



CIHI
Snapshot
June 2020

Pandemic Experience in the Long-Term Care Sector

How Does Canada Compare With Other Countries?

Issue

Canada's long-term care (LTC) sector has been especially hard hit by the COVID-19 pandemic. More than 840 outbreaks have been reported in LTC facilities and retirement homes, accounting for more than 80% of all COVID-19 deaths in the country (as of 9 p.m. ET on May 25, 2020).

This short analysis examines the similarities and differences between Canada's pandemic experience in LTC and that of other countries in the Organisation for Economic Co-operation and Development (OECD). Specifically, it focuses on 3 areas of comparison:

- COVID-19 outcomes in LTC (cases and deaths);
- Baseline sector characteristics; and
- Policy responses to address the pandemic.

Comparisons must be interpreted with extreme caution due to rapidly evolving infection case numbers, different definitions of LTC and variations across countries in COVID-19 testing and reporting practices.

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Canadian Institute
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Key findings

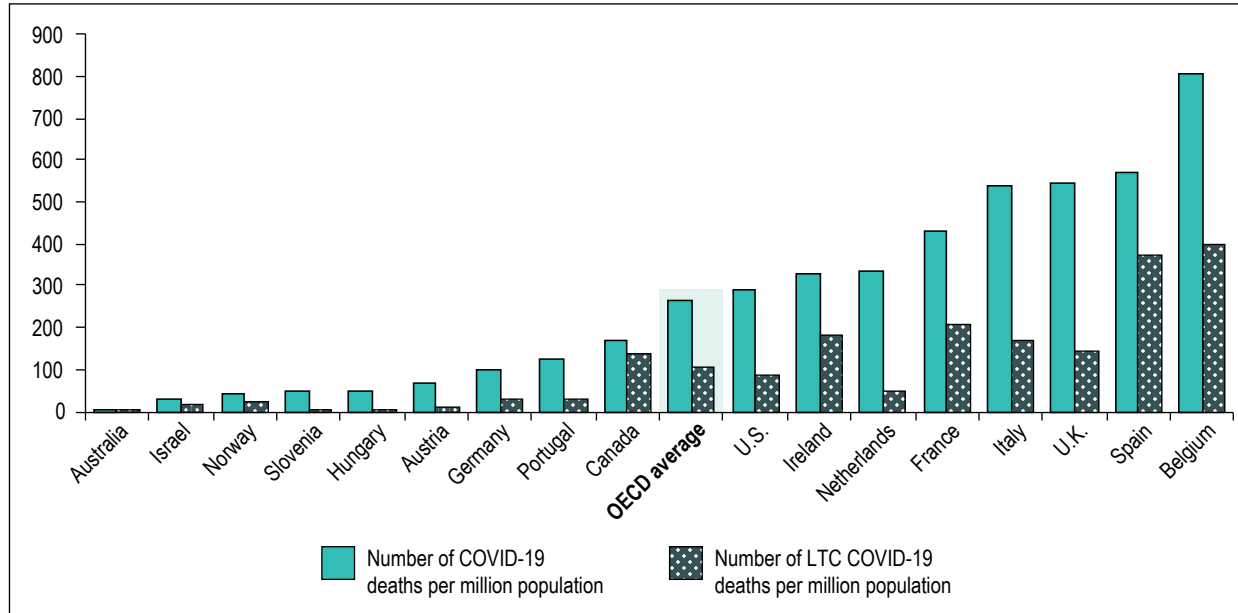
The analysis includes Canada and 16 other OECD countries that had sufficient data for reporting: Australia, Austria, Belgium, France, Germany, Hungary, Ireland, Israel, Italy, the Netherlands, Norway, Portugal, Slovenia, Spain, the United Kingdom and the United States.

