

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

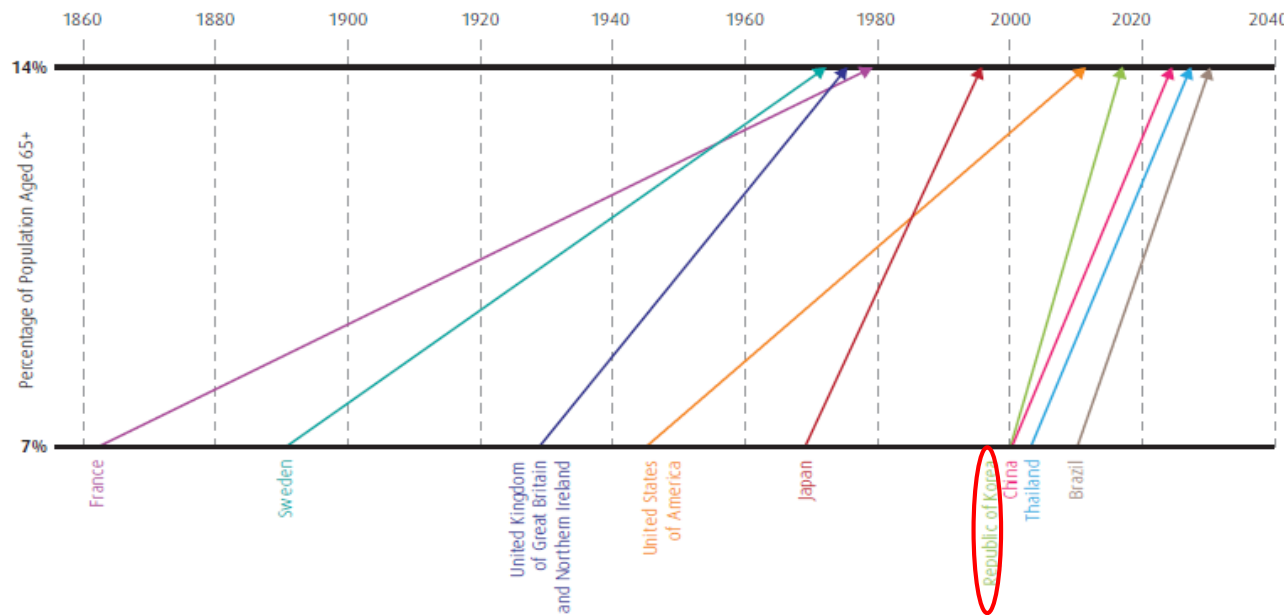
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Rapid Population Aging in Republic of Korea* (*hereafter Korea)

- 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)

Source: Kinsella K, He W. *An aging world: 2008*. Washington, DC: National Institute on Aging and US Census Bureau, 2009.

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.

