

# Oireachtas Special Committee on Covid-19 Response

NHI response to request for submission 22nd June 2020

*Capacity in the healthcare system to deal with Covid-19 cases*

1<sup>st</sup> July 2020

## Ongoing capacity in the system to deal with any surge in Covid-19 cases

1. The role fulfilled by private and voluntary nursing homes within our health services is absolutely vital. These 400+ health and social care settings are providing specialised care to 25,000 people with high-dependency, multimorbidity and complex care needs. Private and voluntary nursing homes are critical to health and social care provision within our communities. As well as providing long-term residential care, nursing homes provide respite, transitional, rehabilitative and step-down care, deterring thousands of admissions to hospitals on an annual basis.
2. The nursing home sector deals exclusively with patients and residents who are in the highest risk category for mortality and morbidity and COVID19 presents huge threat to the lives of these people.
3. It should also be noted the vast majority of residents that tested positive for COVID19 in our nursing homes – 83% - recovered from the virus<sup>1</sup>. This is testament to the care excellence provided in our nursing homes by specialist healthcare staff.
4. Furthermore, the majority of nursing homes – 56% - remained COVID-free<sup>2</sup>.
5. Approximately 1,000 people every month are discharged from our acute hospitals to nursing homes for transitional care<sup>3</sup>. And just under 1,000 new people every month are financially supported by the Nursing Home Support Scheme (Fair Deal) to avail of nursing home care<sup>4</sup>.

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<sup>1</sup> Irish Times, 5<sup>th</sup> May, Deaths in residential care facilities and nursing homes reach 819:  
<https://www.irishtimes.com/news/health/deaths-in-residential-care-facilities-and-nursing-homes-reach-819-1.4245889>

<sup>2</sup> Then Minister for Health Simon Harris, Dáil Éireann, 18<sup>th</sup> June

<sup>3</sup> HSE Performance Report, 11,079 Persons in acute hospitals approved for transitional care to private and voluntary nursing homes in 2018

<sup>4</sup> 9,028 people were approved for Fair Deal funding in 2018

6. On a regular basis, NHI engages with the HSE at both national and regional to support it in identifying capacity within nursing homes to facilitate the timely discharge of patients to nursing home care as appropriate.
7. Transfers to and from hospitals has to be examined and a clear coherent policy put in place for any resurgence in COVID19. All types of outbreaks should be included: influenza, winter vomiting etc.
8. Timely testing and turnaround of test results presented one of the most critical challenges for nursing homes in preventing and detecting and managing COVID19. NHI has recommended same day turnaround for test results to support the detection of COVID19 at earliest possible stage. Furthermore, NHI has engaged with the HSE to support the serial testing of staff in nursing homes on a weekly basis, with this having commenced in June.
9. European Centre for Disease Control recommend that “staff should be tested regularly (e.g. each week), with at least all possible cases among residents being tested as soon as possible. If a confirmed case is identified in a resident or a member of staff, comprehensive testing is recommended to identify asymptomatic cases and control measures should be implemented immediately”.<sup>5</sup>
10. Staff must continue to be temperature checked and observed for symptoms twice daily and be required to immediately self-isolate if of concern. This should then entail priority for swab testing and expedition of results.
11. There is a requirement to ensure nurses in our nursing homes are supported, trained and empowered to carry out timely swabbing of residents or staff on a consistent basis for the immediate and foreseeable future.
12. Testing for COVID-19 for all admissions/transfers from hospital must be completed 24 hours at a minimum prior to discharge of the patient from the acute care facility. The results must be available prior to discharge and there is requirement for all patients discharged from acute hospitals to be isolated with droplet and contact precautions for 14 days on arrival in the nursing home.
13. Furthermore, timely testing in this regard can facilitate timely discharge of a COVID-free patient from an acute hospital back into the community via nursing home care. The broad context in this regard is effectively 1,000 people move from our hospitals every month because nursing home care is available to them.
14. HSE / HPSC Covid-19 Infection Prevention & Control Guidelines stipulate every nursing home should have an area identified where a resident with suspected or confirmed COVID-19 could be isolated. This is best practice and is being implemented by nursing homes.

