

**COVID-19 REPORT**

**Keep Your Loved One in Long Term Care**

Regrettable advice in the media suggests that families should remove their loved ones from their home in LTC. These comments cause undue worry and guilt. The first priority of OLTCC during the COVID-19 pandemic to keep our residents safe by taking all measures to prevent entry of COVID-19 into the home and, if necessary, reduce risk of transmission in the home. The Ministry of Health of Ontario have issued emergency orders and directives to assure the greatest safety of long term care homes. These include screening of staff, restriction of visitors and use of personal protective equipment (PPE).

The concentrated deaths that have occurred in some facilities, such as Lee Valley Care Centre and Pinecrest Nursing Home, cause alarm and sadness. These are cluster deaths. COVID-19 entered these unlucky homes before the present strategies for prevention. An older home like Pinecrest has the four-bed rooms. Ontario LTC homes built in the last quarter century have only private or semi-private rooms that allow for better infection control.

Three quarters, or more, of LTC residents have a cognitive impairment. Many are dependent of skilled care staff for basic activities of daily living like feeding, dressing, toileting and bathing. Transfers may require a mechanical lift or the assistance of two persons. Complex medical needs include wound care, dialysis, catheter and enteral feeding.

LTC is actively involved in emergency avoidance strategies with the impending surge on acute care. Emergency departments (ED) and ICU will be overwhelmed. LTC works with acute care to increase the its capacity where it is needed for the sickest people. Families are unlikely to meet the care needs of the loved ones in homes. When there are medical or behavioural issues the only resort will be the crowded EDs. The majority of new cases of COVID-19 are now due to community spread.

## Virtual Care and Billing

The Executive of the OMA Section for Long Term Care and Care of the Elderly confirmed yesterday that documentation of virtual visits qualify as assessments towards management fee codes, i.e. W010.

“W010 LTC monthly management fees in nursing homes would continue to be payable with documentation of virtual visits in the patient’s chart. As with in-person visits, virtual visits would not be payable under K-codes in the same month as the W010 is billed. This is retroactive to March 14, 2020.

The OMA/MOHLTC previously announced the addition of several insured services provided by physicians via telephone or video. We previously confirmed that an inter-professional team member such as nursing staff at a nursing home would be considered a "patient's representative" for the purposes of initiating a telephone or video visit.

Our core values at the OMA include being innovative, bold and responsive, so we will continue to advocate for quality medical care to be provided in your nursing home.

Thank you for caring for some of our most vulnerable Ontarians.”

### Using Your Electronic Health Record (EHR) for Virtual Care

Attached are helpful hints for clinicians to use maximize the remote use of PointClickCare (PCC) EHR. Over 90% of Ontario LTC homes use the PCC software. The use of PCC will differ among facilities depending on what platforms are purchased, and how they are configured. Thank you to Dr. Evelyn Williams for providing this summary. Please share you experience and recommendations at [office@oltcc.ca](mailto:office@oltcc.ca)

Take time to complete the COVID-19 SURVEY if you have not already done so. The purpose of this study is to assess the perception of LTC clinicians about their LTC home’s awareness and readiness in responding to COVID19. By following the link below to completing and submitting your responses, you will have indicated your implied consent to participate in this study. Only complete the survey once. <https://surveys.mcmaster.ca/limesurvey/index.php/168726?lang=en>