

WHAT LONG-TERM CARE INTERVENTIONS AND POLICY MEASURES HAVE BEEN STUDIED DURING THE COVID-19 PANDEMIC? FINDINGS FROM A SYSTEMATIC MAPPING REVIEW OF THE SCIENTIFIC EVIDENCE PUBLISHED DURING 2021.

Systematic mapping review for the Social Care Covid Recovery & Resilience project

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# INTRODUCTION

## STUDY CONTEXT

- The Covid-19 pandemic has had a disproportionate effect on people using and providing LTC.
- Consequently, interventions and policy measures have been implemented to mitigate the impacts of the pandemic on people who use and provide LTC.
- Researchers have made efforts to:
  - Rapidly assess the effectiveness of some of these measures
  - Generate timely evidence to inform the pandemic response
- It was expected that there would be an uneven evidence landscape.

## PREVIOUS REVIEW

- In 2021, we undertook a systematic mapping review that mapped international scientific evidence published during the first year of the pandemic.
- This evidence documented interventions and policy measures that were implemented to mitigate the impacts of the pandemic on people who use and provide LTC.
- A substantial body of evidence emerged, although the state of the evidence was poor overall, reflecting:
  - The time it takes to generate evidence and for it to be published
  - The crisis context in which most of the research was carried out
- The systematic mapping review methodology was updated to analyse evidence published during the second year of the pandemic.

# METHODS

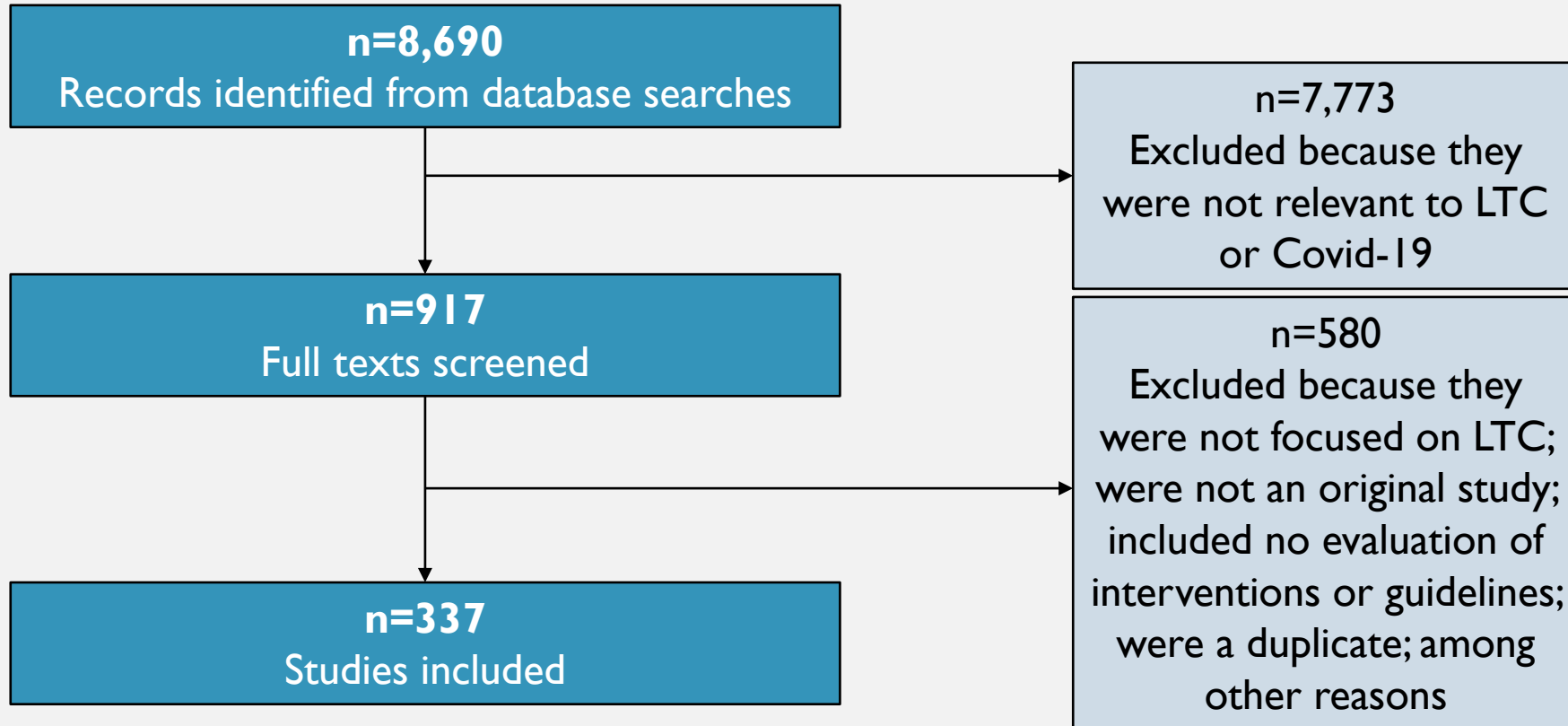
# METHODS

- We aimed to map international evidence published during the second year of the pandemic.
- Additionally, we aimed to compare this to the evidence landscape we uncovered from the first year of the pandemic.
- Studies were included that:
  - Provided original data on interventions and policy measures, including full study reports and research letters
  - Or provided original analysis of possible targets for policy interventions, e.g., ownership of social care services, size of facilities
- Weekly database searches were conducted until 31/12/21, using MEDLINE via Ovid and Web of Science.

