

What worked well?

Lessons learnt from the second wave of COVID-19 outbreaks in Victorian aged care services: Mapping activity

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Overview

The COVID-19 (SARS-Cov-2) pandemic has had a disproportionate impact on residents, their families, and staff in residential aged care homes (RACHs), both in Victoria and internationally. As of April 2021, there were 214 COVID-19 outbreaks in Australian RACHs, with 2,029 residents and 2,227 staff known to have been infected [1]. There were 685 COVID-19-related deaths of aged care residents – 75% of all Australian deaths [2]. Over 95% of these deaths occurred in Victoria, during the “second coronavirus wave” between June and September 2020. The nature and impact of outbreaks varied between homes. While some homes successfully minimised the spread of COVID-19 among residents and staff, others witnessed large outbreaks and resident deaths.

In April 2021, the Victorian Government Department of Health and Human Services (DHHS) commissioned researchers from the National Ageing Research Institute (NARI) to map existing and ongoing research into COVID-19 in RACHs in the state of Victoria to:

- (i) Collate a current register of existing and ongoing research
- (ii) Identify gaps in the evidence and scope of current or ongoing research
- (iii) Formulate recommendations for future research

Methods

The approach comprised both a rapid review of published research on COVID-19 in RACHs and an environmental scan to identify all audits/research (planned, current or completed). The rapid review comprised a systematic identification of local and international research through search of academic databases. The environmental scan involved a targeted search of Google, government and other service websites, and personal communications with key individuals in Victorian health and aged care sectors.

Main findings

Research into COVID-19 in RACHs in Australia is still at an early stage, however 319 relevant international publications were identified, of which 16 were scholarly publications about COVID-19 in Australian aged care contexts (Appendix A). They addressed a wide range of topics (Appendix B). The main themes from the literature were:

1) The need to be prepared

- Having outbreak contingency plans in place to respond to positive cases
- A sufficient supply of personal protective equipment and staff knowledge of how to use it
- Clear coordination and communication with local health services and clarity about roles and responsibilities
- Adherence to infection control and prevention guidelines, frequent testing and monitoring of residents and staff, promptly isolating positive cases, and maintaining effective communications with staff, family and health authorities

2) The key role that aged care staff play

- Staff movement between sites is associated with a higher risk of COVID-19 transmission between sites
- Lack of staff training or inconsistent training is associated with more serious outbreaks
- Unstable and poor working conditions increase the risk of major COVID-19 outbreaks
- Access to a surge workforce that is equipped to work in aged care and can respond promptly is important

- On site clinical leadership is essential
- 3) The need to improve residents' access to medical care and allied health
 - COVID-19 lockdowns have had a major impact on residents' access to routine medical and allied health care
 - Alternate models such as upscaling of geriatric outreach services and acute care outreach services
 - A role for telehealth
- 4) The need to strengthen communication and coordination between all levels of government and the health and aged care sectors
 - Need for a clear chain of command and communication from Government
 - The value of the Aged Care Response Centre that brought together key players from an emergency, regulatory, public health, care delivery and advocacy perspective
 - The need for protocols about transferring residents to hospitals that align with residents' advance care plans

Discussion

The COVID-19 pandemic remains a developing situation. Much of the existing research literature is reactive; focused on how to prepare homes for outbreaks, identify positive cases, and minimise spread if and when cases are detected and focused on issues such as the use of masks and other PPE, testing measures and procedures, cleaning practices, and positive case isolation protocols.

Workforce issues such as the precarious agency-based nature of much aged care work are a consistent concern within the body of literature about COVID-19 in the aged care sector. Staff circulation between homes is a known risk factor for inter-home infection. There is a need for research on the relationship between skills, working conditions, employment status, and staff motivations to work during a pandemic and to explore important issues such as vaccine hesitancy among aged care workers. Moreover, although the Support for Aged Care Workers in COVID-19 (SACWIC) Grant Opportunity is designed to reduce the need for aged care staff to work across sites, it is unclear how many staff have accessed the grant, and their experiences of it in terms of influencing their decisions about working at multiple site.

