

Monday, March 30, 2020

COVID-19 REPORT

Tragedy has struck a long term care home in Bobcaygeon, Ontario. Nine deaths at Pinecrest Nursing Home are attributed to COVID-19. The home has 65 licensed beds. The Bobcaygeon is 150 kilometers northeast of Toronto, near Lindsay. Seventeen staff are positive for COVID-19. The Medical Director, Dr. Michelle Snarr, prepared by email families prior to this fatal outbreak. “It’s possible that you may face the decision to send your loved one to the hospital, especially if they develop pneumonia and have trouble breathing...This would raise the question of going on a ventilator. A frail nursing-home patient who is put on a ventilator is quite likely to suffer a great deal, and may not survive ... I am asking all of you to think hard about what would be in the best interest of your loved ones.”

<https://www.theglobeandmail.com/canada/article-covid-19-kills-nine-infects-34-staff-at-bobcaygeon-nursing-home/>

The next week may see the worst of the COVID-19 pandemic. LTC physicians and nurse practitioners continue care for our residents during this COVID-19 pandemic. This includes adapting rounds in order to exercise social distancing and using PPE when examining patients who are sick or have respiratory symptoms. Physicians working in different facilities may choose to make arrangements with colleagues. Work with management and nursing. Collaboration and cooperation will lessen their burden. Medical Directors must assure that there is coverage and the continuity of clinical care by the physicians and NPs.

Don’t ignore the residents who remain well. They are isolated from their families, other visitors and usual activities. Be on the phone to family members and others. This can be part of your virtual or remote rounding. Family members are concerned. Media coverage undoubtedly heightens anxiety. Let them know how their spouse or parent is doing. Recognize and empathize with the concerns at this time. Recognize the dedication of the staff and the continued need to follow lockdown precautions. Give reassurance and clarity. Work with management and to lessen their burden. Advance care planning may be the intent of the clinician. The question may come, “what will happen if mom becomes really ill?” This is a time to promote dialogue and trust with residents and families.

The temporary emergency order by the Ministry, as reported in yesterday’s COVID-19 Report, allows our homes to take necessary measure to respond to the pandemic. A potential loss of up to fifty percent of the LTC workforce is estimated during the pandemic. People are off sick, in self-isolation after exposure, or staying at home with

school-aged children. Staff in LTC spend an estimated three hours a day on paperwork. Much of this time is not related to the safe and compassionate care of the residents. The Long Term Care Homes Act (LTCHA) defines the roles, responsibilities and scope of practice of health care professionals. These requirements limit the availability of staff for care.

The emergency order is necessary for homes to manage staffing challenges in these unprecedented times. The emergency order allows for increased access by physicians by telemedicine, virtual nursing support, family resources, an action phone line, and redeploying inspectors. Inspectors will be “Resource Consultants”. They will help manage care issues such as infection control and prevention and proper use of PPE. Of special relevance to physicians, care conferences are on hold except to meet the “clinical needs of the resident”. The annual physical examination is not required but a physical examination should occur “within a reasonable period of time after the resident’s last examination”.

Provincial Geriatric Leadership Office (PGLO) COVID-19 issues were part of the virtual meeting hosted by the nascent PGLO today. PGLO consolidates the high-quality work in clinical service delivery and education of the Regional Geriatric Programs (RGPs). On the agenda was organizing a long term care consultation service with geriatricians, especially to meet the demand of COVID-19. This service should serve to reduce the demand on acute care. Consultants can be further helpful by connecting with substitute decision makers to discuss clinical management and goals of care. There RGPS web site has a resource page with many useful links:

<https://www.rgps.on.ca/resources/>

Virtual care is an option to contain the spread of COVID-19 and maintain contact with nursing staff. Phone consultations, emails, text messaging, remote monitoring and video visits allow care providers and patients to connect safely at a distance, minimizing the risk of community infection. The Ministry of Health provides temporary billing codes and procedures to support that effort. Here is the link:

<http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4745.aspx>

Information on the temporary billing codes, including useful resources and frequently asked questions, can be found here:

<https://otn.ca/wp-content/uploads/2020/03/Virtual-Care-Billing-to-Support-COVID-19-FAQ-FINAL.pdf>