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<sup>5</sup> ECDC technical report May 2020, Surveillance of COVID-19 at long-term care facilities in the EU/EEA

15. Private and voluntary nursing homes have invested considerably to ensure the vast majority of rooms available for residents are single and ensuite. Ensuring rooms are available for isolation purposes come at a substantive cost for a nursing homes and the cost entailed in providing this critical measure must be recognised and encompassed in the Temporary Assistance Payment Scheme.
16. Nursing homes are specialised healthcare settings staffed by high skilled gerontological, clinical, health and social care staff. There is requirement to maintain and enhance engagement between these staff and community healthcare professionals such as gerontologists, GPs, Chartered Physiotherapists, Occupational Therapists, Dieticians to support the care needs of residents in private and voluntary nursing homes.
17. The input of geriatricians and GPs is critical to inform regarding measures required to support nursing homes in having the capacity to manage COVID-19.
18. Assess capacity of acute hospitals to implement measures that enhance infection prevention for nursing home residents when utilising such for outpatient / inpatient care. This can include mobile x-ray, an enhanced role for community intervention teams, provision of IV to be administered by nurses to enable a resident to remain in their home and reduce unnecessary transfer to hospital.
19. There is requirement for a one-system approach. Private and voluntary nursing homes must not be treated inequitably. Residents in all nursing homes – HSE, private and voluntary must be treated with required access to specialist healthcare supports that largely operate in the community. There is requirement for enhanced engagement and a greater working relationship between the HSE at community / CHO level and private and voluntary nursing homes, with the central objective being ensuring the health and social care needs of residents is met on a more collective basis.
20. There should be a specific representative within every CHO area that is responsible for the coordinated engagement between HSE and private and voluntary nursing homes.
21. If a second wave of pandemic occurs, all HSE recruitment from private and voluntary nursing homes must be suspended. Staff within these nursing homes are essential to supporting nursing homes in ensuring continuity of care and implementing the measures to protect residents from COVID19.
22. The voice of the nursing home sector must be represented at the decision-making table – NPHET. Nursing homes can bring to the table gerontological expertise that can inform the public health measures to safeguard and support 30,000 people availing of care in nursing homes – HSE, private and voluntary.
23. Requirement for enhanced recognition for the role fulfilled by nurses, HCAs, activity coordinators, cleaners, catering staff and all those delivering care in all nursing homes.

24. The enhanced engagement between private and voluntary nursing homes and the State has provided valuable experience to inform the preparedness that will be required for a 'second wave'.

## **How to add additional capacity to the system when needed**

25. See points in *Ongoing capacity in the system to deal with any surge in Covid-19 cases* section regarding essential role fulfilled by nursing homes within our health service, its role in providing specialised care and facilitating high-volume discharges from acute hospitals, and critical importance for timely testing and turnaround in the context of COVID19.
26. It should be noted occupancy in nursing homes has dropped arising from slowdown in admissions and Fair Deal applications. The public health policy requirement for nursing homes to be 28 days clear of COVID19 prior to acceptance of new admissions has brought bed capacity in nursing homes.
27. It is high time Government paid heed to the warnings regarding the Nursing Home Support Scheme (Fair Deal) being not fit for purpose. The analyses and warnings presented are stark and smaller nursing homes have closed their doors due to provision of the specialised care being unsustainable.
28. In July 2015, the Department of Health published its review of the scheme, which has been in operation since 2009. It recommended a specific review be undertaken regarding the scheme's pricing mechanism – fundamental to how Fair Deal is operating. It recommended the review assess the capacity of the scheme to meet the care needs of residents with higher level or more complex care and advanced there is requirement for greater transparency in the pricing mechanism.
29. The NTPF, the body responsible for the setting of fees under Fair Deal, was tasked with undertaking the review within an 18-month timeframe. This would have entailed the review being completed January 2017. Five years post the recommendation, the review has never been published.
30. In December 2015, the Department of Health commissioned analysis *Potential Measures to Encourage Provision of Nursing Home & Community Nursing Unit Facilities* was published. It warned the Department:
  - a. "While the scheme [Fair Deal] has delivered many benefits and is a significant advance on what was in place heretofore, its current pricing model operates in an ad hoc manner, lacks rationale, consistency and fairness, only applies to the private sector, and in the long run is unsustainable."
  - b. "Because the scheme does not address different levels of dependency in patient care, it increases risk for operators with respect to deterioration of residents

subsequent to their admittance and discourages some of the more sophisticated financing options.”