COVID-19 outcomes in LTC

- As of May 25, 2020, the number of reported COVID-19 deaths among LTC residents varied substantially, from 28 in Australia to 30,000 in the United States, with more than 10,000 in France, Italy, Spain and the U.K. The number of LTC residents who had died of COVID-19 in Canada (5,324) was similar to the average of OECD countries.
- While Canada's overall COVID-19 mortality rate was relatively low compared with the rates in other OECD countries, it had the highest proportion of deaths occurring in long-term care. LTC residents accounted for 81% of all reported COVID-19 deaths in Canada, compared with an average of 38% in other OECD countries (ranging from less than 10% in Slovenia and Hungary to 66% in Spain).
- Variation among Canada's provinces and territories was greater than variation among OECD countries. As of May 25, Newfoundland and Labrador, Prince Edward Island, New Brunswick and the territories had no reported deaths in retirement homes and LTC facilities, whereas LTC deaths represented over 70% of all COVID-19 deaths in Quebec, Ontario and Alberta and 97% of all deaths in Nova Scotia. Generally, jurisdictions with lower COVID-19 infection rates in the community reported fewer LTC cases and deaths.
- As a proportion of total COVID-19 cases in Canada, about 1 in 5 (18%) were among LTC residents. Internationally, this proportion ranged from under 1% of total cases in Australia to 51% in France and 73% in the U.K.
- The proportion of infected LTC residents who died from the disease also varied considerably across countries, from 4% in Slovenia to 83% in Norway. In Canada, the mortality rate for those infected with COVID-19 in LTC was about 35% as of May 25.
- Many countries have reported high rates of infection among health care workers, leading to absenteeism and staffing shortages. In Canada, more than 9,650 LTC staff members were infected by COVID-19, representing more than 10% of the country's total cases. As of May 25, 9 of these health care workers had died of COVID-19.

Figure 1 COVID-19 deaths as of May 25, 2020, at 9 p.m.

A Number per million population, total and LTC



B Percentage of all COVID-19 deaths, LTC

Australia	Israel	Norway	Slovenia	Hungary	Austria	Germany	Portugal	Canada	OECD average	U.S.	Ireland	Netherlands	France	Italy	U.K.	Spain	Belgium
28	58	58	9	7	19	34	25	81	38	31	56	15	48	32	27	66	50

Notes

OECD: Organisation for Economic Co-operation and Development.

LTC: Long-term care.

The situation is evolving rapidly and this data represents a snapshot of the pandemic in countries reported by May 25, 2020, at 9 p.m. ET.

Reporting of COVID-19 cases and deaths in the LTC sector is not directly comparable due to different testing and reporting standards across countries, as well as to different definitions of LTC. In many countries, COVID-19 cases in this sector are under-reported.

Data for Italy is available from only 52% of the nursing homes operating in the country.

Sources

World Health Organization. [Coronavirus disease \(COVID-2019\) situation reports](#). Accessed May 25, 2020.

World Health Organization Europe. [Coronavirus disease \(COVID-19\) outbreak reports: Country information](#). Accessed May 25, 2020.

United Nations Department of Economic and Social Affairs, Population Division. [World Population Prospects 2019](#). 2019.

European Centre for Disease Prevention and Control. Accessed May 25, 2020.

National Institute on Ageing. [NIA Long-Term Care COVID-19 Tracker](#). Accessed May 25, 2020.

