COVID-19 Safe Hospitals Webinar Series
Webinar 3: Long-term care facilities and long-term care services in hospitals during a pandemic

The Republic of Korea’s Experience

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Rapid Population Aging in Republic of Korea* (*hereafter Korea)

• Time required or expected for population aged 65 or older to increase from 7% (aging society) to 14% (aged society)
  • Korea: 8 years (Japan: 24 years; China: 26 years; USA: 73 years; Germany: 36 years)

• As of 2021, there are approximately 8.5 million older adults in Korea (16.6% of population)
Current Status of COVID-19 in Korea

In the Republic of Korea, from 3 January 2020 to 5:13 p.m. CET, 14 March 2021, there have been 95,635 confirmed cases of COVID-19 with 1,669 deaths reported to WHO.

- Country in East Asia
- Population (2021): 51.82 million
- Population Aged 65+: 8,582,117
- COVID Case Fatality Rate: 1.75% = (1,669/95,635)*100%

Source: World Health Organization

WHO (COVID-19) Dashboard (2020); KOSIS (2020)
Current Status of COVID-19 in Korea

COVID-19 Impact by Age Group in Korea (as of 12 March 2021)

- **Confirmed Cases**
- **Deaths**
- **Fatality Rate**

MOHW(2021)
### Inferred Route of Transmission (as of 8 March 2021)

<table>
<thead>
<tr>
<th>Inferred Route of Transmission</th>
<th>No. of deaths (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutions/hospitals</td>
<td>861 (52.4)</td>
</tr>
<tr>
<td>Sincheonji-related</td>
<td>31 (1.9)</td>
</tr>
<tr>
<td>Community outbreaks</td>
<td>153 (9.3)</td>
</tr>
<tr>
<td>Individual contact with confirmed cases</td>
<td>202 (12.3)</td>
</tr>
<tr>
<td>Overseas entrants-related</td>
<td>2 (0.1)</td>
</tr>
<tr>
<td>Overseas entrants</td>
<td>7 (0.4)</td>
</tr>
<tr>
<td>Unclassified</td>
<td>376 (23.5)</td>
</tr>
</tbody>
</table>

- Out of 1,662 deaths linked to COVID-19 in South Korea, 401 (24.4%) deaths were of people presumed to have been infected in LTCHs and 218 (13.3%) from nursing homes.

MOHW (2021)
High Supply of LTC Beds
under the national health insurance (NHI) and the nationwide public LTC insurance

- 180,428 residents in 5,320 LTCFs in total reimbursed by the public LTCI in Korea in 2019
- A total of 483,433 patients were hospitalized in the 1,560 LTCHs in the same year in 2019.
No reported deaths in LTCFs (care homes) so far

- All residents confirmed positive were transferred to hospitals upon infection; no deaths in LTCFs have been reported as of this presentation.

- There was a sharp increase in the number of LTCHs put under cohort isolation during the 3rd wave; official reports on the number of deaths in LTCHs are currently unavailable.

Figure 2. Total number of deaths linked to COVID-19 in the population living in the community, compared to the number of deaths among care home residents

Source: based on figures collected for this report

Korea’s COVID-19 Response System

• Preventing importation of the virus through border screening
• Early detection and containment
  • 638 public health centers and medical institutions as screening stations; diverse forms including drive-through and walk-through stations
  • 118 testing facilities, maximum daily testing capacity of 20,000 people
• Preventing spread of virus through epidemiological investigations and quarantine of contacts
  • Extensive contract tracing & monitoring of contacts: epidemiology surveys and, if necessary, more objective data (security camera footage, credit card records, mobile GPS data from patients’ cars and cellphones); one-on-one monitoring of people under self-quarantine by staff of local gov’t using a mobile app.
  • Family members, housemates, and other contacts identified by epidemiological investigation are subject to self-quarantine for 14 days.

→ “TRUST” strategy - Transparency, Robust screening and quarantine, Unique but universally applicable testing, Strict control, and Treatment.

MOHW (2021)
Policy Response Regarding LTCFs (1)

• The Central Disaster and Safety Countermeasures Headquarters (CDSCH) has been implementing preventative measures against infection in high-risk institutions (LTCFs, convalescent hospitals, psychiatric wards, etc.) since Feb. 2020.
  • Measures conducted thus far include monitoring residents’ (patients’) health, building an emergency response system, instituting staff-level measures (checking overseas-travel records, exclusion from duties if showing any symptoms), and providing public masks.
  • Institutions received education on infection management and restricted entry of visitors (Limited “no-contact” onsite visits allowed at surveillance level 2)
  • Any patient showing symptoms of pneumonia are quarantined in separate rooms (including bathrooms) until testing results are confirmed.
• All long-term care institutions have enforced stringent entry/exit management of workers and residents, compliance with personal hygiene measures, and regular temperature checks.
Policy Response Regarding LTCFs (2)

• Temporary selective cohort isolation of LTC institutions with infected cases, and all residents and staff in LTCFs and LTCHs in severely affected cities/regions are tested regardless of clinical symptoms.

• The Ministry of Health and Welfare and the NHI Service posted a series of temporary reimbursement guidelines for LTC facilities and home-based LTC agencies to account for social distancing measures and staff shortages.
  • Service providers in the “special disaster zones” are not subject to payment cuts for failure to meet staffing requirements at this time.
  • A response plan for COVID-19 has been implemented to effectively react to suspected and confirmed cases of the virus within the service boundaries of each institution (in the case of patient or staff infection).

