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# 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**

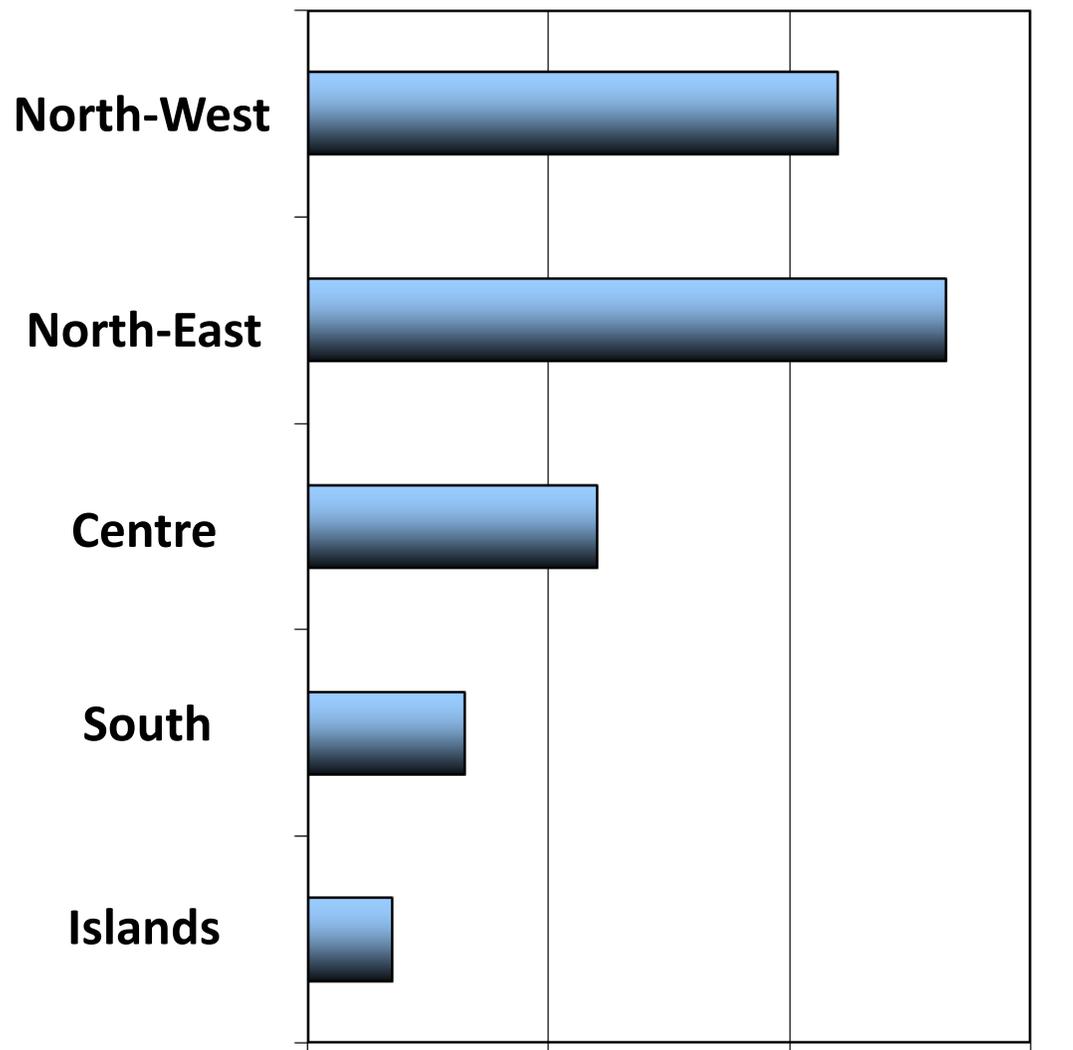
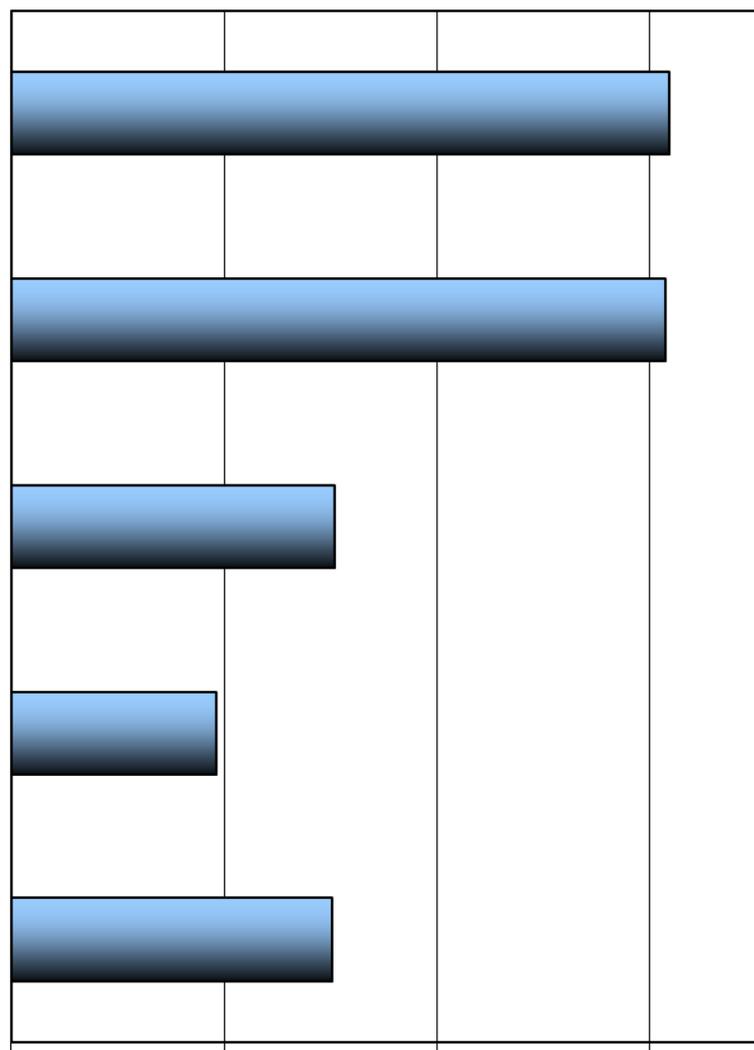
## Residential care in Italy's LTC governance model

- 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.