- c. “There is no standard objective assessment basis for setting the price, related to either efficient capital and operating costs or the level of dependency of residents; while the NTPF does use some benchmarks, in the final analysis the rate for each nursing home is a matter for ad hoc negotiation. The most important factor appears to be the “going rate” in the particular county.”
  - d. “Lack of reference to the level of dependency of residents:
    - i. (i) discourages the development of more specialised facilities (for dementia, etc.) where more expensive care is required, and
    - ii. (ii) creates an incentive to actively discourage acceptance of high-dependency residents by nursing homes.”
  - e. “In short, it is untenable that the State quality regulator can assess differentiated dependency levels and in doing so impose costs on nursing homes, while the State price regulator claims it is unable to reflect the same factor in its pricing decisions.”
  - f. “There is a very significant range in Fair Deal weekly payment rates geographically, from below €600 to in excess of €1,300. We know of no other area of State procurement of services where such price variation exists.”
  - g. “The lack of reference to efficient cost levels and return on efficient capital in the Fair Deal negotiations represents a disconnect from the reality that the State expects the private sector to potentially provide 80% of nursing home capacity going forward. It is unsustainable in terms both of rational market operation and enabling new investment in areas of the country where payment rates are lower.”
31. The two most recent HIQA annual reports reporting on social care have stated smaller nursing homes are closing their doors due to them not being sustainable given the present financial model<sup>6</sup>. “The closure of nursing homes that offer a smaller, homely setting is concerning and if it continues could impact on the choice of setting available to older people and their families in the future,” the regulator’s overview report for the year 2017 states.
32. “The complex and high dependency needs of persons with dementia in specialist care units now need to be more realistically reflected in fairer resource allocation, in recognition of the skill mix of staff employed in specialist care units, their training needs and the level of care expected to be delivered to residents with dementia,” Dementia Services Information

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<sup>6</sup> HIQA: Overview of HIQA Regulation of Social Care & Healthcare Services 2017 & Overview report on the regulation of designated centres for older persons

& Development Centre, An Irish National Survey of Dementia in Long-Term Residential Care (2015).

33. “The Fair Deal has to be fair for everyone and I need to acknowledge that it’s not always fair for the providers of nursing home care... You’ve been asked to make big changes. Changes that I’ll absolutely stand over. Changes in relation to HIQA guidelines and regulations. But changes that have been stressful and changes that have come at a cost and you haven’t been remunerated for that cost,” Minister for Health Simon Harris address to nursing home representatives, NHI Annual Conference 2019, 14th November 2019.
34. “The challenge we have is to build in more flexibility, tiers and levels into the payments to nursing homes based on the level of care.” Minister for Older People Jim Daly, Seanad Éireann, 12th November 2019.
35. “While the NHSS Act appears to provide for the “maintenance, health or personal care” needs of older people, in reality, it need only meet some of these needs rather than all of them,” Office of the Ombudsman, *WHO CARES? An Investigation into the Right to Nursing Home Care in Ireland*
36. Banks have warned the scheme is deterring investment in long-term residential care. Bank of Ireland: “Although future nursing home bed demand requirements have been projected, the expected level of building of new homes in counties with lower Fair Deal rates may not materialise as the capital value of greenfield nursing homes once operational may, as a result of the Fair Deal rates and increased staff costs, be lower than the development costs.” AIB: “Many smaller nursing homes will need to secure significantly higher Fair Deal rates and/or scale up to remain viable in the future.”
37. Immediate requirement to place nursing home care on a sustainable footing and deliver a roadmap for increased capacity as per requirement for years ahead:
  - a. Immediate publication of review of system for setting prices under Fair Deal – now five years delayed. Publication of the review can facilitate immediate discussion regarding implementation of an appropriate mechanism to support the funding of nursing home care. Independent analyses, as presented within this submission, inform the scheme is not fit for purpose, deterring the development of specialised care, not recognising the reality of regulatory costs, and being devoid of logic in setting a fee for residents care needs.
38. NHI has long advanced Government, through the Department of Health, should lead in establishing a long-term care forum to bring stakeholders around the table to inform policy and resourcing that will be entailed to meet the considerable growth in demand for healthcare services amongst our older people.

