

A Systematic Review of Lessons Learned from the COVID-19 Pandemic in Nursing Homes

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Abstract

When it comes to COVID-19 death rates, nursing homes are one of the worst-affected places. It is vital to consider and provide an answer to the question of which excellent practises (interventions) were applied in care homes (people) to enhance management and care quality given the reactive management of the pandemic (outcomes). During the COVID-19 pandemic or other recent epidemics, care facilities may have adopted a number of beneficial practises, which were identified and described in this systematic study. Over the period of January 1 through November 30, 2021, we searched Embase, PubMed, ScienceDirect, ProQuest Central, and Scopus using the keywords "learnings," "lessons," "positive learnings," and "positive lessons," as well as the descriptors "nursing homes," "long-term care," and "long-term care facilities," as well as the keywords "SARS," "MERS," "COVID-19," and "pandemic." We found 15 publications outlining 26 specific measures done for COVID-19 management in long-term care settings, including 14 best practises. Following the IDEF methodology, the practises were divided into operational processes (cohorts, diagnostic testing, case monitoring, personal protective equipment, staff reinforcement, visitation restrictions, social distancing, and alternative means of communication with families) and support processes. The strategic processes were staff training, communication with the national health system, person-centered care, and protocols.

Keywords: Nursing homes • Long-term care • Residential facilities • COVID-19 • Pandemic

Introduction

Due to the high incidence and fatality of the disease, the rapid transmission of the coronavirus that causes the coronavirus disease 2019 (COVID-19), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), poses a dilemma for global public health. The World Health Organization (WHO) classified the COVID-19 outbreak as a pandemic on March 11, 2020. Even though anyone can get the illness, not everyone is equally affected. Only 5% of COVID deaths in 2020 occurred in those under the age of 60 in the majority of Western European nations, compared to 21% in the USA among those under the age of 65. Older people are more susceptible to COVID-19 because they often exhibit more severe disease symptoms and have a worse prognosis. The rapid spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes the coronavirus disease 2019 (COVID-19), presents a problem for global public health because of the disease's high incidence and mortality. On March 11, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak to be a pandemic. Although everybody can contract the disease, not everyone is similarly impacted. In the majority of Western European countries, just 5% of COVID deaths among 2020 occurred in people under the age of 60, compared to 21% in the USA among people under the age of 65. Because they frequently have more severe disease symptoms and have a worse prognosis, older adults are more vulnerable to COVID-19 [1,2].

Methods

We considered publications that discussed or assessed the COVID-19 pandemic or subsequent epidemics (SARS-CoV and MERS-CoV) lessons

learned in senior care facilities (aged over 65 years). We defined excellent practises (or lessons learned) as any action taken with the intention of preparing the care facility for a pandemic or of reducing or stopping the virus's transmission. Articles that describe practises used in residential care facilities for older individuals that were published in English or Spanish between are eligible. Since the SARS-CoV outbreak in the Guangdong province of southeast China occurred in, we limited the search to papers written in that year. MERS-CoV then had its first outbreak in Saudi Arabia in April. Because we believed that the experience of these epidemics could serve as a model for the application of best practises in nursing homes during health emergencies brought on by the emergence and spread of extremely contagious or lethal viruses, we included these years in our search [3-5].

Discussion

Older individuals living in nursing homes have been the group most impacted by the COVID-19 pandemic in terms of the severity of disease and mortality. Residents of care homes have historically received little attention from the health and social care institutions, and they may also experience social stigma. These weaknesses were made more vulnerable by the COVID-19 pandemic, which worsened its effects on nursing homes. Care homes were forced to improvise their own procedures due to a lack of awareness, the virus's rapid spread, and the lack of global health institutions' capacity to handle a crisis of this magnitude. All systems went into operational error-prone mode. Undoubtedly, some choices and behaviours were the right ones. After the crises' acute period, it is critical to look back and evaluate what worked and what did not, as well as to find new practises that are here to stay. The goal of this analysis was to pinpoint the takeaways from managing the COVID-19 pandemic and other similar circumstances in nursing homes. The absence of publications that looked at best practises used in the recent SARS-CoV or MERS-CoV infections shows the necessity of this reflection as a tactic to get health systems and long-term care facilities ready for similar health crises in the future [6].

Conclusion

The findings of our research emphasise the shortcomings that need to

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be corrected while summarising the most popular strategies used to control the COVID-19 pandemic in an environment of heightened vulnerability. By separating measures that are expressly intended for managing the epidemic from those that can be useful in the routine operations of care homes, our findings also provide a vision for ongoing progress. These sound practises should be put into practise in the future while also being evaluated for cost-effectiveness.

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Conflict of Interest

None.

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