

# **PIANO COVID-19 - Effect of organizational measures to prevent and control COVID-19 infection in nursing homes on the risk of death of residents during and after the epidemic period - PIANO COVID-19**

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## Général

### Identification

Nom détaillé

Effect of organizational measures to prevent and control COVID-19 infection in nursing homes on the risk of death of residents during and after the epidemic period - PIANO COVID-19

Sigle ou acronyme

PIANO COVID-19

### Thématiques générales

Domaine médical

Geriatrics

Etude en lien avec la Covid-19

Yes

### Responsable(s) scientifique(s)

Nom du responsable

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Organisme

GERIATRIC UNIT TOULOUSE UNIVERSITY HOSPITAL

### Collaborations

Participation à des projets, des réseaux, des consortiums

Yes

### Financements

Financements

Public

Précisions

DGOS (General Directorate of Healthcare Supply) funding

### Gouvernance de la base de

## données

Organisation(s) responsable(s) ou promoteur Toulouse University Hospital

Statut de l'organisation Secteur Public

Existence de comités scientifique ou de pilotage No

## Contact(s) supplémentaire(s)

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Organisme GERIATRIC UNIT - TOULOUSE UNIVERSITY HOSPITAL

## Caractéristiques

### Type de base de données

Type de base de données Study databases

Base de données issues d'enquêtes, précisions Cohort study

Origine du recrutement des participants A selection of health institutions and services

Le recrutement dans la base de données s'effectue dans le cadre d'une étude interventionnelle No

### Objectif de la base de données

Objectif principal The main objective is to compare the occurrence of global death of residents during a 1-year period (from January 2020 to December 2020) in NH and LTCU with a high level of implementation of the recommendation/guidance to prevent and control COVID-19 NH/LTCU residents' infection and NH and LTCU with a low level of implementation of the

recommendation/guidance to prevent and control COVID-19 NH/LTCU.

The secondary objectives are:

- To compare the rate of death related to confirmed or suspected COVID cases in NH/LTCU with a high level of implementation of the recommendation/guidance to prevent and control COVID-19 NH/LTCU residents' infection and NH/LTCU with a low level of implementation of the recommendation/guidance to prevent and control COVID-19 NH/LTCU.
- To compare the rate of death not related to COVID cases in NH/LTCU with a high level of implementation of the recommendation/guidance to prevent and control COVID-19 NH/LTCU residents' infection and NH/LTCU with a low level of implementation of the recommendation/guidance to prevent and control COVID-19 NH/LTCU.
- To analyze the incidence of serious health events (deaths, hospitalizations) and the occurrence of COVID in residents (vaccinated and unvaccinated), in NHs and LTCUs in France during a 12-month (2021) observation period.
- To analyze the occurrence of COVID in residents (vaccinated and unvaccinated), in NHs and LTCUs in France according to the rate of vaccination against COVID among the NH's/LTCU's staff during the same observational period.

From an economic perspective:

- To assess the economic impact of the implementation of prevention measures applied by nursing homes staff, from healthcare system and the NH perspectives, 6, and 12 months before and 6, 12 months to 24 months after the implementation of the preventive measures.
- To assess the economic impact of the vaccination among residents and NH's staff, from healthcare system and the NH perspectives, 6 and 12 months before and after the vaccination campaign. These data will also provide indirect economic information about the tolerance of the vaccination.
- To assess the efficiency of the high level implementation of the recommendation to prevent and control COVID-19 in comparison with the low level implementation of recommendation to prevent and control COVID-19, using a cost-effectiveness analysis at 12 and 24 months.
- To assess the efficiency of the vaccination, at 6 and 12 months, among residents and healthcare professionals in comparison with no vaccination, using a cost-effectiveness analysis

Critères d'inclusion	NHs and LTCU volunteers to participate from different region of France (from low impacted to highly impacted region) will be welcomed. <b>NON-INCLUSION CRITERIA</b> NHs or LTCUs that refuse to participate.
<b>Type de population</b>	
Age	Elderly (65 to 79 years) Great age (80 years and more)
Population concernée	General population
Pathologie	
Sexe	Male Woman
Champ géographique	National
<b>Collecte</b>	
<b>Dates</b>	
Année du premier recueil	2020
Année du dernier recueil	2021
<b>Taille de la base de données</b>	
Taille de la base de données (en nombre d'individus)	[500-1000] individuals
Détail du nombre d'individus	9,600 persons from 120 nursing homes (coordinating nurses or coordinating physicians).
<b>Données</b>	
Type de données recueillies	Clinical data Cost data
Données cliniques, précisions	Direct physical measures
Données de coût, précisions	healthcare consumption data collected via the health insurance scheme
Existence d'une biothèque	No
Paramètres de santé étudiés	Health event/mortality Health care consumption and services
Consommation de soins,	Hospitalization

précisions

Medical/paramedical consultation

## Modalités

Mode de recueil des données

Excel file; CRF

Suivi des participants

Yes

Détail du suivi

in 2021: vital status, GIR, and COVID vaccination data of participants will be collected

## Valorisation et accès

Valorisation et accès

Accès