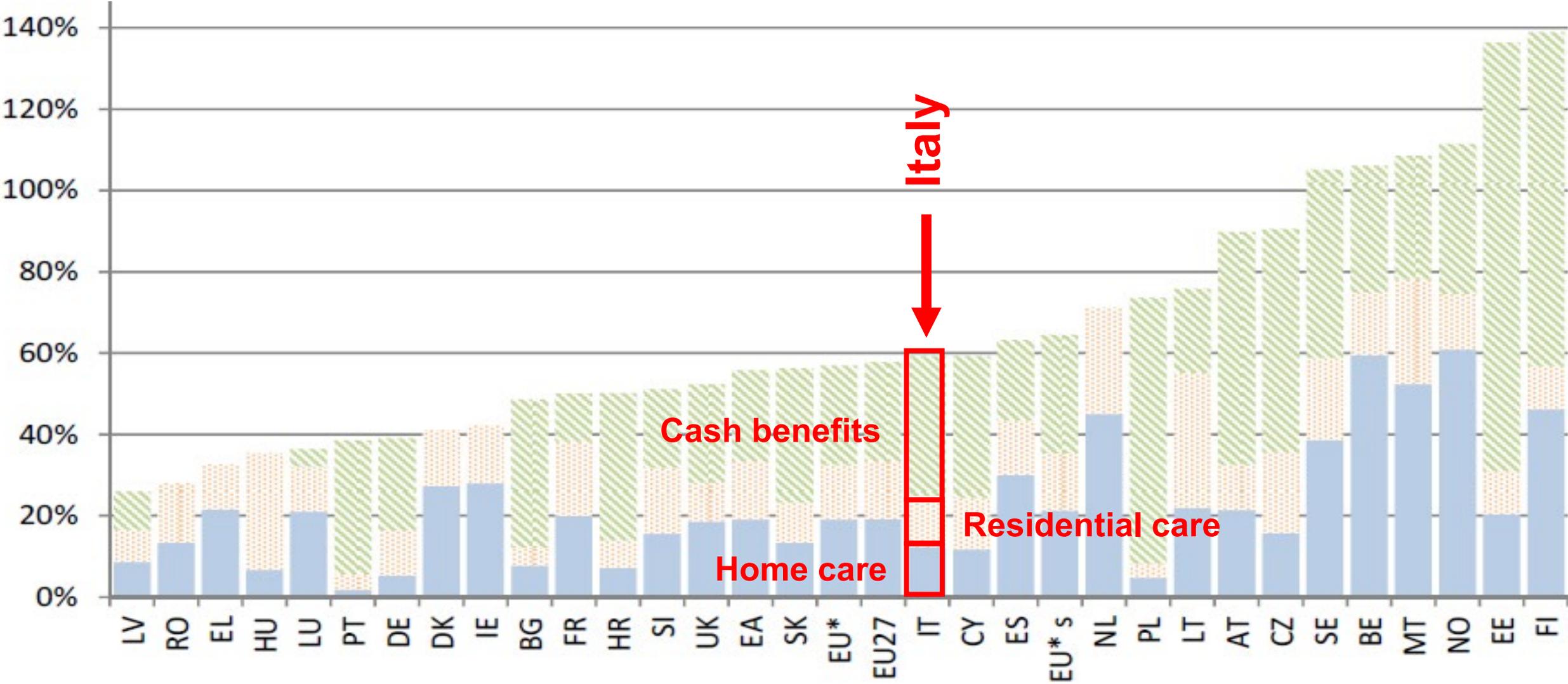
# Number of beds in residential care, by Italian macro-areas

Beds per 1000 older people

% of beds for people with LTC needs



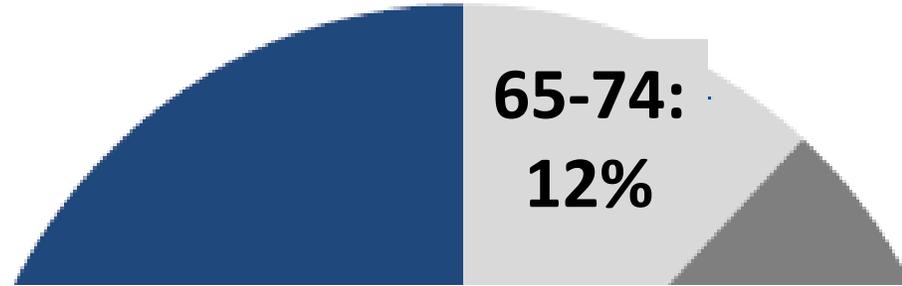
# Share of population with care needs receiving home care, residential care or cash benefits in the European Union



Source: EC 2018

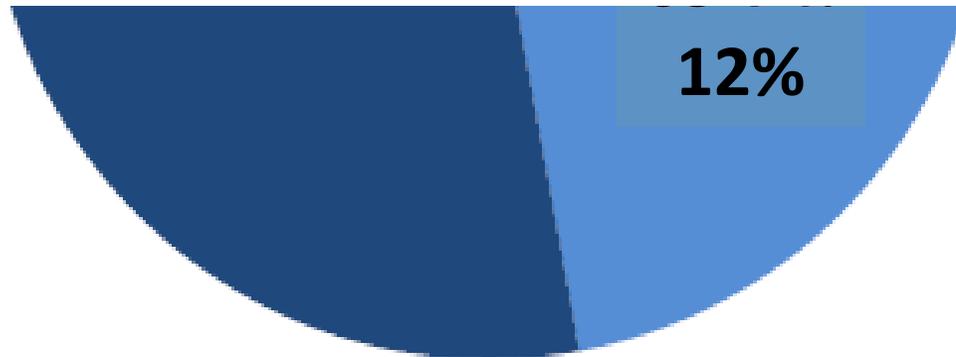
■ Coverage Home care    
 ▤ Coverage Institutional Care    
 ▨ Coverage Cash benefits

# Older people in residential care in Italy, by age group (%)



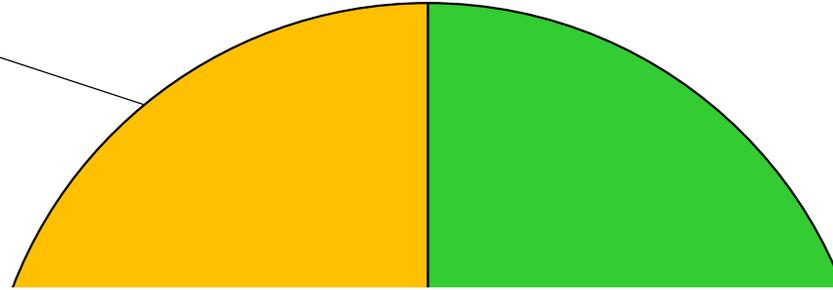
**Total: 288.000**  
**(2,2% of 65+ population)**

