

Kathleen Mac Lellan,
Chair
NPHE – Vulnerable People Subgroup

RE: COVID-19 Nursing Homes Sector Working Group

28th March 2020

Dear Kathleen,

I write to you in relation to the interagency COVID-19 Working Group established on 18th March. As you know, the group was established as an urgent short-life working group to examine emerging issues relating to COVID-19 arising in the nursing homes sector and to propose appropriate measures to respond to same.

The situation generally with regard to COVID-19 in Ireland (and globally) has evolved considerably even since the working group was first established, and I note that latest provisional data on the public health side indicates potentially 14 outbreaks in nursing homes as of 25th March and that international evidence and guidance has further evolved (updated ECDC Risk Assessment, 25th March). It had been my intention to have a further meeting of the working group next week to round out the discussions of the group. However, given the urgency involved, noting the significant public health measures, including “cocooning”, adopted yesterday, I have decided to bring forward my report of the findings of the group. I understand that over the coming days there is expected to be further focused examination of nursing homes by NPHE and I therefore think the information and findings arising from the Group’s work may assist in informing that examination. I am available to contribute to that examination where needed.

General Overview

The Group met on 3 occasions (19th March, 20th March and 26th March) and also conducted a supplementary consultative engagement with nursing home representatives on the 20th March (see further below). The group’s membership is set out in the appendix, but consisted of representatives of the Department, HIQA, HSE and the NTPF. Nursing Homes Ireland sought to become a member of this Group. However, in order to avoid any conflict of interests given that financial supports would be under consideration I instead ensured the voice of nursing homes through consultative engagement as outlined above. It is important to flag that the group had a significant task and most members of the group were engaged with this group while working under significant operational pressures to mitigate logistical challenges around meetings and where appropriate, the Department’s nursing home team undertook substantial bilateral engagements.

It is also important to mention that the HSE is advancing a significant package of initiatives including detailed guidance, supply of PPE and other advisory and support measures for private and voluntary nursing homes, many of which have been active for past number of weeks. Where possible, the findings of this working group have built further upon the supports that the HSE already has in train. I also understand that the HSE is in ongoing engagement with the sector on a range of operational matters.

There are characteristics of the nursing home environment in Ireland that make them a high-risk centre for COVID-19 outbreak and critical contagion across residents and staff. These characteristics include;

- Residents at high risk of contracting COVID-19;
- Residents of acute vulnerability to this virus;
- Congregated setting;
- High staffing levels i.e. number of shift patterns;
- High contact environment i.e. significant levels of physical contact and close proximity between care staff and residents;
- High level of physical interaction i.e. high numbers of residents, staff, cleaners, caterers, service providers;

As COVID-19 cases are suspected and later confirmed it has emerged that the impact on the nursing home environment can be considerable. Due to the environmental conditions and risk factors highlighted above a number impacts will likely materialise at a nursing home.

Confirmed COVID-19 cases in nursing homes will likely have a higher and possibly quicker rate of transmission across residents (and staff) when compared against transmission across the general population. A confirmed outbreak will see high levels of staff absenteeism due to sick leave and self-isolation required. There is a risk that cases in nursing homes could therefore present a risk of external transmission to families of staff and indirect staff. The need for increased levels of cleaning, hygiene activities and infection control measures will see new cohorts of staff and service providers entering the facility, thus creating a greater risk of transmission.

Terms of Reference and related findings

1. *Compile detailed list of relevant nursing home facilities including capacity, room occupancy, and current occupancy in nursing home and workforce in place.*

The provision of residential care for older persons forms a significant and crucial part of the overall health service provision. Within this service we must be cognisant that care is provided through a mix of public, voluntary and private provision and the service provides both long-term and short-term care. Short stay includes step-up, step-down care, intermediate care, rehab and respite care (Palliative, Respite, Rehab Specific, Convalesce, Dementia Respite, Assessment beds and Transitional care beds).

As of 31 December 2019, there were 585 nursing homes in Ireland comprising 31,969 beds registered with the Health Information and Quality Authority (HIQA) of which 6,304 were HSE beds. Social Care (Older People) operates a further 800 short stay beds that are not registered with HIQA. Short stay beds also serve to accommodate discharges from the acute hospitals and assist with alleviating any delayed transfers of care from the acute hospitals. The public centres providing short stay beds are a mixture of standalone centres and those centres which have separate wings for rehab/respite etc.

