

## OLTCC Advocacy 2018

These are seven issues for long term care physicians to promote with current politicians and candidates in the upcoming provincial election.

1. Increased exposure to LTC training in medical and nursing school. Current exposure is inadequate and our well-trained health care professionals are not meeting the needs of an expanding LTC sector.<sup>1</sup>
2. Advance care planning that is uniform throughout the province and especially through transitions of care.<sup>2</sup>
3. Support for training of LTC Medical Directors in administration, the LTC Act and regulations, and quality improvement. The Ministry and licensee should support the Medical Director Curriculum, provided by OLTCC and certified by the College of Family Physicians of Canada.<sup>3</sup>
4. Recognition of residents with special needs, including behaviours, cultures and medical complexity. This includes specialized units, staffing ratios and other focused use of resources.<sup>4</sup>
5. Greater use of telemedicine and virtual visits to avoid transfers for diagnostics and consultation.<sup>5</sup>
6. Implementation of mobile diagnostic units for laboratory and imaging.<sup>6</sup>
7. Greater public education on issues like frailty, palliative care, antibiotic stewardship, ED avoidance, quality improvement, quality of life, etc, in long term care.<sup>7</sup>

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<sup>1</sup> Evidence shows that exposure of LTC to medical students and family medicine residents will increase the likelihood of providing care in long term care.

<sup>2</sup> Greater education can be provided through programs like LEAP-LTC. A number of LHINs show leadership in Advance Care Planning policy. There should be a province-wide effort to scale up their successes.

<sup>3</sup> Support for training of LTC Medical Directors in all aspects of the administrative role as required under the LTC Act and regulations, and in quality improvement methodology aligned with the IDEAS platform for health care workers in Ontario. The Medical Director Curriculum provided by OLTCC addresses both of these requirements and has continuing education certification from the College of Family Physicians of Canada.

<sup>4</sup> It is not feasible to have specialized units for all special needs including challenging behaviours. Additional resources at the LTC level will improve quality and lessen the burden on other parts of the health care system.

<sup>5</sup> Projects like LTC-Connect provides interconnectivity between the Regional Clinical Viewer (RCV) and the electronic health record (EHR) in long term care. Fasting tracking is needed to assure access to programs like the Digital Health Drug Repository (DHDR) and Ontario Laboratory Information System (OLIS). The entire LTC EHR—records, reports and prescribing—should be seamless and paperless. The Ontario Telemedicine Network (OTN) will provide more timely consultations and reduce costly transfers.

<sup>6</sup> With the interconnectivity with the RCV and OTN, mobile diagnostics will permit more expedient care, reduce transfers between facilities and reduce costs.

<sup>7</sup> Current public and professional education programs are Choosing Wisely Canada and Practicing Wisely. More public education can address quality indicators in long term care such as antibiotic stewardship, emergency department avoidance and appropriate prescribing.