



HSE Review of the Service evaluation: “Identification of outbreak management and infection control strategies of the Long-Term Residential Care Facilities for older adults during the waves of the COVID- 19 pandemic”.

Recommendation 6.6 of the COVID-19 Nursing Homes Expert Panel November 2023

HSE welcome the publication of this evaluation of outbreak management and infection control strategies of Long-Term Residential Care Facilities (LTRCFs) for older adults during the waves of the COVID-19 pandemic. This report was commissioned by HSE as part of wider work addressing recommendations made by the Nursing Homes Expert Panel (NHEP), which was appointed by the Minister for Health in May 2020 on the advice of The National Public Health Emergency Team (NPHE), to examine the complex issues surrounding the management of COVID-19 among this particularly vulnerable cohort. The NHEP Report on 19th August 2020 made 86 recommendations in total, of which 68 involve the HSE as an accountable body. A HSE Implementation Steering Group (ISG) was convened by the Chief Operations Officer (COO), in September 2020, to ensure full coordination and support for the implementation of relevant recommendations. This work, recommendation 6.6, sits within the remit of workstream 5 (Chief Clinical Officer and Public Health). The overall aim of this service evaluation is to identify the factors associated with COVID-19 outbreaks in LTRCFs in Ireland to improve prevention and management of future outbreaks. The work was undertaken by an experienced team of independent researchers from the University of Galway, School of Nursing and Midwifery, working to the Director of National Health Protection, HSE.

The health service evaluation methodology included a **qualitative study** including focus group interviews of key informants involved in responding to outbreaks of COVID-19 in LTRCFs, and a **scoping review of existing international evidence** including relevant peer-reviewed publications, policy documents and national or international reports on COVID-19 outbreak management and infection control practices.

Some of the issues raised pertain to earlier parts of the pandemic which were addressed during the evolution of the health system response e.g. availability of PPE, access to testing. Others relate to issues which were ongoing features of the response e.g. guidance development, communication, governance, leadership, IPC practice and outbreak management, and staffing concerns. And the

impact of vaccination programmes through the latter stages of the pandemic response in supporting a de-escalation of the response are also noted. The evaluation does not attempt to construct a narrative chronology of events although specific issues relative to particular timelines and availability of interventions such as testing, vaccination and PPE etc.

It is therefore relevant to **contextualise this service evaluation within the governance framework of the COVID-19 pandemic response**. During the early phase of the pandemic response, the **COVID-19 National Public Health Emergency Team (NPHE)** was established to agree and mandate authorities (health authorities) to put in place guidance and/ or measures to respond to their advice in the context of COVID-19 response. Many HSE subject matter experts were members of the NPHE team. NPHE advice were communicated by way of formal letter the NPHE Chair (CMO) to the HSE CEO or CCO.

On many occasions NPHE advice related to updates to COVID-19 public health, IPC, contact tracing guidance etc. The public health advice of NPHE applied to the public generally as well as specifically to all staff delivering care in health and care settings (public and private providers). In the context of IPC, this was a key change for the HSE, as the HSE only has the mandate to manage and support HSE funded services and has no remit for engagement with private providers on IPC matters. It is acknowledged that the HSE could not mandate private providers to implement updated HPSC and/ or AMRIC clinical guidance but HSE colleagues worked to ensure that private providers had access to updated guidance, education, and materials similar from to HSE run services. To ensure this level of access, as HPSC and AMRIC clinical guidance was updated, guidance was published to www.hpsc.ie, and this website was promoted and recognised as the national hub for up-to-date COVID-19 public health and HSE clinical guidance. This ensured all relevant service providers in acute and residential care settings could be directed or sign-posted to this single site to have access to the most up to date NPHE and HSE guidance to support COVID-19 response.

The HSE AMRIC team were tasked to support the HSE IPC response- this included updating IPC guidance. A revised IPC guidance process was put in place to support private providers with translating this guidance into practice i.e. a draft updated guidance was issued to key HSE service leads, representatives of private care homes, representative of hospice providers and patient advocate groups. This ensured the IPC guidance was pragmatic and fit for purpose to support care for patients in these settings. Draft guidance was updated to incorporate feedback from these stakeholders. A pre-publication notice was issued to the above stakeholders to allow them time to put in place any required actions to implement the guidance and a formal notification of guidance also issued once published. To support implementation, weekly AMRIC

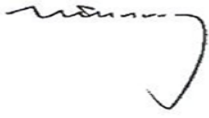
education webinars were held, and this became an established forum for detailed explanation and discussion on guidance updates and afforded access to hear and address queries and issues by way of live chat format.

Materials such as posters and leaflets were developed and published to support key IPC messaging. eLearning programmes were developed, and videos were recorded to support staff with education and training requirements (e.g. donning and doffing of PPE). All of these AMRIC supports were made publicly available so all private providers in any acute or residential care setting could access these supports. It is acknowledged that frequent, sometimes weekly updates were required to HPSC and AMRIC guidance, this reflected the evolving pandemic situation, frequent updating of NPHET advice and emerging evidence and issues that arose and were made known to HPSC and AMRIC that required guidance updates to support staff with the delivery of safe care to patients, their families, and vulnerable groups, especially in residential care settings. All updated published guidance had an upfront section that listed key changes to iterations of guidance published.

This approach to access to IPC guidance and education materials remains in place post pandemic as one of the key learnings from the COVID-19 pandemic response. Access is provided to the IPC link practitioner programme so private providers can use a train the trainer model for IPC upskilling in their settings.

This was a consideration during the COVID-19 pandemic response and will be for any future pandemic or outbreak responses as issues relating to infection prevention and outbreak control (which include staffing (absolute numbers, skill mix, training & development, and cross-site deployment), nature and organisation of the buildings delivering care to residents, and the funding of the care homes).

Embedding the key learnings from this health service evaluation will be taken forward as we develop new pandemic plans, develop new guidance for infection prevention and outbreak control, and design new training resources which are more tailored to the needs of social care providers (rather than simply adapted from healthcare guidance). We also need to recognise the need to develop the evidence-base so that we can inform any new guidance with high quality research findings. Further, improving the quality of surveillance data and other intelligence from the care home sector will enable us to better understand emergent infections, inform public health risk assessments, and measure the impact of mitigation and control measures more effectively. As an organisation we are committed to a 'learning culture' and will iteratively improve our plans and services based on learning from this report.



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