Corona and Nursing Homes in the Netherlands
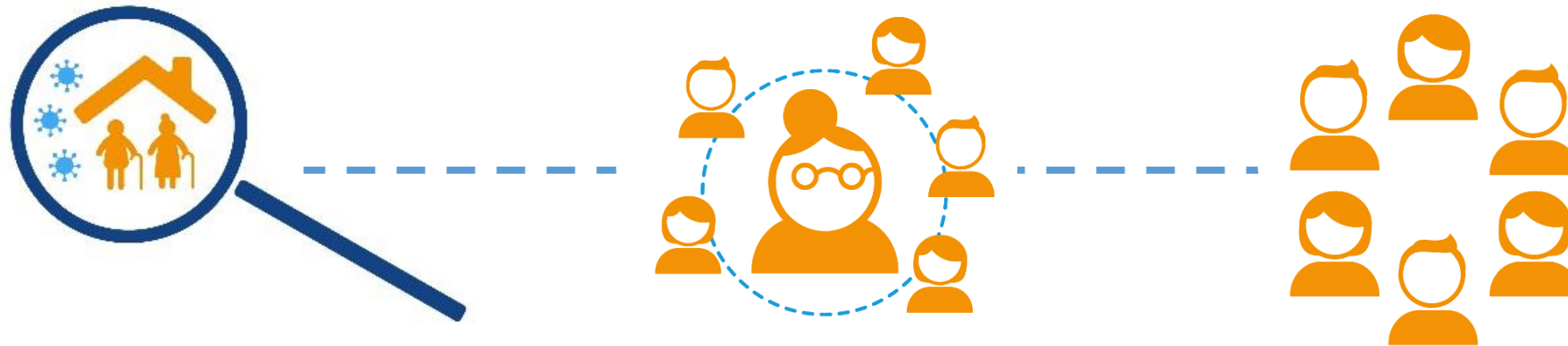
A review by EXPERT PANELS

Which of the instituted measures, in the opinion of multidisciplinary experts, are the most important in case of a Covid-19 outbreak in a nursing home organisation?
FACTSHEET week 15 to 20

An investigation by the collaborative Dutch academic networks for long term care

sano — samenwerkende academische netwerken ouderenzorg

UNC ZH — Universitair Netwerk voor de Care sector Zuid-Holland

UNO - UMCG

Corona Research Nursing Homes
A REVIEW TOGETHER WITH NURSING HOME PROFESSIONALS

THE RESEARCH

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

Conducting a weekly analysis of the minutes of crisis team meetings, researchers from the UNC-ZH and the UNO-UMCG found that a wide variety of measures have been implemented. Moreover, it appears that crisis teams have many outstanding questions and that more concrete advice is needed.

In this study, multidisciplinary expert panels therefore prioritize immediately recommended measures in the event of a (new) Covid-19 outbreak within a nursing home organisation.

RESEARCH PLAN

Nursing home organisations have been sharing the minutes and documents from their crisis team meetings with us since week 13 of 2020. A team of researchers then filtered out measures taken by nursing home in the areas of:
1. Well-being of clients and informal carers,
2. personnel policy, and
3. isolation and hygiene
We organized panel discussions covering these three areas.

De panel members:
→ each **select** a measure they consider most important to implement within the organisation during a Covid-19 outbreak.
→ **discuss** these measures in an online panel and discuss for whom and by whom these measures were selected.
→ **prioritize** the selected measures during a subsequent digital assignment, based on *importance* and *urgency*.
The panel discussions are repeated several times, with different panels, until a complete picture is obtained.

IN THIS FACTSHEET

This factsheet presents the results of the panel discussions on the measures for 1) well-being of clients and informal carers, and 2) personnel policy, based on the policy of crisis teams between weeks 15 to 20. The panel participants were recruited from a variety of organisations.

Multidisciplinary experts/participants in the panel	CONTENTS PANEL DISCUSSON	
	1. Well-being of clients and relatives	2. Personnel
	4 experts	5 experts
Nurse		
Administrator/ Manager		
Psychologist		
Member CPC*		
HR representative		
Company doctor		

*central patient council

PANEL DISCUSSION 1 – WELL-BEING OF CLIENTS AND INFORMAL CARERS

A summary of the first panel discussions concerning measures taken in nursing homes regarding the well-being of clients and informal carers during the corona crisis

A. Exceptions to the general ban on visiting in the case of terminally-ill residents and (possibly) other distressing cases

👉 *All panel members considered this measure both very important and very urgent in the event of a Covid outbreak.*

(Possible) measures: If possible, adaptation and personalisation per resident is desirable. For example, one visitor per day per resident, possibly with the use of personal protective equipment (PPE), disinfected hands to allow careful touching, or a fixed 'cuddle curtain' (although that might place considerable demands on the organization).

Target group: Terminally-ill residents and (possibly) other distressing cases.

Considerations:
- A ban on visiting is drastic.
- Inconsistency as informal carers must maintain a distance of 1.5 meters while nursing personnel wearing face masks are exempt.
- Ethical aspect: How fair is it that residents who may have only months to live are isolated for three months already and left completely alone. No residents were consulted regarding this policy.

Nuance: It is not recommended that a resident be forced to make impossible choices, such as which of his/her children may or may not visit.

B. Maintaining living room activities by turning wards into cohorts

👉 *All panel members considered this measure to be (very) important and three of the four panel members considered this measure to be (very) urgent in the event of a Covid outbreak.*

(Possible) measures: Treat each ward within a location as a closed cohort (including for visits). Continue to organise living room activities within each cohort, such as reading the newspaper, watching TV, and ball games.