Republic of Korea

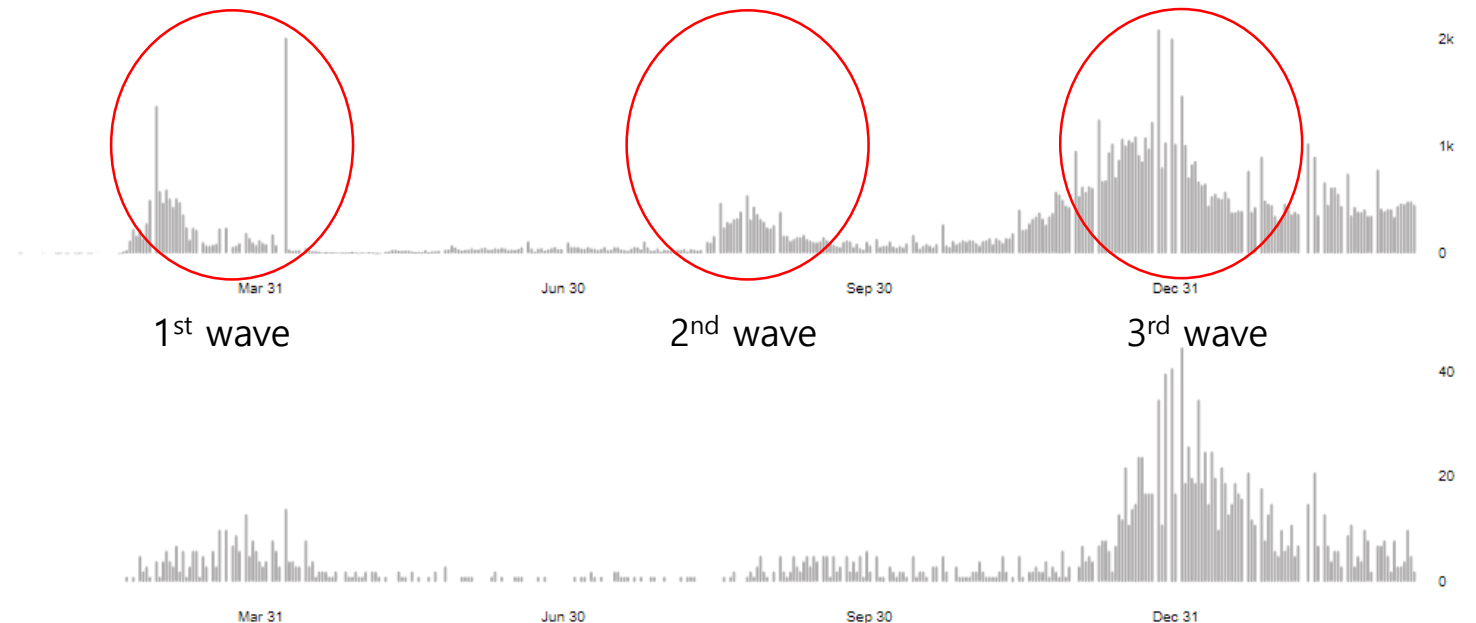
- Country in East Asia
- Population (2021): 51.82 million
- Population Aged 65+: 8,582,117
- **COVID Case Fatality Rate: 1.75%**
= $(1,669/95,635) * 100\%$

