

REVIEW ARTICLE

COVID-19: the coordination of health and social welfare policies to promote safe care for older adults

COVID-19: articulação das políticas de saúde e sociais para promoção de cuidados seguros aos idosos

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ABSTRACT

The aim of this study was to understand the process of coordinating health and social welfare policies aimed at older adults during the COVID-19 state of emergency and its implications for nursing. This was a qualitative documentary study based on reports from government organizations and social welfare authorities published in 20 Portuguese news outlets with online access between March 2 and May 2, 2020. Three macrocategories emerged from data analysis: Duty to protect older adults as a vulnerable group; Measures that promote the safety of older adults; Awareness of the gaps in supervision and support of older adult care in social welfare institutions. Despite efforts to coordinate health and social welfare policies and reorganize services during the pandemic, some gaps were observed in older adult care. This study points to the need to bring community health care closer to social institutions, training their professionals and supervising care provision.

Descriptors: Coronavirus Infections; Aged; Nursing.

RESUMO

Objetivou compreender o processo de articulação das políticas de saúde e sociais dirigidas aos idosos durante estado de emergência por COVID-19 e implicações para a enfermagem. Estudo qualitativo, documental que utiliza como fonte de dados discursos de órgãos governamentais e dirigentes sociais, veiculados em 20 jornais portugueses, de acesso online, entre 2 de março a 2 de maio de 2020. Da análise dos dados emergiram três macrocategorias: dever de proteção dos idosos como grupo vulnerável, medidas promotoras da segurança dos idosos e consciencialização das lacunas de supervisão e apoio nos cuidados aos idosos em instituições sociais. De fato, apesar dos esforços na articulação das políticas de saúde e sociais e reorganização dos serviços durante a pandemia, observaram-se algumas lacunas nos cuidados aos idosos. Ficou evidente que é necessário aproximar cuidados de saúde comunitários às instituições sociais, através da capacitação dos seus profissionais e supervisão dos cuidados.

Descritores: Infecções por Coronavirus; Idoso; Enfermagem.

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INTRODUCTION

On December 31, 2019, China reported a cluster of pneumonia of unknown etiology to the World Health Organization in workers and patrons of a market in a city of Wuhan⁽¹⁾. On January 9, 2020, Chinese authorities identified a new virus from the coronavirus family, called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) as the causing agent of coronavirus disease of 2019 (COVID-19), affecting people all over the world, given its elevated global spread⁽¹⁾.

The virus is highly transmissible, either through direct contact via respiratory droplets, or indirect contact via surfaces or objects contaminated with the virus⁽²⁾.

In Portugal, the first confirmed cases of SARS-CoV-2 infections were identified on March 2 and the evolution of the outbreak was characterized by a significant increase in the number of cases in the first days of the same month. On March 11, after the SARS-CoV-2 infection was identified worldwide, COVID-19 was declared a pandemic by the WHO and, on March 16, the first SARS-CoV-2 death was recorded in Portugal, an elderly person with multiple chronic diseases⁽³⁾.

On March 18, 2020, after three deaths were declared and 1,280 people were infected in Portugal by the new coronavirus⁽³⁾, a state of national emergency was decreed, after the verification of a situation of public calamity⁽⁴⁾. This was done as part of the challenge to provide timely and effective protection to the most vulnerable population, namely people over 65 years old, carriers of diseases, chronic respiratory pathologies or type 1 diabetes⁽²⁾. The state of emergency was renewed again on April 2 and on April 17 up to May 2, 2020⁽⁵⁾.

The extraordinary and urgent measures approved by the Portuguese government restricted the rights and freedoms of the population. This affected primarily the freedom to come and go during the state of emergency, with the goal of protecting the population by breaking the chains of transmission between individuals⁽⁴⁾.

Portugal's National Health Service (SNS), which includes primary health care in health centers and secondary and differentiated health care in hospitals, also had to reorganize itself to meet the healthcare needs of the population and ensure the sustainability of human and material resources. Dedicated areas (ADC) were created to evaluate and treat patients with COVID-19, at least one in each health center (ADC-community) and one in each hospital emergency department (ADC-SU)⁽⁶⁾. At the same time, social welfare institutions had to reorganize their dynamics and work methods.

