-BEING of PERSONNEL**
Physical and psychological well-being of personnel remains under pressure

WEEK 18

27 April - 3 May

- **VISITOR POLICY**
Many activities as alternatives to visiting
- **HYGIENE, CARE and POLICY**
Slow resumption of daytime activities, equipping, transporting and deploying volunteers requires attention
- **PPE and MATERIALS**
Need to (reuse) aprons, (late) deliveries cause disruption and extra work
- **ALLOCATION and WELL-BEING of PERSONNEL**
Particular attention for correct implementation of procedures, clarity regarding guidelines and well-being
- **ALLOCATION and WELL-BEING of PERSONNEL**
Ongoing occupancy issues - one location fine, another still heavy workload and emotional exhaustion

WEEK 19

4 - 10 May

- ▲ **ISOLATION and COHORTING**
Preparations for the 'new normal' differing opinions on resumption contact professions
- **VISITOR POLICY**
Considerable attention for expansion of visiting arrangements
- **HYGIENE, CARE and POLICY**
Cautious resumption of outpatient care: how to maintain 1.5m distance?
- **PPE and MATERIALS**
Ongoing concern over stocks, including PPE needed for visitor regulations
- **PPE and MATERIALS**
Ongoing concern among personnel regarding when and when not to use (preventive) facemasks

WEEK 20

11 - 17 May

- ▲ **ISOLATION and COHORTING**
Most organizations still cautious regarding contact professions
- ▲ **ISOLATION and COHORTING**
Fewer meetings but alert to decreasing, stable or increasing number of infections. Offices re-open and teaching and meetings resume (online or 1.5m)
- **VISITOR POLICY**
Local implementation visiting arrangements, including 'clean' locations, visitor flows, instructions
- **HYGIENE, CARE and POLICY**
Earlier testing, test policy still unclear and source of concern
- **PPE and MATERIALS**
Attention for correct use of PPE, which masks when and stocks needed for visiting arrangements

CORONA CRISIS - KEY ISSUES IN NURSING HOMES PER WEEK

WEEK 21

18 - 24 April

- ▲ **ISOLATION and COHORTING**
Admissions policy: vacancy and visitor policy represent barriers to admissions
- ▲ **WELL-BEING CLIENTS and FAMILY**
Worry and loneliness among residents; wish to offer exercise and other individual activities
- **VISITOR POLICY**
Practical interpretation of visitor policy, alternatives for visiting still needed
- **HYGIENE, CARE and POLICY**
Need for pedicures increasing; compliance with guidelines, including PPE use and testing
- **ALLOCATION and WELL-BEING of PERSONNEL**
Remaining issues: how to broaden deployment of personnel and volunteers, and resume training and meetings