Both the National Treatment Purchase Fund and HIQA have surveyed the sector over the past few weeks to establish the level of capacity available. It would appear that there is about 2,000 available beds across the country. The table below provides a high-level summary. The Department has also been provided with a detailed breakdown per nursing home which is available if needed.

Designated Centres for Older People: Vacancies as of 13th March 2020			
Row Labels	No. of centres	Registered Beds	Vacancies
A Nursing Home as per Health (Nursing Homes) Act 1990	440	25074	1636
Health Act 2004 Section 38 Arrangement	6	499	13
Health Act 2004 Section 39 Assistance	14	623	10
The Health Service Executive	121	5845	340
Grand Total	581	32041	1999

The issue of workforce modelling proved challenging to develop, particularly with regard to the availability of collated and reliable non-HSE data as there is no database or data stream for such data. It is also noted that given the number of individual entities involved with a range of different work force arrangements reliable data would not be collectable in the timeframes involved.

2. *In order to ensure service continuity in light of COVID-19 patients being assessed and where appropriate managed in Nursing Homes Prepare an outline assessment of:*
 - (a) *issues and pressures facing the sector in the wake of COVID-19;*
 - (b) *role of the sector in contributing towards the response to COVID-19;*

There are a number of factors that are putting significant pressure on a nursing home's ability to maintain current levels of service delivery to their residents

a. Nursing and healthcare resources

The experience of nursing homes to date is that in the absence of suspected or confirmed cases of COVID-19, nursing homes have escalated their infection control measures in line with the current guidance on mitigating transmission. Essentially new ways of working including heightened hygiene procedures have increased the time and effort by staff in completing routine care duties.

In the nursing home environment where staff or residents are undergoing testing and/or self-isolating, significant pressure has been experienced by nursing home management in continuing to roster adequate staff and implement necessary protocols for care. The sector is reporting significant challenges in sourcing staff including agency staff but particularly cost increases to secure these resources.

i. Indirect resources

The extent to which deep cleaning is being undertaken has accelerated considerably based on operational findings following engagements with nursing homes, the HSE and HIQA, as well as through feedback received by the NTPF; including the need for daily deep cleaning where a facility has a confirmed outbreak. This adds considerable and quantifiable costs to the daily operations necessary, with further impacts on PPE, cleaning equipment, supplies and staff.

ii. PPE Personal Protection Equipment

Use of and access to a secure and reliable supply of PPE has been a feature of much of work around preparing the health system for a surge in confirmed cases of COVID-19. As nursing homes begin testing suspected cases amongst staff and residents, and as further notifications of confirmed cases are received, secure and regular access to PPE will be essential for nursing homes to maintain a level of service in these conditions.

iii. Consumables

Potential changes and enhancements to the service model provided by nursing homes to their residents in the current COVID-19 environment will see an increased usage of medical supplies or consumables by nursing homes. This will escalate further in the event of confirmed cases in a facility. Such consumables include oxygen, subcut fluids and end of life/palliative medication.

b. Overall Summary

The working group had engagement with a nursing homes representative body and a direct engagement with a nursing home that was actively managing an outbreak in order to get a view from the front line. In addition, the NTPF held conversations on 25/03/2020 with representatives of 15 nursing homes in various parts of the country and specifically addressed the question of what additional measures are being introduced to deal with the COVID-19 threat. None of the nursing homes had COVID-19 positive residents and their additional measures were intended to try and remain COVID free. The nursing homes identified the following issues:

- Introduction of additional cleaning routines across the nursing homes, including regular deep cleaning and disinfecting all exposed surfaces throughout the day;
- Introduction of additional personal care routines for residents;
- Isolation of residents into separate units with no cross support from other units;
- Purchase of additional medical supplies, including PPE;
- Purchase of additional cleaning and sanitizing materials;

Role of the Sector

The long-term residential care provided to residents by nursing homes is generally considered as a secondary or an ancillary model of care when viewed within the wider health and social care system. However, in the current COVID-19 impacted environment, nursing homes are and will continue to provide a much more primary role in the overall COVID-19 response from the Health sector. For example, current clinical guidance notes that “[t]ransfer to hospital is only appropriate where this will confer additional benefit”¹.