Despite the great coordination efforts of government bodies, of health and social structures, and municipalities to defend public health and the well-being of citizens by reorganizing the SNS and adapting the practices of social

welfare institutions⁽⁵⁾, by May 2, 2020 there were 1,043 deaths⁽⁴⁾, and about 40% of deaths due to COVID-19 in Portugal occurred in nursing homes⁽⁷⁾. Also in Europe, between 42% and 57% of deaths occurred in nursing homes⁽⁸⁾, a scenario similar to that reported worldwide⁽¹⁾.

According to the theoretical framework of Donabedian, quality care requires investment in structure, process and results. On analyzing interventions with COVID-19 patients, structures must be reorganized in terms of the use of PPE and reinforcing human resources. This results in the safe provision of care and continuous improvement of care processes by reinforcing what is taught to patients about COVID-19 and how it spreads and by exploring strategies with communities regarding how to provide safe care. Controlling test results is also essential to the early identification of transmission chains, and consequently, the reduction of the number of cases⁽⁹⁾.

Given the importance of effectively coordinating protection policies for older adults and, given that there are few studies investigating this process during the COVID-19 pandemic, the goal of the present study was to understand the process of coordination of health and social policies directed at older adults during the state of emergency caused by COVID-19 and its implications for nursing.

METHOD

This was a qualitative documentary and retrospective study based on the reports of government organizations and social welfare authorities published in five national and 15 regional news outlets in Portugal during the COVID-19 state of emergency in the country. Data collection took place between May 15 and June 15, 2020, through online access.

National and regional news outlets were selected that met the following inclusion criteria: full texts, with online access, and that portrayed safety, social protection, and health policies for older adults in the words of health and social welfare authorities, published between March 2 and May 2, 2020. The reorganization policies of the SNS could affect both primary healthcare services and hospital care. News reports that portrayed aspects related to public security forces were excluded.

The data were processed using Bardin's thematic analysis⁽¹⁰⁾, which consists of data pre-analysis, exploration, and processing. Two independent reviewers carried out the critical review, data extraction and synthesis, then these data were organized and coded using Donabedian's theoretical framework for posterior analysis⁽⁹⁾. Two consensus meetings were held with the reviewers and any disagreements were resolved by a third reviewer. The data were organized and coded with the help of Qualitative Research and Solutions software (Atlas.ti), which identified 95 articles.

This analysis yielded the macrocategories, subcategories and units of record, with the latter identified with the letter J, followed by a number according to the order of data collection.

Regarding ethical aspects, there was no direct contact with people, as the form of data collection and the published materials were in the public domain. The government organizations and social welfare authorities involved in press conferences, as well as the news outlets that served as the basis for this study, remain anonymous.

group; Measures that promote the safety of older adults; and Awareness of the gaps in supervision and support of older adult care in social welfare institutions, as shown in Figure 1.

Duty to protect older adults as a vulnerable group

Awareness of the aging profile and the comorbidities of Portuguese older adults have been constant concerns of government organizations during the state of emergency.

Older adults are the most vulnerable population and with the most health problems. (J1)

RESULTS AND DISCUSSION

Interpretative analysis of the results yielded three macrocategories: Duty to protect older adults as a vulnerable

The sense of special duty to protect this vulnerable population, considering that advanced age and comorbidities are risk factors for a poorer prognosis related