**Trend: increasingly older**

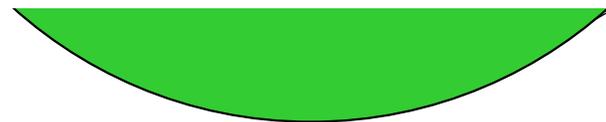


# Older people in residential care in Italy, by level of care needs

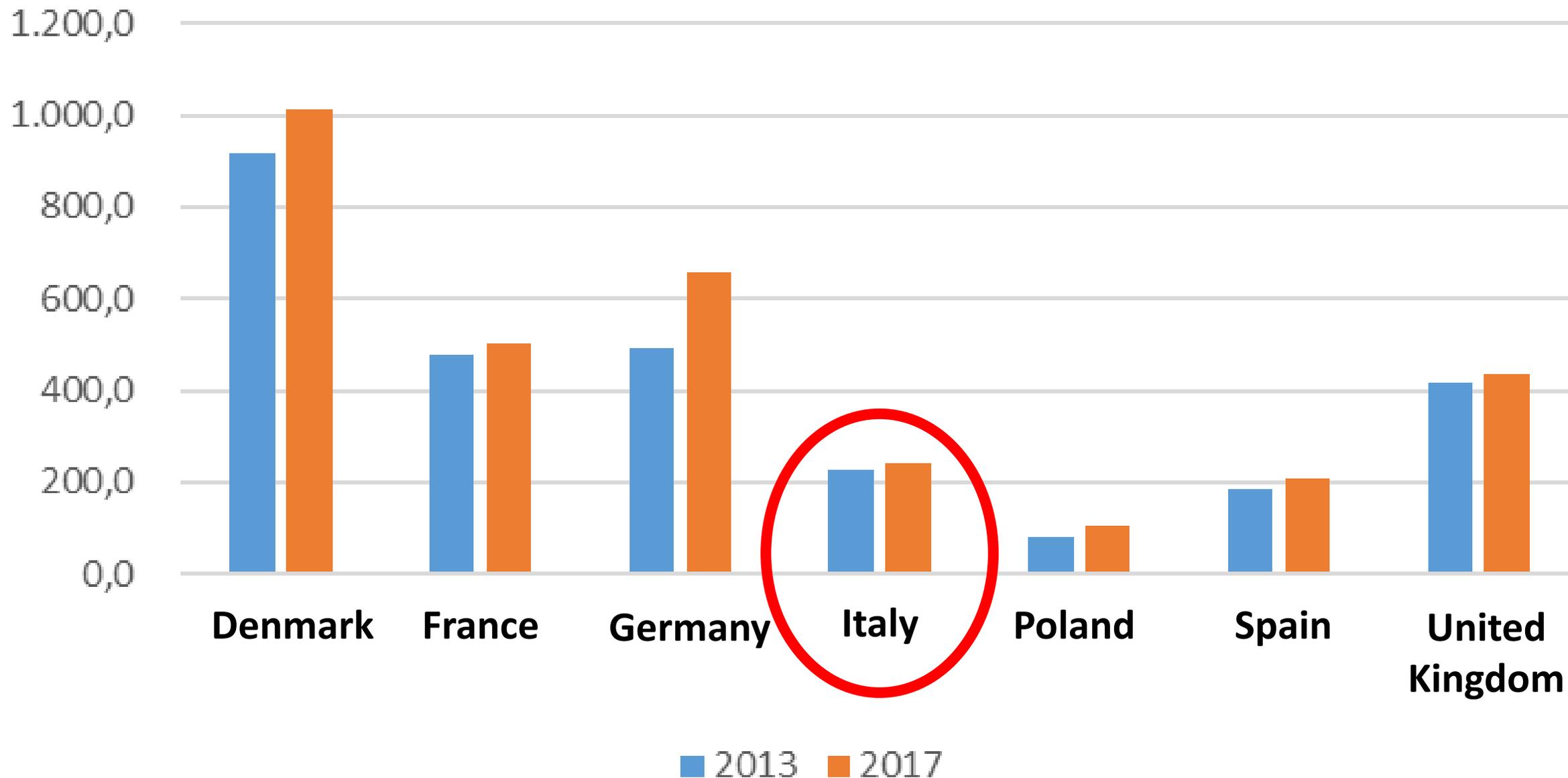
Independent:  
22%



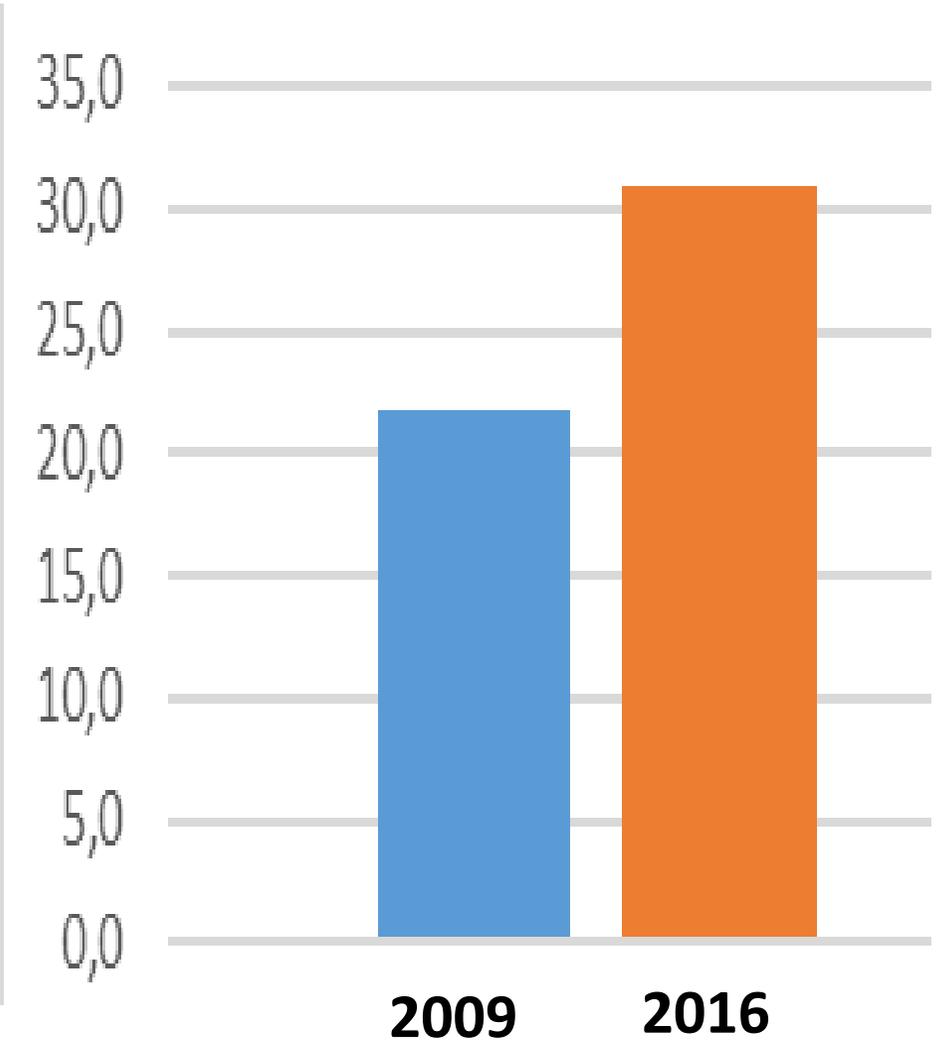
**Trend: increasingly severe LTC needs  
(especially due to dementia)**



