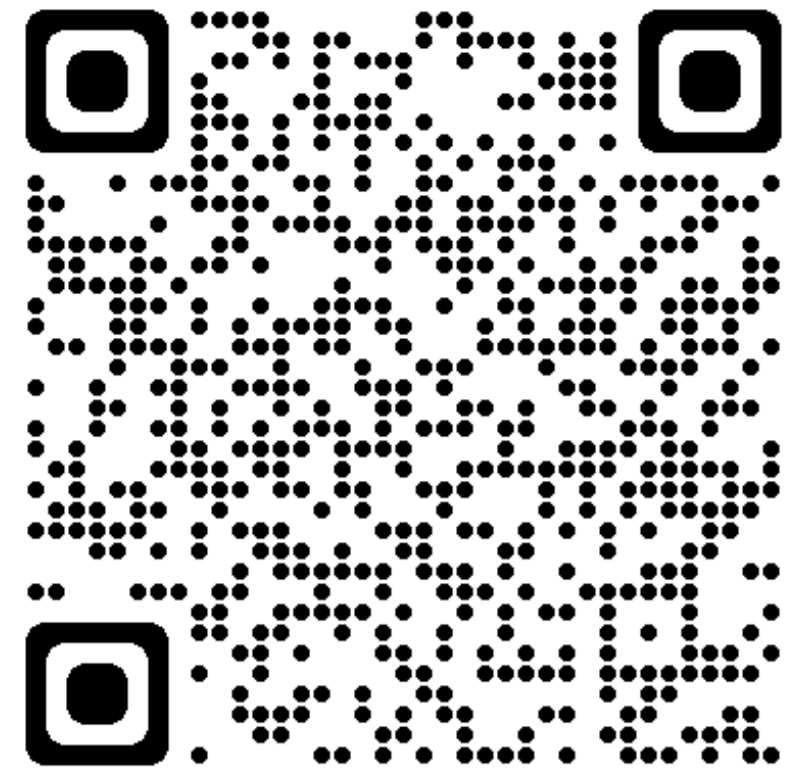


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# Exploring the Multifaceted Impact of the COVID-19 Pandemic on Long-Term Care Home Infection Control

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## 1– Introduction

Long-term care homes (LTCHs) and similar facilities house approximately **78,000 Ontarians** to date, and while able to provide supportive care, are also prone to disease outbreaks<sup>1</sup>.

The onset of the COVID-19 pandemic highlighted many major shortcomings of **LTCH infection prevention and control (IPAC)** policies and practices.

In fact, by April of 2020, LTCH residents had contributed to:

- **119 deaths**, with a **case mortality rate of 16%** between March and April of 2020 in Ontario<sup>2</sup>
- **Over 80% of COVID-19-related deaths** in Canada during the first wave of cases<sup>3</sup>

## 2– Rationale and Purpose

The literature has begun to explore the shortcomings that contributed to the vulnerability of LTCHs throughout the pandemic.

Some main causes include <sup>4, 5, 6</sup>:

- **Underfunding**
- Inadequate personal protective equipment (**PPE**)
- **Built environment** challenges
- Poor **knowledge of (IPAC)** for LTCH staff/residents

Due to these failings, many researchers have identified the eventual start of a **“culture change”** for LTCHs <sup>4, 7</sup>. Education, funding, updates to the built environment, and other improvements to infection preparedness are being pushed.

**But how this “culture change” is being translated into real-life policy and practice?**

This was an **identified gap in the research** that we seek to fill: a lack of understanding of changes in development and implementation of IPAC protocols in long-term care residences since COVID-19.