Republic of Korea Situation

95,635
confirmed cases

1,669
deaths

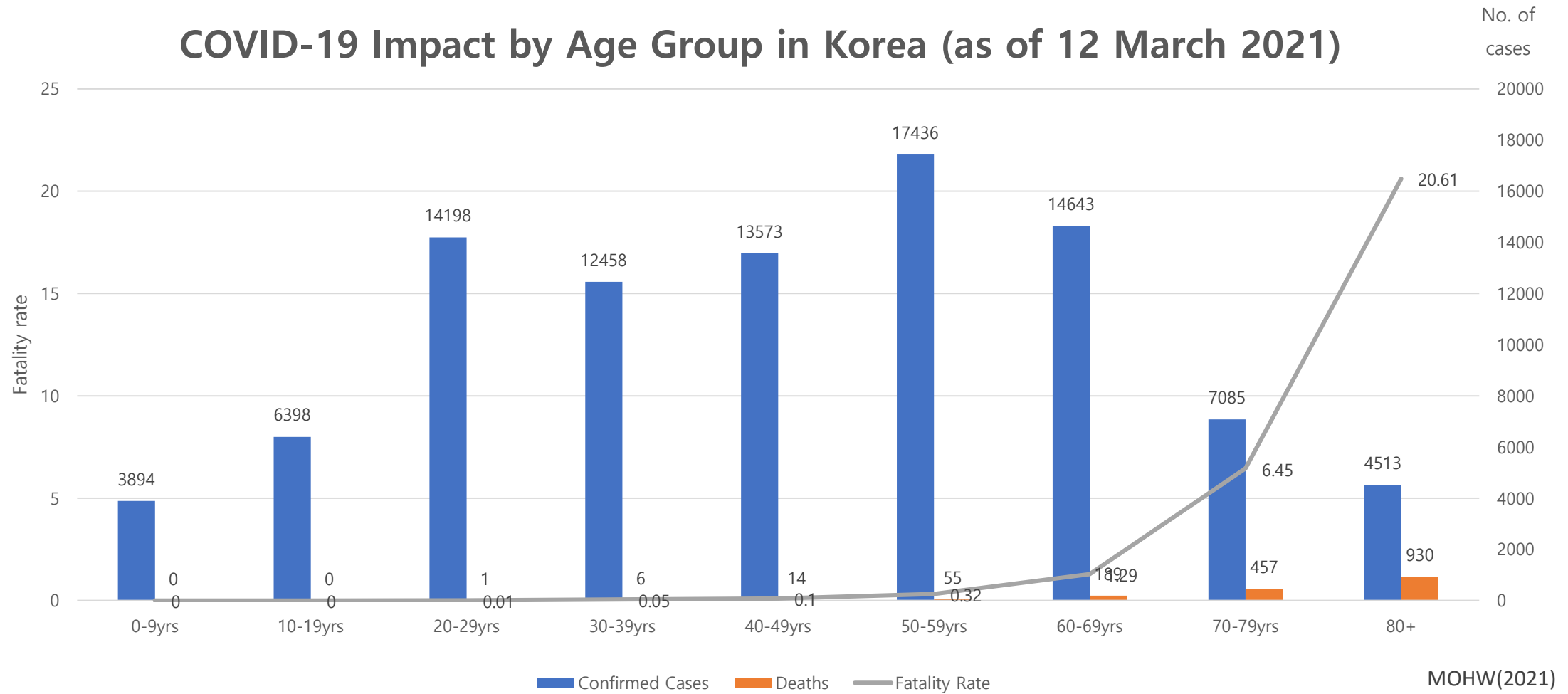
Source: World Health Organization



WHO (COVID-19) Dashboard (2020);
KOSIS (2020)