WEEK 22

25 - 31 April

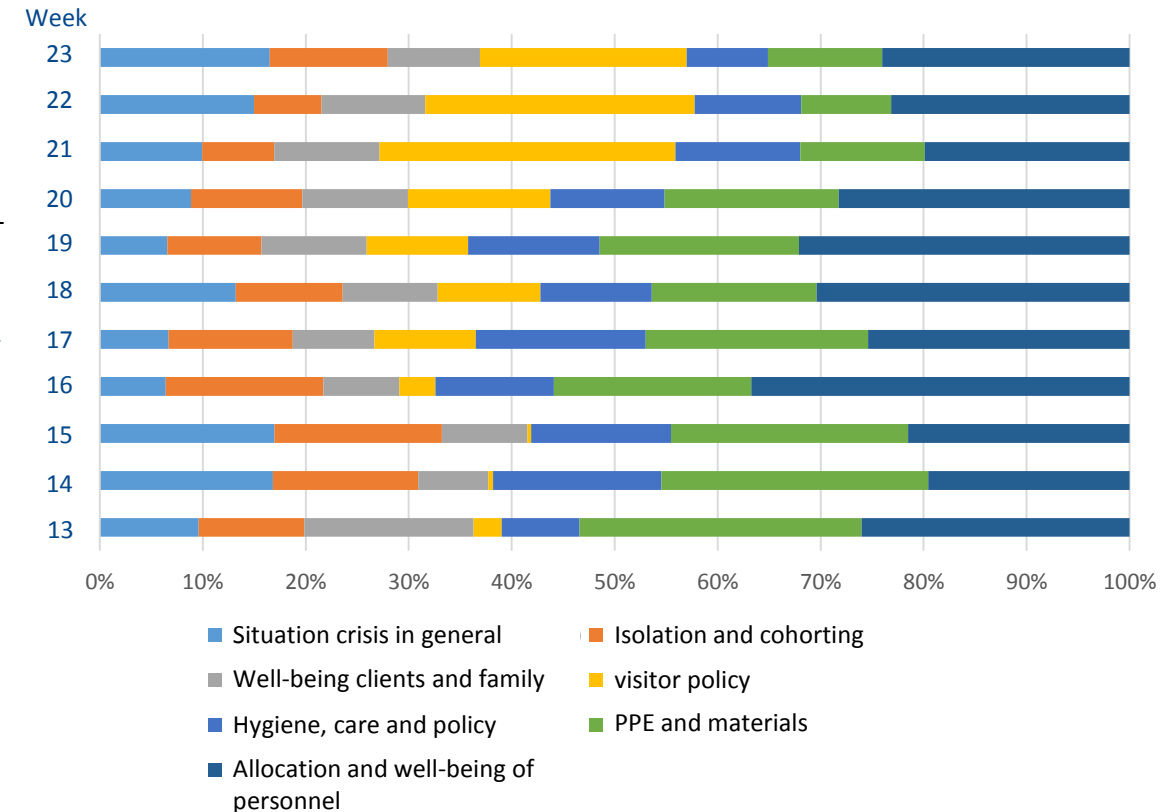
- ▲ **ISOLATION and COHORTING**
Retaining (flexible) admission locations, also regionally
- ▲ **ISOLATION and COHORTING**
Few to no crisis meetings, testing and PPE remain important
- ▲ **WELL-BEING CLIENTS and FAMILY**
Resuming activities requires tailoring and smart logistics
- **VISITOR POLICY**
Preparation regarding expansion of visiting arrangements, some concern amongst family and doctors
- **PPE and MATERIALS**
Facemask use sometimes causes concern and raises ethical questions
- **ALLOCATION and WELL-BEING of PERSONNEL**
Holidays of personnel present another logistical challenge, which also impacts visiting schedules

WEEK 23

1 - 7 June

- ▲ **ISOLATION and COHORTING**
Visiting arrangements cause admissions barrier, leads to vacancies
- ▲ **WELL-BEING CLIENTS and FAMILY**
Dilemma of optimizing well-being while minimizing risk of contamination
- **HYGIENE, CARE and POLICY**
Less out-patient treatment due to group and space restrictions
- **VISITOR POLICY**
Questions concerning (confusion) over policy relaxation; distress and misunderstandings regarding policy severity
- **VISITOR POLICY**
Need for both unambiguous policy and individual tailoring
- **ALLOCATION and WELL-BEING of PERSONNEL**
Well-being of personnel sometimes at risk, due to workload and verbal abuse.

Key issues per week in %



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TER KENNISNAME

De rapportages zijn niet uitputtend of volledig, maar er is naar beste kunnen een keuze gemaakt in wat belangrijk geacht wordt. Ook wordt geen uitdrukkelijke kwantificering van aantal zorgorganisaties bij maatregelen of thema's geplaatst, omdat dit naar de aard van de bronnen en selecties een vertekend beeld kan geven. De weergaven van de notulen zijn weliswaar ook bedoeld om goede ideeën en good practices met elkaar te delen, maar dienen niet als alternatieve bron beschouwd te worden voor (evidence based) informatie, zoals de richtlijnen van het RIVM die zijn. Op dit moment kunnen er ook geen gevolgtrekkingen getrokken worden, bijvoorbeeld of bepaalde maatregelen effectief waren.

Opdrachtgever

Ministerie van VWS

Uitvoerders

Universitair Netwerk voor de Care sector Zuid-Holland (UNC-ZH)

Universitair Netwerk Ouderzorg UMCG (UNO-UMCG)

Overige betrokkenen

ActiZ, V&VN en Verenso

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STATEMENT

The reports summarized here are neither exhaustive nor complete, but we have striven to make the best possible choices regarding what we considered important. No explicit quantification of the number of care organizations was made in relation to measures or themes, because considering the the nature of the sources and selections this might have resulted in a distorted picture. Although the depictions of the minutes are also intended to promote the sharing of good ideas and practices, they should not be regarded as an alternative source of (evidence-based) information, such as guidelines from the RIVM. At this time no definitive conclusions can be drawn, for example regarding whether certain measures have proven effective.

Initiative

Ministry of Health, Welfare and Sport (VWS)

Implementation

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University Network of Long Term Care UMCG (UNO-UMCG)

Other involved parties

ActiZ, V&VN and Verenso

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