Northwood Review: COVID-19 Outbreak

Conducted under the Quality-Improvement Information Protection Act

Recommendations presented on:
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On June 30, 2020, Health and Wellness Minister Randy Delorey announced a review of the COVID-19 outbreak at Northwood's Halifax campus

The Review Committee:

1. Identified the information that was available to Northwood at all stages of the outbreak
2. Reviewed the response to information that was available at each stage, and whether the preparation for, and response to, COVID-19 was appropriate and timely
3. Reviewed staff scheduling practices to determine whether staff movement throughout the facility contributed to the spread
4. Conducted a review of best practices and available evidence that controlled the spread of COVID-19 in LTCFs and applied this evidence to Northwood's physical design and operational procedures

Acknowledgements

We would like to express our deepest condolences to the 53 families who lost a loved one during the outbreak

We would also like to recognize the willingness of residents, families, staff, and healthcare and government leaders who shared their experiences about the outbreak

Although we endeavoured to be comprehensive with research and interviews, this Review does not address all issues relevant to the long-term care sector

The expedited timeline was necessitated by the pressing need to put learnings into practice before a second wave. Therefore much of the analysis was done in real time, with an emphasis on pragmatism and safe operational designs to positively impact Northwood and other facilities

We would like to thank the Davis Pier team who provided support during the Review

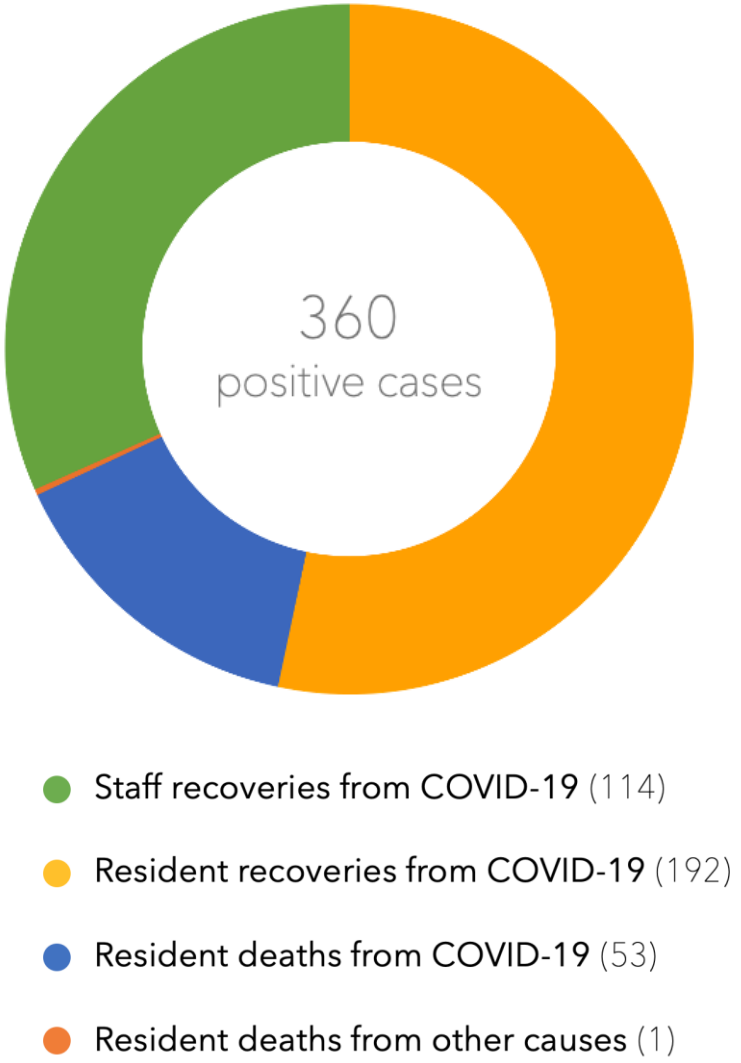
Outbreak Overview

The outbreak was from April 5 – May 26

- March 31: Public Health retrospectively determined first symptom onset
- July 7: Outbreak officially declared over

A comprehensive effort from teams across the health care system worked to control the outbreak

- Numerous examples of staff dedication to resident safety and care



Recommendations

1 | Facility Level: Northwood (Short-term)

Update the pandemic action plan to ensure ability to operationalize it

- Plan to respond to several scenarios (small number of cases in small number of locations and multiple cases in multiple locations)
  - Clearly define actions
  - Take into account resident and staff movement
  - Consider operational requirements
- Critical staff loss numbers should be a surveillance priority
  - A set point should be defined at which to contact DHW for staffing support
  - Sensitive to prompt early response
  - Should exist for all LTCFs

