



DEUTSCHE GESELLSCHAFT FÜR PFLEGEWISSENSCHAFT e.V.
GERMAN SOCIETY OF NURSING SCIENCE

The German guideline for long-term care in the community during the COVID-19 pandemic

AWMF registry no. 184-002

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Conflicts of Interest

Prof. Dr. Thomas Fischer, MPH

- Funding from the German Federal Ministry of Health for a Literature Review on non-pharmacological interventions to minimize COVID-19 in residential LTC (2021)
- Chairman of the German Council of Nurses' Advisory Group on COVID-19 (unpaid, ongoing)



Prof. Dr. Kirsten Kopke

- Member of the German Council of Nurses' Advisory Group on COVID-19 (unpaid, ongoing)



The work presented here received no funding.



Agenda

1. Background
2. Objectives
3. Methods
4. Results: Recommendations
5. Discussion and policy implications



Background



German LTC system in the community

- Compulsory social insurance based system with capped cash and in-kind benefits
- 4.1 million recipients (2019)
 - of which 3.3 million live in their own homes
 - 2.1 million at home cared for by family or informal carers ONLY
- Community care is organised as a free market, dominated by for-profit and not-for profit enterprises
- Delivered by registered nurses and other staff



COVID-19 pandemic

- perceived burden on home care increased significantly (Eggert & Teubner, 2021; Elsbernd et al., 2021; Råker et al., 2021)
- Some services were suspended (Råker 2021)
- Users reduced or stopped usage (Råker 2021)
- One third of family carers believed that during the pandemic the overall care situation has declined (Råker et al. 2021)



Objectives



Objectives

To provide guidance for registered nurses and providers of care in the community to

- prevent SARS-CoV-2 infections in persons who receive care in the community as well as their families and carers
- support quality of life and social inclusion and provide personcentred care despite the ongoing pandemic and infection control measures
- treat and provide personcentred care for patients with COVID-19 treated in the community



Methods

- Following AWMF rule book for guideline development (AWMF 2020)
- Reflecting AGREE II (Brouwers et al. 2010) criteria



Stakeholders and participants

- Two user organisations
- German Society of Nursing Science
- German College of General Practitioners and Family Physicians
- German Society for Gerontology and Geriatrics
- German Society for Public Health
- German Nurses Association
- German Association for Community Mental Health Nursing
- Provider Organisations (for-profit and not for-profit)
- Robert Koch-Institut
- One LTC insurance fund



Key questions regarding

1. Quality of live, inclusion and infection prevention in the home care setting
2. Quality of live, inclusion and infection control in the home care setting, if an infection is suspected
3. Personcentred care for persons with COVID-19 in the home care setting
4. Support for family and informal carers
5. Interprofessional collaboration



Literature search and review

- Systematic search of Pubmed, CINAHL and WHO COVID-10 research database (Dec 2020, April 2021)
- Screening of title and abstracts (two raters)
- Content screening (two raters)
- Additional internet search (incl. Itccovid.org)
- Analysis



Results - Recommendations



Results of the literature search

- Literature included
 - 2020: 40 plus 57
 - 2021: 89
- Very low quality literature
 - No experimental data
 - Hardly any well conducted observations studies
- Expert's opinions, recommendations



Recommendations

- four recommendations on pandemic preparedness
- nine on infection protection
- six on care for persons with COVID-19
- three on social inclusion and quality of life
- two on procedures when a SARS-CoV-2 infection is suspected
- eight on supporting families and carers
- seven on interprofessional collaboration.
- condensed, accessible user version of the guideline was also developed



Recommendations



Discussion – Policy Implications



Goals achieved?

- Outcome and impact data unavailable
- Implementation evaluation commenced
- Is a guideline (with a necessarily lengthy underlying process) the best instrument?



Challenges

- Lack of high quality evidence – even in later stages (numbers of publications declined; no apparent investment in building an evidence base)
- Evolving pathogen / pandemic
- Quick succession of changes to federal, state and local policies – and lack of congruence and coordination between the levels
- Lack of resources for guideline development



Lack of funding for providers

- (pandemic / crisis) preparedness, especially for LTC in the community
- Patient and family education, prevention & health promotion
- Collaboration between providers and across settings
- Support for clients and families, especially around vaccinations



Scope of services available in the community

- Nursing care and social care (should) go hand in hand
- Lack of integration with primary care, especially with GPs / family physicians
- “Hospital at home” etc. not established in Germany



Scope of services of registered nurses in the community

- Doctor's orders needed for everything that is not fundamental care
- No authority to vaccinate independently
- No prescription authority
- Generally underutilisation of the RN skillset
- Community care providers keep the system going – but are neither recognised nor reimbursed for it



„Shielding vulnerable communities“

- Data from residential LTC indicate that it is *impossible* to fully shield residents from high community transmission of SARS-CoV-2 (Fischer et al. 2021)
- LTC in the community is a blind spot – at least in Germany
- Shielding those who live in their own homes is next to impossible – if we don't want to exclude them and their families altogether and almost quarantine indefinitely
- Whole-of-society-approach required



Where to from here?

- End work when pandemic eases?
- Evolve into a pandemic / crisis preparedness guideline?
- Evolve into an infection control in community care guideline (which Germany does not have right now)?
- Other options?
- (also, funding?)



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