

Sunday April 12, 2020

COVID-19 REPORT

When a person dies in long term care, they leave a family of fellow residents, professional caregivers, volunteers and other staff. The practice of many homes is acknowledging the person with Honour Guard as they leave by the front door. An Honour Guard is brief but meaningful show of respect. The Honour Guard acknowledges the resident's life and time at the home and is shared by all who can attend. It honours the person who has died, provides an opportunity to comfort family members who are present and supports staff who are also grieving. The brief ceremony may include a prayer, a meditation, and "comfort quilt" as a shroud.

The COVID-19 pandemic changes much of the closeness and consolation that is part of being in a long term family, including the Honour Guard ceremony. Families have been unable to visit their loved ones now for a month. Visits by FaceTime or Skype with someone who is confused, and has hearing or vision impairments, does not have the same reassurance of a human presence. Visitation is allowed when someone is approaching end-of-life.

Managing Residents Death in LTC, which comes in effect on Tuesday at 8:00 AM, changes further the departure of the person from their LTC family. The process expedites departure of the deceased resident and supports current infection control measures. The physician or nurse practitioner will not be required to make an unnecessary trip to go to the home and sign the Medical Certificate of Death (MCOB).

Each home will have Managing Residents Death Team process. The nurse will complete the Managing Resident Death Report to submit it to the Office of the Chief Coroner of Ontario. The nurse will contact the physician to confirm cause of death and underlying conditions for the MRDR, which also includes the questions for the Institutional Patient Death Record (IPDR). The OCCO will complete the MDOC; that is, certify the death. There is no legal requirement that would prevent an RN or RPN from pronouncing death.

<https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/ask-practice/can-an-rn-or-rpn-pronounce-death-when-death-has-occurred/>

Hospice and Palliative Care Ontario (HPCO) invites health care workers to a series of online sessions to discuss emotional, spiritual and compassionate care regarding COVID-19. Each session will begin with a 20 minute presentation covering a set of topics. Following the presentation, there will be time for participants to debrief and receive mutual support. The first session, Preparing Ourselves for a Marathon of a Pandemic from April 9 is archived. The next, and second in a series of ten sessions, is Coping with the Fear of Infection. It will occur on Tuesday, April 14. All live sessions start at 12:00 PM. You must be a health care worker or health service provider. There is no cost to attend the sessions. <https://www.hpcoco.ca/psychosocial-spiritual-support/>

Consent and CPR

Yesterday's COVID-19 Report described the increased risk of performing CPR in the possible presence of COVID-19. The efficacy of CPR is generally low in the nursing home. The COVID-19 Report of April 7 stated that a physician cannot write a "unilateral DNR" order. This recommendation came from the HPCO webinar the previous evening and assumes that there is a conflict with the family. The CPSO then recommends a process of conflict resolution. The decision of Justice Cavanagh in the *Wawrzyniak vs. Livingstone* case (August 2019) supports the good judgement of the physician FOR ordering no-CPR. Justice Cavanagh found that the physicians did not need consent for "the medical decision not to offer CPR as a treatment option ... [in] writing and acting on the DNR order." It is the physician's judgement if CPR would be of medical benefit. The CMAJ article reports that the CPSO policy is due for a more comprehensive revision in 2020, when the question of whether a no-CPR order can be written over the objection of a patient or family member is likely to be addressed.

<https://www.cmaj.ca/content/cmaj/191/47/E1289.full.pdf>

The lead author of the above article is Dr. James Downar. Both Dr. Downar and Dr. Nancy Whitmore, Registrar and CEO of CPSO, will be speakers at the annual conference, Practical Pearls in LTC, October 23 – 25. In anticipation that the pandemic will have passed, mark your calendars.

LTC care residents on hemodialysis are in long term isolation because of transfers to the hospital. They may wish to stop dialysis. There was a question for the OLTC/OA panel on April 9. A helpful resource is Approaches to Goals of Care Conversation from the Ontario Renal Network:

<https://www.ontariorenalnetwork.ca/sites/renalnetwork/files/assets/goalsofcareconversations.pdf>