Lessons learnt: infection prevention and control preparedness and response in residential aged care homes during the COVID-19 pandemic

Suyin Hor[1], Jennifer Plumb[1], Chris Degeling[2], Claire Hooker[3], Lyn Gilbert[3]

[1]University of Technology Sydney
[2]University of Wollongong
[3]The University of Sydney

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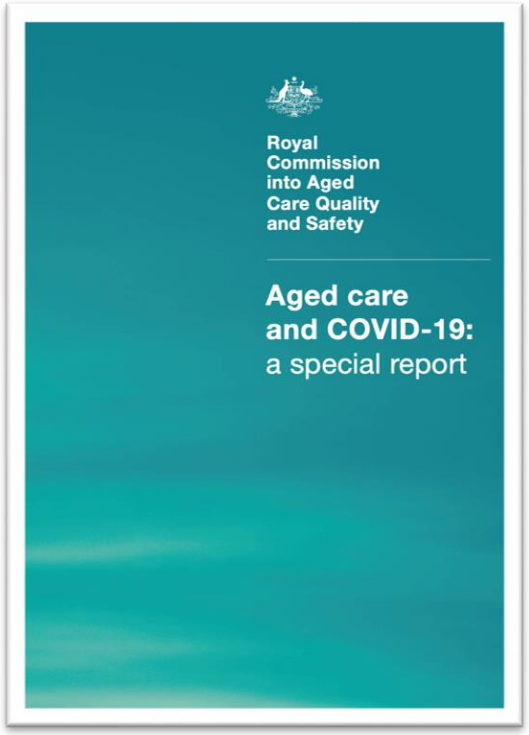
Acknowledging country

Kaurna people of the Adelaide Plains

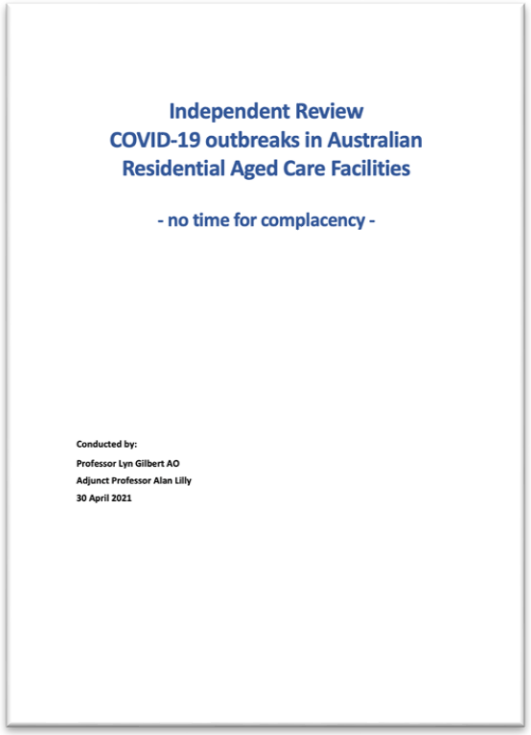
Gadigal people of the Eora Nation

Artwork by Lucy Simpson, Gaawaa Miyay Designs, gaawaamiyay.co.

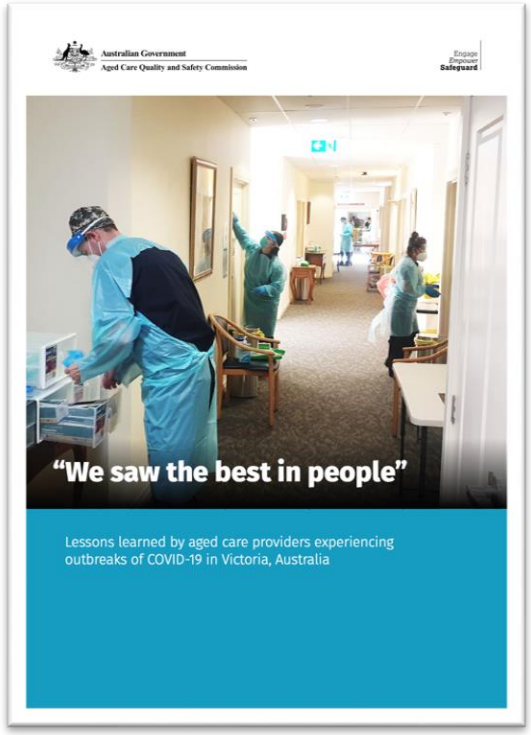
Background – records of ‘lessons learnt’ in RACHs



[Royal Commission into Aged Care Quality and Safety (2020)]



[Gilbert & Lilly (2021)]



[Aged Care Quality and Safety Commission (2020)]

Methods

Research question: the pandemic experiences of health and residential aged care staff *who were responsible for IPC during the COVID-19 pandemic*.

