Ontario Long Term Care Clinicians

Wednesday, April 15, 2020

COVID-19 REPORT

Like Ontario and Canada, other western countries report that 50% of deaths from COVID-19 occur in long term care, and similar residential setting for the elderly like retirement homes. The London School of Economics report that between 42 and 57 per cent of deaths in France, Italy, Spain, Belgium and Ireland occur in these care settings. The 50% rate appears the same in the United State. Many of the measures recommended federally this week have been in place in Ontario for over two weeks. "Directive 3" from the Ministry of Health placed retractions on visitors and screening of all staff. Testing all staff and residents, if possible, could have taken it a step further.

An emergency order from the provincial government yesterday forbids employees from working in more than one facility. Health care workers are identified as the source of the virus in some of the outbreaks. Most physicians attending patients in LTC are not employees. Their practice may involve other health care settings such as office, clinic and hospital. A presence in the LTC home can assure better care and help the morale of fellow front-line care providers. There is a great responsibility to protect our residents. Some homes, LTC organizations and Medical Directors have provided guidelines and restrictions for physicians. Otherwise, it is personal and professional responsibility. Observe all the infection control measures including use of PPE. Use remote and virtual care as much as possible. Cohort with colleagues to avoid working in several sites. Protect yourself so that you continue to care for your patients. Protect your family and others when you return home.

Chronic Understaffing of LTC

The current pandemic reveals the strain on the LTC system including understaffing. This is after years of warnings from health care experts, coroner's inquests, auditor general reports and a recent Gillese Inquiry. "Ontario cannot afford to let this go on any longer. It must fix this broken system that leaves workers underpaid and overworked, homes badly understaffed and residents in danger, and ramp up COVID-19 testing."
TheStar editorial, Apr 3

BPSD and COVID-19 Residents with dementia will experience stress and show anxiety when forced into isolation and other restrictions during the COVID-19 pandemic. Change in routine can cause delirium and cause agitation. Non-pharmacological, personalized, intervention, like the DICE strategy, are preferred. DICE denotes describe, identify, create and evaluate. Identify and describe the actual behaviour. For example, did the patient strike the caregiver during a bath? Was the water too hot? How was the caregiver talking to and approaching the patient? Review medications and investigate unmet needs such as fear, loneliness, sleep, eyeglasses, hearing aids, or medical problems including anemia, infections, or constipation. In order to create a treatment plan, consider five domains: (i) educate the caregiver; (ii) improve communication between the caregiver and resident; (iii) create meaningful activities for the resident; (iv) simplify tasks and establish structured routines; (v) ensure safety and enhance the environment. Evaluate recommended strategies have been implemented and have had the desired effects. Key messages about caring for the person with dementia (PWD) and COVID-19 are in the attached two-pager from the Chinese Society of Geriatric Psychiatry.
DICE dementia treatment preferable to drugs

In previous OLTCC COVID-19 reports, suggestion was given for optimizing medication management during COVID-19 pandemic. The pandemic gives cause for medication review and shared decision making with the resident, substitute decision maker and family. Resident-centered health and well-being can be improved by reducing use of unnecessary medications, simplifying medication management, and reducing opportunities for transmission of COVID-19 between residents and staff. By streamlining medication administration, these changes may also increase the time that staff have available for other direct care activities. Reducing monitoring of measures like heart rate and blood glucose could possibly be reduced. A check list, Optimizing Medication Management during the COVID-19 Pandemic, from the University of Maryland, is attached. The resource includes changing medication formulations or regimens for less frequent doses. This and other resources can be found on the COVID-19 resource page of the American Medical Directors Association:
AMDA COVID-19 Updates and Resources