• LTC service providers may order public masks (ordered and distributed by the government) for care workers; available for online ordering at a low cost
Policy Response Regarding LTCFs (3)

Sign reads “No entry of outside visitors due to COVID-19 case” (Source: 강원도민일보(Gangwon province daily)
https://www.kado.net/news/articleView.html?idxno=1049960

All staff at a NH in Gwangju subject to receive COVID-19 testing (Source: 의학신문(Medical News)
http://m.bosa.co.kr/news/articleView.html?idxno=2140064
Guidelines and Checklists for COVID-19 Response in Healthcare Institutions

- In Feb. 2021, the Central Disaster and Safety Countermeasures Headquarters (CDSCH) issued Prevention and Management Guidelines for COVID-19 Response in LTCHs and Mental Health Institutions.

- The guidelines include a “to-do” list for prevention, protocol for confirmed cases, instructions for personal protective equipment, a response checklist (based on the WHO’s review tool), and a self-checklist for institutions and staff (based on the Daegu LTCH checklist).

- The checklist includes 13 items on task force team set-up, staff education/training, PPE, symptom surveillance, preventative measures, visitor protocols, etc.
WHO’s Rapid Hospital Readiness Checklist

Rapid hospital readiness checklist: Interim Guidance
Harmonized health service capacity assessment in the context of the COVID-19 pandemic
26 November 2020 / COVID-19: Essential health services

WHO TEAM
WHO Headquarters (HQ)

REFERENCE NUMBERS
WHO reference number:
WHO/2019-nCoV/hospital_readiness_checklist2020.2

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Overview
Access the tool:

Use and content
Countries can use this checklist of hospital governance, structures, plans and protocols to rapidly determine the current capacities of hospitals to respond to the COVID-19 pandemic and to identify gaps and major areas that require investment and action for the development of hospital readiness improvement plans. The tool can be used periodically to monitor hospital emergency operational readiness capacity development. Content areas include:

- Leadership and incident management system
- Coordination and communication
- Surveillance and information management: Risk communication and community engagement
- Administration, finance and business continuity
- Human resources
- Surge capacity
- Continuity of essential support services
- Patient management
- Occupational health: Mental health and psychosocial support for health care workers
- Rapid identification and diagnosis
- Infection prevention and control

Checklists for COVID-19 Response in Healthcare Institutions* in Korea

* LTCHs and mental health Institutions

• Key To-Do List for Infection Prevention and Management in Healthcare Facilities
  • Set up COVID-19 task-force (TF) team
  • Adhere to prevention protocols for patient classification
  • Staff education and regulation
  • Limit outside visitors
  • Training for care staff
  • Track movement within facility

• COVID-19 Response Self-Checklist
  • (Facility – 11 items) Set up TF team, assign designated infection manager, secure emergency beds, staff regulation, patient management
  • (Staff, caregiver – 10 items) Follow personal hygiene measures, avoid unnecessary social contact inside and outside of facility, quarantine if symptomatic
  • (Environment – 15 items) Clean and sanitize according to protocols, wear PPE, laundry protocol
## Summary of Guidelines for COVID-19 Response in Healthcare Institutions* in Korea

* For LTCHs and mental health institutions; released in Feb. 2021 by CDSCH

<table>
<thead>
<tr>
<th>To-Do List for COVID-19 Response</th>
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<tbody>
<tr>
<td>Set up Task-Force (TF) Team</td>
<td>Staff and Care</td>
</tr>
<tr>
<td>• Set up a COVID-19 TF team</td>
<td>• Infection prevention education</td>
</tr>
<tr>
<td>• Designate managers per department</td>
<td>• Use of personal protective equipment</td>
</tr>
<tr>
<td>• Establish facility’s response system; perform practice drills for emergency situations (identify contaminated area, travel route, etc.)</td>
<td>• Social distancing</td>
</tr>
<tr>
<td>• Designate infection manager</td>
<td>• If contact is necessary, keep more than 2m distance</td>
</tr>
</tbody>
</table>

### Preventative Measures

- Limit outside visitors
- If unavoidable, only permit after reviewing any possible risk factors
- Adhere to infection management regulations (wear masks, sanitize hands), prohibit any contact with patient (if necessary, do so under staff regulation)

### Response Measures (Surveillance)

- Assess risk factors including previous contact
- Stay at home if symptomatic
- Check symptoms daily
- Assess risk factors for newly admitted

### Review the COVID-19 Response Self-Checklist

CDSCH (2021)
Families visiting their loved ones remotely or through non-contact visits.
Lessons Learned

• Responding to COVID-19: **health and LTC systems matter**
  • The response should be planned and executed across both systems while keeping community-level measures tight.

• **Critical roles/responsibilities** of individual LTC institutions and their associations
  • Need to strengthen their capacities for responding to ongoing and future pandemic(s)
  • Implications for future health and LTC system reforms

• Need for better **gender-balanced** COVID-19 response at all levels
  • Unequal impact of COVID-19 among men and women
  • Large number of women frontline health/care workers: core roles and unique challenges
  • Gender equality in leadership
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Thank you!
Questions & comments?
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