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Letter

The impact of COVID-19 in nursing homes in Madrid, Spain: a need for assessment

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The impact of COVID-19 on nursing home residents has been particularly damaging in the metropolitan area of Madrid, Spain, a densely populated region of 6.7 million, 48 768 of whom were living in nursing homes in 2019 [1]. Madrid, like the rest of Spain's regions, has independent decision-making powers over healthcare and social services [2]. According to official figures provided by the Madrid government and the Ministry of Health, at least 9470 deaths in March and April 2020 among nursing home residents occurred in Madrid, accounting for a 53% excess mortality over the one expected had COVID-19 mortality been equally distributed among all regions [3,4], the highest among Spain's 17 regions [3].

The structural factors that contributed to these grim statistics include chronic shortages of nursing staff, lax oversight regarding the provision of appropriate care to residents, the absence of shared protocols between nursing homes and the public healthcare system, and the concentration of private for-profit operators in the sector [4]. As an indicator of the prevalence of private management of nursing homes in Madrid, as of September 2020, private companies oversaw 46 122 beds (87.9%) of the total 52 452 long-term care beds available [4]. Because private companies tend to prioritise profits over other metrics, such as the welfare of residents, financing and the provision of adequate services when compared to not-for-profit organisations often suffer.

Against this background, a series of political decisions may have further contributed to the elevated death toll in nursing homes. First, Madrid's health office issued a set of protocols that instructed nursing home staff to not refer residents with confirmed or suspected COVID-19 infection and severe disability to public hospitals for treatment. According to official data provided by the regional

government, through the end of April, 7291 senior citizens (77% of those who died) perished in nursing homes without being transferred to a hospital. Second, a loosely recommended countermeasure of staffing nursing homes with medical doctors to bring care to the patients on site was hardly implemented. As a result, many residents died with little or no palliative care [4]. Lastly, alternative resources such as private hospitals, medicalised hotels, and an exposition centre repurposed as a pandemic hospital were barely used to absorb patients with milder symptoms. By contrast, there were isolated initiatives to help to take care of the healthcare needs of nursing home residents [5].

In essence, what happened in nursing homes in the region of Madrid was not only a conflict between unmet healthcare needs and the capacity of the system to address them, but also effective discrimination against a socially and clinically vulnerable population. A deficient management of available resources was complemented with a blunt and negligent interpretation of prioritisation criteria.

An independent evaluation of what happened in the first COVID-19 months in nursing homes in Madrid is therefore essential to identify gaps, define protocols and safeguards that would rule out situations such as the one experienced, and equip the sector to withstand future crises.

Author contributions

G Koleva, F García López and J Padilla wrote the first draft of the letter. M Rico contributed with providing the original data cited in the manuscript, including copies of his requests for information and correspondence with Madrid's government. D Figuera and M García contributed with validating the final letter.

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Declaration of interest

D Figuera, J Padilla and M García are representatives in the parliamentary group Más Madrid in the Madrid Assembly. G Koleva, M Rico and F García López have nothing to disclose.

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