Ontario Long Term Care Clinicians

Tuesday, March 31, 2020

COVID-19 REPORT

The attached document from Ontario Health clarifies and updates the definition of Case Definition for COVID-19. The term person under investigation (PUI) is no longer used. A probable case is a person with a fever of greater than 38 degrees and (i) travel to impacted area or (ii) close contact with a confirmed of probable case of COVID-19 and (iii) contact with someone who was in an impacted area and has respiratory symptoms. Although the median incubation time of COVID-19 is five days, World Health Organization recommends an exposure history of 14 days.

In the interest of saving lives, new directives for long term care are released by the Chief Medical Officer of Health, Dr. David Williams. Directive #3 is attached. The new directives outline with stringent requirements for screening, testing, PPE and isolation. It will be a challenge for homes to interpret and apply these new directives. Contact and droplet precautions must be used by workers for all interactions with suspected, presumed and confirmed cases of COVID-19.

The new directive requires active screening of all residents at least twice daily. Residents are screened for fever, cough or other symptoms of COVID-19. Residents with even mild respiratory symptoms must be isolated for COVID-19. New residents must be placed in self-isolation for 14 days. Residents who wish to go outside must remain on the home's property and maintain physical distancing. Only essential visitors are allowed into the facility. Essential visitors are necessary support services or a person visiting a very ill or palliative resident.

Staff and resident cohorting is recommended. Staff are designated to work with either ill residents or well residents. Resident cohorting may be more difficult and includes separating well and unwell residents. In a smaller home where there is suspected COVID-19, all residents and staff should be managed as if they are potentially affected.

Medical Directors should review and update these new directives with their administration and Directors of Care.

The OLTCC Board of Directors conducted a special teleconference meeting this morning to review the COVID-19 pandemic. There is widespread recognition that long term care physicians, by necessity or choice, continue to provide care by remote means. Virtual care may include telephone rounds, secure text messages, and by videoconferencing through platforms such as OTN.

Remote or virtual care requires documentation on the electronic health record (EHR). Most home have the PointClickCare (PCC) software. Physicians must assure remote access to this secure, web-based software. Dr. Evelyn Williams provide these suggestions for remote access on the EHR to deliver continuing care. The suggestions apply to PointClickCare and its accompanying module Point of Care (POC)(for facilities that have it.)

Access the system from home/office for the following:

1. Review of progress notes since last rounds to see what is happening with residents. Notes can be filtered by provider if you want only notes from physicians/NP's for residents who have a fall. Check blood pressure (vitals tab) for hypotension.
2. Review of vital signs tab to manage:
    a. Hypertension - if too high or too low adjust meds by telephone order.
    b. Heart rate - if resident on betablockers +/- or cholinesterase inhibitor to monitor for bradycardia and adjust meds if necessary.
    c. Diabetes - review of capillary glucose readings and adjustment of meds if too high or too low. Diabetics who were being fed by family members may have different intake now.
3. Review of POC tasks (if the facility has this part of the software) to manage:
    a. Behaviours - especially physical aggression or resistance to care with adjustment of meds if necessary
    b. Fluid intake - for severely dysphagic residents review of oral fluid intake to see if this is sufficient; if not and consistent with goals of care, starting hypodermoclysis and order labs
    c. Constipation - bowel movements are charted so laxatives can be adjusted if needed

All of these assessments can be documented in the progress notes and telephone orders given. This leaves residents who are acutely ill and need to be assessed – either in person or with assistance of virtual care/OTN.