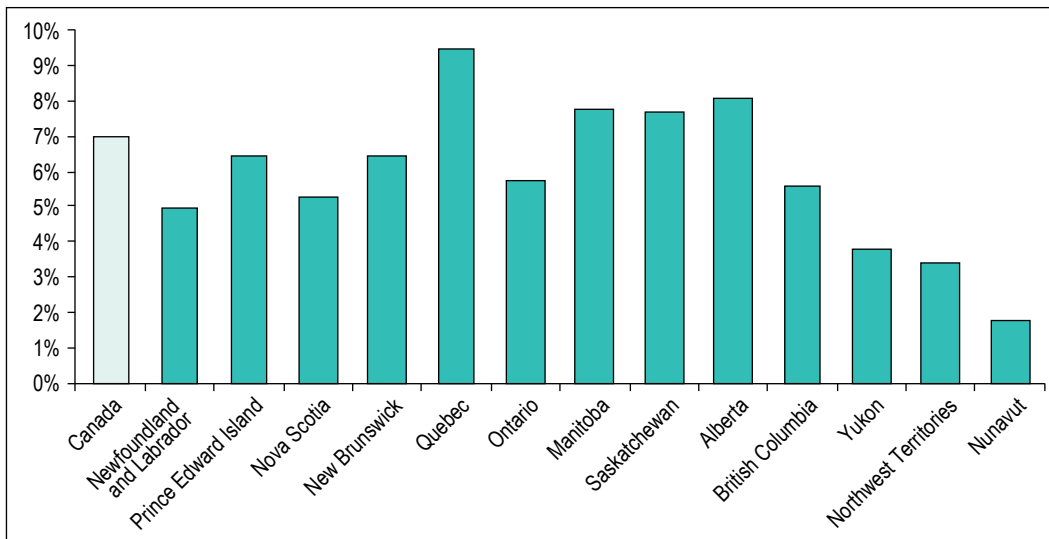
Daily epidemiological summaries produced by each country, where available, March 1 to May 25, 2020 (e.g., Public Health Agency of Canada, Robert Koch Institute of Germany).

International Long-term care Policy Network. Accessed May 25, 2020.

Baseline sector characteristics

- The proportion of seniors (age 65 and older) living in LTC and retirement homes is higher in Canada than it is in the average of OECD countries. However, results may vary due to different definitions of LTC across countries.
- Variation in LTC use among seniors also exists within Canada, where a more consistent definition of LTC is used (see Figure 2).
- Compared with other OECD countries, Canada’s LTC population tends to be older, with 91% of LTC and retirement home residents over age 65 and 74% over age 80.
- Compared with the OECD average, Canada had fewer health care workers (nurses and personal support workers) per 100 senior residents of LTC homes in 2018, with a rate that was half as high as the rates in the Netherlands and Norway.
- OECD countries varied widely in reported patient safety issues prior to the pandemic. Countries with higher rates of infection and pressure ulcers in LTC in 2019 (Spain, Portugal, Italy) tended to have more COVID-19 cases and deaths in this sector.
- OECD countries have different models of funding and regulation for LTC. While no clear differences in pandemic outcomes were observed across funding models (public, private or mixed), countries with centralized regulation and organization of LTC (e.g., Australia, Austria, Hungary, Slovenia) generally had lower numbers of COVID-19 cases and deaths.

Figure 2 Percentage of seniors (65+) in LTC by province and territory, 2018–2019



Notes

LTC: Long-term care.

Data includes nursing homes, retirement homes and homes for residents with disabilities or mental health needs.