# Per capita expenditure for health-related long-term care

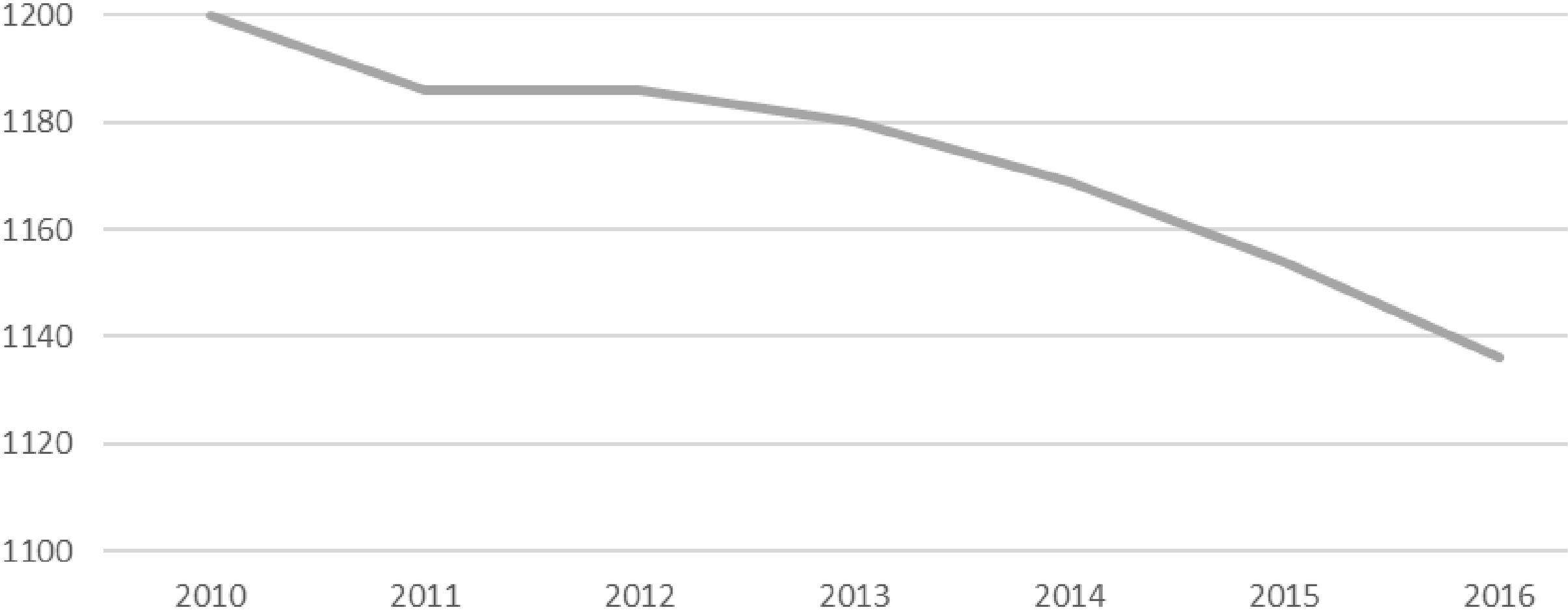


# Share of older people in residential care receiving a high level of health and/or nursing care (change 2009-2016)



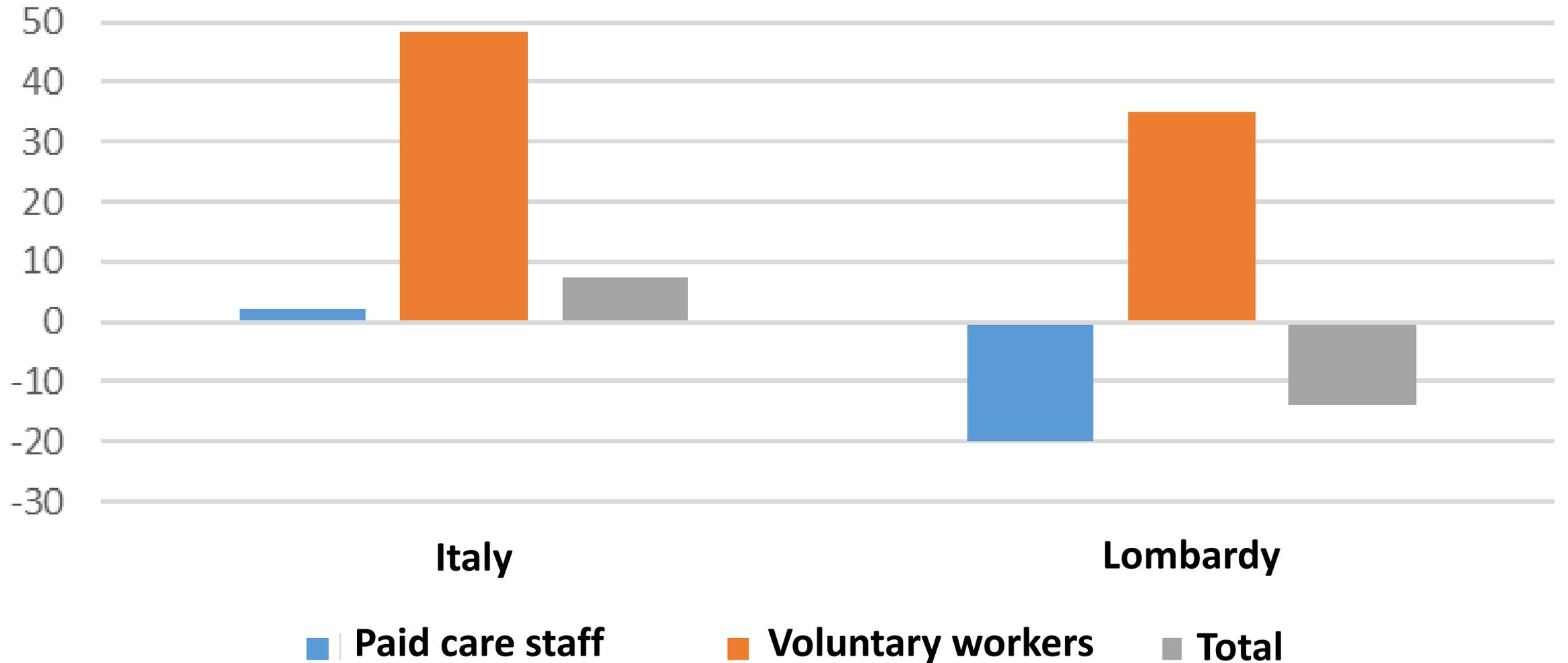
Source: Arlotti and Ranci 2020