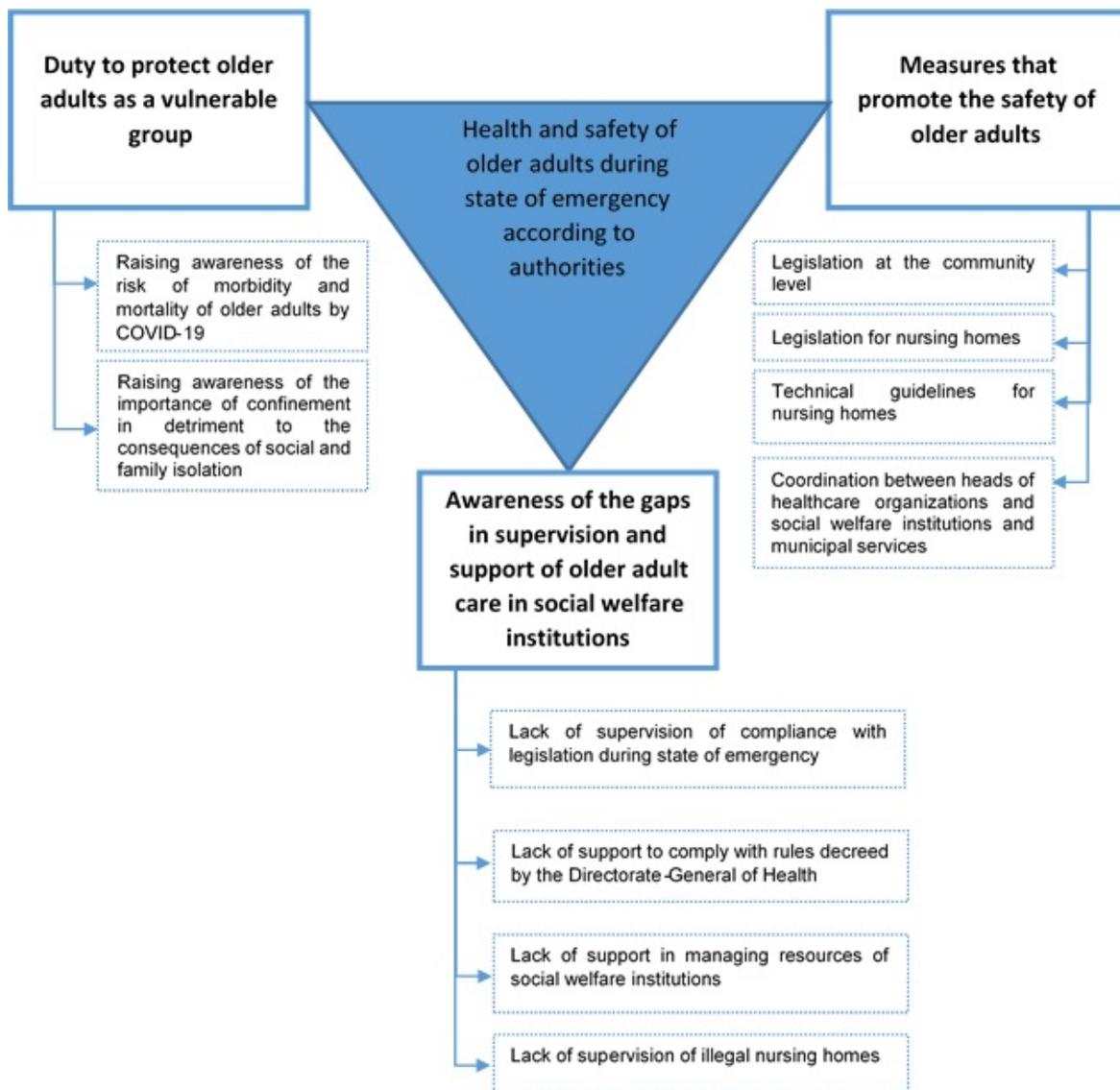


Figure 1. Health and safety of older adults during the COVID-19 state of emergency according to government organizations and social welfare authorities. Porto, Portugal, 2020.

to the novel coronavirus and the fact that social distancing measures are effective in reducing its transmission^(11,12), made government organizations resort to confining older adults and reorganizing family support dynamics so that the elderly did not leave home and were not exposed to the risk of contagion.