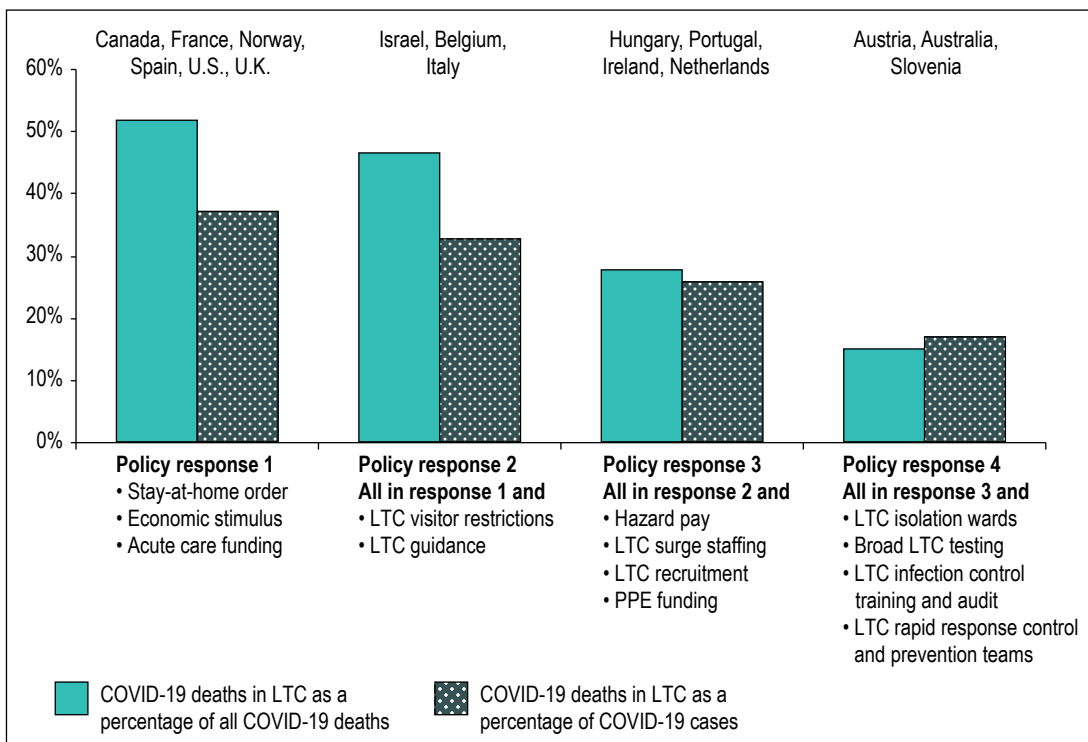
Source

Statistics Canada. [Data tables. 2016 Census: Type of collective dwelling \(16\), age \(20\) and sex \(3\) for the population in collective dwellings of Canada, provinces and territories, 2016 Census — 100% data](#). Accessed May 25, 2020.

Policy responses to address the pandemic

- Countries that implemented specific, *mandatory* prevention measures targeted to the LTC sector at the same time as their stay-at-home orders and closure of public places (Australia, Austria, the Netherlands, Hungary, Slovenia) had fewer COVID-19 infections and deaths in LTC. These prevention measures included immediate infection control measures, such as broad LTC testing and training, isolation wards to manage clusters, and additional supports for LTC workers such as surge staffing, specialized teams and personal protective equipment (PPE) (see Figure 3).

Figure 3 Impact of COVID-19 on LTC residents by level of policy response at the time of 1,000 COVID-19 cases



Notes

LTC: Long-term care.

PPE: Personal protective equipment.

Countries are grouped according to which policy interventions were announced as mandatory at the time of a country's first reported 1,000 COVID-19 cases.

Policy implementation can vary substantially within countries as some of these measures may be applied at the local level only. Each COVID-19 policy response includes the interventions from the previous level.

Specific policies and their implementation differ widely across regions or provinces of a country. For instance, the level of enforcement measures may vary across regions of a country and may have changed with the evolution of the outbreak in certain regions where more local measures may have been implemented. Some regions or provinces may have acted earlier than the national announcement in order to better manage their own outbreaks; however, the category of policy response did not change as a whole for the country.

Sources

World Health Organization. [COVID-19 Health System Response Monitor](#). Accessed May 25, 2020.

International Long-term care Policy Network.

Organisation for Economic Co-operation and Development. AI Policy Observatory.

North American Observatory on Health Systems and Policies.

Notes and limitations

Data for this analysis was sourced from official international publications (from the OECD, World Health Organization, etc.), country websites, and the media and published literature. Interpretation of this information needs to consider the following:

- The situation is evolving rapidly and this data represents a snapshot as of May 25, 2020, at 9 p.m. ET.
- Data on COVID-19 cases and deaths was collected from official surveillance websites. OECD peer countries that do not report publicly on their LTC sector were not included.
- Reporting of COVID-19 cases and deaths in the LTC sector is not directly comparable due to different testing and reporting standards across countries, as well as to different definitions of LTC. In many countries, COVID-19 cases in this sector are under-reported due to a lack of testing in care homes or lag times in reporting test results.
- The definition of LTC for COVID-19 reporting varies by country. For Canada, Hungary, France and Belgium, LTC includes both residential facilities with 24-hour nursing care and facilities with fewer services, such as retirement homes and assisted-living facilities. Data for Germany and the Netherlands includes all communal institutions such as prisons, shelters and homes for residents with disabilities in addition to assisted-living and residential care facilities. Data for Italy and Israel includes only those seniors' homes with intensive nursing support. Data for Austria includes residences for residents with disabilities. Data for Australia, Ireland, Norway, Portugal, Spain, Slovenia, the U.K. and the U.S. includes residential and nursing homes and skilled nursing facilities.
- Information is not available at the country level for many factors that may influence COVID-19 outcomes in LTC. These factors include staff working at multiple sites, the density of the resident population in care homes, hospital transfer policies and access to PPE.