i. Current residents

At the outset of the COVID-19 crisis nursing homes will have focused primarily on protecting their current residents whom, by the nature of requiring long-term residential care, may be vulnerable and are a highly at-risk group. Nursing homes and the wider health sector are keenly aware of how older people with or without underlying health conditions are at high risk of infection from the virus when contrasted against the wider general population. Data from international COVID outbreaks has identified significant levels of mortality and morbidity in older people as a high-risk vulnerable group; higher than that for the general population. Therefore, particular attention is required in residential care facilities where significant numbers of vulnerable people are managed to support prevention, identification and clinical management scenarios arising within them.²

ii. Egress from acute settings

The nursing homes sector has been identified by the health system as a source of capacity for egress from acute hospitals. In preparedness arrangements, a significant reduction in Delayed Transfers of Care (DTC) was identified as a key measure in generating capacity within the acute system. To

¹ Preliminary Clinical and Infection Control Guidance for COVID-19 in nurse- led Residential Care Facilities
17/03/2020

² Ibid.

realise this, the NHSS and associated nursing homes were utilised to free up space in hospitals. It is noted that the latest DTOC national report (24th March) reported 305 DTOC cases, the lowest recorded since the current national reporting process was established in 2014.

It is also envisaged that there could be need to expedite further egress from hospital as the virus spreads further. Capacity within Nursing homes, which is estimated at up to 2,000 beds, could be leveraged as well as the possibility of using temporary settings to cope with the demand. This dependency on nursing homes and the assumption that the capacity will be willingly made available is a notable risk within a strategy of supporting hospitals. This approach relies heavily on nursing homes having the wherewithal in terms of workforce, PPE, supplies and indirect services such as cleaning, catering etc. to enable new admissions. This will need to be monitored closely in the context of balancing risk and understanding the evolution of the virus and its impact within the healthcare system.

3. *Develop and undertake an engagement process with the sector to assist in informing the assessment of the issues arising and the capacity of the sector to contribute towards the model of service for the treatment of COVID-19 citizens, including:*
 - (a) *Engagement with at least one nursing home directly managing a COVID-19 outbreak to develop a live model of the impacts, pressures and requirements in managing the outbreak*

As a supplement to the second meeting of the working group, the group held a dedicated engagement session with Nursing Homes Ireland representative and representatives from a private nursing home which was experiencing and managing an outbreak. The purpose of this engagement was to get views and insights from a provider on the frontline of COVID crisis, to inform the findings of the working group.

The provider informed the Group of the challenges as they had emerged and how they have responded. In summary they described their preparations in advance of the outbreak, visiting restrictions, COVID-19 training on infection prevention and control and weekly team meetings right through to the challenges as they emerged with the first confirmation of COVID- 19 in the centre.

Nursing Homes Ireland also briefly discussed nursing homes' priorities and requirements including access to PPE, oxygen, retention of staff, training and testing.

4. *In order to ensure service continuity in light of COVID-19 patients being assessed and where appropriate managed in Nursing Homes - Develop proposals on:*
 - (a) *a model of service that could be provided by the sector with regard to COVID-19 and differentiate existing service delivery and potential enhanced service delivery;*
 - (b) *additional supports, if any, that could be provided to the sector to assist in its capacity to respond to and manage pressures;*
 - (c) *additional supports, if any, that could be provided to the sector to deliver a COVID-19 specific model of service;*

In the first instance, the primary responsibility for the provision of safe care and service to nursing home residents rests with individual nursing home operators. Nursing homes have a duty to ensure continued adherence to the existing regulatory and standards framework in the discharge of their duties. It is important that all nursing homes adequately prepare for potential COVID-19 cases by ensuring suitable prevention and mitigation measures are put in place to minimise the risk of transmission and by having appropriate contingency plans to manage suspected and confirmed COVID-19 cases while continuing to provide the required care and services to their residents.

All nursing homes should be familiar with and follow all relevant guidance and directives from statutory authorities and ensure that residents, families, staff and service providers are appropriately kept updated and informed of measures required to be adopted to manage the overall response to COVID-19. Significant new guidance has been provided by the HSE and the HPSC for the sector.

While nursing homes have primary responsibility to their clients and staff, it is fully acknowledged that the nursing home sector, like others, face significant challenges in responding to COVID-19. In considering those challenges and the important role that the sector must play in the overall health and social care system response to the COVID-19 pandemic, enhanced assistance to the sector would further support the care, protection and continued service to citizens who utilise nursing home care services. In reaching this conclusion, there is a need to be particularly cognisant that nursing homes may support up to 30,000 people whom are at heightened vulnerability in the context of COVID-19.