There is also considerable scope for qualitative research that documents the first-hand experiences of various stakeholders during the pandemic, including residents, staff members, family members, health practitioners, and others. A benefit of conducting qualitative studies would be the opportunity for aged care staff and residents to debrief about their experience. In conducting the environmental scan component of this project, we interviewed a number of front line workers, who were keen to have an opportunity to discuss their experiences.

There is a need to better understand the repercussions of restricting residents' access to allied health practitioners, such as physiotherapists, podiatrists, speech pathologists, dentists, and others. This is important both in terms of how reduced care affected residents' health and well-being, but also any strategies that practitioners innovated to maintain continuity of care despite restrictions.

A consistent message across much of the research, and echoed in the Royal Commission's special report, was that the COVID-19 pandemic caught the aged care sector unaware and brought to light a range of longstanding problems. Foremost among these is the need to build the capacity and skill-base of the aged care workforce. This project has produced a register of current and ongoing research on COVID-19 in Victorian RACHs. As the pandemic remains an ongoing concern, there would be some value in maintaining the currency of the registrar in this important and uncharted area of policy and practice.

Appendix A

Figure 1.

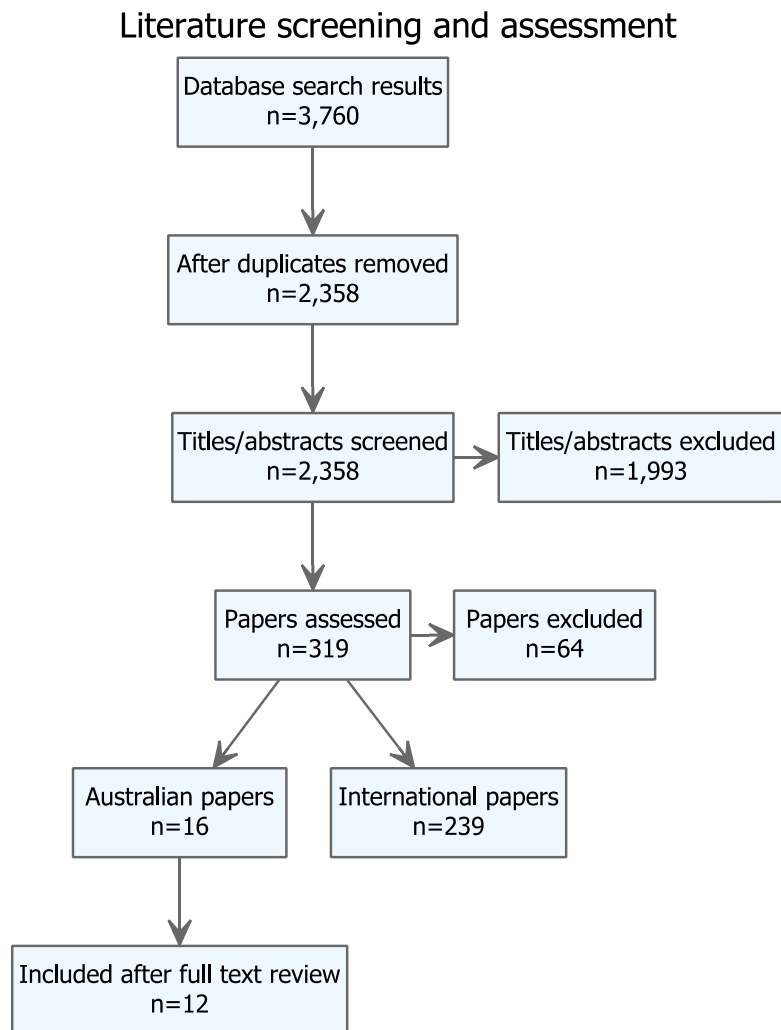


Figure.2