More information can be found in our [companion data tables](#).

Appendix: Text alternative for figures

Figure 1: COVID-19 deaths as of May 25, 2020, at 9 p.m. — Number per million population, total and LTC

Country	Number of COVID-19 deaths per million population	Number of LTC deaths per million population
Australia	3	1
Israel	33	19
Norway	44	25
Slovenia	51	5
Hungary	52	3
Austria	72	13
Germany	99	34
Portugal	130	32
Canada	176	142
OECD average	266	112
U.S.	295	91
Ireland	329	184
Netherlands	341	50
France	436	208
Italy	543	176
U.K.	547	150
Spain	574	379
Belgium	807	400

Notes
 OECD: Organisation for Economic Co-operation and Development.
 LTC: Long-term care.
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 United Nations Department of Economic and Social Affairs, Population Division. [World Population Prospects 2019](#). 2019.
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 Daily epidemiological summaries produced by each country, where available, March 1 to May 25, 2020 (e.g., Public Health Agency of Canada, Robert Koch Institute of Germany).
 International Long-term care Policy Network. Accessed May 25, 2020.

Figure 2: Percentage of seniors (65+) in LTC by province and territory, 2018–2019

Jurisdiction	Percentage 65+ in LTC
Canada	7.0
Newfoundland and Labrador	5.0
Prince Edward Island	6.5
Nova Scotia	5.3
New Brunswick	6.5
Quebec	9.5
Ontario	5.8
Manitoba	7.8
Saskatchewan	7.7
Alberta	8.1
British Columbia	5.6
Yukon	3.8
Northwest Territories	3.4
Nunavut	1.8

Notes

LTC: Long-term care.

Data includes nursing homes, retirement homes and homes for residents with disabilities or mental health needs.

Source

Statistics Canada. [Data tables. 2016 Census: Type of collective dwelling \(16\), age \(20\) and sex \(3\) for the population in collective dwellings of Canada, provinces and territories, 2016 Census — 100% data](#). Accessed May 25, 2020.

Figure 3: Impact of COVID-19 on LTC residents by level of policy response at the time of 1,000 COVID-19 cases

Policy response	Countries	COVID-19 deaths in LTC as a percentage of all COVID-19 deaths	COVID-19 deaths in LTC as a percentage of COVID-19 cases
Policy response 1 <ul style="list-style-type: none"> • Stay-at-home order • Economic stimulus • Acute care funding 	Canada, France, Norway, Spain, U.S., U.K.	52	37
Policy response 2 All in response 1 and <ul style="list-style-type: none"> • LTC visitor restrictions • LTC guidance 	Israel, Belgium, Italy	47	33
Policy response 3 All in response 2 and <ul style="list-style-type: none"> • Hazard pay • LTC surge staffing • LTC recruitment • PPE funding 	Hungary, Portugal Ireland, Netherlands	28	26
Policy response 4 All in response 3 and <ul style="list-style-type: none"> • LTC isolation wards • Broad LTC testing • LTC infection control training and audit • LTC rapid response control and prevention teams 	Austria, Australia, Slovenia	15	17

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Specific policies and their implementation differ widely across regions or provinces of a country. For instance, the level of enforcement measures may vary across regions of a country and may have changed with the evolution of the outbreak in certain regions where more local measures may have been implemented. Some regions or provinces may have acted earlier than the national announcement in order to better manage their own outbreaks; however, the category of policy response did not change as a whole for the country.

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