Practical and Operational Supports

Issues raised by and engagement with the private nursing homes sector's representative organisation, consultation with a nursing home actively managing a COVID-19 outbreak and system intelligence from health agencies indicates that the primary challenges and issues facing nursing homes are those of an operational and practical nature. Likewise, the type of assistance that requires prioritisation is also characteristic of operational and practical support. The Working Group has considered the information, challenges and suggestions articulated to it. I set out below some proposed options that might be pursued further through bilateral engagement with the HSE. I do however understand that the HSE is already advancing the development of a set of protocols and structures with regard to such supports, though further review and potential enhancements will be required once we see the shape of those development. As noted in the introduction, the HSE has already advanced and put in place a number of these support measures in early course, and proposals outlined below are a mix of new proposals and recommendations to further build on work already advanced by the HSE in its support to nursing homes.

Access to Personal Protective Equipment (PPE)

As noted in the Health Protection Surveillance Centre's (HPSC) *current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19*³ Infection Prevention and Control (IPC) practice supported by appropriate use of PPE is important to minimise risk to patients of healthcare associated COVID-19. These measures are equally important in controlling exposure to occupational infections for healthcare workers (HCWs). The current recommendations set out a table of activities in healthcare facilities and the associated requirement for the use PPE.

The prevention and control of healthcare associated infections is a standard part of the operation of nursing homes and this is underpinned by regulation⁴ and standards. HIQA's 2018 *National*

³ Version 1.0 17_03_20; available at: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf [accessed on 23/03/2020]

⁴ e.g. Regulation 27 of S.I. No. 415/2013 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 "*The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.*"

*Standards for infection prevention and control in community services*⁵ are particularly relevant in this regard. The Standards note that “infection prevention and control consists of good care principles that are part of the routine delivery of effective care and support. This includes having clear policies and procedures that staff are informed and educated about and adhering to infection prevention and control in all aspects of care delivery.” The use of PPE is a standard precaution in this regard. Standard 3.3.5 states “Appropriate personal protective equipment is provided and is widely available to all staff in the community in line with best available evidence and relevant legislation. Staff are provided with the necessary personal protective equipment when attending a person’s home, as appropriate.” Furthermore, under standard 7.1 “service providers plan and manage the use of available resources to meet the services’ infection prevention and control needs.”

As briefly outlined in the excerpts from relevant regulatory and national standards, nursing homes have a range of duties and responsibilities with regard to infection prevention and control, including the appropriate provision and use of PPE in their facilities. These requirements are part of normal care provision and business practice. However, it is also recognised nationally that the COVID-19 pandemic has driven a significant increase in the required use of PPE, which in turn has placed significant strain on PPE stocks and supply chains. Nursing Homes representatives stated that individual nursing homes have been significantly challenged to obtain supplies of PPE and suppliers are informing them of their need to prioritise the HSE for supply. Given the short-life nature of this working group, it is not been possible to validate the extent of these challenges with suppliers. It is noted that procurement teams in the HSE are actively engaging with the supply chain to improve the flow and access of PPE. Across all healthcare facilities constrained timely access to PPE poses substantial potential risk to transmission of COVID-19 generally. In settings that provide services to large groups of vulnerable people, the risks associated with transmission are higher and there is further risk to HCWs and to the ability of service providers to ensure continuity of care and services (e.g. through increased staff absenteeism). It is also important to recall that over 19,000 people are financially supported by the State, through the Nursing Homes Support Scheme, to access residential care services.

Proposal: Given the supply challenges that exist, coupled with the substantial efforts being made nationally by the HSE to acquire PPE and secure sufficient access, the following measures are proposed:

- Nursing homes should continue to use their own existing PPE capacity and should make every effort to secure sufficient ongoing capacity of PPE;
- Where nursing homes cannot secure access to PPE to cover needs, processes and protocols for access to PPE from the HSE should be established as a matter of urgency. The HSE should establish such protocols and processes nationally and they should be implemented at CHO level consistently;
- A prioritisation framework for access to PPE should be devised. Nursing Homes generally should be considered as a priority service. Nursing homes actively managing confirmed cases should be treated as a priority over other nursing homes;
- For planning purposes this service continuity assistance should be put in place until 31st May 2020 but should be kept under review which should include an examination of supply chain status and the general availability of PPE to nursing homes through normal supply channels;

⁵ <https://www.hiqa.ie/sites/default/files/2018-09/National-Standards-for-IPC-in-Community-services.pdf>
[accessed on 23/03/2020]

The HPSC's recommendations note that the unnecessary use of PPE will deplete stocks and increases the risk that essential PPE will not be available where necessary. All service providers and HCWs should be cognisant of this and act responsibly. Measures should be put in place to monitor access requests.

