

AGED CARE COVID-19 SURVEY RESULTS

RESIDENTIAL AGED CARE OPERATIONS

11 MAY 2020



There were 79 residential aged care providers that reported information on residential care operations in LASA’s Aged Care COVID-19 Survey. Collectively, they offer care and accommodation services to 12,020 residents. Nine of these providers (11%) reported providing services to more than 300 residents.

Number of residents per provider	Count of providers	Proportion of providers	Number of residents
0 – 99	44	56%	2,722
100 – 199	15	19%	2,006
200 – 299	8	10%	1,946
300 – 399	2	3%	646
400 – 499	2	3%	952
500 – 599	1	1%	538
600 -699	1	1%	630
700 – 799	1	1%	700
800 – 1,000	2	3%	1,880
Unknown	3	4%	-
Total	79	100%	12,020

The residential aged care providers offer services in VIC (43%), QLD (28%), NSW (25%), SA (4%), WA, ACT and TAS (all 1%). Only two providers offered services in multiple states. Only one provider reported having had a confirmed case of COVID-19 among residents while three reported having a confirmed case of COVID-19 among staff.

PART A - VISITATION RESTRICTIONS

The survey results outlining the operations of visitation restrictions in residential aged care have been separated into five sections addressing:

1. Visitation restrictions implemented,
2. Resident and family response to visitation restrictions,
3. Covid-19 screening in residential care,
4. External staff visitation restrictions, and
5. Changes to visitation restrictions.

1. Visitation Restrictions Implemented

Providers outlined the restrictions they introduced to the families and friends of residents in preventing COVID-19 transmission to residents with account for alternative visitation arrangements. There are varied restrictions reported as being in place across providers.

What restrictions have you placed on visits by family and friends?	Count of providers	Proportion of providers
Limits to visits by family and friends as per the state directive for residential care	22	28%
Restriction of all visits by family and friends except for palliative care / compassionate circumstances	48	61%
Depends on local risk factors	9	11%
Total	79	100%

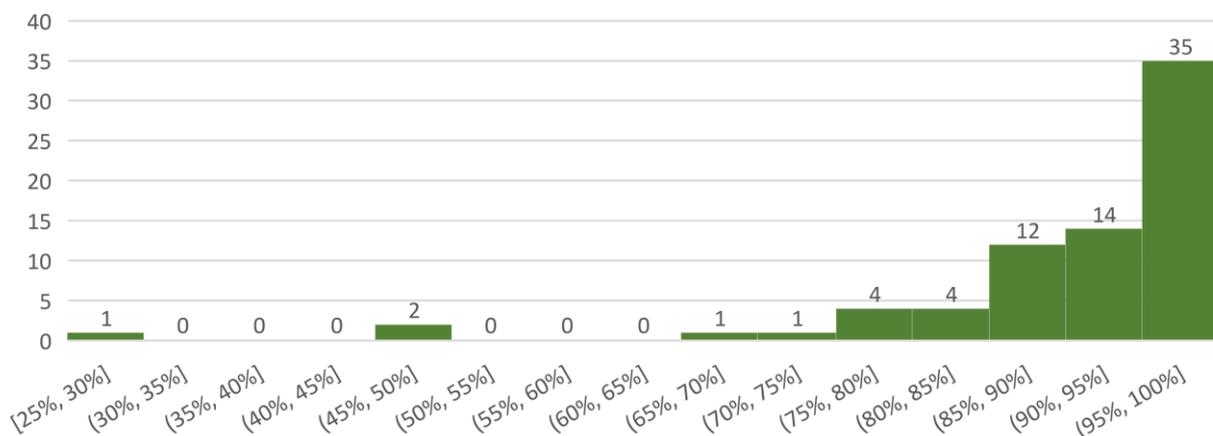
What alternative visitation arrangements have you established for families?	Count of providers	Proportion of providers
Phone calls	77	97%
Video calls	75	95%
Visits through windows or other barriers	68	86%
Other	25	32%
Total	79	100%

Many providers did reference compassionate grounds for resident visitation by families and friends, such as when a resident is in palliation, is unwell, shows signs of distress or deterioration, and when visits have been normal routine practice for a resident with dementia who becomes unsettled. Some referenced completing visitation assessments of risks and benefits to consider the least risky and acceptable form of visitation.

