

Methodology and process for MHC COVID-19 Risk Framework

Background

As a response to the COVID-19 pandemic, the Commission issued a memorandum to mental health services on 26 March 2020. Approved centres were requested to provide contingency plans and to notify of any changes in bed capacity.

On 1 April 2020 the Department on Health wrote to the Commission requesting a risk assessment of services based on disease progression, environment and staffing levels.

Methodology for risk framework

The Commission undertook a rapid review of available national and international guidance in relation to long term care provided in residential settings including:

- Ireland - 30.03.2020 Residential Care Facilities Guidance (HSE)
- Australia - 19.03.2020 Information for workers in residential aged care facilities (CDNA)
- Australia -13.03.2020 Guidelines for outbreaks in residential care facilities (CDNA)
- Canada - 25.03.2020 Updated operational standards LTC (Alberta)
- Canada - 10.03.20 Long term care guidance (Ontario)
- Scotland - 26.03.20 Guidance for residential settings (HPS)
- N America - 2012 Crisis Standards of Care (IOM)
- N Ireland - 17.03.2020 Guidance Residential Care Providers (NI Gov)
- New Zealand - 30.03.2020 Update for disability and aged care providers (MOH)
- World Health Organisation – 20.03.2020 Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19

This review was applied against our knowledge and experience of Irish mental health services to develop a risk framework to objectively assess and record the level of risk in mental health services, both in terms of the preparedness of the service and disease progression within the service.

Key considerations in the development of this framework included:

- The need to develop a framework, train staff, collate information and assess risk within extremely short timeframes.
- The recognition that many services contacted will be under significant pressure and therefore the importance of optimizing use of staff time.
- Emphasizing the risk framework as a tool to support services (not a regulatory, compliance or enforcement tool).
- Ability to identify and escalate concerns in a timely manner.

Risk framework

Risk criteria were developed around a framework that emerged following the H1N1 pandemic. The Crisis Standards of Care (IOM, 2012) used the simple pillars of 'Space', 'Staff', 'Systems' and 'Stuff' to evaluate the ability of services to respond in an environment of contingency/crisis where resources may become scarce and have to be targeted to areas of greatest need. This framework

The model of the framework developed by the Commission was a set of risk statements for each pillar and corresponding questions that could be answered with a 'yes' or a 'no'. This allowed us to review a large volume of services and yet remove subjectivity in the risk assessment as much as possible.

Resident cohort
<ol style="list-style-type: none"> 1. The resident cohort does not include at-risk populations 2. Residents are not accommodated in shared accommodation
Right Space
<ol style="list-style-type: none"> 3. The physical environment is able to facilitate separation and cohorting of residents 4. The service maintains a schedule of cleaning
Right Systems
<ol style="list-style-type: none"> 5. There are clear protocols for communications relating to Covid-19 6. Protocols have been established for visitors 7. The service is able to provide general health, emergency and palliative care services 8. Protocols have been established for the admission and transfer of residents
Right Staff
<ol style="list-style-type: none"> 9. The service has access to staff with appropriate expertise 10. Staff have access to relevant training 11. Staff are not working across services 12. There is a plan for staffing contingencies
Right Stuff
<ol style="list-style-type: none"> 13. The service has a baseline stock of PPE 14. The service has contingency plans with suppliers

The risk framework was shared with the HSE national office on Friday (3 April) and circulated to mental health services on Monday (6 April). Team training was undertaken on Monday (6 April) and the framework was piloted with two services on the same day. All services were contacted from Tuesday (7 April).

The Commission undertook a 'lessons learned' exercise inviting feedback from the team undertaking the calls and completing the surveys on Thursday (9 April). This feedback was incorporated into the development of a set of focused follow up questions to form the basis of the weekly ongoing monitoring calls with services. Those questions were added as an appendix to the Risk Framework and include:

1. RESIDENT cases

- a) Current number **confirmed** cases RESIDENTS?
This includes residents subsequently transferred
- b) Current number **suspected** cases RESIDENTS?
This includes residents subsequently transferred

- c) Recovered RESIDENTS?
- d) Location of RESIDENTS?
Are they in the facility? Where in the facility?

2. STAFF cases

- a) Current number **confirmed** cases STAFF?
- b) Current number **suspected** cases STAFF?
This is suspected based on symptoms (i.e. not based on close contact)
- c) Recovered STAFF?
- d) Number of staff currently self-isolating?

3. Current access to PPE?

Do they have current stock? Do they have defined access?

4. Any delays in testing?

How long are they waiting on average for tests?

5. Additional information to provide from original survey?

6. Any other concerns or issues?

Internal Process

1. Preparation for risk framework call and survey

- Approved centre contingency plans reviewed
- Script developed for consistent calls
- Regulatory team allocated approved centres and community residences (10-12 per person); in general, by CHO area
- Review contingency plan review form and high level review of plan
- Check for notifications in respect of suspected or confirmed cases of COVID-19, or service disruption
- Review latest inspection report and complete section 1 of risk framework template

2. Contact service

- Contact nominated person
- Introductions and questions as per script
- If questions are unable to be completed offer:
 - Send risk framework template for reference; and
 - Rearrange for 2nd/follow-up call

- Additional information, questions and queries may be directed to person, but always sent via Compliance@mhcirl.ie and will be directed to the relevant person
- Advise service there will be further check-ins with the service to monitor issues and disease progression

3. Internal process management

- Each call logged and tracked
- Answers recorded for each call
- Inspectorate Business Manager will keep track of resourcing and redeploy in event of staff unavailability, or higher need for follow up in certain CHO areas

4. Complete risk framework template

- Risk framework completed for each service, recording 'yes/no' answers and numbers of cases
- Data collated onto central spreadsheet
- Risk score recorded =number 'yes'/'no' against risk criteria

5. Escalation and reporting

- In event of an immediate concern, put in writing for escalation to Regulatory Management Team (RMT), particular concerns include:
 - Current and significant shortages of staff
 - Outbreak or cluster in service
 - Current shortage of PPE to manage suspected or confirmed case
- Outcomes of risk assessments to be compiled and compared across services and sectors
- RMT to monitor trends across services
- RMT to update SMT as appropriate
- RMT to provide weekly metrics to Department of Health
- RMT to provide weekly metrics to HSE
- RMT to identify and escalate concerns to HSE, seeking appropriate plans and mitigation
- RMT to identify and escalate concerns to Department of Health, as appropriate

6. Ongoing monitoring

- Services contacted weekly to monitor disease progression and issues of concern arising
- Metrics updated into central log and weekly updates provided to Department of Health and HSE