CFHI-CPSI PANDEMIC PREPAREDNESS AND RESPONSE IN LONG-TERM CARE

Self-Assessment

Canadian Foundation for Healthcare Improvement
Fondation canadienne pour l'amélioration des services de santé

cpsi icsp
Canadian Patient Safety Institute
Institut canadien pour la sécurité des patients

About the Canadian Foundation for Healthcare Improvement

The Canadian Foundation for Healthcare Improvement (CFHI) works shoulder-to-shoulder with partners to accelerate the identification, spread and scale of proven healthcare innovations. Together, we're delivering lasting improvement in patient experience, work life of healthcare providers, value for money and the health of everyone in Canada.

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About the Canadian Patient Safety Institute

Established by Health Canada in 2003, the Canadian Patient Safety Institute (CPSI) works with governments, health organizations, leaders, and healthcare providers to inspire extraordinary improvement in patient safety and quality.

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CFHI-CPSI PANDEMIC PREPARDNESS AND RESPONSE IN LONG-TERM CARE: SELF-ASSESSMENT*

This self-assessment (non-exhaustive and non-validated) is a tool to help long-term care and retirement homes assess pandemic preparedness, inform outbreak response planning, and prepare for future waves of COVID-19. The checklist is based on:

- The Centers for Disease Control and Prevention's (CDC) Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19
- Public Health Ontario's (PHO) Checklist, COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes
- Ontario Research, Analysis & Evaluation Branch's (RAEB) report on Rapid Response on Success and Risk Factors in the Prevention of COVID-19 Outbreaks in Long-Term Care Homes
- The federal government's Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Homes
- Carole Estabrooks et al. article, We Must Act Now to Prevent a Second Wave of Long Term Care Deaths
- The World Health Organization's (WHO) policy brief, Preventing and managing COVID-19 across long-term care services
- The Canadian Patient Safety Institute's (CPSI) Patient Safety Culture "Bundle" for CEO's/Senior Leaders
- The Canadian Foundation for Healthcare Improvement (CFHI) and the Canadian Patient Safety Institute (CPSI) report, Reimagining Care for Older Adults: Next Steps in COVID-19 Response in Long-Term Care and Retirement Homes

The tool can help to identify strengths and areas for improvement to inform pandemic planning efforts ahead of future waves of COVID-19. It can be complementary to COVID-19-specific checklists that may be regionally or provincially available.

Suggestions for completing the self-assessment tool:

- In green are key elements identified as Promising Practices and Policy Options with the potential to offer significant short-term value to long-term care and retirement homes.
- Leaders, managers, direct care staff and a patient/ family representative are encouraged to complete the assessment together. The tool can also be completed and submitted by an appropriate individual for the long-term care or retirement home.

A completed checklist must be submitted to CFHI in order to qualify for access to LTC + program coaching and seed funding.

First Name: _____

Last Name: _____

Email address: _____

Organization: _____

Indicate your type of facility (check box):

- ☐ Long-Term Care
- ☐ Retirement Home
- ☐ Other, please specify: _____

PANDEMIC PREPARDNESS AND RESPONSE PLANNING							
Category	**Factors**	**Considerations***	**Assessment**				**Improvement Objectives****
			Completed	**Priority**	**Gap for future action**	**Not applicable**	
1. PREPARATION	a) There is a comprehensive, clear and well-communicated pandemic plan in place.	*Leadership; reporting and communication; infection prevention and control policy and strategy, case recognition, staff and resident management, supply/ use of personal protective equipment, testing, screening, monitoring, isolation, lockdown, surge capacity, resident transfers and admissions, and regularly scheduled inspections by local Public Health supporting implementation of pandemic plans and environmental safety.*	☐	☐	☐	☐	
	b) There is a comprehensive, clear and well-communicated outbreak plan in place.		☐	☐	☐	☐	
	c) There is a co-designed regional partner response for different outbreak scenarios.	*Input from health system planners.*	☐	☐	☐	☐	
	d) Infection prevention and control (IPAC) protocols, education, training, compliance measures and signage are updated and implemented in the case of an outbreak.	*Hand hygiene, personal protective equipment (PPE), cleaning, controlled access points, screening and testing procedures; third-party assessments and/or guidance with IPAC protocols; plans to monitor and manage consumable supplies and PPE.*	☐	☐	☐	☐	
	e) There is a plan in place for communicating with regional/ territorial/provincial Public Health authorities during a pandemic or outbreak.	*Being informed on emerging pandemic surveillance or guidance; informing the local public health unit on suspected or known resident and staff cases.*	☐	☐	☐	☐	
	f) Leadership responsibilities are clearly stated and communicated for an outbreak/pandemic response.	*A multidisciplinary committee/team to address pandemic preparedness, planning and response; involvement of resident(s) and care partner(s); clinical leadership from a medical director or suitable replacement physically on-site during an outbreak; identification of person(s) to liaise with the local public health unit.*	☐	☐	☐	☐	