# Average number of minutes of care per week per resident (Lombardy)

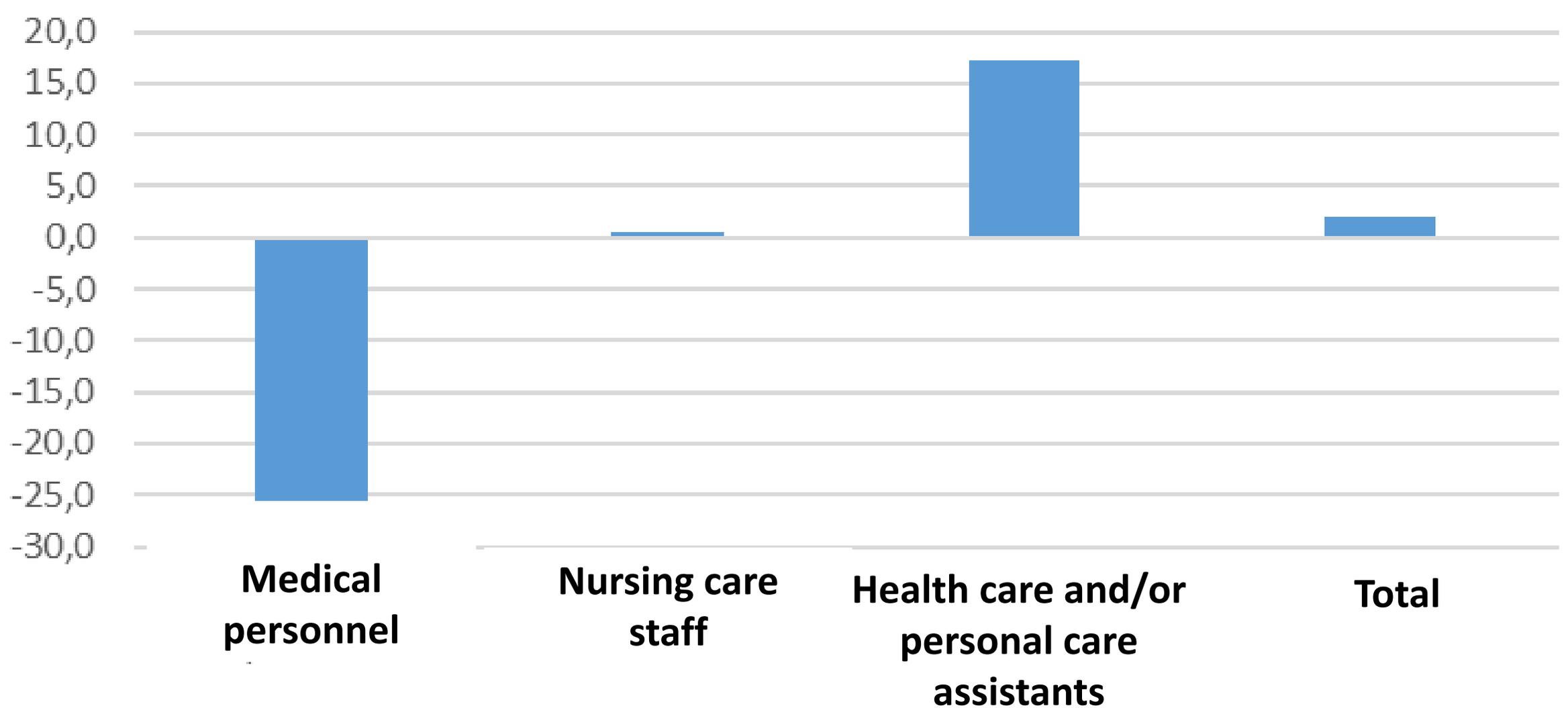


Source: Arlotti and Ranci 2020

# Change in the number of care workers in residential care, by typology (2009-2016)



# Change in the number of health care workers in