Semi-structured interviews with 31 health and aged care professionals (nursing and management) *who supported RACHs*, in NSW (48%), Victoria (39%), or both (13%).

- 39% employed in residential aged care only
- 35% employed in acute care, consulting to residential aged care
- 13% employed in both acute care and residential aged care
- 13% employed in integrated facilities (both acute and residential aged care)
- Location: metropolitan (52%), regional (6%), rural (42%)

Preparedness prior to the pandemic

- Varied from ‘not at all prepared’ to ‘some planning, but not enough’
- IPC not (previously) seen as a priority in aged care

“So you can be prepared. And you can think you know how it's gonna happen. It doesn't happen like that.” (HCW25)

Findings – Challenges for the sector

- Uncertainty, grief, disrespect
- Unsustainable workloads
- Inadequate staffing
- Significant costs
- Differing information and advice
- Increased reporting requirements & requests
- RACHs are hybrid spaces – not homes not hospitals
- Managing visitor restrictions and resident isolation
- Managing risks and resident well-being

Uncertainty, grief, disrespect for the sector

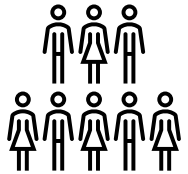
“Every day, [we] had to report to the Department of Health in a meeting which was horrific. It was horrific having to do that. Having to say the deaths, the number of people that were sick […] and the attitude was not friendly at the beginning, I can tell you. It became better as it became obvious that nobody knew about it … it wasn't just the few aged care providers, but it was a very, very stressful time that I'll never forget in my whole life.” (HCW39)

Unsustainable workloads

- Excessive overtime
- Leading to stress, burnout, injury, illness

“I remember, it was 4:00 AM and we had a map of the home and we were trying to think if we could build a fake wall there to section of that bit, and if we could do this and if we could do that. ***Trying to think of what we could do to stop more deaths****.” (HCW39)*

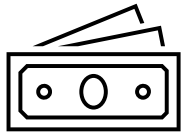
Inadequate staffing



- Due to fear, mandatory vaccinations, isolation periods, sick leave, burnout
- Lack of access to adequate surge workforce
- Low wages, lack of recognition
- Impacts on standard of care

*"**We need more staff but instead we have… less staff** […] We call agency every day […] they just have no staff. So we just have to deal with it. […] keep the daily routine to a minimum… everyone just have wash … no time to shower them. And no activities." (HCW26)*

Significant financial costs



- Wages – overtime, sick leave, agency
- PPE – procurement, storage, clinical waste removal
- Lower admission rates

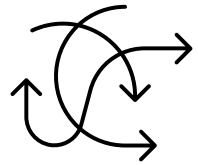
*“So **I had a very healthy good budget, and now I'm screwed.** I'm absolutely screwed budget-wise.” (HCW21)*

“Like every small aged care place, we're still running at a loss financially." (HCW15)

Varying information and advice

- Across: agencies, LHDs, PHUs, State/Commonwealth, acute/aged care/community
- Difficult for providers *and* for ICPs advising providers

"It might have been a simple question, but I had to look at pandemic orders, I had to look at Commonwealth guidelines, I had to look at aged care guidelines. I had to look at infection control guidelines, so just ***all of the resources didn't seem to be easily coordinated from all the different levels of government****." (HCW27)*



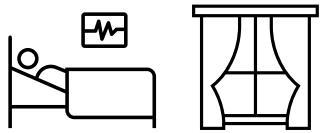
Increased reporting requirements & requests

- Reporting to multiple bodies during outbreaks (public health, My Aged Care, capacity tracker), different requests, changing spreadsheets
- Increased service reporting to comply with standards

“Here I am filling out another piece of paper that no one's going to look at. And that's disheartening because ***I didn't come into aged care to sit behind a desk and fill out reports.*** *When I initially started in this industry […] I had time to sit and chat with a resident or a couple of residents every day. But I don't have that time now, because I'm doing reports and making sure we're compliant." (HCW30)*

RACHs are hybrid spaces – homes/not homes

- Risk profile of an acute care setting, in a ‘home-like’ environment.
- Acute care assumptions don’t fit
- Tricky layouts, residents with dementia