1. PREPARATION	g) It is clear how staff, residents and care partners are informed of emerging pandemic or outbreak information, points of contact within the home.	*Disclosing a known or suspected resident or staff case; providing necessary education and training on relevant policies, IPAC, risk assessment, reporting processes, source control, routine practices and additional precautions; identifying person(s) to support residents, staff and care partners seeking direction, support or assistance; informing appropriate personnel before resident transfers.*	☐	☐	☐	☐	
	h) There is an understanding of when an outbreak can be declared over.		☐	☐	☐	☐	
2. COVID-19 PREVENTION* **refer to COVID-19-specific checklists for guidance on outbreak prevention, surveillance, management, and resolution in long-term care (i.e., CDC and PHO reference)*	a) There are procedures in place for screening and testing residents, staff and care partners.	*Frequency of screening and/or testing, source control while in the facility, staff responsibilities, transporting specimens to laboratory for testing.*	☐	☐	☐	☐	
	b) It is clear how the home will respond to a suspected or known case.	*Immediate testing of symptomatic residents and contacts; contact tracing; notifying Public Health; case management protocols; informing residents, staff, care partners; resident cohorting; enforcing droplet/contact precautions; stopping group activities; providing meals in the resident's room.*	☐	☐	☐	☐	
3. PEOPLE IN THE WORKFORCE	a) Staff are limited to working in only one higher-risk environment and supports are in place to make this possible.		☐	☐	☐	☐	
	b) The community-transmission risk that staff and their families face are understood and mitigated where possible.		☐	☐	☐	☐	
	c) There are psychosocial supports for all members of the care team and they are informed about psychological health and safety.		☐	☐	☐	☐	
	d) There is a policy in place regarding volunteers or non-medical service providers.		☐	☐	☐	☐	

4. PANDEMIC RESPONSE AND SURGE CAPACITY	a) There are surveillance methods to proactively identify an outbreak or where surge capacity may be needed.	*For example, data and/or dashboards.*	☐	☐	☐	☐	
	b) Leadership knows where to turn for assistance in the region/ province/territory if there is an outbreak.	*Surge capacity and ready response teams; identification of local public health unit liaison; process for infectious disease testing if unavailable internally.*	☐	☐	☐	☐	
	c) There is a pre-agreed plan in place for surge capacity support.	*Uncovering ways to identify minimum staffing needs and staffing shortages; increasing capacity through training and recruitment as required.*	☐	☐	☐	☐	
	d) There are criteria for grouping residents and maintaining/offering appropriate care plans in the case of an outbreak.	*Ways to reduce the risk of cross-infection; managing palliative care, access to medications, and pain control.*	☐	☐	☐	☐	
	e) There are measures for safe admissions or readmissions during a pandemic and/or outbreak.	*Droplet/contact precautions; testing upon admission; isolation measures, cessation of admissions during an outbreak.*	☐	☐	☐	☐	
5. PLAN FOR COVID-19 AND NON-COVID-19 CARE	a) All residents have a current, person-centered, integrated care plan including goals of care and an implementation plan.		☐	☐	☐	☐	
	b) All residents have access to high quality primary health care that can be delivered in place during the outbreak.		☐	☐	☐	☐	
	c) There is a contingency for prioritizing critical and non-essential services.	*Ways to maintain and reorganize specialty and/or chronic care and services for residents.*	☐	☐	☐	☐	
	d) There are psychosocial supports to support residents during an outbreak.	*Visiting; technology-enabled alternatives to visits and activities during lockdown; end-of-life support; compassionate care visits.*	☐	☐	☐	☐	
	e) There are approaches in place to reduce the number of people waiting in hospital for other types of care and/or who need long-term care.	*For example, intensive home and community care supports.*	☐	☐	☐	☐	

6. PRESENCE OF FAMILY: FAMILIES CAREGIVERS AS ESSENTIAL PARTNERS IN CARE	a) Families are recognized and supported as essential partners in care.	*For example, intensive home and community care supports.*	☐	☐	☐	☐	
	b) It is clear how visiting policies will be updated as new information emerges during a pandemic and/or outbreak, as well as when and how residents and/or family caregivers will be consulted to inform changes.	*Including but not limited to updating information on screening; restrictions or requirements; education on hand hygiene.*	☐	☐	☐	☐	
	c) There is appropriate infrastructure, policy and supplies to support care normally provided by care partners, including harm reduction approaches to support family presence.		☐	☐	☐	☐	
NOTES							

Once your team has completed the self-assessment, you can use the table below to create your action plan to work toward closing the identified gaps.

IMPROVEMENT OBJECTIVE	ACTION(S)	HOW WILL YOU MEASURE SUCCESS?	WHO IS RESPONSIBLE?	DUE DATE

**Developed by the Canadian Foundation for Health Care Improvement and the Canadian Patient Safety Institute (last updated July 2020)*

***Considerations provided are non-exhaustive (including but not limited to).*

**** For factors identified as a priority area, use this section to indicate your objectives for improvements.*