## **Community and residential care capacity for dealing with Covid-19 cases**

39. Nursing homes have huge levels of experience in managing the outbreak of flu and norovirus every winter and have extensive experience and clinical expertise in implementing Infection Prevention Control measures. COVID19 presents a never encountered before pandemic for our health services, with the people in nursing homes most susceptible in Ireland and in other countries.
40. Four of every five nursing home residents that contracted COVID19 survived<sup>7</sup>. The majority of nursing homes - 56% - have prevented COVID19 from coming through their doors<sup>8</sup>.
41. The implementation of a national strategy and support framework fulfilled a lead role in supporting nursing homes to prevent and manage COVID19. The framework principally entailed timely access to PPE and testing, access to crisis management teams, and funding support to address the increased costs support implementation of measures.
42. Key to supporting nursing homes in managing COVID19 has been enhanced engagement between private and voluntary nursing homes and the State. This has entailed implementation of a support framework arising from continuous engagement between the Minister for Health, senior Department of Health and HSE officials, and Nursing Homes Ireland. Furthermore, the closer collaborative working relationship between nursing homes and the HSE at CHO level must continue during COVID19 and into the future. There should be a specific representative within every CHO area that is responsible for the coordinated engagement between HSE and private and voluntary nursing homes.

## **Impact on healthcare workers**

43. Healthcare workers in our nursing homes were on the COVID19 frontline. There is requirement to ensure supports are implemented to aid them, and other healthcare workers, in recovering from the upset, distress and trauma caused by COVID19.
44. Psychological supports must be made available to nursing home staff and residents following trauma endured by many during COVID19.
45. We must protect our healthcare workers and take learnings from COVID19. Protecting them entails ensuring there is continued appropriate supply of PPE and testing of staff is consistently undertaken, with same-day turnaround for results implemented.

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<sup>7</sup> Irish Times, Tuesday 5<sup>th</sup> May: Deaths in residential care facilities and nursing homes reach 819: "The figures show the vast majority of residential care facilities cases (84 per cent) and nursing home cases (83 per cent) recover from the virus, though the death toll among elderly nursing home residents stands at more than three times the mortality rate among the general population."

<sup>8</sup> Minister for Health Simon Harris in Dáil Éireann, 18<sup>th</sup> June 2020

46. The provision of specialised COVID19 training should be a constant in supporting healthcare staff.
47. Public Health is essential to support nursing homes in preventing and managing Covid19 and has fulfilled a critical role in supporting nursing homes in this regard. No element of our health services could cope with COVID19 on its own. The specialised care provided by expert clinical, health and social care staff in our nursing homes must be supported by consistent and timely access to community healthcare professionals, including gerontologists. This entails consistent and enhanced engagement between CHOs and nursing homes to bring health expertise together at CHO level to meet the needs of nursing home residents. There is a requirement to replicate best practice models identified at a regional level and to implement such nationally. Access to enhanced engagement with public health at CHO level is critical.
48. Gerontological nursing requires very specific clinical expertise and a broad knowledge-base. The discipline is based on the science and art of a person-centred gerontological care model. The role of healthcare assistant is a skilled role that entails providing high quality holistic care that enhances the lives of our most frail. There is requirement to enhance the standing of both roles and to improve promotion and recognition of them.
49. There is requirement for enhanced recognition of the critical role fulfilled by the nursing home community - nurses, HCAs, activity coordinators, cleaners, catering staff – delivering care to our most vulnerable in society. Staff in our nursing homes and wider health services bring into and combine their unique skillsets within the healthcare settings and their skills are underlined by tremendous commitment, resilience and a passion for care.