residential settings, by typology (2009-2016)



# **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**



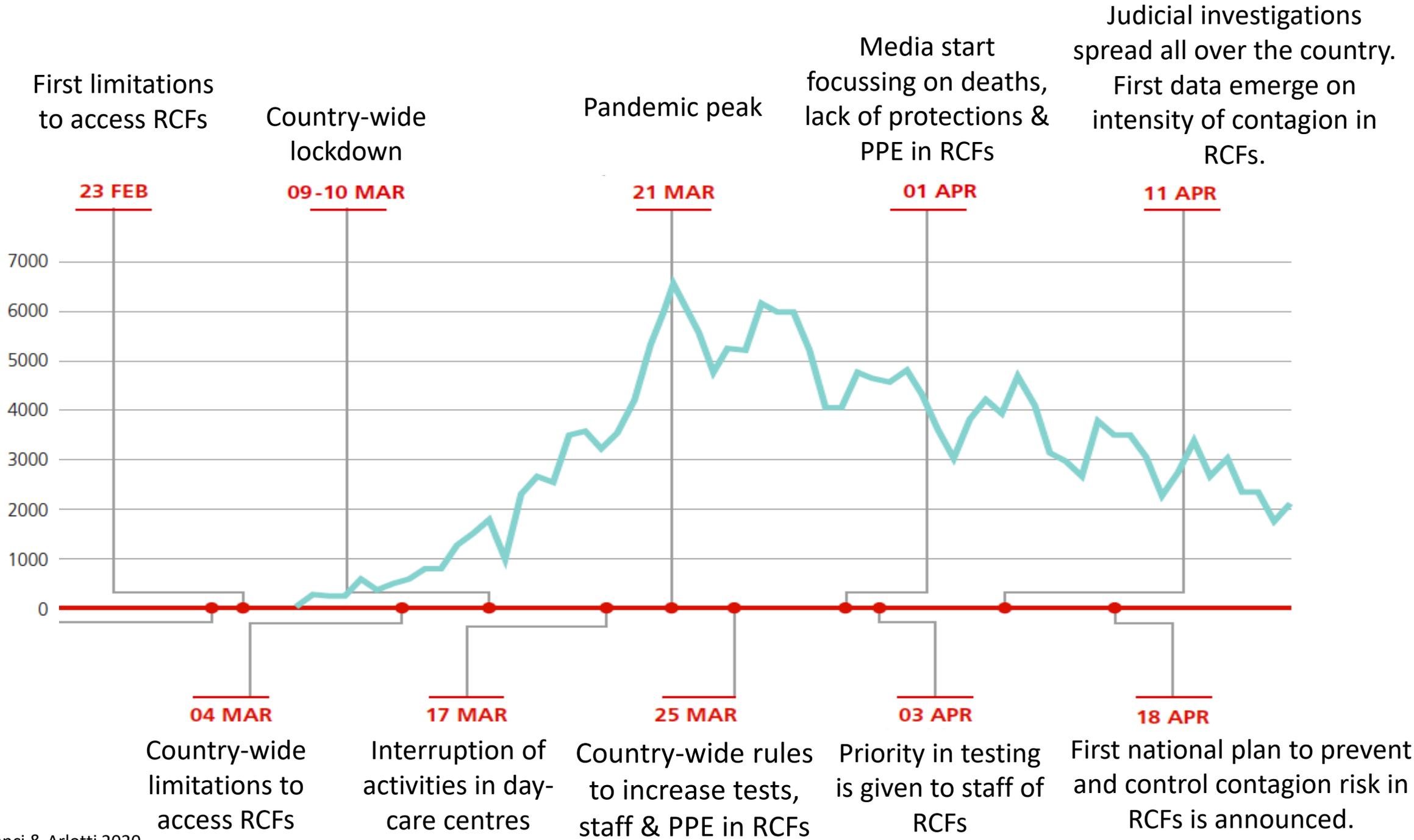
**drop in quality of care standards**

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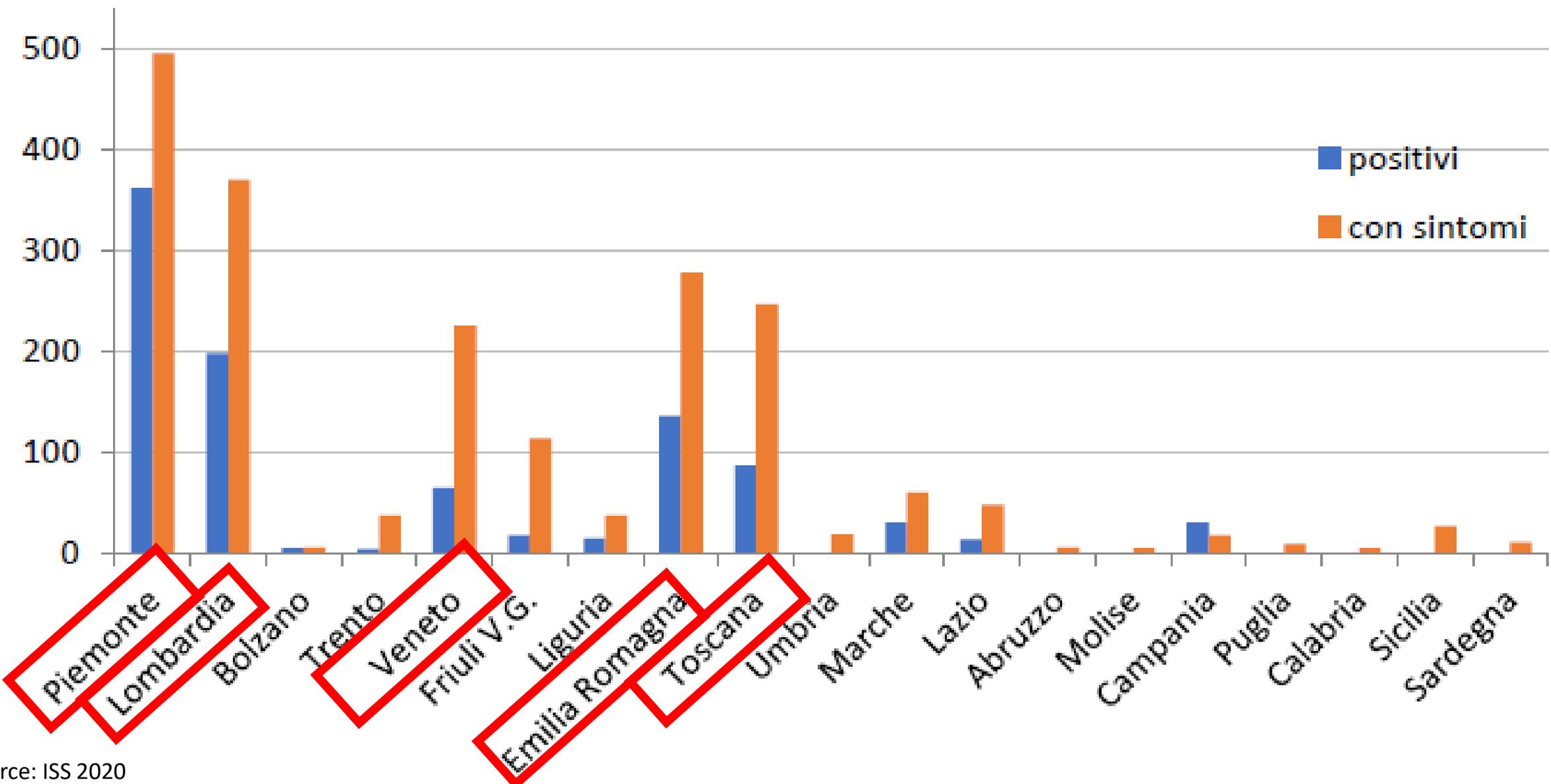


