Ontario Long Term Care Clinicians

Tuesday, June 23, 2020

COVID-19 REPORT

In spite of massive staff screening, the number of outbreaks remain stable. Positive staff results indicate ongoing community spread of COVID-19. The per cent of deaths in LTC is slowly declining.

Ministry of Health and LTC	Outbreaks	Ont cases	Deaths	LTC deaths	% LTC deaths
June 15	67	32,554	2,538	1,794	70.7%
June 22	66	33,853	2,619	1,803	68.8%

WEAK LINKS IN THE CHAIN - Dr. Joanne Liu is former international director of Médecins sans frontières. Her response to the pandemic included "shifts in the ER and in our devastated senior-care homes. I always thought this was the best way to own a crisis – taking calls and going out into the field." She is distraught to witness people dying alone. Reflecting on her global experience, "epidemics have no mercy – that if there are vulnerabilities in the chain, diseases will break them… we need to understand that we are only as strong as our weakest link."
100 days of solitude, Experiences of the pandemic, June 20

The metaphor of weak links in the chain can be applied to the necessary and urgent changes for LTC. The 100 days of the COVID-19 pandemic exposes three brittle links: (i) staff that are overly strained and underpaid, (ii) overdue facility redevelopment and (iii) infection control and prevention preparedness. The time is now to replace the phrase "systemic failings" with specific actions. The pandemic reminds us daily about what needs to be fixed in LTC. Another lengthy inquiry is not required. The LTC Commission and government must act not only before the second wave but also to build trust and confidence in the LTC system.

COLLABORATIVE CARE The COVID-19 pandemic hastens changes in LTC clinical care. Like virtual care, collaborative practice models work to provide necessary care. The Nurse Led Outreach Teams (NLOT) consists of specialized Nurse Practitioners that work in partnership with LTC physicians and emergency departments. NPs provide assessment, consultation and health education for the LTC team and families. Vision Nursing Home in Sarnia is a 146-bed home that reported 26 COVID+ residents 28 staff with ten deaths from COVID-19. When the outbreak began at Vision, Corinne Pollard, an NLOT nurse practitioner, was temporarily redeployed there, working with its medical director, assessing and managing residents' symptoms and connecting with families. Unlike other reports in the media, Pollard reports the residents at Vision Care NH got "really good care". In order to manage the outbreak, COVID-19 positive residents were decanted to the Bluewater Health, the local hospital in order to provide a deep clean of the home and give the staff a needed break.

There was a unique partnership between Vision, Bluewater Health, Lambton Public Health and ministry officials. The residents were isolated on a separate unit and cared for as they would in LTC. Two palliative care physicians, Drs Crombeen and Madison, along with Corinne advocated at Bluewater Health that their care focus on the residents' goals of care that had been discussed with their family prior to their transfer. Once their 14 day isolation period was completed, they were returned back to "their home". This collaborative care model will help prepare for other outbreaks in the future. Collaborative care during COVID-19, June 16

OLTCC continues to report on the role of physicians during COVID-19 outbreaks. Dr. Sandy Shamon is an attending physician at Trinity Care in Kitchener and Hilltop Manor in Cambridge. She is on the Board of Directors of OLTCC and co-chairs the Conference Planning Committee. Trinity Care is a 150-bed facility that witnessed 18 COVID related deaths. Early diagnosis and management likely prevented a more deadly outbreak. The first resident who tested positive only had a low grade fever. "Clinician leadership was really necessary" especially in identifying patients with atypical symptoms of COVID-19. She describes COVID rounds on a daily basis. "Who is not doing well and who should be tested?" In the beginning, they could not get enough swabs from Public Health to do the necessary testing.

An in-house clinic for the testing of staff was made available. Fourteen of the 45 positive residents presented with other than respiratory symptoms such as falls and anorexia. Six of the positive residents showed no symptoms. Other strategies during the outbreak included reducing med passes. The other home where Dr. Shamon works also had an outbreak, with positive staff members, but there was not the same penetration of cases. She feels that early testing of staff prevented a more severe outbreak. At the OLTCC/OMA Town Hall, Dr. Shamon shared her experiences of having the goals of care and serious illness conversations with families. "Nothing else could replace these conversations."

COVID CONTROL – Chemo-prophylaxis research for LTC

Definitive therapies do not yet exist for COVID-19. A number of molecules with activity against SARS-CoV-2 in vitro that might be effective in vivo against this virus. These drugs are all more likely to work for prophylaxis, where initial viral load is low, than for treatment. This research study led by Dr. Allison McGeer. The details are attached This cluster-randomized placebo-controlled clinical trial will study whether chemoprophylaxis can be used to control COVID-19 outbreaks in LTCHs. LTCH units with an outbreak of COVID-19 and evidence of on-going transmission (defined as at least 2 residents of one unit with COVID-19 with onset within 7 days of each other) are eligible for enrollment. This trial, and potential subsequent trials of other drugs will result in us identifying best management of COVID-19 outbreaks as quickly as possible and improving outcomes for LTCH residents and staff. Contact Chris Kandel at 416-879-6535; Christopher.Kandel@one-mail.on.ca or Allison McGeer at 416-586-3123; Allison.mcgeer@sinaihealth.ca with. http://www.tibdn.ca/control-covid

<u>STAFF SCREEENING</u> is a now most important in order to keep COVID-19 away from our residents. On May 31, screening of all LTC two times in the month of June was recommended. A Guidance document on surveillance testing from June 3 states. "Each LTC home should determine their appropriate ordering clinician. This could be, for example, the medical director, a contracted occupational health physician, or a physician or nurse practitioner from an external medical team." This recommendation raises concern and controversary among our members and Board of Directors. After consultation, the following, prepared by Dr. Benoit Robert, Vice President, is the OLTCC response.

Balance is being seen as a team player and the added responsibilities of a physician ordering test.

In a response to the COVID outbreaks in LTCHs, the provincial government has strongly recommended that all LTC workers be tested twice in June. The OLTCC is in agreement with this direction. The rapidity of this announcement and the reluctance of Public Health Ontario to take the lead, has led many homes to ask the medical director to assist with the testing – specifically to order the tests for staff. Consultation with the OLTCC would have reduced some of the confusion surrounding this recommendation .

There are many competing issues to be considered.

- A physician ordering a test is responsible for ensuring the test result is received and the result communicated to the patient. By ordering a test the medical director is assuming responsibility. While some of this can be delegated to the IPAC team, or one in the management team, the responsibility remains with the ordering physician. It is recommended that the process be well documented with clear instructions listing responsibilities of each party involved in the process. to each person involved. It is advisable for a process to be put in place for managing results and ensuring results are received. All positive test results must be communicated as expeditiously as possible. Please see CPSO policy on managing tests for more details on requirements for a test management system, tracking tests, follow up, and communication of test results.

- Ordering a COVID-19 test will be seen as creating a doctor patient relationship. Physicians should avoid situations where this would not be appropriate.

- The role of the medical director traditionally does not involve the additional role of providing care to staff. The urgent nature of the pandemic and the limitations on the type of care provided by medical directors should be clearly delineated to both administration and staff.

- If the medical director chooses to not be responsible for the testing, it is important this not to be viewed as an obstructive.