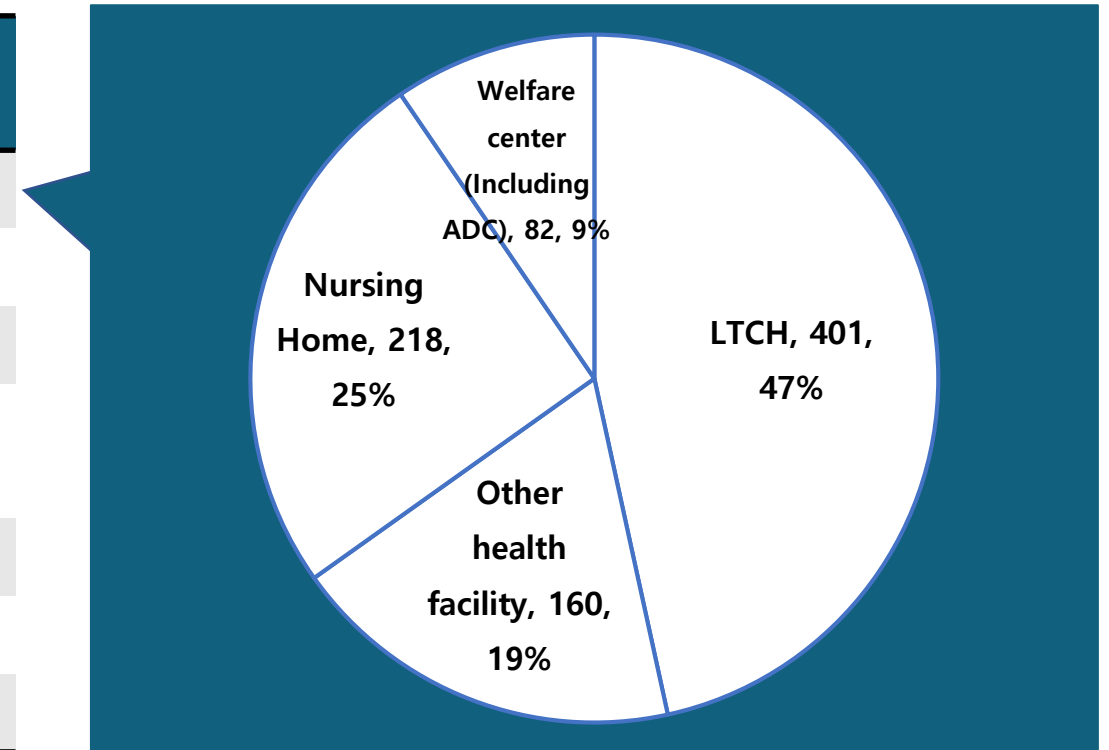
Current Status of COVID-19 in Korea

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



COVID-19 Impact on LTCFs

Inferred Route of Transmission (as of 8 March 2021)	No. of deaths (%) N=1,662
Institutions/hospitals	861 (52.4)
Sincheonji-related	31 (1.9)
Community outbreaks	153 (9.3)
Individual contact with confirmed cases	202 (12.3)
Overseas entrants-related	2 (0.1)
Overseas entrants	7 (0.4)
Unclassified	376 (23.5)



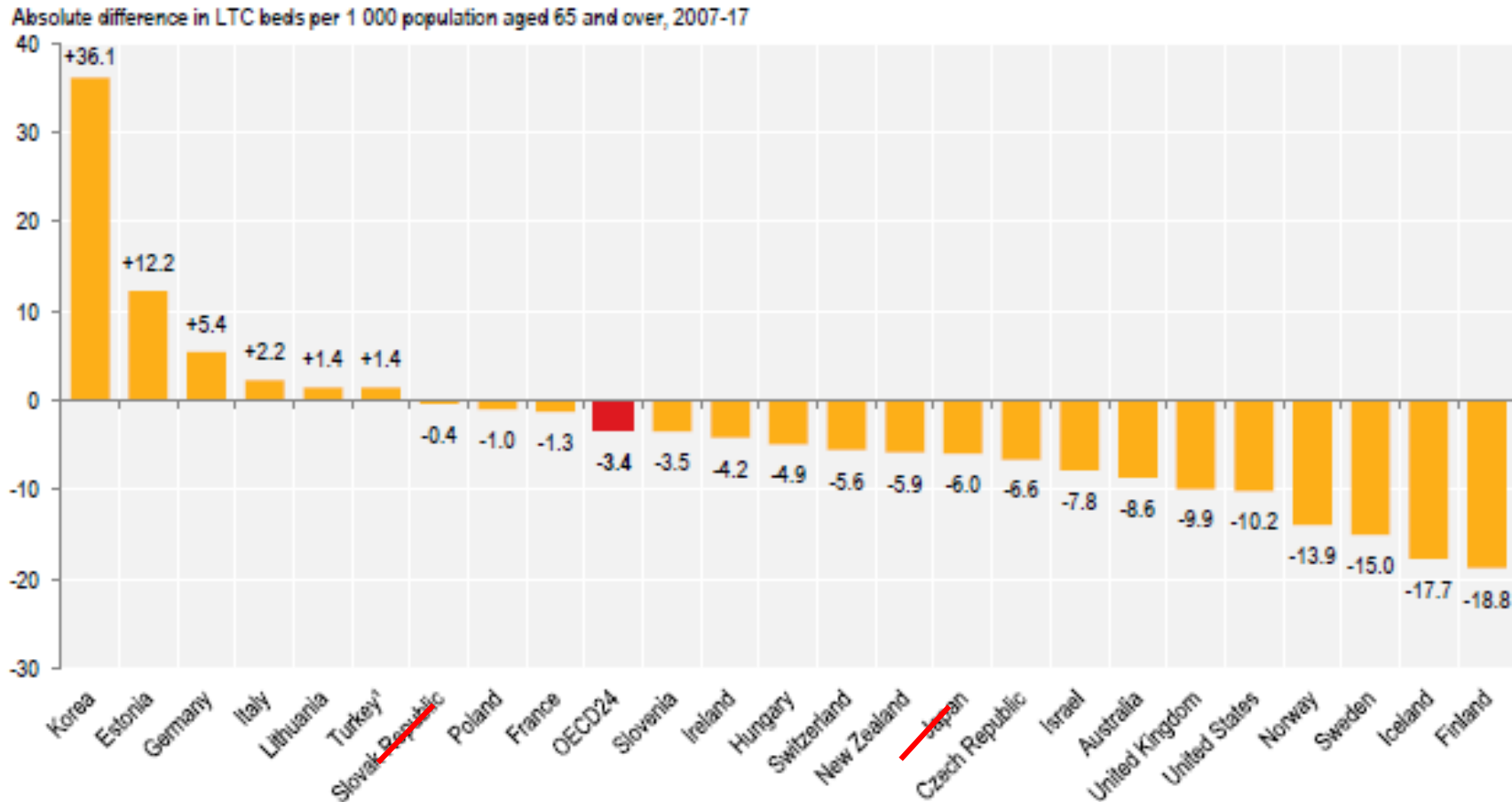
- Out of 1,662 deaths linked to COVID-19 in South Korea, 401 (24.4%) deaths were of people presumed to have been infected in LTCHs and 218 (13.3%) from nursing homes.