## **Procurement and ongoing availability of PPE**

50. NHI again recommends and requests that all nursing homes be provided with minimum three-day supply of PPE. NHI previous call was supported by HIQA, which subsequently recommended requirement for such to the Department of Health.
51. COVID19 healthcare planning must encompass the necessity to plan for an adequate supply of high-quality PPE to ensure our health services – HSE, private and voluntary, acute hospitals, primary care, nursing home care, etc – have adequate supply of PPE.
52. We recommend continued engagement and liaison between CHO area managers and nursing homes in monitoring the threat posed by COVID19.
53. A standardised approach towards the provision of PPE should be assessed for our health services. During COVID19, dozens of suppliers contacted nursing homes and NHI presenting they were in a position to source PPE. The support of third parties in the

sourcing of PPE was appreciated and proved critical to support many nursing homes in attaining required supply. However, questions presented regarding the veracity of some and the standards of equipment being made available. There is requirement to implement a procedure for the sourcing and supply of PPE that ensures equipment of a required standard is readily available.

54. Also, in such regard, nursing homes reported considerable hikes in prices for PPE as COVID19 presented, with NHI being informed prices for items such as gloves, hand sanitiser, facemasks and gowns increased by up to 500%. Some suppliers saw opportunity to capitalise on the enormous demand for equipment and prices increased by multiples for equipment amongst suppliers. Adopting a standardised approach can negate the effective 'gouging' by some of healthcare providers in need of PPE.

## **Views on actions taken to date to deal with the Covid-19 emergency**

Please see Opening Statement to Oireachtas Special Committee on Covid-19 and Oireachtas Special Committee on Covid-19 Response - NHI response to request for submission 15th June

## **Impact guidelines will have on provision of care**

55. As we advance to the 'new norm' of care within Residential Care Facilities (RCF), public health and all stakeholders in consultation with NHI must discuss a plan for nursing homes in facilitating the new norm of care whilst protecting society's most vulnerable population. We must be mindful of the challenges of ensuring a 'home from home' for all residents in the context of the global pandemic COVID19 and increased infection prevention and control measures.
56. NHI and nursing home providers and staff recognise and are cognisant of the requirements and oversight of public health, infection prevention and control guidelines on the prevention and management of COVID-19 cases and outbreaks in residential care facilities in reducing the risk of transmission of COVID-19. However, in progressing and facilitating for the new norm of care it is paramount that there is a focused emphasis on recognising, protecting, and promoting the rights of all residents.
57. HSE / HPSC Covid-19 Infection Prevention & Control Guidelines stipulate every nursing home should have an area identified where a resident with suspected or confirmed COVID-19 could be isolated. This is best practice and is being implemented by nursing homes. The substantive costs incurred in this regard should be recognised and encompassed in the Temporary Assistance Scheme.

58. See NHI discussion document *Considerations with regard the 'new norm' of care within the Nursing Home setting during Covid19*. The paper advances in progressing and facilitating for 'the new norm of care', it is paramount that there is a focused emphasis on recognising, protecting, and promoting the rights of all residents. The paper looks at matters that include the dining experience, the day room experience, provision of activities.

### **What actions are being taken to resume or reopen services?**

59. NPHET and the HPSC have published specific guidance for nursing homes with regard to easing of visitor restrictions. Nursing homes are faced with a considerable challenge in balancing a social model of care while being cognisant of the threat presented by COVID19 and requirement for heightened emergency measures to prevent and manage the lethal virus. The HPSC guidance notes: "Visits to Residential Care Facilities (RCFs) are at the discretion of the Registered Provider/ Person in Charge in management of each facility and it is their responsibility to ensure that visitations do not compromise overall resident care or adherence to requisite infection control procedures. Consultation with local Public Health teams and Infection Prevention and Control expertise will assist the Registered Provider/ Person in Charge in review of their plans and risk mitigation in order to facilitate visiting. Restrictions to visiting are aimed at protecting residents, staff and visitors from exposure to COVID-19."
60. NPHET continues to provide the public health lead with regard to required COVID19 public health measures. NHI inputted to the easing of visitor restrictions through engagement with the Minister for Health, senior Department of Health and HSE officials, and expert input to NPHET. The voice of the sector is critical in informing decisions that impact upon nursing home residents, staff and visitors across the country.

