COVID-END
COVID-19 Evidence Network to support Decision-making ... in Canada

Renewal plans in long-term care will need to consider three key domains

Waddell KA, Wilson MG, Bain T, Bhuiya A, Al-Khateeb S, Lavis JN. COVID-19 living evidence profile #2 (version 2.5): What is known about supporting renewal in long-term care homes? Hamilton: McMaster Health Forum, 27 October 2021.

We are grateful to our two citizen partners (Alison Irons and Juanna Ricketts) for sharing their insights on this project.

Why is all the evidence on this topic being summarized?

- Long-term care homes (sometimes referred to as nursing homes, continuing-care facilities, or residential-care homes) provide 24/7 access to nursing and personal care to residents. This generally includes more care than can be safely met through supportive housing or a retirement home, but not so much care that they require admission to a hospital unit.
- The long-term care sector has been hit very hard by the COVID-19 pandemic in Canada and abroad.
- Throughout the pandemic, this led to many questions about how long-term care homes can improve the prevention and management of COVID-19 outbreaks.
- As COVID-19 rates have begun declining in some countries, many policymakers and stakeholders are now turning their attention to renewing the long-term care sector and exploring alternatives to long-term care homes.
- In this updated review, we turn our focus to long-term care renewal (instead of a concurrent focus on crisis management and renewal).

Box 1: Renewal in long-term care

Three key domains must be considered:

- renewing the delivery, financial and governance arrangements (for example, improving access to care, improving integration with other sectors, changing how care is funded);
- renewing supports for residents (and their families and caregivers) and staff (and volunteers); and
- promoting alternatives to long-term care homes.

What question did we want to answer?

- What is known about supporting renewal in long-term care homes in light of the COVID-19 pandemic?

How have we done this living evidence profile?

- We identified research evidence addressing the questions by searching the COVID-END inventory and the COVID-END guide to key COVID-19 evidence sources, as well as two databases that capture research beyond COVID-19 (Health Evidence and Health Systems Evidence).
- We also examined what was done in Canada and in eight other countries (Australia, France, Finland, Germany, Netherlands, New Zealand, United Kingdom, United States). These countries were selected because they are advanced in their approaches and delivery of long-term care or are good comparators to Canada.

How up to date is this living evidence profile?

- This living evidence profile was last updated on 27 October 2021.

What are the main results of our living evidence profile?

- We identified 14 new evidence documents since the last update of this LEP, of which we deemed 11 to be highly relevant. This review now includes a total of 204 highly relevant documents.
- Three themes were found that could contribute to the **renewal of long-term care**:
- the importance of making public investments in long-term care (particularly in light of the pandemic as population needs are high and a significant burden of care has been placed on caregivers over the past 18-months);
- ensuring models of care include dementia care, oral care, exercise, and mobility services for residents; and
- outdated physical infrastructure (for example, older designs of rooms and common spaces, poor ventilation, multi-bed rooms, and larger homes) contributed to a higher incidence rate of COVID-19 and poorer resident satisfaction with care.

- Several themes were found about **improving supports for residents and staff**, notably:
- significant staffing shortages since the pandemic, with many workers having left due to unsafe working conditions and burnout;
- public-image campaigns alongside financial support for training and guaranteed job entry can support recruitment of new workers in long-term care;
- increases in wages, availability of full-time work (as opposed to part-time positions), and providing equitable benefits, such as paid sick leave can improve recruitment and retention of workers;
- psycho-social supports including counselling, therapy and psycho-educational training to identify signs of burnout can help retention of staff;
- enforcing safety standards such as mandatory staff-ratios (how many staff needed for each resident), frequent inspections, and mandatory reporting of quality indicators can improve the safety and quality of the work environment for staff as well as living environment for residents;
- a variety of professionals working in long-term care homes (for example, advance-practice nurses, extended-care paramedics, consulting physicians, and care coordinators) can be beneficial by providing higher-quality care and helping to avoid transfers and hospital admission;

- shared decision-making with residents and their families or caregivers was found to have positive outcomes for residents (but it requires an investment in staff training to ensure it is delivered effectively); and
- interoperable electronic health records may enhance quality of care as well as the improved management of clinical documentation (but some long-term care homes have been slow to adopt them and to put in place training and processes to support their use)

- Three themes emerged about **promoting alternatives to long-term care homes**:
- providing additional supports in the community (for example, enhancing the use of technologies at home and expanding at-home palliative-care services) can help older adults to remain at home longer and empower older adults and their families to choose if and when to enter long-term care;
- expanding benefits for home-care clients, including increasing the number of hours for personal care (for example, bathing, cleaning, preparing meals) and flexibility in working time and temporary absences for caregivers can help to make home care a more viable alternative to long-term care; and
- greater coordination between home-care supports and primary-care providers can support older adults to age in place.

How confident are we in the results?

- The quality of research evidence is mixed, ranging from low- to high-quality reviews.
- Most of the evidence comes from individual studies (for which the quality was not appraised), experiences from other jurisdictions, or opinion pieces.

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