MOHW (2021)

High Supply of LTC Beds

under the national health insurance (NHI) and the nationwide public LTC insurance

Figure 11.27. Trends in long-term care beds in facilities and hospitals, 2007-17 (or nearest year)



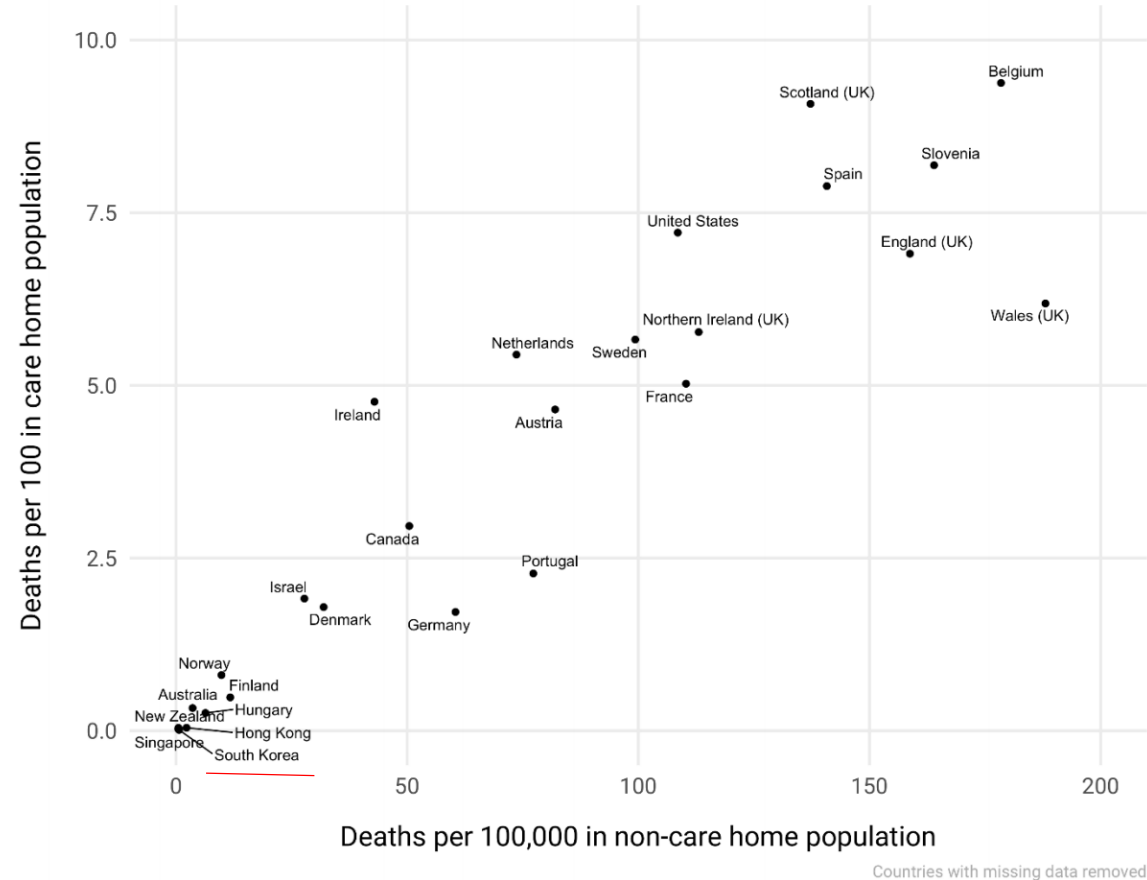
- 180,428 residents in 5,320 LTCFs in total reimbursed by the public LTCI in Korea in 2019
- A total of 483,433 patients were hospitalized in the 1,560 LTCHs in the same year in 2019.