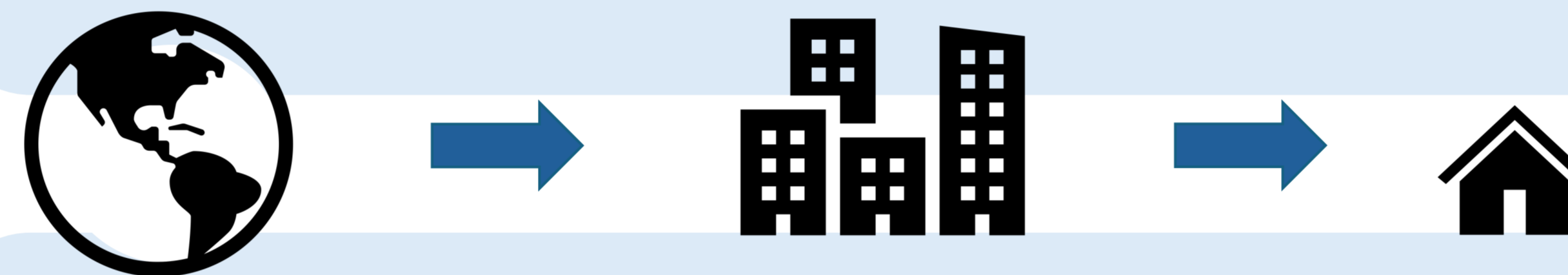


## 3– Proposed Study & Scope

We seek to do a comprehensive analysis of **provincial, municipal, and facility-specific** policies and protocols for long-term care homes in Ontario since the onset of the COVID-19 pandemic.

Our guiding research questions are the following:

1. How has the **COVID-19 pandemic impacted infection prevention and control (IPAC)** policies and practices in long-term care homes?
2. What are the key changes in these policies and practices on the **provincial, municipal, and facility-specific** levels?



**To answer these questions, we propose a qualitative, two-part study design:**

- Part 1:** Policy and document analysis
- Part 2:** Survey of key informants

## 4– Policy and Document Analysis

### Data Collection

A **technical\* policy and document analysis** will be conducted, reviewing IPAC protocols and reports <sup>8</sup>. We will first conduct a search for relevant documentation.

Search Criteria:

- Published by the province of Ontario or by municipal public health units
- Publication year is **between 2020 and the present**
- Publications are about **IPAC protocols and practices**
- IPAC protocols are **specified to LTCHs**



### Proposed Analysis

- Qualitative analysis using a **pre-designed policy-specific analytic framework** <sup>9, 10</sup>
- Examine policy content and themes, as well as **the evolution of protocols** over the designated period
- R software to conduct preliminary counts of word/phrase frequencies and correlations, and content analysis
- **NVivo** software for conducting thematic coding

\*Technical analysis considers the planning, practice, implementation, and evaluation of policies.

## 5– Survey of Key Informants



### Data Collection

We will conduct a **cross-sectional survey of key informants**, which will collect data from those in professional and/or organizational roles which would impart knowledge about **IPAC protocol development, enforcement, and implementation**.

The **online survey design** will overcome barriers of key informant interviews, such as scheduling, time constraints, and biases arising from the interview context.

### Recruitment Strategy:

- **Non-random, purposive** sampling to find key informants
  - Sampling will be conducted from municipalities with the **highest number of COVID cases in 2020**
  - This will identify those that demonstrated **poorer IPAC protocol/practice** at the beginning of the pandemic
- **Surveys will be conducted and delivered online**
- Participants must be **involved in infection control** at Ontario Public Health, a municipal health unit, or in a long-term care facility (in Ontario)
  - **Example:** Policy-makers, public health staff, and directors of care, management
- Participants must have **worked at their role for ≥3 months**

### Proposed Analysis

We will input data in the **SPSS statistical analysis program** to perform analyses of percentages and **frequencies of responses**, as well as **textual analyses** of written responses.



## 6– Next Steps

1. Finalizing a **methodology and analysis plan**
2. Database and literature **search** for policies and documents
3. Developing and **pre-testing** the survey
4. Recruitment and survey roll-out (**data collection**)
5. Data **analysis** and **writing**
6. **Dissemination** of research via thesis defense/publication

Consulted Resources:

