Ontario Long Term Care Clinicians

Saturday, April 11, 2020

COVID-19 REPORT

Quebec will systematically test all residents and staff in long term care. Not so in Ontario. The new guidance released this week advises testing contacts of a confirmed case. These include residents in adjacent rooms, all staff working on the unit and essential visitors to that unit. An outbreak is defined as one resident or staff testing positive. Testing of all residents and staff would indicate the extent of infection in the home.
https://www.theglobeandmail.com/canada/article-ontario-targets-16000-covid-19-tests-a-day-by-early-may/

The new testing guidance released at the end of this week states that patients transferred from hospital to LTC should be tested before transfer. This assumes that a negative result is required before transfer. The members and Board of OLTCC have serious concerns about the transfer and management of COVID-19 positive patients. To maintain a steel wall around LTC, our residents and staff must be protected.

Medical Directors need to work with the Executive Director, administration and Directors of Care for a proactive policy for repatriation of residents and admissions into LTC. Newer homes are better prepared to accept a COVID-19 positive patient if there is that need with a surge in acute care. This involves cohorting the residents and the staff who are looking after them. Cohorting is the use of a dedicated team of healthcare staff, in an isolated area, to care for infected residents. There must be assurance of adequate PPE and a back-up plan if supplies run short.

OLTCC recommends the following:

1. The Medical Director should work with Executive Director and Director of Care to have a policy about transfers of care during the pandemic.
2. Ensure section 3 of the CPSO Continuity of Care Policy, Transitions of Care. "When handing over primary responsibility for patients…physicians must facilitate a comprehensive and up to date exchange of information and allow for discussion to occur or questions to be asked by the health care provider assuming responsibility."

Managing Residents Death in LTC replaces the requirement for the physician, nurse practitioner of RN(EC) to go the home and sign the death certificate. The purpose is to expedite the removal or the deceased resident from the home during the COVID-19 pandemic. Each home will have a Managing Resident Death Team (MRDT) to inform staff on completion of the Managing Resident Death Report (MRDR). This include and updated Institutional Patient Death Record (IPDR). The Office of the Chief Coroner of Ontario (OCCO) will complete the Medical Certificate of Death (MCOD).

Here is what you need to know:

- There is no requirement to complete MCOD.
- The nurse will need to know the cause of death and underlying conditions in order to complete the MRDR, and possible assistance to answer questions of the IPDR.
- This expedited process is to be completed within three hours of death. Be prepared for calls during the night.
- Although unlikely, assure contact information for the clinician in case the OCCO needs to contact her or him for more information
- MRDR is for all deaths that occur in LTC during the pandemic.

Managing Resident Deaths in LTC begins Tuesday, April 14, at 8:00 AM. Executive Directors and Administrators in long term care are advised about these changes through a series of webinars. The final of four webinars with the Chief Coroner of Ontario tomorrow, Sunday, April 12, 2020 – 11 AM to 12 PM.
Click on this link:
https://register.gotowebinar.com/rt/5863060399278499340

Cardio-pulmonary Resuscitation (CPR), LTC and COVID-19.
All clinicians should be aware that the efficacy of CPR is generally low in the nursing home population. CPR creates significant additional risk of contracting coronavirus due to viral aerosolization. Therefore, additional precautions are required when performing CPR during this pandemic. Attached are the American Medical Directors Association (AMDA) guide if CPR is necessary for any person who is suspected or diagnosed with COVID. This is a time to consider each patient's goals of care, long before the need for CPR might arise. Early discussion of GOC, as well as code status, can help ensure that residents' goals are met, without creating unnecessary risk and exposure to staff during CPR.