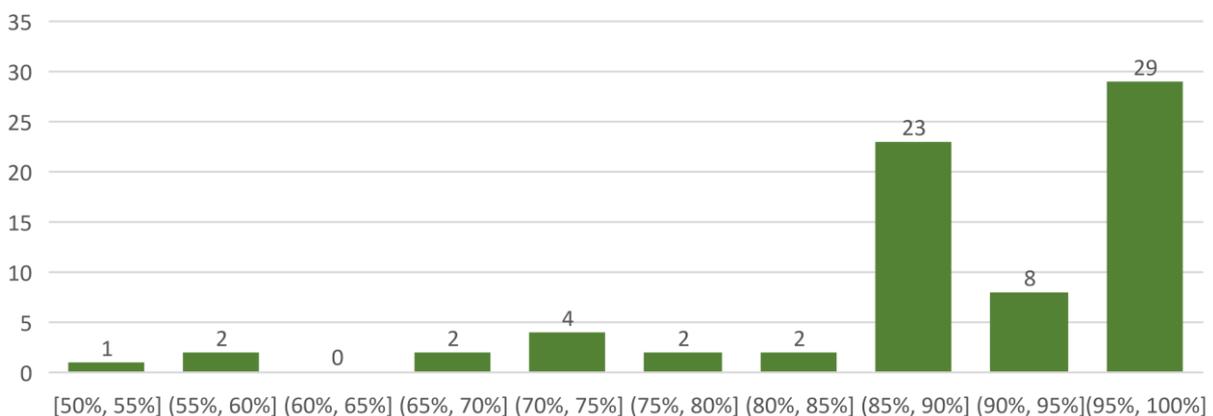
2. Resident and Family Response to Visitation Restrictions

Providers rated the proportion of residents and their families that supported the approach taken to implement visitation restrictions in preventing COVID-19 transmission to residents. Most providers indicated they had the support of residents and their families in implementing visitation restrictions.

What proportion of residents support the facilities approach to restricted visitation?



What proportion of resident families support the facilities approach to restricted visitation?



Residents (54), families or friends (531), and facility employees (261) also completed a survey, contributing to a set of 864 combined responses on stakeholder experience of their provider’s response to COVID-19. Some 90 per cent of respondents agreed with their provider’s response to COVID-19.

To what extent do you agree with your residential aged care facilities response to COVID-19?	Facility employee	Resident	Family or friend	Other	Unknown	Total
Strongly agree	67%	56%	64%	67%	50%	64%
Agree	25%	26%	26%	8%	33%	26%
Neither agree nor disagree	3%	0%	2%	0%	17%	2%
Disagree	2%	6%	4%	17%	0%	4%
Strongly disagree	3%	13%	3%	8%	0%	4%
Total (N)	261	54	531	12	6	864

In this same survey, residents (55), families or friends (540), and facility employees (260) offered their opinion in a set of 874 combined responses about the visitor restrictions applied in their residential care home. There were varied opinions about visitation restrictions being applied.

Which of the following options best describes your opinion on visitor restrictions that are being applied in residential aged care facilities during the COVID-19 pandemic?	Facility employee	Resident	Family or friend	Other	Unknown	Total
There should be no visitors at all, except when a resident is at the end of life. The priority is protecting people from COVID-19.	69%	55%	52%	77%	67%	58%
Visitors should be allowed to visit a resident if they provide support, such as providing assistance with meals.	8%	11%	17%	0%	0%	13%
All residents should be allowed one or two visitors per day.	19%	25%	29%	15%	17%	26%
There should be no restrictions on visitation to residents. Residents maintaining face-to-face connections with family and friends is the most important priority.	4%	9%	2%	8%	17%	3%
Total (N)	260	55	540	13	6	874

3. COVID-19 Screening in Residential Care

Providers reported on the COVID-19 screening that they undertake. Response indicate that the majority of residential aged care providers undertaking screening.