### **What measures may be necessary to prepare for a potential second wave of infection?**

See NHI submission to the COVID19 Expert Panel on Nursing Homes.

## Additional capacity in the health service

61. As previously presented, timely testing of patients requiring discharge from hospital to nursing homes can facilitate timely discharge of a COVID-free patient from an acute hospital back into the community via nursing home care. The broad context in this regard is effectively 1,000 people move from our hospitals every month because nursing home care is available to them.
62. The nursing home model of residential care ensures persons with very high dependency cognitive and physical care needs are continuously supported by dedicated care teams that meet residents clinical, health and social care needs in a dedicated home-from-home setting.
63. As per TILDA study published June 2020, nursing home residents are chronologically very old, have very high levels of physical and cognitive morbidities, and very high levels of physical disability. It informs “nursing homes look after the most vulnerable in society”, with participants in its research study “chronologically very old, had very high levels of physical and cognitive morbidities, and very high levels of physical disability.”<sup>9</sup>
64. By 2031 it is estimated that the over-65 population will account for approximately one half of healthcare activity. The number of people aged 85+ - those most dependent upon nursing home care – will effectively double over the same period.
65. As presented, smaller nursing homes are closing their doors, the regulator HIQA has stated for successive years. These nursing homes are often removed from large urban settings and provide critical capacity in care in the community. The closures are arising because the funding model is not recognising the reality of costs being incurred by smaller nursing home providers<sup>10</sup>. “Smaller nursing homes — which often provide a more homely environment — are closing voluntarily due to concerns over their financial viability,” HIQA, Overview report on the regulation of designated centres for older persons – 2018.
66. The review of the Nursing Home Support Scheme (Fair Deal), published 2015, recommended a review of the Fair Deal pricing mechanism be undertaken by the National Treatment Purchase Fund within an 18-month period, to look at the transparency of the pricing mechanism and assess its suitability for residents who require higher level or more complex care. The review remains unpublished.

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<sup>9</sup> The Irish Longitudinal Study on Ageing (TILDA), Trinity College Dublin, research paper, A short report to inform COVID-19 responses for our most vulnerable

<sup>10</sup> HIQA social care overview reports for years 2018 and 2019

67. Also in 2015, the Department of Health published a report it commissioned<sup>11</sup> that stated: “It is untenable that the State quality regulator can assess differentiated dependency levels and in doing so impose costs on nursing homes, while the State price regulator claims it is unable to reflect the same factor in its pricing decisions.” It stated Fair Deal: “discourages the development of more specialised facilities (for dementia, etc.) where more expensive care is required, and creates an incentive to actively discourage acceptance of high-dependency residents by nursing homes.” The report has never been acted upon.
68. Over 400 private and voluntary nursing homes are providing specialised health and social care in our communities. They employ expert staff to meet clinical, health and social care needs of people requiring 24/7 residential care. Nursing homes fulfil an essential role in supporting the discharge of patients from our acute hospitals, providing transitional, respite, rehabilitative, step-down care to people being discharged from hospital to the community. There is requirement to plan for the considerable growth in healthcare needs that is emanating as the older population grows significantly. Central to this should be a plan to utilise nursing homes and the staff employed within to provide complimentary community services such as home care, meals-on-wheels, independent living.
69. The principle objective of Sláintecare, the cross-party roadmap for our health services, is to shift care from acute back to the community. There is a requirement to look at the nursing home model in this regard. The requirement for specialised, high-dependency clinical, health and social care provided by nursing homes will grow. COVID19 should focus attention on ensuring the 400+ private and voluntary nursing homes are fully integrated within our health services. This will entail enhancing integration with the State in developing and advancing the role fulfilled by nursing homes in meeting healthcare needs of a significant cohort of our population and the specialism that is gerontological care.

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<sup>11</sup> DKM, *Potential Measures to Encourage Provision of Nursing Home & Community Nursing Unit Facilities*, December 2015