This proposal carries a financial cost to the HSE and requires to be costed as appropriate. This proposed assistance to nursing homes is aimed at ensuring service continuity and reduced risk of infection of vulnerable groups and HCWs. It should also be recognised that this proposal would also result in non-direct financial benefit to nursing homes.

Nursing Home Resident and Healthcare Worker COVID-19 Testing

Noting that there are well established regulations, standards and guidance in relation to infection prevention and control which a clear outline of the role and responsibilities of nursing homes to safeguard residents and staff from infections, the Working Group also notes that, by the nature of the service, nursing home residents may be at heightened risk of acquiring an infection such as COVID-19 compared to citizens in less congregated settings. The *Preliminary Clinical and Infection Control Guidance for COVID-19 in nurse- led Residential Care Facilities (RCF)* advises to “**isolate possible COVID-19 cases while awaiting results with precautions as advised in current HPSC guidance using Contact and Droplet Precautions in addition to Standard Precautions**” [emphasis added] as a precaution.

It is noted that early confirmation of the COVID status of Healthcare Workers (HCWs) is essential. For example, the confirmation of a negative test may assist the return to duties of a HCW in a more timely manner, which is particularly critical where constrained staffing capacity may arise.

Proposal: The Working Groups notes the issues raised by the nursing homes sector regarding priority testing of residents and HCWs. The Working Group understands that the National Ambulance Service has clarified the current position with regard to testing and HCWs. The Working Group further notes that consideration of guidance and protocols regarding COVID-19 testing does not fall within the remit or competence of the Working Group, rather this is a public health matter, and therefore within the competence of NPHET. The Group proposes to note the issues raised by the sector and inform the NPHET subgroup of the issues raised.

Access to critical consumables

A number of issues were discussed at the working group in the context of additional pressures on access to consumables including oxygen, cleaning material, subcutaneous fluids and end of life medication. However, it has been challenging to identify absolute pressures for most of these issues and whether the pressure was access, cost or stock control issues. Of the items mentioned, oxygen would appear to be consumable of most concern. As we understand it the medicines criticality group have not encountered an issue with oxygen supply so this would suggest that the issue appears to be an access issue rather than a supply chain issue. A concern was raised that the HSE's substantial additional demand and access to oxygen is causing difficulty for other providers to get timely access. A nursing homes representative body has stated that “*supply of oxygen (oxygen tanks) and oxygen concentrators*” are significant challenges. It has not been possible to validate this fully, but given the critical nature of oxygen, which is particularly in focus in the context of COVID-19, it is recommended that oxygen be treated in the same way as PPE – i.e. the proposal is that access should be made available via the HSE.

Staffing - Teams of Last Resort

As of midnight on 21st March, 208 healthcare workers had a confirmed COVID-19 diagnosis, 64% of which did not relate to travel. Of all the confirmed COVID cases recorded at that time, 25% related to healthcare workers (HCWs). Data from Italy (19th March 2020) indicate that some 9% of COVID-19 cases relate to healthcare workers.⁶ Data from Ireland, albeit with relatively small numbers, and internationally suggest a potentially high number of healthcare workers may contract COVID-19. As the pandemic progresses in Ireland this figure will rise along with an increased number of HCWs who may be self-isolating. This is likely to lead to substantial absenteeism rates inclusive of non-COVID related absences.

Members of staff in nursing homes are core to ensuring safe care and support are provided to the residents of the home. Given the nature and importance of the role of staff in delivering this care, significant provisions are including in regulation and national standards. Nursing home providers for example must ensure that *“at all times there are sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents...Contingency plans are in place in the event of a shortfall in staffing levels or a change in the acuity of residents.”*⁷ As such the primary responsibility for maintaining safe care and supports and for the continuity of service rests with individual nursing homes. Nursing homes should have developed contingency plans in place to identify and source sufficient staff numbers and appropriate skill-mix including in the event of a COVID-19 outbreak.