Leaving the house should be restricted to essential activities [...] Parents of young children, now is not the time to resort to grandparents as a childcare solution because they can become infected through contact with their grandchildren and family members. (J4)

Considering that this is a virus that spreads at an exponential rate and with the knowledge that the nursing homes are at high risk for the occurrence of COVID-19 outbreaks of high severity due to the high degree of dependence, and multi-morbidities of older adult residents⁽¹³⁾, specific measures have been legislated for these institutions⁽¹⁴⁾, prioritizing the duty to protect, and consequently, confine, older adults in detriment to the negative psychosocial impacts of social and family isolation.

Nursing homes present a unique situation because they harbor very vulnerable people, both in terms of age and diseases and the high concentration of people in the same space [...] We need to protect those who most need it. (J5)

Hiring health professionals for the SNS and nursing professionals for nursing homes and home care services and reinforcing material resources, such as PPE, ventilators, and SARS-CoV-2 tracking material were also essential to mitigate contagion. These actions were in line with that defended by Donabedian, because reinforcing structures promotes the safety of care provided to older adults⁽⁹⁾.

Measures that promote the safety of older adults

The Portuguese Ministry of Health, in accordance with WHO guidelines, released several measures to promote the safety of older adults, using social media to disseminate education about health and risk management of COVID-19 infection among the Portuguese.

The first measure that was enacted suspended visits at nursing homes, hospitals and prisons, according to Decree-Law No. 10-A/2020, of March 13⁽¹⁵⁾.

Government decrees the suspension of visitations to patients in hospitals, nursing homes, and prisons in the North region. (J6)

Executive branch extends ban of visits to nursing homes to entire country. (J7)

After the exponential increase in infected people in Portugal, on March 18, 2020⁽³⁾, a state of national emergency was declared. Thus, with the prevalent need to control the COVID-19 outbreak, the rights of people were restricted, especially of those older than 70 or older adults with chronic diseases. They lost their freedom to come and go and circulate in their communities, except to purchase goods essential to their survival⁽⁴⁾.

The Directorate-General of Health (DGS) of Portugal worked with the Higher Institution of Social Welfare to create various directives aimed at social welfare institutions to mitigate the spread of the virus. These include guidelines about how to create contingency plans⁽¹⁴⁾, rules and instructions about the use of PPE to prevent the spread of the infection in nursing homes or home care services for older adults⁽¹⁵⁾, instructions relative to hygiene, cleaning, disinfection of rooms and surfaces, and waste management⁽¹⁶⁾.

Repeatedly, government agencies reinforced the extreme importance of developing contingency plans for social welfare institutions that provide services to the elderly, especially nursing homes, in order to be able to contain the COVID-19 outbreak and reorganize services, maintaining the safety of older adults^(17,18), without having to remove them from institutions.

We insist on the importance of adopting contingency plans in these institutions [...] We cannot leave anyone to their own devices. (J8)

In addition to the published guidelines and legislation, several meetings with authorities of healthcare organizations and social welfare institutions took place to discuss strategies to discuss strategies to improve safety practices.

Many meetings have taken place between the health and social welfare sectors and many guidelines have been given to professionals [...] the situation has been given priority since the start. (J9)

The government organizations also cooperated with the local and regional network, which proved to be essential to managing the risk of infection by COVID-19. The municipalities used security forces to deliver PPE at social welfare institutions or at the homes of older adults, and they also cleaned and disinfected various public and social facilities.

The municipalities' social welfare service reinforced its support to older adult home care by cleaning spaces and providing hygiene care, clothes, food and medication.

The municipality will ensure hot meals, hygiene care and medications to all older adults with mobility impairments and limited personal autonomy. (J3)

The provision of local accommodation provided by the municipalities was another measure that helped contain the pandemic and served as a safeguard and support social welfare institutions and families who had trouble isolating older adults infected with SARS-CoV-2, an essential measure to contain the spread of the virus.

National Youth Hostels are available to [...] house older adults who have been displaced from nursing homes, infected with COVID-19 or who are homeless, for a total of 2,400 beds. (J7)

Furthermore, a priority measure was to strengthen the capacity to conduct SARS-CoV-2 screening tests, especially in nursing homes, because of the risk of propagation and morbidity and mortality of their residents.

