Ontario Long Term Care Clinicians

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COVID-19 REPORT

PALLIATIVE CARE IN LONG TERM CARE DURING THE COVID-19 PANDEMIC

During the COVID-19 pandemic, our residents in long term care, their families, and the larger community needs the assurance of excellent palliative care and the availability of necessary medications. This is a time to endorse "how LTC is usually very good at palliative and end-of-life care because it is something, we do a lot of", says Dr. Rhonda Collins, Chief Medical Office of Revera Living and Director at OLTCC. Hospices have palliative pain consultants who provide on-site or virtual pain assessments. Pallium Canada provides the Learning Essential Approaches to Palliative Care (LEAP) courses and resources. Several of their modules free for the next three months:
https://www.pallium.ca/course/covid-19-response-free-online-modules/

Other OLTCC Directors share their experience with providing palliative care at this challenging time. Dr. Janice Legere, from Brantford, attests that palliative care has always been "an important component of what we do in LTC. It is just heightened during COVID-19 because of the high mortality in our residents. The Advanced Care Planning (ACP) is often a REVISIT of goals of care GOC). Answering questions for families and POAs is also good palliative care - we are family physicians taking care of whole families." She highlights the resources of Hospice and Palliative Care Ontario (HPCO) and the work of the McMaster Palliative Care Division for End-of-Life Care in the Frail Elderly. Relevant resources are available at:
https://fhs.mcmaster.ca/palliativecare/COVID19Resources.html

Dr. Sandy Shamon, from Cambridge, adds that "it's very important that the public is aware of the large efforts and work that has been placed into ensuring access to high-quality general care and palliative care in LTC during this pandemic." Many, or most, regions have developed working groups to address the regional needs. For example, the Waterloo region palliative care working group makes access to palliative care services for LTC and retirement homes a priority. "Phone a friend" system was created where every GP has access to palliative consultant in any setting through the palliative physicians on call group. There is also a WhatsApp chat group involving palliative consultants.

End-of-life care is integral to LTC. Approximately 15,000 persons die in Ontario LTC homes each year. Dr. Benoit Robert, from Ottawa, points out that patients die waiting admission to LTC and about 40% die within the first year. The average length of stay in LTC is 2.5 years, a similar prognosis as metastatic breast cancer. Mortality from COVID-19 "is highest in those with other medical conditions such as heart disease, lung disease, or diabetes. We do not yet have good information regarding survival in Canada, however, in Italy, about 70% of people over the age of 80 survived COVID-19."

Dr. Lorand Kristof is a Medical Director at Malton Village LTC, Mississauga, a community family physician practicing palliative approach to care and rehabilitation hospitalist at Brampton Civic Hospital and William Osler Health System. He points out that the current discussions about ACP and GOC are an extension of regular care conferences that occur on admission and annually. These discussions include avoiding unnecessary transfers of care.
PoET (Prevention of Errors-based Transfers) project

"What stands out to me is a community willingness to help LTC in as many ways as locally can be created. This may be true for mostly smaller communities; it is my hope that this is true for larger communities as well." Says Dr. Kerstin Mossman who works in Barrie.

Dr. Mossman shares a concern of many other physicians providing end-of-life care during COVID-19. Because of restrictions for visitors into LTC, families have not seen their loved ones for weeks. The window for a compassionate visit at the end-of-life may be small. Others fear the risk of entering the home. "This is so against all we do and suggest with end of life...I have spoken to a number of families who have lost a loved one in a setting in which the visitor restrictions allowed some visiting for end of life care are not felt as enough by the family. I have no answer for that, though I know many of our community agencies (hospice, palliative care networks) have offered to help the families...bottom line is that it is not sufficient, and families carry this trauma with them."

Dr. Shamon also identifies a "gap in providing support to anxious and grieving families in specific homes with outbreaks…staff are overwhelmed and overworked due to shortage in staffing." A help line for families would be beneficial.
https://www.nejm.org/doi/full/10.1056/NEJMoa2008457?query=C19&cid=DM90829_NEJM_COVID-19_Newsletter&bid=187403438