Notwithstanding this, there is significant risk of reduction in staff through COVID related illness and absence, along with normal staff absences. Engagement with the nursing homes sector has highlighted this as particular cause of concern. For example, in the Working Group’s engagement with a nursing home actively managing a COVID outbreak, the nursing home indicated that circa 33% of the staff in the unit experiencing the outbreak were absent as a result of self-isolation. This represents a significant, sudden reduction in staff which may be difficult to manage without access to external staff, such as agency staff. The sector has further expressed concern that widespread reduction in available staffing across the sector would limit nursing homes’ ability to organise temporary replacement staff in a timely manner, especially where there may be a number of nursing homes requiring additional staff simultaneously. A further aspect to consider is the HSE’s recently established *“Be on Call for Ireland”*⁸ recruitment campaign. Through the campaign the HSE is targeting the short term contracting of *“healthcare professionals from all disciplines who are not already working in the public health service ... to work in existing or newly set up facilities, to provide, organise and support the care that’s needed.”*⁹ It is also noted that agency workers are considered candidates for this initiative. Recent reports indicated that in excess of 40,000 people have registered an interest to date.

Given the potential for a significant reduction in staff capacity and a reduction in the pool of available external staffing resources available to nursing homes, there may be substantial risks arising in the sector over the coming months with regard to service continuity which could have

⁶ International Council of Nurses (ICN), Press Release; *High proportion of healthcare workers with COVID-19 in Italy is a stark warning to the world: protecting nurses and their colleagues must be the number one priority.* https://www.icn.ch/sites/default/files/inline-files/PR_09_COVID-19%20-%20Italy.pdf [accessed on 24 March 2020]

⁷ Standard 7.2 of the National Standards for Residential Care Settings for Older People in Ireland (2016) (HIQA) <https://www.hiqa.ie/sites/default/files/2017-01/National-Standards-for-Older-People.pdf>

⁸ <https://hbsrecruitmentservices.ie/>

⁹ <https://hbsrecruitmentservices.ie/fags/>

major detrimental impacts on the continuity of safe care and support for both COVID and non-COVID nursing home residents. The primary risk is that a nursing home loses a number of staff simultaneously, particularly in the context of dealing with a COVID-19 outbreak and notwithstanding the activation of contingency plans, is not able to secure the required capacity in the short-term to deliver continuing safe care, resulting in a critical situation.

The working group notes the significant risk to resident care and safety that such a situation would pose. The group is aware of one such incidence like this occurring in a nursing home managing an outbreak. In the context of protecting the care and welfare of nursing home residents it is proposed that the HSE establish a short-term national contingency measure, aimed at ensuring, where necessary, the mobilisation of interventions to protect the continuity service and care for nursing home residents.

Proposal: It is proposed that the HSE establish “Teams of Last Resort” to assist nursing homes managing a suspected or confirmed COVID-19 outbreak who experience a critical shortage in staff. It is proposed that a team be established in each Community Healthcare Organisation (CHO) (i.e. 9 teams total). The purpose of the teams would be to provide for the deployment of relevant staff from the team into a nursing home on a temporary basis in order to ensure continued safe delivery of service. The teams should consist of:

- Senior clinical decision makers
- Nursing staff
- Healthcare assistants
- Kitchen staff
- Porters/support staff

It is proposed that the HSE:

- establish such teams;
- develop a suitable protocol and process for support requests and deployment of teams to be applied consistently across the 9 CHOs;
- For planning purposes this service continuity assistance should be put in place until 31st May 2020 – this may be extended for a temporary further period following a high-level review;

It is further proposed that:

- Teams of Last Resort are only deployed in situations where there is demonstrable critical need, and only on short-term basis;
- the requesting nursing home must be able to demonstrate reasonable efforts to manage and mitigate the staff resource issues arising;
- a basic contract of service is established and that a process for the reimbursement costs of a deployment is put in place, whereby the nursing home would reimburse the HSE in accordance with a nationally established fee;

Training

While detailed discussions on training needs and support did not arise in the working group, there was some discussion with regard to the likely training needs that may exist in the wake of COVID-19. An unfortunate reality that may come to pass is that nursing home residents who contract COVID-19 will likely require a greater level of care and support. This will include increased oxygen treatment,

and end of life care. While the use of oxygen and provision of end of life care may be a reasonably “normal” part of the duties of nursing home staff, it may be expected that these services and care duties will be particularly heightened over the coming weeks and months.

It is well established that infection prevention and control (IPC) measures are one of the key elements in mitigating COVID-19 transmission. While all nursing home staff should be well trained in this regard, particularly acknowledging the importance of IPC in respect of mitigating the transmission of influenza, the increased need for vigilance and evolving guidance may need require further staff training.