Source: Ranci & Arlotti 2020

# COVID-related deaths in residential care settings – first wave

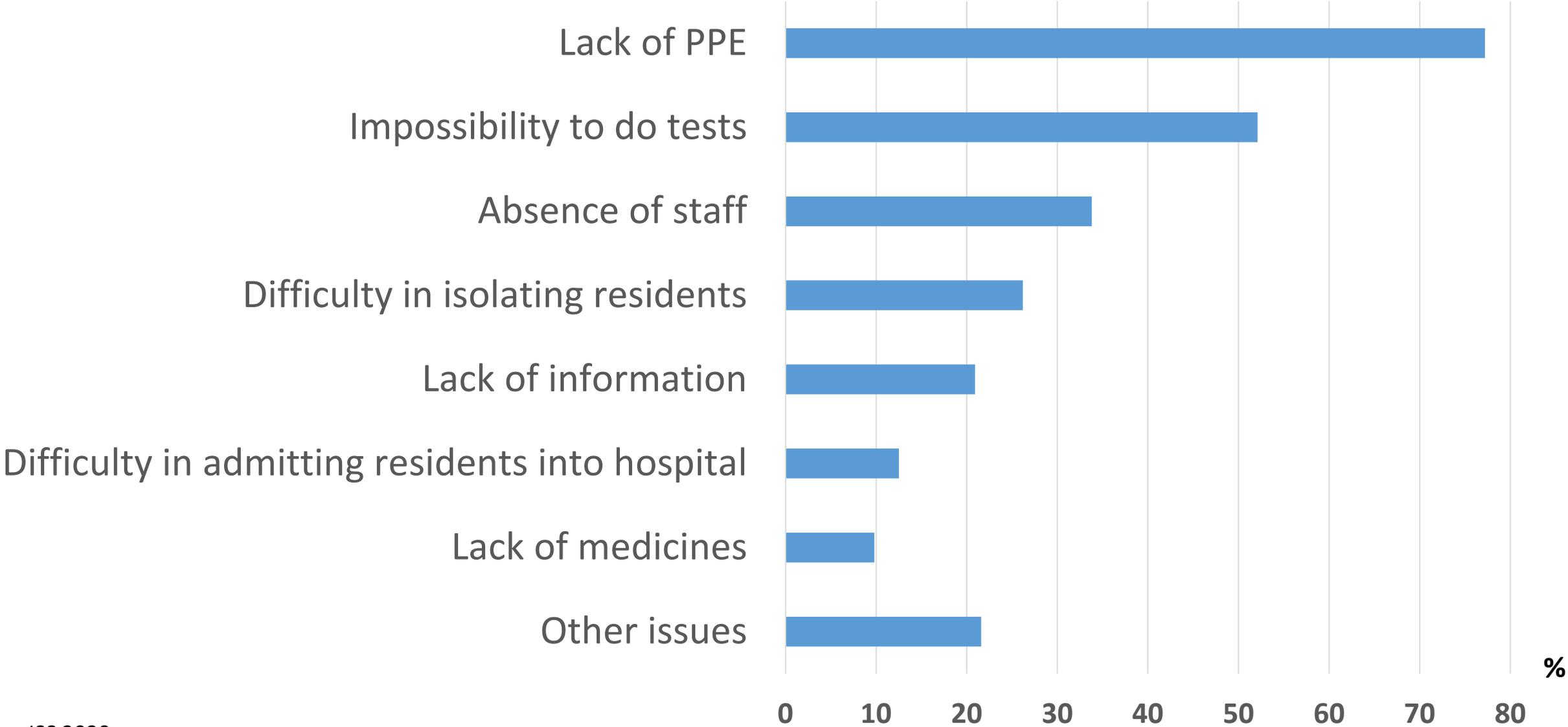
- 1. Limited data availability:** survey on 30-40% of existing residential care facilities, covering only period between 1 February & 5 May;
- 2. Number of deaths among residents:**
  - with COVID-19 diagnosis (i.e. tested): 680 (=0.7% of all residents)
  - with COVID-19 symptoms (not tested): 3.092 (=3.1% of all residents)
  - 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



