

Note:

Efforts and Challenges for Continuity of Operations of Elderly Care Facilities responding to COVID-19 A case of Hyogo Prefecture in Japan.

Makiko Kuromiya¹, Shohei Beniya²

¹ Graduate School of Disaster Resilience and Governance, University of Hyogo, Graduate Student

² Graduate School of Disaster Resilience and Governance, University of Hyogo, Associate professor, Ph.D.

Abstract

This study targeted an elderly care facility, which serves seniors with physical and immune dysfunctions, various underlying medical conditions, and dementia. A survey was conducted including questions about the countermeasures of management of COVID-19 infections, and their effects and challenges. The main functions of elderly care facilities were daily living support and medical care. Strict infection control measures were in place every day, and worked for ongoing prevention for cluster outbreaks. However, the shortage of caregivers and the burden of infection control made it difficult to continue providing stable care services. In April 2021, the Japanese government revised the nursing care compensation system. The government required nursing care facilities for the elderly to have continuity of operation plans in order to strengthen and enhance their capacities for infectious diseases. This paper discusses business continuity issues based on the results of the survey.

Keywords: continuity of operations, elderly care facility, COVID-19

1. Background

In 2019, COVID-19 was reported as the causative virus of the first pneumonia outbreak in Wuhan, Hubei Province, China. On March 11 of the following year, a global outbreak was declared by the World Health Organization (WHO) and strict infection control measures, including behavioral restrictions, were implemented. Currently, COVID-19 has been reclassified from category 2 to category 5 in the classification of infectious diseases¹⁾. Infection control measures, such as wearing masks, are considered to be at the discretion of the patient. However, strict infection control measures are still in place in nursing homes where the elderly live²⁾. In nursing homes that have been chronically understaffed for some time, it is important to continue to provide care under the spread of emerging infectious diseases that are likely to occur in the future.

2. Research Objectives and Methods

2.1. Objectives

In elderly care facilities, the occurrence of COVID-19 infections among users, residents, and staff hinders the provision of care services, leading to challenges in maintaining the health and well-being of the users and residents. Consequently, there is a decline in the number of users and residents, posing challenges to facility management. Therefore, we clarify the actual situation of infection in actual elderly care facilities and the responses taken, consider the problems faced by nursing care facilities, and propose solutions.

2.2. Methods

In this study, a questionnaire survey was distributed to 227 elderly care facilities in three municipalities in Hyogo Prefecture (Sayo Town, Shiso City, and Tatsuno City) to gather fundamental information about the facilities, infection status, and challenges faced in infection control. Out of these, 118 facilities responded, yielding a 51% response rate.

3. Status of prevention of infection with COVID-19 in elderly care facilities

3.1. Outbreak of Infected Persons

In many of the responding facilities, the majority of infections were among users, residents, and staff. The tendency for the number of infections among users to be higher than among residents was partly due to the fact that many of the elderly care facilities that responded to the survey were day care or home visiting facilities.

Table 1 The occurrence of COVID-19 in elderly care facilities (n=118 MA)

Subjects	n	(%)
Not answered	7	6
Infected/Other	2	2
Infected/family of staff	64	54
Infected/staff	85	72
Infected/user	69	82
Infected/resident	18	15
Uninfected	12	10

3.2. Infection prevention challenges

The most common responses were staff shortages, followed by infection control measures for staff, residents, and family members, as well as a reduction in the number of users. This suggests an increased burden on caregivers over an extended period, given the high number of infections among users, residents, and staff, the chronic shortage of staff, and the fact that some facilities also experienced a decrease in the number of users.

Table 2 Infection Control Issues in Eldercare Facilities (n=118 MA)

Subjects	n	(%)
Not answered	8	7
Other	1	1
Grant application process	17	14
Downsizing of operations	20	17
Damage caused by rumors	8	7
Decreased staff salaries	9	8
Responding to infected staff	33	28
Suspension of business	3	3
Infection Control Costs	38	32
Damage to the facility's reputation	9	8
Decrease in users	51	43
Staff shortage	67	57
Infection control measures for staff, users/residents and their families	53	45
Interviews with family members	10	8
Family Visitation	28	24
Isolation therapy at the facility	25	21
Admission decision	6	5
Vaccination	5	4
COVID-19 test	20	17
Hospital visits	35	30

4. Challenges in maintaining operations while managing infections, as identified in the open-ended survey responses from senior living facilities.

The open-ended responses regarding problems and concerns were categorized into 'facility operations and business continuity' and 'corona response.' Amid the spread of infectious diseases, the overall increase in workload for care facilities poses various challenges. These include the development and continuation of facility management and care services that differ from those provided before the outbreak, administrative tasks such as applying for grants, maintaining strict infection control measures, and communicating the occurrence of infected patients (Appendix 1).

5. Discussion

The response of elderly care facilities to the spread of COVID-19 infection is different from the usual. It requires difficult measures such as managing facilities under staff shortages, implementing infection prevention, and providing medical treatment for infected patients. These measures significantly increase the workload. Recreational activities, outings, and visits are being curtailed to reduce the increased workload. However, this has resulted in a decrease in user satisfaction. Despite the high cost of infection control measures, such as sanitation equipment, the quality-of-service declines. In addition, the number of users is decreasing due to infection, creating a challenging management situation. In the home care business, there have been cases where home care services have been discontinued for patients infected with COVID-19. This is done to avoid face-to-face visits and to prevent infection among caregivers.

6. Future Challenges

To sustain care in elderly facilities during an infectious disease epidemic, it is crucial to prioritize caregivers' ability to provide care while simultaneously improving and streamlining their work processes. Both parties must collaboratively develop region- and facility-specific partnership strategies. This entails providing practical training for caregivers in infection prevention and work continuity, as well as establishing effective collaboration methods within and beyond the facility.

Acknowledgments

We would like to thank the respondents from elder care facilities who took time out of their busy schedules to participate in the survey for this study.

References

- 1) Oshitani Hitoshi, Suzuki Motoi, Nishiura Hiroshi, Wakita Ryuji. (2023). "Epidemiology of COVID-19 and Expected Transmission Dynamics: Advisory Board on Measures against Novel Coronavirus Infection, 121st Meeting, 1pp."
- 2) Kuromiya Makiko, Aota Ryosuke, Beniya Shohei. (2022). "Response to COVID-19 by Social Welfare Corporations and Related Facilities." *Journal of Community Safety*, No. 41, pp. 63. DOI: <https://doi.org/10.11314/jjss.41.63>

Appendix 1 free writing(n=53)

Matters related to facility operation and business continuity (n=27)	Regarding the response to COVID-19 (n=26)
Operational and Service Challenges (n=8)	Publication and communication of infected persons (n=6)
Difficulties in Home Visiting Business (n=2)	Infection Control Measures Taken (n=6)
Compensation and subsidies to caregivers (n=5)	Infection Control Knowledge and Skills (n=8)
Our request to national and local governments (n=5)	COVID-19 testing and admission to hospital (n=6)
Support system (n=3)	
Knowledge and time to create BCP (n=4)	