Finally, it is noted that the Coroner’s Society of Ireland has issued, on 26th March, "Modified Requirements re Death Pronouncement"¹⁰ and on the 27th March "Guidance in relation to the Coroners Service and Deaths due to COVID-19 infection"¹¹. The guidance outlines: *“In this pandemic COVID -19 scenario the coroners will accept a competent, trained person pronouncing expected death if a doctor is unavailable. This could be a senior nurse in a long term care facility, public health nurse, palliative care nurse appropriately trained or a paramedic if available in the community for example.”*

It is understood that training was previously made available in public nursing homes in relation to pronouncement of death, but it appears that such training has not been widely taken up by private facilities.

Proposal: The areas outlined above are potentially critical and sensitive areas that require staff to have up-to-date skills acknowledge. It is proposed that nursing homes and the HSE actively support their staff to access relevant training in early course.

Guidance

HSE and related public health services, such as the Health Surveillance Protection Centre (HPSC) have published and circulated significant COVID-related guidance and guidance updates in recent days and weeks, including guidance referenced throughout this report. It is understood that guidance (new and revisions) may evolve as the COVID pandemic evolves both nationally and internationally. All relevant services and service providers should ensure that they are familiar with the latest versions of guidance and regularly check key websites for up-to-date information. Representative bodies may play an important role in the dissemination of information to their members and the Working Group acknowledges the proactive nature of information dissemination to its members adopted by Nursing Homes Ireland.

Proposal: As various types of guidance are developed by different services within statutory health authorities, there may be value of having a public register/list of all such guidance with referral links to the relevant hosting website. This will assist service providers and others to find and use guidance. It is proposed that such a measure be explored for its feasibility.

¹⁰

<http://www.coroners.ie/en/COR/Modified%20requirements%20re%20death%20reporting.pdf/Files/Modified%20requirements%20re%20death%20reporting.pdf>

¹¹ <http://www.coroners.ie/en/COR/Coroners%20Service%20COVID-19%20Guidance%20version%202%20FINAL.pdf/Files/Coroners%20Service%20COVID-19%20Guidance%20version%202%20FINAL.pdf>

Temporary Assistance Payment to Support Service Continuity

Responsibility for continuation of safe care and service to residents and prospective residents of nursing homes rests with the person-in-charge of the nursing home. This responsibility requires, amongst other things, compliance with relevant regulations and standards, including, for example, ensuring infection prevention and control processes, appropriate staffing and quality care are in place. It is noted that private and voluntary nursing homes support over 19,000 citizens which are in turn supported through State and client contributions.

It is noted that in the context of COVID-19 the sector is generally facing additional service and cost pressures, including in relation to increased training, awareness, delivery on infection control measures and in implementing social distancing measures.

Recognising these additional pressures resulting from COVID-19, a temporary financial assistance payment would provide a contribution towards ensuring service continuity for vulnerable residents. In considering this matter, there is specific consideration of pressures associated with, COVID-19 preparedness:

- enhanced infection prevention and control, including deep cleaning;
- increased oversight of residents' care;
- additional training requirements.
- Staffing requirements

Proposal: It is proposed that all approved nursing homes under the Nursing Homes Support Scheme Act 2009, be provided with a temporary assistance payment aimed at contributing towards ensuring service continuity. Assistance will be provided on the basis of the number of bed days provided in the month previous. This is proposed as temporary assistance in the wake of COVID-19 with to support continuity of service for nursing home residents, it should be temporary in nature and be recognised as a contribution to costs. See next steps section below for further discussion on this proposal.

COVID-19 Outbreak Management Contingency Funding

In situations where an outbreak of COVID-19 occurs in a nursing home it is recognised that there may be significant and immediate risk to continuity of service with enhanced requirements for clinical care, isolating and/or cohorting of infected residents, deep cleaning, along with significant risk of staff absenteeism. As a result, there may be a need for contingency funding support to ensure continuity of care and service to COVID and non-COVID residents. It is proposed to establish a contingency fund to provide assistance to nursing homes managing an active COVID-19 in order to protect the health and wellbeing of residents. The contingency fund may be considered for a contribution towards the cost of certain measures and pressures, namely:

- critical staff replacement costs,
- enhanced deep cleaning,
- enhanced care to COVID-19 residents.

