Ontario Long Term Care Clinicians

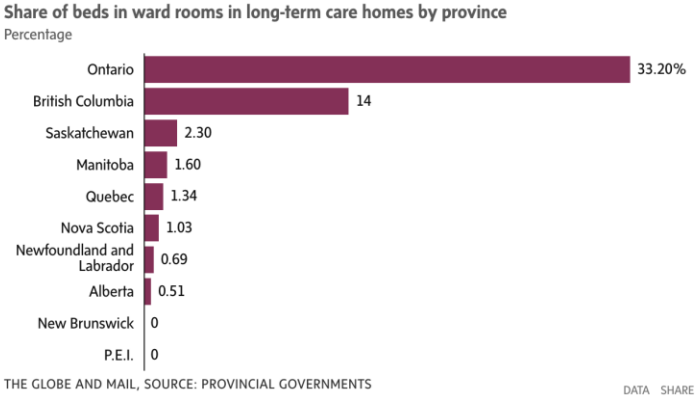
Tuesday, August 25, 2020

COVID-19 REPORT

OUTDATED FACILITIES, UNDERFUNDED, UNDERSTAFFED

Reaching a peak in April, nearly three quarter of COVID-19 deaths in Ontario occurred in long term care. Outbreaks with high mortality affected a relatively small number of the province's LTC facilities. LTC residents are mostly older, frail, have multiple co-morbidities and so were especially vulnerable to the serious effects of SARS-Cov-2 infection. The majority of homes protected their residents and staff. The use of PPE, screening, testing and isolation made a difference, although often employed too late. The vulnerable homes with fatal outbreaks were victim to the pre-existing problems of facility design and staffing that is over-worked and underpaid.

Over 1,000 of the 1,848 deaths in Ontario's LTC occurred in 36 homes built to standards dating back to 1972. In these older homes, residents sleep in the same room and share a bathroom with two or three other people. Ward rooms were common in homes built fifty years ago.



"In Ontario, almost 40 per cent of nursing homes do not meet current provincial government design standards banning wards, making the province a national outlier." The emergency plans did not prepare for over-crowding, making residents very susceptible once the virus entered the home.
Multibed homes, G&M, Aug 12

The impact of nursing staff shortages on COVID-19 spread is shown in a recent study in the JAMA. In eight states data from the Centers for Medicare & Medicaid Services (CMS) were compared across 3 unique domains—health inspections, quality measures, and nurse staffing. Staffing and COVID, JAMA, Aug 10

The findings indicate that poorly resourced NHs with nurse staffing shortages are more susceptible to the spread of COVID-19. The analysis shows the relative importance of staffing compared to inspections and quality measures.

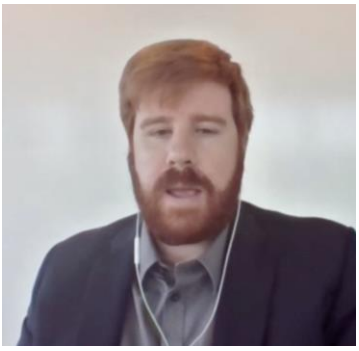
Table 2. Association Between Nursing Home Ratings on Health Inspections, Quality Measures, and Nurse Staffing Domains With COVID-19 Cases

High-performing vs low-performing nursing homes across CMS domains	Ordinal odds ratio of a nursing home having >30 cases vs 11 to 30 cases vs ≤10 cases[a]	*P* value
Health inspection	0.91 (0.78-1.07)	.25
Quality measures	1.05 (0.90-1.23)	.52
Nurse staffing	0.82 (0.70-0.95)	.01

CMPA ANNUAL MEETING AND VIRTUAL CARE, August 24, 2020

Dr. Debra Boyce is the outgoing President of the Canadian Medical Protective Association. In her opening remarks at yesterday's Annual General Meeting, she recognized the heroic response of many physicians through the COVID-19 pandemic. With the "unprecedented situation that we face today", physicians have encountered ethical dilemmas of care, the expansion of virtual care and income loss. CMPA Medical Advisors answers over 200 phone calls a day that reduce the risk and increase the safety or medical care.

The CMPA AGM was followed by an accredited educational session, Virtual Care in Canada: Lessons learned from the COVID-19 Pandemic. Over a five-year period of closed cases, virtual care was not a significant issue for CMPA; 91% of these cases were College complaints. Expert witnesses criticized diagnostic issues, communication and documentation.



Virtual care has a "blurry definition" with a variety of synonyms like telehealth. Virtual care can be any way a patient is getting information for care over a remote communication system. "Virtual is the medium and care is what we are really talking about." Seamus Blackmore provided the technology perspective. Virtual care sits at the crossroads of other innovations such as artificial intelligence (AI). AI will alter how clinical practice guidelines are applied

Dr. Heidi Oetter is Registrar and CEO, College of Physicians of British Columbia. She advised that virtual care screens who should be seen in person. A video-enabled platform is the preferred method to provide virtual care. Dr. Oetter notes that the prevalence of COVID-19 varies from community to community. "We do not expect physicians to put themselves in harm's way."

Daniel Boivin, CMPA General Counsel, reminds physicians that the law lags behind the quickly evolving changes in technology. Privacy and confidentiality remain a priority in LTC. The resident's record needs to reflect the "quality of information" that goes into decision making. In addition to being aware of the College framework, physicians also need to be aware of the billing requirements.

The CPSO "expects physicians providing care virtually to meet the same standard of practice that would apply to an in-person visit and to consider the appropriateness of providing care this way in each instance." CPSO COVID-19 FAQs