Ontario
Long Term Care
Clinicians

Tuesday, March 24, 2020

COVID-19 REPORT

The Ontario Medical Association not only provides members with information, regular updates but also has resource-rich home page on COVID-19. OMA hosted a virtual Town Hall on March 22. Dr. Greg Rose, infectious disease specialist, was among others who answered questions from the approximate 1,500 attendees. The previous day, President Trump, made unsubstantiated claims about the role of hydroxychloroquine (Plaquenil). Communication from the Ontario Pharmacy Association cautioned about a run on prescriptions on the weekend. These prescriptions were mainly for outpatient use with some inconsistent dosing. Concerns include depletion of the supply of hydrocholoroquine for people who need it for other conditions.
https://www.oma.org/member/section/practice-&-professional-support/coronavirus?type=topics

Another source of practical advice and useful links is the CPSO COVID-19 FAQs. For example: *I'm self-isolated as I've just returned from out-of-country/ due to an unprotected interaction with a positive COVID-19 patient. What are my professional responsibilities?* Given new directives from the federal government regarding travel restrictions, Ontario Health has been clear that all healthcare workers returning from out-of-country must self-isolate for 14 days. …[If] you meet the criteria for self-isolation set out by Public Health , the hospital system and the Ministry of Health, self-isolation is the right decision to make for you, your colleagues, and your patients.
https://www.cpso.on.ca/Physicians/Your-Practice/Physician-Advisory-Services/COVID-19-FAQs-for-Physicians

"I am so interested in making health care workers safe because if these measures make them safe, these measures will allow us all to get back to work again." So says Dr. Atul Gawande, medical author and writer for the New Yorker. In Italy, the hospitals were sources of infection. Successes in Hong Kong, Singapore and South Korea, are attributed to precautions for the health care workers. These measures include screening, wearing a mask, and isolating people with respiratory symptoms. The peak demand on hospitals in Wuhan was three to four weeks after the lock down. We may expect the same here.
https://www.pbs.org/newshour/show/what-precautions-health-care-facilities-should-be-taking-to-protect-their-workers

This is a time, more than ever, we ensure the care of our LTC residents. Dr. Giulia Perri, Baycrest Health Sciences, provides the following on caring for our residents. As our residents are at higher risk for increased morbidity and mortality during this COVID-19 pandemic, here are some recommendations from the lens of palliative care:

1. Ensure comfort with estimating and communicating prognosis. There are various tools used to estimate prognosis including the Gold Standard Framework and the Palliative Performance Scale for residents with malignancy. The Ontario Palliative Care Network has complied some useful resources on prognostication. <https://www.ontariopalliativecarenetwork.ca/en/node/31896>
2. Ensure symptom and end of life medications are in stock and easily accessible 24/7 via the sub-cutaneous route. Classes of medications to consider access to include opioids (e.g. hydromorphone for pain and dyspnea), benzodiazepines (e.g. lorazepam for dyspnea, anxiety, seizures), antipsychotics (e.g. haloperidol for delirium, or methotrimeprazine when haloperidol is contraindicated), anticholinergics (e.g. glycopyrrolate for end of life secretions). Other medication classes that are common to use for residents with CHF at end of life are diuretics such a furosemide sub-cutaneously when the oral route is no longer available.
3. Communication with families and Substitute Decision Makers under new visitor restrictions and social distancing will be challenging. Telephone access, devices and the infrastructure to support families wanting frequent communications, should be thought through. It's all hands on deck!
4. Palliative Care Consultants as part of our team. Many LTC homes have frequently used consultants in the various specialties - a palliative care consultant may be one to have access to. Palliative care consultants can do virtual visits, join in on case conferences to support the MRP, support conversations regarding prognosis and goals of care, and provide advice on pain and symptom control for challenging clinical situations.
5. Grief and Bereavement. Often overlooked but equally as important as all the above. Who will support the family, caregivers, staff? We all have a role. The time is now to look at our respective capacities to support each other.