# RESULTS



# SEARCHES AND SCREENING



# STUDY SETTINGS

- There were 337 included studies, compared to 137 for 2020.

Care setting	2020	2021
Institutional	95%	95%
Home-care	8%	7%
Community care	1%	3%

- \*Some studies focused on more than one care setting, leading to proportions adding up to over 100%.

Geographical setting	2020	2021
United States	42%	35%
United Kingdom	8%	9%
LICs and MICs	3%	3%

# STUDY CATEGORISATION

- The studies were categorised as either descriptive or analytical, based on whether they used a control group or other comparative analytical approaches.

Categorisation	2020	2021
Descriptive	64%	69%
Analytical	36%	31%

- The interventions and policy measures identified within these studies were categorised using a taxonomy developed for the previous systematic mapping review.
- There was no systematic consideration of the quality of the studies included.
- However, categories were identified where there were deemed to be a sufficient number of studies to enable conclusions to be made and potential lessons to be learnt.

# STUDY CATEGORISATION

- **The categories and sub-categories include:**
- Preventing/controlling Covid-19 infections
  - Visiting policies
  - Infection control protocols
  - Training interventions
  - Vaccinations
- Measures to support staff and unpaid carers
- Measures to compensate for isolation policies
- Interventions to improve quality of care
- Measures to improve care coordination/governance
- Measures to treat Covid-19 / improve access to general healthcare
- Possible targets for policies and interventions
- Policy and governance

# GENERAL TRENDS

- Common categories included:

Category	2021
Preventing/controlling Covid-19 infections	72%
Measures to compensate for isolation policies	17%
Measures to treat Covid-19 / improve access to general healthcare	17%

- A major difference between the trends identified in the two reviews was the prevalence of studies focused on vaccinations. Other differences included:

Category	2020	2021
Measures to compensate for isolation policies	8%	17%
Interventions to improve quality of care	1%	9%
Measures to improve care coordination/governance	7%	15%
Visiting policies	12%	23%

# PREVENTING/CONTROLLING COVID-19 INFECTIONS

- There were 241 studies that reported on preventing/controlling Covid-19 infections.
- Many of these studies reported on a bundle of measures adopted as part of an outbreak response. In these cases, it is often not clear to what extent a single measure contributed to better or worse outcomes.
- The different measures were sub-categorised. Where there were deemed to be a sufficient number of studies to enable conclusions to be drawn and lessons to be learnt, these sub-categories were expanded upon.
- These include:
  - Visiting policies
  - Infection control protocols
  - Training interventions

# CONCLUSIONS

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- During the second year of the Covid-19 pandemic, a substantial body of evidence emerged, which was more comprehensive than during the first year.
- Most studies did not apply an analytical lens and generally provided descriptive findings only, with a focus on preventing/controlling Covid-19 infections.
- Interventions and policy measures still often reflected pragmatic decisions that had to be made with imperfect information.
- An important evidence gap was identified, with few studies focusing on non-institutional care settings, despite evidence that these populations have been severely affected by the pandemic.
- Regardless of these limitations, the literature suggests a number of possible conclusions to be made and potential lessons to be learnt.



# POTENTIAL LEARNING

- Training interventions:
  - Feedback was positive for both in-person training initiatives and virtual education programmes, with substantial improvements observed in infection prevention and control.
- Measures to compensate for isolation policies:
  - Technology-based measures to compensate for isolation policies were effective at improving care user wellbeing, although technological illiteracy and the presence of care user impairments had a substantial impact on effectiveness.
- Interventions to improve quality of care:
  - Integrating care user goals of care into personalised plans was effective in blunting some of the negative impacts of the pandemic.
- Measures to improve care coordination/governance:
  - Establishing effective communication channels with public health and primary healthcare, sometimes to assist with care user clinical observations, was effective, although there were concerns about the impact on staff capacity.

## POTENTIAL LEARNING (CONTINUED)

- Measures to treat Covid-19 / improve access to general healthcare:
  - Providing hospital care in institutional care settings was shown to help reduce unnecessary acute transfers.
- Possible targets for policies and interventions:
  - There was evidence that smaller facilities had lower infection rates, lower mortality rates, and lower outbreak risk.
- Policy and governance:
  - Frequent and sometimes contradictory changes in policy directives at different levels of government required constant monitoring, with large amounts of information delaying implementation.
  - Although staff often reported feeling positively about working in facilities with precautionary measures, there were complaints that the mandated policies did not reflect their opinions.

## FURTHER REFLECTIONS

- While descriptive case studies can provide valuable evidence in the face of a rapidly evolving pandemic, more robust studies are needed to inform preparedness for future events.
- There may be scope for researchers, research funders, governments, and publishers to:
  - Learn lessons from the scientific response to the pandemic in relation to LTC
  - Consider the role of research in future pandemics or other major emergencies
- This may involve:
  - Assessing the degree to which the existing research infrastructure was able to support the rapid generation of evidence to assist decision-making
  - Identifying opportunities for strengthening the LTC evidence base and having better research preparedness for future events

## LIMITATIONS

- Our review indicates a possible geographical imbalance in research capacity, with low-income and middle-income countries only accounting for 3% of included studies in the first and second year of the pandemic.
- However, because we only focused on databases located in the United States, it is likely that the findings of this review are not representative of the international scientific evidence.
- Either way, these results illustrate the dominance of already existing Eurocentric ideas within the social sciences and journal publication outlets.
- There is a need to critically approach research with an international scope so that it doesn't just represent the reproduction of Eurocentric thought.