Cour des comptes

Chambres régionales
& territoriales des comptes

Elderly people in care homes (EHPAD)

Executive summary

2022 Annual Public Report

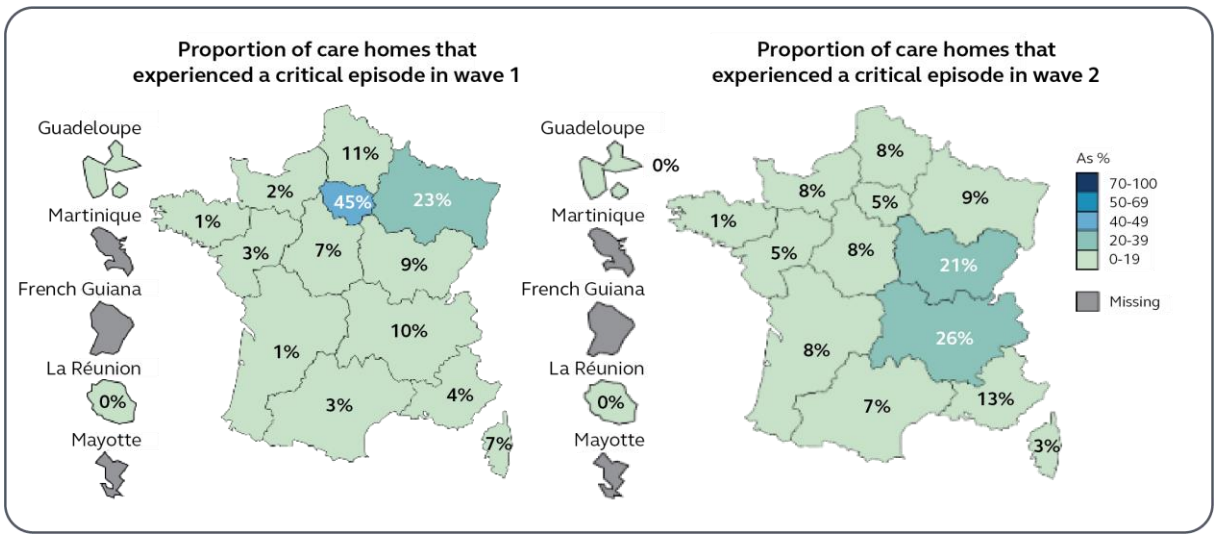
The health crisis has particularly hit the 7,500 care homes for dependent elderly people (EHPAD) and their 600,000 residents. 80% of care homes were hit between March 2020 and March 2021. During this period, the pandemic caused nearly 34,000 deaths, which represents 36% of all deaths recorded in France due to Covid. This particular vulnerability cannot be explained solely by the fragility of the residents. It also derives from the structural difficulties of care homes, which call for radical reform, beyond the very significant credits that have been released both for managing the crisis itself and within the framework of the 'Ségur de la santé' plan.

A high cost in human terms until vaccinations were rolled out, revealing the structural deficiencies of nursing homes and the vulnerability of their residents

The first two waves in March to July then August to December 2020 resulted in an equivalent number of deaths in care homes (just over 14,500 for each period). Their characteristics and the context in which they occurred were however, very different.

The first wave was concentrated in two regions (Île-de-France and Grand Est), lasted a few weeks and was characterised by a shortage of personal protective equipment, lack of testing and particularly drastic protocols. The second wave was broader in geographic terms, and lasted longer. The measures taken took greater account of territorial realities and above all, better respected residents' freedom of movement and access by families.

The most affected regions (wave 1 and wave 2)



Source: Drees

In the first quarter of 2021, care homes largely escaped the third wave due to the success of vaccinations. They nevertheless suffered 4,700 additional deaths linked to Covid-19 during this period. This very high mortality can be explained by the profile of residents, but also by well-known structural weaknesses despite the progress made since the beginning of the 2000s: insufficient medical care, severe pressure on human resources, poor integration into healthcare networks and, sometimes, difficulties linked to the unsuitability of premises. **Short-term and long-term support measures of an unprecedented amount, which must be accompanied by structural reforms**. The cost, in terms of health insurance, of short-term measures aimed in particular at offsetting additional expenses and loss of revenue of care homes, reached €1.7 billion in 2020. In July 2020, long-term funding measures were also taken within the framework of the "Ségur de la santé" plan. It was then decided to make significant

salary increases and also make property investments and top up the budget for developing digital tools. Also, the overall target for expenditure on the elderly in 2020 (€14.3 billion) is up by 33.6% compared to 2019. Relevant measures to improve the medical care of people in care homes, taken in an emergency, have also begun to be made permanent: strengthening of geriatric sector networks, greater presence of home hospitalisation teams in care homes, increased medical attendance time, etc.

The exceptional volume of expenditure thus granted can only be justified if the very model of care homes changes radically, as recommended by several reports, including those of the Court of Accounts.

Audit recommendations

The Court makes the following recommendations:

1. consolidate the partnership relationships forged during the crisis between regional health agencies [ARS], care homes and healthcare institutions, in particular by better structuring Blue Plans [plans for organising and implementing resources in a crisis] and White Plans [plans for mobilising extra staff in a crisis], within the territorial framework *(Ministry of Health and Solidarity)*;

2. promote integration of care homes into a network (linking to a healthcare institution, integration into a group, participation in a medico-social cooperation group) within the framework of negotiation of long-term agreements on targets and resources *(institutions, regional health agencies [ARS], departmental councils)*;

3. accelerate implementation of structural reforms, by identifying in advance the impact of use of the three main drivers of reform: authorisations, long-term agreements on targets and resources [CPOM] and tariffs *(Ministry of Health and Solidarity)*.