Nursing homes with positive COVID-19 cases are giant time bombs. (J5)

The tests covered both the older adults and professionals working in the nursing homes as potential vehicles of transmission. This helped contain the risk of dissemination and allowed the separation of groups, as recommended by the WHO⁽¹⁾ and the Center for Disease Control and Prevention (CDC)⁽¹⁹⁾.

Nursing home snow resort to private labs to test older adults and employees. (J10)

We have more than 65,000 employees in nursing homes, therefore in three weeks we can complete the program in nursing homes [...] and home care [...] across the country. (J20)

Home care services were reinforced, especially those that work with vulnerable groups, making it easier for older adults to access healthcare services without having to go to health centers, thus reducing their risk of infection.

No less important, psychological support was reinforced by community healthcare services and by the municipalities' services, via psychological helplines, thus providing emotional support to older adults, which is essential given the need for resilience during a pandemic.

The Chamber will provide psychological support [...] health centers [...] and the 24 health helpline will provide psychological support care. (J3)

Loneliness, anxiety, and fear of being alone and dying was so pressing for older adults, that the media served as a vehicle for government agencies to promote hope and tranquility among this population.

Fortunately, most older adults, even with COVID-19, even with comorbidities, survive; therefore, older adults should also remain very calm. (J16)

The authors reinforce that social distancing as a protective measure of older adults can result in a feeling of abandonment and a lack of will to live. Therefore, it is essential to promote hope among older adults⁽²⁰⁾.

Raising awareness of the gaps in supervision and support of older adult care in social welfare institutions

Although the COVID-19 pandemic brought forth the duty to care for and protect older adults, gaps were observed in the supervision, monitoring and support of social welfare institutions by government agencies.

Government agencies publicly stated they were aware of difficulties faced by social welfare institutions, both in terms of human resources and in equipment, making it so that these institutions resort to volunteers through the media.

I know this is all very difficult and that often institutions don't have enough resources [...] Organizing isolation zones is not easy because of the structure of the properties themselves. (J18)

We appeal to volunteers who are technically qualified and who can replace aides in quarantine. (J20)

The heads of social institutions also stated that they were in no conditions to ensure compliance with infection prevention measures and procedures issued by the DGS, compromising the health and safety of older adults.

Nursing homes are not healthcare units and their mission is not, and could not be, in terms of infrastructure or technical or human resources, to monitor situations of acute illness. (J20)

In fact, there were contingency plans that did not comply with the DGS-issued guidelines.

Since the beginning of the pandemic, the rules that were imposed have not always been followed. (J23)

The provision of health care was compromised in social welfare institutions, requiring government intervention. On April 24, 2020, Ordinance No. 4959/2020 was issued, determining the clinical follow-up procedures for COVID-19 patients in nursing homes and whose clinical situation did not require hospitalization by primary health professionals⁽²¹⁾.

Still in this context, it was possible to identify aspects of these reports that addressed gaps related to the monitoring of social welfare institutions, and in extreme situations, crimes of disobedience, relative to the evacuation of illegal homes.

The institution was targeted last year by the Social Security Institute, but did not comply with the final ruling. This is a crime of disobedience. (J24)

Against this backdrop and with a group of people who is frequently characterized by their vulnerability, it is urgent to increase the number of nurses in primary care. In this way these professionals can take a more active role in monitoring older adults in their homes, by organizing and delivering care, which delays disability and dependence. Furthermore, they can work in nursing homes in care management, risk management, clinical follow-up of infection control measures, interpreting and enforcing DGS-issued regulations and guidelines, and providing training and helping to empowerment workers in social welfare institutions.

The present study has a considerable impact in the field of nursing, showing that the present moment of the pandemic constitutes a window of opportunity to design new care and coordination strategies between health and social welfare policies. It has become clear that regulations regarding the safe allocation of nurses in nursing homes must be reviewed⁽²²⁾, as the current legislation on human resource allocation in nursing homes in Portugal has proved to be insufficient⁽²³⁾.