Housekeeping should be considered a critical support service and should be staffed at appropriate levels during outbreaks

- Control waste management. This includes:
  - Enhanced cleaning
  - Delivery from stores
  - Removal of used PPE and detritus
  - Proper adherence to IPAC protocols
- Although housekeeping staff loss was recovered, it was not bolstered to meet increased demands from outbreak

Create a transparent emergency communication system for stakeholders

- Develop outbreak communication plan for residents and families in event of restricted visitation:
  - Include what information, how often, and by what route it will be provided
  - Include reference to information that cannot be shared due to privacy and confidentiality restrictions
  - Contemplate all stakeholders: staff, media, unions and health organizations

Maintain safety controls in outbreak-free operation during the pandemic

- Reasonably ease the severity of infection control actions, so that residents can:
  - Mobilize
  - Leave the facility with family
  - Welcome visitors safely
  - Accept personal items and foodstuffs from family

5 | Facility Level: Northwood (Short and long-term)

Practice prevention within the constraint of facility architecture

- Reduce occupancy on a permanent basis to reduce density
  - Additional empty space should be set aside to cohort infected persons should future outbreaks occur
- Develop an IPAC plan
  - Consider shared bathrooms and ventilation
- Close the smoking-room

Health Organizational Level: Department of Health and Wellness (Short-term)

Continue to bolster PPE supply to non-acute care facilities

- Although Northwood had adequate PPE supply, they originally had to seek the equipment itself
  - This is an unacceptable risk for larger facilities in the province
- Government oversight and plans for PPE are required to ensure equitable and reliable distribution
  - The province should continue to manage procurement, which was accomplished by the provincial campaign

7 | Health Organizational Level: Department of Health and Wellness (Short-term)

Maintain unified staffing supply chain for future outbreaks, with standard definitions for LTCFs as an early warning system

- OECD countries that prepared LTC surge staffing plans and provided LTC hazard pay had better outcomes for LTC-associated mortality
  - Rapidly develop these plans
- Track standardized facility case infection numbers and staff loss levels
  - Create a clear plan for all sites to communicate with DHW for assistance with staffing and IPAC support

Health Organizational Level: Department of Health and Wellness (Short-term)

Establish a mobile IPAC clinical resource for potential LTCF deployments

- NSH ICPs were crucial to control the outbreak
  - Not feasible for every LTCF to employ a dedicated ICP
  - Designate NSH to oversee IPAC in LTC sector
- IPAC team should collaborate with staff and administration at each facility
  - Establish a repository of architectural, site engineering, and IPAC practice knowledge

9 | Health Organizational Level: Department of Health and Wellness (Short-term)

Immediately restructure disaster response teams, with clear roles, that supersede obstructive policies in the various LTC legislative acts

- Outbreak responses were supportive
  - However, the numerous advisory committees and response teams represented by NSH and DHW were confusing and redundant
- Adjust DHW role to stewardship
  - NSH currently contains operational and emergency response expertise, and all IPAC expertise
- Clarify governance structure of Public Health and Continuing Care

Health Organizational Level: Department of Health and Wellness (Short-term)

Increase support for Medical Officers of Health to enhance tracking and analytic modelling capability

- Ensure Public Health is effectively resourced:
  - There was a strain on available Public Health capacity to support Northwood
  - Ensure adequate resources for:
    - Capacity to respond to requests
    - Conducting contact tracing
    - Delivering education

Health Organizational Level: Department of Health and Wellness (Long-term)

Collect and report morbidity & mortality data by LTC site, with implementation of interRAI, frailty index and comparisons through CIHI

- Collect meaningful data from residents' journey through LTC as they progress to end-of-life care
  - DHW cannot effectively respond to specific site needs unless comparative metrics are collected
  - Make morbidity and mortality data mandatory
- Leverage interRAI system to assess morbidity and function

12 | Health Organizational Level: Department of Health and Wellness (Long-term)

Improve geriatric and other medical care of the elderly and institute the principles of Care by Design for all facilities

- Northwood participates in Care by Design
  - Results: set goals of care and care expectations
  - Decreased transfers and therefore potentially reduced the spread of infection
- Expand to all LTCFs in Nova Scotia
  - Specialized access to elderly-focused care without requiring formal consultations provides a universal standard of care that focuses on goals of care

Health Organizational Level: Department of Health and Wellness (Long-term)

Set and fund standard minimum care hours based on resident complexity across all facilities

- Set minimum care hours to improve quality of care
  - Bolster RN and LPN support
  - Consider guidance such as *Broken Homes* (NSNU)
  - Report, by facility, how care hours are achieved

Thank You