NHIS (2020);
OECD (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

Comas-Herrera A, et al. (2020) Mortality associated with COVID-19 in care homes: international evidence. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 1 st February 2021.

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 contact 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 - **T**ransparency, **R**obust screening and quarantine, **U**nique but universally applicable testing, **S**trict control, and **T**reatment.

MOHW (2021)

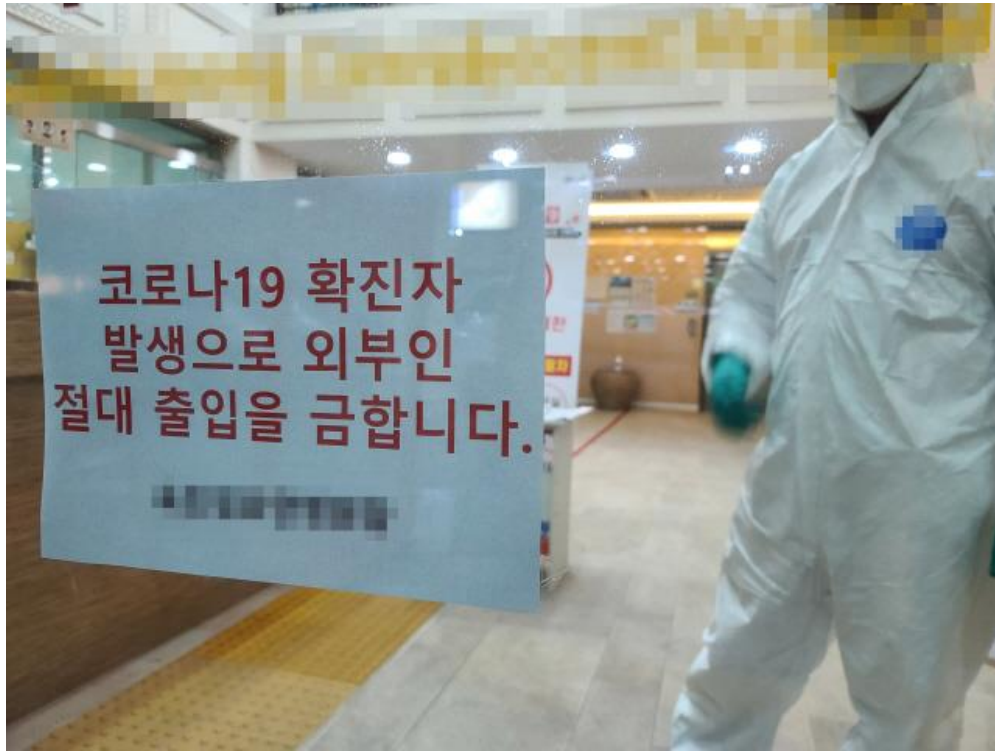
Policy Response Regarding LTCFs (1)

- 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: 강원도 민일보(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.