Do you screen visitors for COVID-19 risk factors?	Count of providers	Proportion of providers
Yes	77	97%
No	1	1%
Depends on local risk factors	1	1%
Total	79	100%

Types of screening processes utilised included:

- Signage at the front door,
- Limited access points for visitors who are met by staff on entry,
- Checking on mandatory requirements as per Government guidelines before entry,
- Sighting proof of immunisation,
- Temperature checking, and
- Signed declaration regarding the visitor having no known symptoms.

4. External Staff Visitation Restrictions

Providers reported on visitation restrictions applied to external staff and visiting health professionals with varied levels of restrictions being applied.

What restrictions have you placed on agency staff?	Count of providers	Proportion of providers
Normal use of agency staff	5	6%
Use of agency staff only when no other alternative is available	26	33%
No use of agency staff	42	54%
Depends on local risk factors	5	6%
Grand Total	78	100%

What restrictions have you placed on general practitioners?	Count of providers	Proportion of providers
No restrictions	45	57%
Telehealth unless essential service to deliver in person	24	30%
Depends on local risk factors	10	13%
Grand Total	79	100%

What restrictions have you placed on other allied health professionals, such as physiotherapists and occupational therapists?	Count of providers	Proportion of providers
No restrictions on entry	29	37%
Entry based on case by case consideration	33	42%
No entry	3	4%
Depends on local risk factors	14	18%
Total	79	100%

5. Changes to Visitation Restrictions

Providers reported on their intention with regard to making changes to visitation restrictions with varied responses. There were varied comments regarding providers' restricted visitation policies.

Are you considering loosening your restricted visitation policy?	Count of providers	Proportion of providers
Yes, within the next fortnight	23	30%
Yes, within then next month	20	26%
Not at this time	33	43%
Total	76	100%

Comments

There is concern given the regional area in which our home is located with regard to access to PPE, workforce and financial resources if we have a confirmed COVID-19 case. Our area has many travellers given local industry. This raises questions about the potential for community transmission.

Implementing visitation restrictions was a difficult decision but the Board directed it. It was a lot of work to go into almost total lockdown. Residents and families have been very supportive of the action.

We believe we have acted in the best interest of our residents and staff, as well as resident's families and friends. We have been accommodating special requests (e.g. birthday and anniversaries). We have communicated with families and friends via zoom. We received compliments from families and friends.

It requires a high level of interpersonal skill and knowledge of infection prevention and control principles, as well as close relationships and knowledge of the residents, visitors and other stakeholders to risk assess, negotiate and offer creative options to minimise risk and optimise benefit to all.

Loosening of our self-isolation and visitation policy is in response to the increasing pressure from Government. We believe the risk is still very high which is not assisted by the confusing messages from the Government concerning social distancing rules and the vulnerability of our aged care cohort. We like most providers want visitation to occur, but the consequences of COVID-19 entering our home as experienced overseas and locally should dictate that we should not be doing this pre-maturely.

PART B – ADJUSTED OPERATIONS

The survey results query a number of additional residential aged care provider operational processes that may have been adjusted in response to COVID-19. These have been separated into six sections addressing:

1. New permanent resident admissions,
2. Short term respite admissions,
3. Admission procedures for COVID-19,
4. Hospital admissions,
5. Resident activities, and
6. Resident health and wellbeing.

1. New Permanent Resident Admissions

Providers reported on their admission of new permanent residents. Among the sample of 79 providers there was less than a one per cent overall reduction in bed occupancy across the seven-week period from 28 February to 17 April 2020. Most providers reported accepting new permanent resident admissions.

Are you accepting new long-term residents?	Count of providers	Proportion of providers
Yes	61	80%
No	3	4%
Depends on local risk factors	12	16%
Grand Total	76	100%

2. Short Term Respite Admissions

Providers reported on their continued admission of short-term respite residents with the majority taking short-term respite admissions, but at a lesser rate than new permanent resident admissions.

Are you accepting new short-term residents for respite?	Count of providers	Proportion of providers
Yes	47	62%
No	16	21%
Depends on local risk factors	13	17%
Grand Total	76	100%

3. Admission procedures for COVID-19

Providers reported on screening and COVID-19 testing of new admissions, with the majority doing screening and varied requirements for COVID-19 testing and quarantining of new admissions.