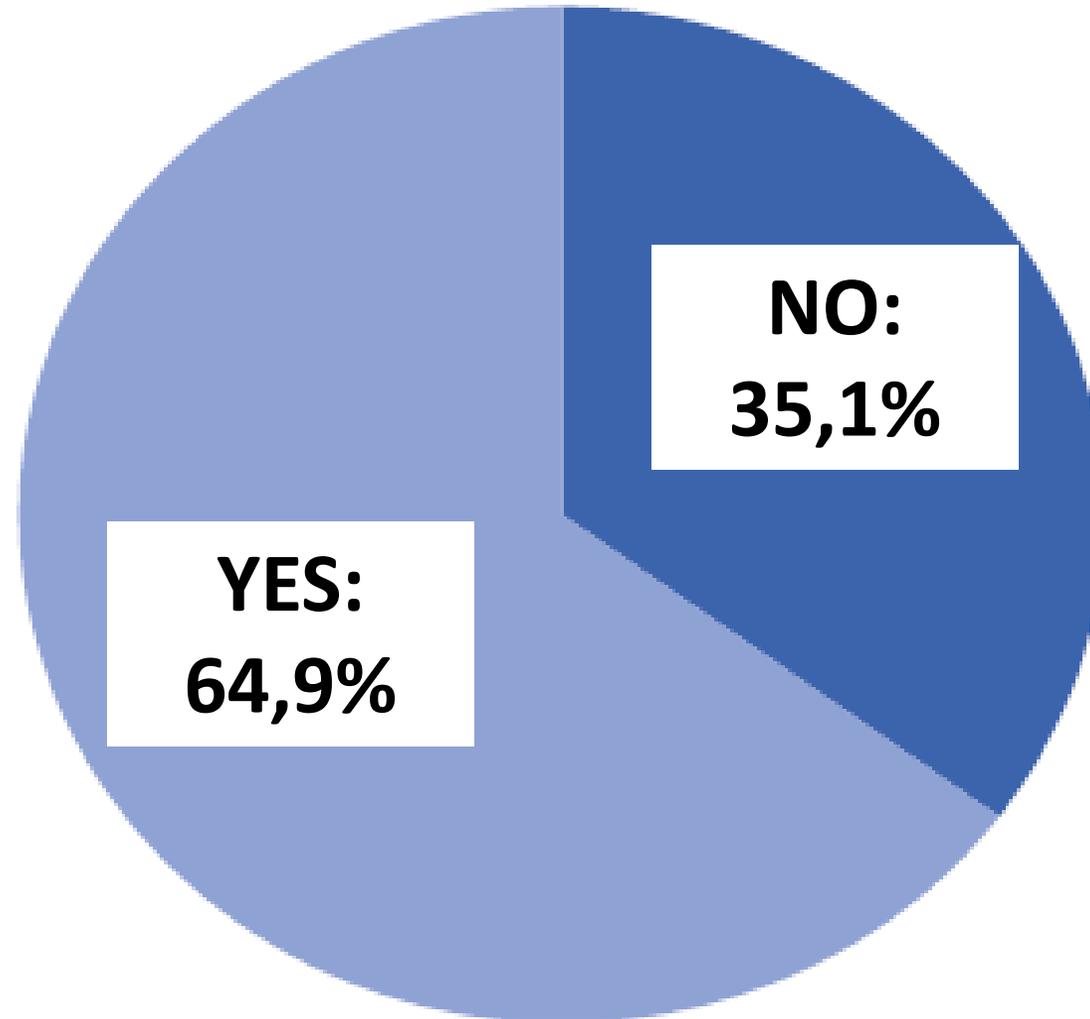
Source: ISS 2020

# Main difficulties experienced by RCFs during first pandemic wave



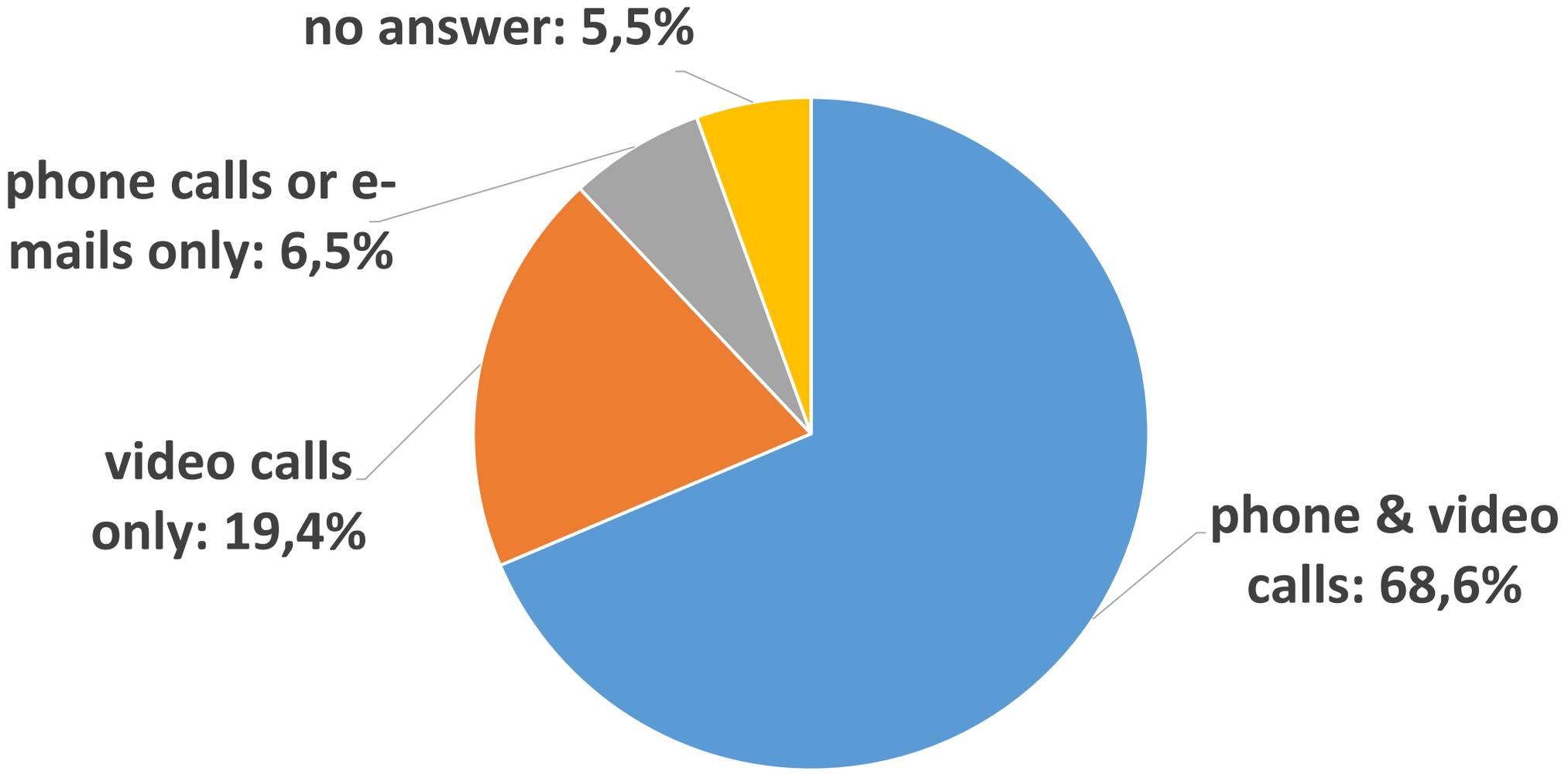
Source: ISS 2020

# Provision of training to staff on how to deal with COVID-19 risks



%

# Channels used for communication between residents & their relatives



%

# 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!**

# References

Arlotti M., Ranci C. (2020) Perché la strage? Alla ricerca di piste interpretative. Laboratorio di Politiche Sociali, Politecnico di Milano (<http://www.lps.polimi.it/wp-content/uploads/2020/07/ppt-webinar-21-1.pdf>).

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ISS (2020) Survey nazionale sul contagio COVID-19 nelle strutture residenziali e sociosanitarie. Rapporto finale. Rome (<https://www.epicentro.iss.it/coronavirus/pdf/sars-cov-2-survey-rsa-rapporto-finale.pdf>)

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Pesaresi F. (2020) La mortalità per Covid-19 nelle strutture residenziali per anziani all'estero. I luoghi della cura, 2.

Ranci C., Arlotti M. (2020) La strage nascosta. Cosa è accaduto nelle residenze per anziani durante la pandemia. Laboratorio di Politiche Sociali, Politecnico di Milano (<http://www.lps.polimi.it/wp-content/uploads/2020/07/ppt-webinar-11.pdf>).