붙임 3 | 코로나바이러스감염증-19 대응 확인점검표

연번	확인 내용	결과
1	코로나바이러스감염증-19 대책팀을 구성, 감염관리 전담자를 지정, 기관 감염 예방·관리 규정을 마련하여 운영하고 있는가?	
2	직원들을 대상으로 코로나바이러스감염증-19 예방·관리수칙에 대한 교육과 보호구 착용의 등에 대한 훈련과 평가를 하고 있는가?	
3	의료진에게 필요한 개인보호구를 구비하고 있으며 올바르게 사용하고 있는가? (개인보호구 사용 지침, 착용의 순서 게시)	
4	입원 시부터 호흡기 감염증(예:기침, 발열, 인후통)에 대한 초기 평가와 지속적 전향적 감시(발열, 호흡기 증상 등)를 위한 기준과 절차를 마련하여 실행하는가?	
5	직원을 대상으로 감염예방수칙(손위생, 호흡기 에티켓 등)과 신체적 거리두기 등에 대한 교육과 이행여부를 확인하고 있는가?	
6	방문객 출입 제한에 대한 기준과 프로토콜을 마련하여 운영하는가?	
7	코로나바이러스감염증-19 의심/확진 환자 발생 시 1인실 혹은 코호트 가능한 병실로 배치가 가능한가?	
8	코로나바이러스감염증-19 의심/확진 환자의 이송 체계와 절차, 주요 기관 및 급성기 병원과의 긴급 연락 체계를 마련하고 있는가?	
9	환경 청소 및 소독 등 환경 관리를 위한 적절한 내부지침이 있는가?	
10	오염세탁물은 관련규정에 따라 적절히 수집, 수거, 운반, 처리하고 있는가?	
11	코로나바이러스감염증-19에 오염된 의료 폐기물에 대한 처리 기준이 마련되어 있는가?	
12	의료종사자 및 기관 내 근무인력에 대한 지속적 전향적 감시(발열, 호흡기 증상 등)를 위한 기준과 절차가 마련되어 실행되는가?	
13	코로나바이러스감염증-19 의심/확진환자에 노출된 직원, 환자(및 방문객 등) 관리 방침이 마련되어 있는가?	

자료원) National capacities review tool for a novel coronavirus (nCoV) 10 Jan 2020, WHO/2019-nCoV/Readiness/v2020.1 일부 수정

WHO's Rapid Hospital Readiness Checklist



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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



[Download \(438.4 kB\)](#)

Overview

Access the tool:

[Rapid hospital readiness checklist: 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

WHO TEAM

WHO Headquarters (HQ)

REFERENCE NUMBERS

WHO REFERENCE NUMBER:

WHO/2019-nCoV/hospital_readiness_checklist/2020.2

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<https://www.who.int/publications/i/item/WHO-2019-nCoV-hospital-readiness-checklist-2020.1>

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

To-Do List for COVID-19 Response			
Set up Task-Force (TF) Team	Staff and Care	Patient Management	Regulation of Outside Visitors
<ul style="list-style-type: none"> • Set up a COVID-19 TF team • Designate managers per department • Establish facility's response system; perform practice drills for emergency situations (identify contaminated area, travel route, etc.) • Designate infection manager 	Preventative Measures		<ul style="list-style-type: none"> • 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)
	<ul style="list-style-type: none"> • Infection prevention education • Use of personal protective equipment • Social distancing • If contact is necessary, keep more than 2m distance 	<ul style="list-style-type: none"> • Infection prevention education (wearing masks, washing hands) • Social distancing (limit group activities, minimal travel within facility) 	
	Response Measures (Surveillance)		
	<ul style="list-style-type: none"> • Assess risk factors including previous contact • Stay at home if symptomatic 	<ul style="list-style-type: none"> • 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

Source: 1) Hankyung
<https://www.hankyung.com/society/article/202102109589i>
2) KBS News
<https://news.kbs.co.kr/news/view.do?ncd=5015934>

Source: Yeonhap News
(<https://www.yna.co.kr/view/AKR20200826104300053>)

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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