Are you screening admissions (whether new residents or hospital transfers) for possible COVID-19 risk factors?	Count of providers	Proportion of providers
Yes	71	93%
No	2	3%
Depends on local risk factors	3	4%
Grand Total	76	100%

Do you require COVID-19 testing for admissions?	Count of providers	Proportion of providers
Yes, for all admissions	10	13%
Yes, but only when individual risk factors are present	33	44%
No	17	23%
Policy depends on local risk factors	15	20%
Grand Total	75	100%

Are you isolating new admissions?	Count of providers	Proportion of providers
Yes	41	54%
No	22	29%
Depends on local risk factors	13	17%
Grand Total	76	100%

Some providers commented that all admissions are being individually screened with the quarantining of new residents based on a risk assessment of the resident's health and circumstances prior to admission. It is important to note that the COVID-19 policies or providers are living documents and will be reviewed frequently. This means admission procedures will be fluid and change dependent on COVID-19 case definitions, Government and sector advice, community factors, resident and family feedback and requests.

4. Hospital admissions

Providers reported as to whether they had trouble with admitting residents to hospital with the majority reporting no difficulties.

Have you encountered any difficulties with hospital admissions of residents since the start of the COVID-19 outbreak?	Count of providers	Proportion of providers
Yes	11	15%
No	63	85%
Grand Total	74	100%

Comments among those providers that encountered difficulties (15%)

The local hospital has been reluctant to admit or review unwell residents. Residents were returned to the home without adequate medical review and a plan in place. There were also pressures to receive new residents from hospital who were palliating while they also refused an admission for a resident to have a surgical procedure.

Communication with our local hospital was poor. They would not confirm a positive local COVID-19 case and we had to dig deeper to get information and the answers we needed. We considered it a risk taking a new admission while the hospital had an active COVID-19 inpatient and we quarantined the new resident admission.

We had residents sent back from hospital with COVID-19 swab results pending. No prior handover was given that the residents were being tested. Not providing discharge information on resident temperature and other risks.

Hospitals are reluctant to provide a COVID-19 test prior to returning a resident to the home.

Medical officers have stated no admissions for COVID-19 infected or suspected cases from aged care.

Our local hospital is not taking anyone other than maternity clients now. Residents who have a fall or require hospital treatment are required to travel over 80kms to the next town.

5. Resident activities

Providers reported on providing residents with group activities, dining and implementing social distancing measures for residents with dementia. There was some degree of consistency in provider responses.

Are you continuing with organised group activities?	Count of providers	Proportion of providers
Yes, with social distancing measures such as smaller groups	64	86%
Yes, with no changes	4	5%
No	5	7%
Depends on local risk factors	1	1%
Grand Total	74	100%

Are you continuing with group dining?	Count of providers	Proportion of providers
Yes, with social distancing measures such as smaller groups	57	77%
Yes with no changes	12	16%
No	3	4%
Depends on local risk factors	2	3%
Grand Total	74	100%

Common rooms were often reported as being used for group activities with account for social distancing and good hygiene measures. Residents are often reported as not being able to visit other resident’s rooms with the exception of couples and special friends set up to do this. Additional family connection with technology, supporting photo/letter correspondence, and one on one/small group activities were also reported.

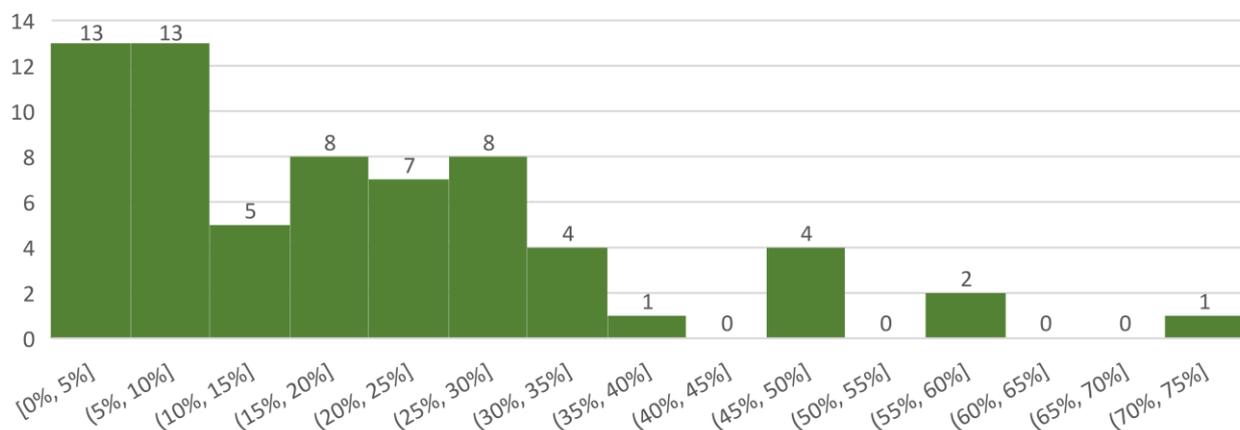
Have you been able to effectively implement social distancing and infection control measures for cognitively impaired residents?	Count of providers	Proportion of providers
Always	4	6%
Usually	35	49%
Sometimes	21	30%
Rarely	10	14%
Never	1	1%
Grand Total	71	100%