Target group: Residents of all nursing home wards.

Considerations:
- Strong preventive effect, because traffic between departments is prohibited.
- Calms residents and reduces misunderstood behavior, especially for residents.

- Reduces the need for strict hand hygiene amongst residents who may have difficulty understanding its purpose
- Avoids isolation in a single room, which is not an option for many people. People who compulsively need to walk around can continue to do so within the ward.
- Living room activities and other diversions satisfy residents. For them life goes on, and they don't feel sick.

Nuance: Activities organized for groups with particular interests within a location are now smaller and may be experienced differently by residents.

PANEL DISCUSSION 2 – PERSONNEL POLICY

A summary of the second panel discussion on personnel-related policy measures in nursing homes during the corona crisis.

A. Permanent ward team of healthcare workers

👉 *The panel members considered this measure very important and (very) urgent in the event of a Covid outbreak.*

(Possible) measures: Permanent team of healthcare workers in a ward with COVID-19 infections. These employees are not permitted to provide care outside the ward.

Target group: Care workers and nurses

Considerations:

- This prevents unnecessary movement of personnel between departments and thus the spread of the COVID 19 virus. This is important for client safety.
- A stable team of employees who always see the same clients improves the quality of care.
- Personnel know where they stand.
- Peace and stability within a ward when practitioners or the night shift are no longer switching between wards.

Nuance 1: Due to this measure practitioners should as well minimize visits to (different) wards, except when really needed.

Nuance 2: This measure will have a major impact on healthcare workers (for example when they have no say in the formation of teams).

B. Support for ward personnel by the organization's psychologists

👉 *The panel members considered this measure very important and (very) urgent in the event of a Covid outbreak.*

(Possible) measures:

- Support of ward personnel by a psychologist or by a physician (in elderly care) with two fixed contact points per week.
- Support team for healthcare workers (mental health care, psychologists, etc.).

**Target group:** Care workers and nurses

Considerations:

- The uncertainties and number of measures taken has overwhelmed employees. A listening ear and answers to their questions would be a great help.
- By supporting employees you enable them to maintain a stable (quality of) client care.

- Practical problems faced during care can be passed on to management by the supporting psychologists and/or doctors/support team

Nuance 1: Other employees of nursing home organizations may also need mental health support (e.g. the psychologists themselves).

Nuance 2: During a Covid outbreak, measures are often taken that lead practitioners (psychologists, doctors) who support ward personnel to be less often present on wards. However, it is precisely this physical presence that is experienced as supportive. If not otherwise possible, support can be organised online.
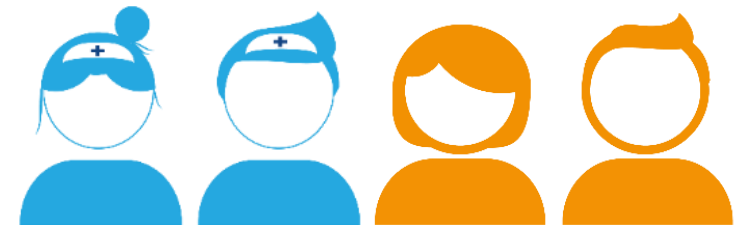
DETERMINING PERSPECTIVES: For whom and by whom?

Illustrative quotes from the expert panels

INVOLVING THE CLIENT'S PERSPECTIVE

Member central client council:
"I think it took a long time before perspectives [..] were considered. [..] Including the client perspective. It was all very much about health, physical health." [..] "Well-being is broader than just that, especially for the NCH category [ed.: Nursing, Care, and Home Care]."

Managing Director:
"We considered things from a client's perspective in particular, such as how can we prevent the client from becoming infected? The question is whether that really is a client perspective, to prevent infections." [..] "In the beginning there was consensus, but after a while you start to think, we've locked them up, they had no choice in the matter, they couldn't stay with family ..."

Manager:
[..] "Make sure there is space to be able to ask questions, [..] you answer them based on the information you have at that moment. Have a number people can call. [..] Make sure that people can ask questions."

Member central patient council
"The tricky part was that in the beginning you could not get together as a client council. That made it difficult to properly consult each other."

Managing Director:
"We did talk to the employees council but not much to patient councils, because they were difficult to reach." [..] "They were worried about coming in, didn't like the phone, and found online meetings too complicated. That was a pity, because of the distance that was created."

REGARDING THE PANEL DISCUSSION

Manager:
"It's great to hear how you handled this, to take away lessons for your own organisation and to prepare for similar circumstances in the future, how we can better support each other."
Psychologist:
"Good for myself as a moment of reflection."

INVOLVING THE EMPLOYEE'S PERSPECTIVE

Nurse:
"Nurses are also not often included in decisions. Comments get stranded with location managers who are very busy and then it doesn't end up in the right place."
Manager:
"It is very important to discuss this. We have created a special email address for this. And [..] have arranged a large team meeting in which everyone can ask questions."

Nurse:
"Carers and activity leaders have their hands full arranging stuff. If you see how they are being swept along, that they just can't pauze for a moment, they simply need nothing at all for four weeks, not the constant relaxation of rules, et cetera. They need a bit of peace."

Nurse:
"Acting quickly and effectively begins with good information."

Colophon

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STATEMENT
The selected measures are neither exhaustive nor complete, but we have striven to make the best possible choices regarding what we considered important and urgent. In addition to (anticipated) effectiveness, selections may have also be made on the basis of practical feasibility, and legal and ethical considerations. No explicit quantification of importance and urgency was carried out, because considering the the nature of the sources and selections this might have resulted in a distorted picture. At this time no definitive conclusions can be drawn, for example regarding whether certain measures have proven effective.