The results also point to the necessity promoting health literacy and empowerment among professionals in social welfare institutions, generating significant improvements in the health of older adults. This in turn reduces the number of transfers to health units and increases control of avoidable acute episodes, with a consequential reduction of inflow to emergency services⁽²⁴⁾.

With regards to the supervision and monitoring of care, during the pandemic, the pandemic showed that it is necessary to reinforce these actions via external audits⁽²⁵⁾. It is essential that measures be enacted to monitor health and social care, especially in nursing homes, where nurses can play an important pedagogical role in the continuous improvement of quality of care, as shown in Figure 2.

However, despite these contributions, this study presents some limitations, such as the fact that data were taken from news outlets with online access, the way they were manifested by government organizations and social welfare authorities. Furthermore, the present investigation did consider the opinion of older adults, their families and caregivers, nor that of health and social professionals working in geriatrics.

CONCLUSION

The COVID-19 pandemic has highlighted the need for protection, respect and zeal for the elderly and vulnerable; however, it has also pointed to gaps in the supervision and monitoring of older adults, especially in nursing homes.

The effort of the media to transmit credible and continuous information during the pandemic has shown that it is essential to strengthen community health care provided to social welfare institutions, promoting health and management of disease processes, as well as safety in old age.

It is essential that community nurses have a more active role in social welfare institutions, starting with the more obvious participation in the preparation of contingency plans, definition of delivery circuits and organization of care, to their supervision. It is also essential to ensure that nursing professionals in nursing homes and home care services for older adults are empowered and know how to identify early signs and symptoms of COVID-19. By teaching,

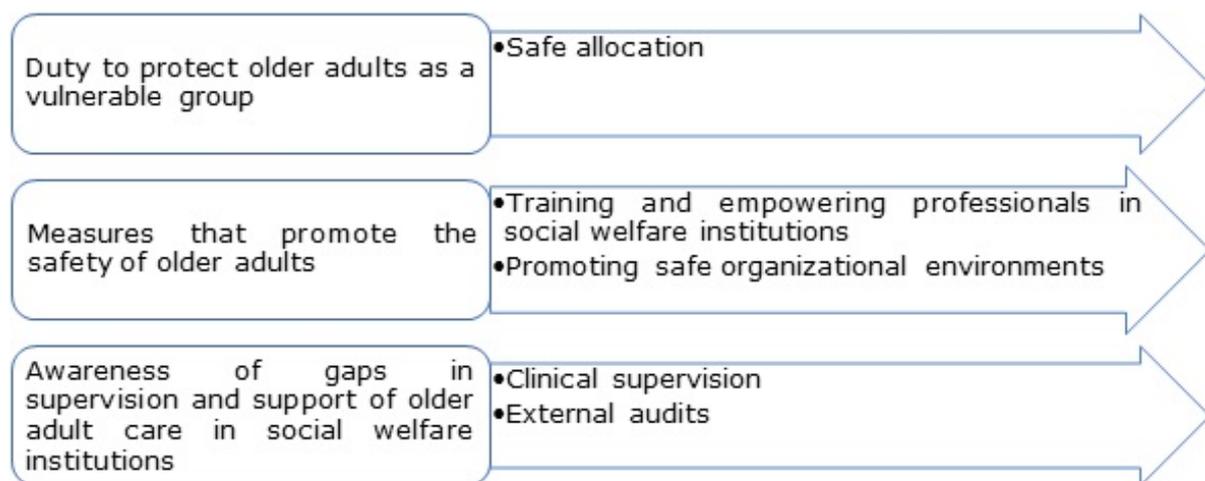


Figure 2. Strategies that promote the provision of safe care to older adults during the COVID-19 pandemic. Porto, Portugal, 2020.

instructing, and training older adults about preventive care practices related to COVID-19, nurses not only contribute to professionals in organizations being more literate, but also capable of providing safer care.

There is an urgent need for a paradigm shift, focusing on promoting the safety and well-being of older adults, either in their own homes or in nursing homes. This will take place by defining and implementing social and health policies and nursing care that work together in an organized, coordinated and effective way.

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