Providers reported that supporting residents with dementia during this period has been hard. Staff tend to be engaging a small group in common areas with the location of chairs in dining areas and lounges spaced out, facilitating encouragement and redirection of residents as required. Additional one on one time with residents who have impaired cognition was also reported as being used where necessary to reduce their time in common areas if needed.

In summarising, not much has changed for many residents apart from social distancing in the dining rooms and while conducting group activities. Restricted visits by families are the main change that stakeholders have needed to contend with.

6. Resident health and wellbeing

Providers reported on the health and wellbeing of residents with 66 providers indicating that in the month of May 2020 there was expected to be an average 21 per cent of residents that would likely exhibit cold or flu symptoms. This has implications for COVID-19 testing and quarantining among residents during this period.



Providers also reported on how resident fear and isolation have affected their wellbeing with most indicating that there has been either moderate or little affect. This has implications for the early identification of distress in residents where this occurs; adjusting the way supportive care is provided to include an increasing focus on resident mental health.

How have fears of COVID 19 affected the wellbeing of your residents?	Count of providers	Proportion of providers
A great deal	3	4%
A lot	10	14%
A moderate amount	30	41%
A little	26	35%
Not at all	5	7%
Grand Total	74	100%

How has increased isolation affected the wellbeing of your residents?	Count of providers	Proportion of providers
A great deal	2	3%
A lot	4	5%
A moderate amount	22	30%
A little	38	52%
Not at all	7	10%
Grand Total	73	100%

Comments

Some residents are coping better than other residents are. As a whole, the residents are fortunate to have each other, there having reported this themselves.

We have not seen any increased behaviours or any significant signs of concern with our resident's wellbeing.

Residents have been great and understand the need to have restrictions.

To be honest, while many of our residents miss their loved ones and really want to see them and hug them, they are still having many joyful interactions in their home's community with each other and with staff. Quite a few residents and staff have commented on how they feel that they have better quality contact with more continuity in relationships and more time for detailed personal care due to the smaller groups and cohorting. There is a sort of comradery that comes with us all being in it together. For the most part, our families are expressing their confidence and trust in us and their gratitude. Our residents are terrified of getting the virus so most would rather make a sacrifice with the hope of coming out the other side alive and well. There have been a few residents who have had some very down days with some missing family, and a handful because of acute death anxiety. We don't leave the television on in common areas to exacerbate this, but many of our residents watch the news in their bedrooms and some go online and are seeing what is happening in Italy, New York and locally in aged care.

Most of our residents want to hold off on visitors because they don't want to die. They are happy with the phone and computer contact.

Whilst they miss the direct contact with family, they are thankful family can still visit and are comforted by the measures taken to protect them.

As time passes, the residents are accepting of the situation.

Resident wellbeing is our priority

Residents are having many more activities including outdoor barbecues, games, morning and afternoon teas in the courtyards and more indoor activities. These measures assist in residents being occupied rather than staying in their rooms and watching the ongoing news etc on COVID-19.

Due to country location and small facility, I would personally not have gone into total lockdown. However, the pressure to do so was enormous as so many other facilities had taken this decision. To not lockdown and then get COVID19 would be unthinkable.