“One of the decisions that I made was to not cohort [COVID positive] residents […] it's their home, if I want to promote rapid recovery, moving them out of their room, spreading COVID through the facility in the process is not [ideal]. [But the government was telling us] do this, do this, do this. ***Not thinking about what it's actually like to be in our environment.”*** *(HCW19)*

Managing visitor restrictions/resident isolation

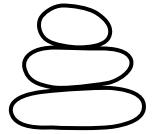
- Enforcing restrictions
- Bearing the brunt of families' anger and frustration

"I have been multiple times caught up in the supermarket, people have come to my house, because they can't get through to the facility because the staff can't answer the phones. You know, ***screamed at by angry families, because they're frustrated at the rules****." (HCW21)*

Balancing risks and resident well-being

- Finding ways to mitigate the harms of isolation and restrictions

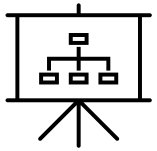
"Often what happens in an aged care facility if somebody passes away, the other residents are able to acknowledge that, whether it's a a guard of honour as the resident leaves the home or just being acknowledged at a memorial service. ***[They] were losing their friends and couldn't grieve about it*** *[…] At one home … we had a memorial service, but put it over the PA system so that they could [hear] what was going on." (HCW29)*



Findings – What helped?

- External sources of support
- Internal sources of support
- Information infrastructures
- Supportive IPC and facility leadership

External sources of support



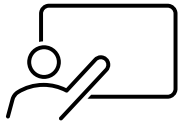
Other providers, hospital in-reach services, palliative care services, pharmacists, GPs, public health units, ACE, peak bodies, the Aged Care Commission, governments:

- organising PPE and RAT supplies
- links to latest information, advice on latest requirements
- weekly meetings

"the [PHU] team […] went above and beyond. They were always available on the phone, even if it was a tiny little question." (HCW24)

Internal sources of support

- Facility leadership experienced in IPC, prior to the pandemic – active in preparedness, education, scenario training, updating plans
- Protecting staff well-being
- **Cultures of support, safety and learning**



*"I always say to my care managers, […] be kind to your staff because the job is very hard. […] **you have to be super soft with your staff** and you have to go super hard with your practices." (HCW34)." (HCW34)*

Information infrastructures

- **Keeping it simple** – ‘top ten’, all information there, no need to click on links
- Fast communication to staff, residents, families
- **Centralising sources of information** (to providers, to staff, and to residents and families)
- Translated information readily available

*“[We tried] to control the amount of information or what we were sharing with people as well, so **it wasn't coming from different sources and everyone was getting the same message.** So whether that's residents, families but also staff as well.” (HCW23)*

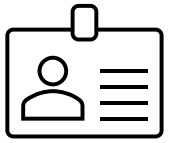
Supportive IPC and facility leadership

- Being present, checking in
- Providing active support, pitching in to help

“I'm the CEO, so I do everything because we're small, I’m the IPC lead. Sometimes I’m the cleaner, sometimes I'm a carer sometimes… nurse - depends what's happening with the COVID or the sickness with the staff or not being able to replace staff and so on. ***I do exceptionally great, shiny, sparkly hand basins.”*** *(HCW15)*

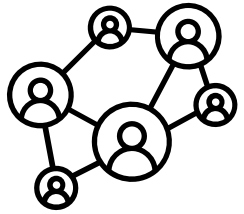
IPC Leads – necessary, but

- **One is not enough**
- Often wearing different hats (manager: clinical, facility, quality)
- Lack of practical experience – to run an IPC program
- Variation in influence – **need leadership skills**
- High turnover
- Rushed rollout and mismatch in training
- ‘Tick-box’ exercise
- Variation in support provided



Recommendations from participants

- **Build IPC expertise in residential aged care**
- Build IPC Lead leadership skills
- **Protect the workers**; prepare staff
- **Allow visitors**
- Consistent source of reliable information (nation-wide)
- Simplify reporting; enable escalation pathways
- Preparedness plans that are *practised*
- **Communities of practice** (learning, information sharing, mentorship, peer support)



In summary

- Residential aged care workers met major challenges with sweat, tears and sacrifices
- A lot of camaraderie. Some regrets. Not enough recognition of what they went through.
- RACH staff are the essential factor in *implementing* preparedness
- But don't forget the residents

"[We need to learn] how to balance clinical [and other] care with resident-centred care. ***The resident's voice needs to be louder****." (HCW19)*

Thank you

An enormous thank you to everyone who spoke to us for this study, and helped share it with colleagues. We know how busy you are and deeply appreciate your generosity in time and sharing your insights.