The impact of the COVID-19 pandemic on the Italian residential care system

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Outline of presentation

1. Residential care in Italy
2. Impact of the COVID-19 pandemic
3. Lessons learnt
Residential care in Italy’s LTC governance model

- Long-term care (including residential care) is a regional responsibility;
- **great variety** in extent and modality of residential care provision across Italian regions;
- users **pay up of 50% of residential care costs** (via means-tested assessment), the rest is covered by Regional Health Care system;
- for **low income users**, local authorities have to step in;
- due to regional variety, reflecting also different cultural approaches, the **number of beds available in residential care facilities (RCFs) varies greatly** across the country.
Number of beds in residential care, by Italian macro-areas

Beds per 1000 older people

- North-West
- North-East
- Centre
- South
- Islands

% of beds for people with LTC needs

- North-West: 80
- North-East: 90
- Centre: 60
- South: 40
- Islands: 30

Source: ISTAT 2018
Share of population with care needs receiving home care, residential care or cash benefits in the European Union

Source: EC 2018
Older people in residential care in Italy, by age group (%)

Total: 288,000
(2.2% of 65+ population)

Trend: increasingly older

Source: ISTAT 2018
Older people in residential care in Italy, by level of care needs

Trend: increasingly severe LTC needs (especially due to dementia)

Source: ISTAT 2018
Per capita expenditure for health-related long-term care

Source: Arlotti and Ranci 2020
Share of older people in residential care receiving a high level of health and/or nursing care (change 2009-2016)

Source: Arlotti and Ranci 2020
Average number of minutes of care per week per resident

(Lombardy)

Source: Arlotti and Ranci 2020
Change in the number of care workers in residential care, by typology (2009-2016)

Source: Arlotti and Ranci 2020
Change in the number of health care workers in residential settings, by typology (2009-2016)

Source: Arlotti and Ranci 2020
Summary of pre-COVID pandemic situation

- macro-level financial constraints
  (facing an increasing demand for intensive LTC)

- meso-level management strategies leading to deep changes in care work composition and conditions

- drop in quality of care standards
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First limitations to access RCFs | Country-wide lockdown | Pandemic peak | Media start focussing on deaths, lack of protections & PPE in RCFs | Judicial investigations spread all over the country. First data emerge on intensity of contagion in RCFs.

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Country-wide limitations to access RCFs | Interruption of activities in day-care centres | Country-wide rules to increase tests, staff & PPE in RCFs | Priority in testing is given to staff of RCFs | First national plan to prevent and control contagion risk in RCFs is announced.

Source: Ranci & Arlotti 2020
COVID-related deaths in residential care settings – first wave

1. **Limited data availability:** survey on 30-40% of existing residential care facilities, covering only period between 1 February & 5 May;

2. **Number of deaths among residents:**
   - with COVID-19 diagnosis (i.e. tested): 680 (=0.7% of all residents)
   - with COVID-19 symptoms (not tested): 3.092 (=3.1% of all residents)
   \(\rightarrow\) total: 3.772 (=3.8% of all residents)
   - a later analysis (July 2020) estimated circa 8,000 deaths, i.e. 2.7% of all residents, and **26-30% of all COVID-related deaths** in Italy (Pesaresi 2020);
   - almost **85% of all COVID-related deaths in RCFs occurred in 4 regions** (all in the North: Lombardy, Piedmont, Veneto and Emilia-Romagna)
Residents hospitalized for COVID-related reasons, by region

Source: ISS 2020
Main difficulties experienced by RCFs during first pandemic wave

- Lack of PPE
- Impossibility to do tests
- Absence of staff
- Difficulty in isolating residents
- Lack of information
- Difficulty in admitting residents into hospital
- Lack of medicines
- Other issues

Source: ISS 2020
Provision of training to staff on how to deal with COVID-19 risks

YES: 64,9%

NO: 35,1%

Source: ISS 2020
Channels used for communication between residents & their relatives

- Phone & video calls: 68.6%
- Video calls only: 19.4%
- Phone calls or e-mails only: 6.5%
- No answer: 5.5%

Source: ISS 2020
Impact of COVID on residential care in Italy - Summary

First wave (February-March 2020):
• High frailty and concentration facilitated both contagion and COVID-related casualties
• Initially, RCFs were neglected (including testing for residents and PPE for staff), or even used as «means» to relieve hospitals from COVID-patients
• External reactions (complaints by relatives or staff & judicial investigations) led to a change, but only with delay, once the contagion was already widespread

Between waves (June-September):
• Only some Regions adopted protocols to both relax measures and ensure protection; in many cases, a very protective approach meant a full segregation (since March!), only mitigated sometimes by internet-based calls or phone calls

Current second wave (October-November):
• Rapidly rising numbers of contagions and casualties in the whole country (no data available yet)
• Gradual closing of facilities to external visitors (except where validated protocols are in place)
• Separate wards for COVID-patients re-allocated from hospitals (no longer automatically)
• Staff shortages due to recruitment efforts by hospitals & restrictions to hiring non-EU citizens
• Fatigue of staff (already tired from first wave)
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Lessons learnt

1. **Information**: Need to establish an integrated database of all residential care facilities in the country, to be updated regularly, including more extensive information about residents;

2. **Protection**: health conditions of most residents makes this group extremely vulnerable: need to ensure the adoption and careful implementation of the protection measures that have been identified as effective;

3. **Human rights & social (digital) connection**: to ensure the fulfillment on fundamental human rights like that of being able to keep in touch with beloved relatives and friends need to adopt ad hoc protocols and a more widespread use of digital tools and solutions;

4. **Role & funding of residential care within LTC system**: Need to reform the system, by improving staff-residents ratio, availability of qualified health care staff (doctors & nurses), and adequate training more investments in LTC to ensure, in the long-run, a substantial shift towards home-based care provision.
And while waiting for the vaccine, we need more “hug rooms” like this…
Thank you!


