
POSTER ABSTRACT**Safeguarding nursing homes in a pandemic: lessons learnt and implications for future workforce planning and development.**

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Introduction: COVID-19 posed formidable challenges to Singapore's nursing home (NH) sector. Singapore's swift implementation of non-pharmaceutical interventions, staff management protocols, and rapid rollout of vaccinations and therapeutics successfully limited COVID-19 mortality and morbidity in the sector. Additionally, the pandemic highlighted the need to strengthen workforce resilience in a crisis. In this study, we identify challenges, opportunities and ways forward to inform the NH sector's preparation for future outbreaks and ensure sustainability of actions. Here, we present findings on workforce capacity and capability-building.

Methods: We conducted a qualitative study in two parts to characterise the pandemic response in NHs in Singapore: (i) A rapid review of peer-reviewed and grey literature, including media reports, policy documents, and advisories to synthesise the public health measures implemented from Jan 2020 to Jun 2021 and (ii) n=42 semi-structured in-depth interviews with key stakeholders working in the NH, public health, healthcare, and integrated care sectors, with interview data thematically analysed.

Findings: The key challenges identified were NH sector reliance on foreign manpower, early introduction of interventions to curb transmission risks that were maintained for longer than restrictions in community settings, and high resource demands to facilitate implementation of and compliance to restrictions. Care staff reported fatigue, fear, and anxiety. Alongside, strict border controls, quarantine measures, and staff segregation policies limited the NH sector's ability to flexibly respond to manpower attrition.

To cope with these challenges, NHs upskilled junior staff and cross-trained non-nursing staff to take on reassigned tasks and built new capabilities across surveillance and testing. Public hospital manpower supported the NH sector with infection prevention and control advice, tele-consultations, and knowledge-sharing on case management and diagnostics.

Opportunities for COVID-19 collaboration between the NH sector and health and integrated care agencies were grounded in social capital accumulated over many years of inter-agency partnerships and collaboration. Boundarylessness and open communication between organisations/agencies facilitated timely decision-making, information sharing, and flexible deployment of resources, including additional funding support.

Ways forward: Moving forward, findings pointed to the pandemic providing impetus to build a strong local manpower core, invest in schemes to boost competitiveness and attractiveness, consider a review of existing staffing models, and increase resourcing support to enable the NH sector to keep up with policy changes and future demands. Findings also suggested the importance of greater investment into supporting healthier work environments and prioritising staff mental and physical health.