The contingency fund will only be available in circumstances where there is and for the duration, or part thereof, of a confirmed outbreak. Nursing homes will be required to apply to the HSE for assistance and in the first instance may make a self-declaration as to the costs incurred in respect of the components of the contingency fund. An audit and control framework will be put in place to ensure sufficient oversight and verification of costs incurred. Further discussion in next steps

5. *Prepare detailed cost models and projections for any proposals related to No. 4;*
 - (a) *Develop formula and/or protocols for determination of supports required at individual nursing home level;*
 - (b) *Impact analysis on wider health system with regard to proposals;*

Detailed cost models have been challenging to develop for a number of reasons. The primary reason is that detailed cost information in relation to additional COVID-19 activity and pressures is not reliably available. We are still probably at a reasonably early stage of operational and cost impacts and full insight is unlikely to be fully available for some time, subject to the progression of the virus and the impacts that it has operationally. At this time the HSE has not been able to give any validated data or evidence in relation to cost pressures that public nursing units are facing. As noted below, in the context of a financial support scheme to contribute towards the cost pressures facing the nursing homes sector, the Department intends to engage further internally with the Department of Public Expenditure and Reform (DPER).

6. *Make recommendations on any protocols and guidance requiring development;*

The proposals outlined in 4. Above include proposals with regard to protocols for, for example, prioritisation of access to PPE, oxygen and staffing. In relation to guidance, the importance of a single coherent source of guidance is critical to ensuring consistency and the integrity of whole of system guidance. The HPSC is the appropriate lead body in this regard. It is recommended that a register of available guidance be kept up to date.
7. *Consider any legislative issues arising;*

No immediate issues with regard to legislation arise.
8. *Provide the Vulnerable People's Subgroup with a written report of all matters identified and next steps.*

This document may be considered the working group's report.

Issues and next steps

NPHET

The main information and findings of arising from the group's work should be useful with regard to NPHET's ongoing focus on nursing homes. Although the HSE is exploring a number of the proposed operational supports outlined above, given the urgent emergent challenges and proposed actions I consider that the information report should be available to NPHET as soon as possible.

Operational Supports

As noted above the HSE is pursuing some further developmental work in relation to a number of the proposed supports and this will require continued engagement with the HSE over the days and week ahead. Where possible my team will follow up with HSE Operations in relation to same.

Temporary Financial Scheme

The timely establishment of a Scheme as described above is critical and while some high-level proposals have been made by the HSE, these proposals are not fully developed. The Department has submitted critical observations on the HSE proposal which we feel requires significant further work particularly in terms of developing a rounded business case to enter discussions with DPER. I have discussed this at length in the past couple of days with the Department's Finance Unit. Given the

situation as it stands, I have taken the view that the Department should take the lead on developing a proposal for such a Scheme. While this is not the usual pathway for such expenditure proposals, we are of the view that the timely development of a proposal is critical and cannot wait for a robust proposal from the HSE. With that in mind, my team are advancing the development of a proposal in consultation with Finance Unit and with input and assistance from Governance and Performance Division. We have a number of engagements scheduled over the weekend to advance this matter and we hope to be in position to submit a high-level outline proposal to the Minister in the coming days and to commence discussions with DPER.

Working Group

Having regard to the above the working group has largely filled its function. There are a wide range of issues that require further development and follow up but I would consider that these may be best achieved through ongoing bilateral engagements with key stakeholders as necessary, and a number of these engagements are already planned. I therefore recommend that the working group can be stood down, having served its purpose. However, I will await developments on the bilateral work to advance further in the week ahead before formally notifying members, in the unlikely event that I may need to reconvene the group to receive input in the context of the financial scheme proposal development. I would like to take this opportunity to acknowledge the extensive work and input provided by group members from across the Department, HSE, HIQA and the NTPF, including the engagement with nursing home providers which have greatly assisted in identifying the key issues and potential solutions. It must also be recognised that this input and commitment has been provided at a time when all members are under significant pressure in their own roles responding to the COVID-19 crisis.

Submitted for your consideration.



Niall Redmond

Chair

COVID-19 Nursing Homes Working Group

Appendix Membership of Working Group

- Department of Health (Chair)
 - Older Persons Service
 - Primary Care
 - Finance & HR
 - Offices of the CNO and CMO
 - Acute Hospitals
- Health Service Executive
 - Older Persons Services
 - Primary Care
 - Clinical
- NTPF
- HIQA