Ontario Long Term Care Clinicians

Friday May 15, 2020

COVID-19 REPORT

As of May 14, there are 263 Ontario LTC homes in COVID-19 outbreak. Public Health Ontario (PHO) continues to report a lower number (186) of outbreaks. An active COVID-19 outbreak indicates that the home has at least one lab confirmed case of COVID-19 in a resident or staff. The actual LTC death rate remains a guestimate.

Ministry of Health and LTC	Ont cases	Deaths	LTC cases	LTC deaths	% LTC deaths
May 11	20,546	1,669	2,725	1,235	74.0%
May 14	21,922	1,825	2,953 (PHO)	1,320 (MOH)	72.7%

Ontario COVID-19, May 15

Today's editorial (attached) in the Canadian Medical Association Journal reiterates what OLTCC and other LTC stakeholders have stated over the past several weeks. "Many deaths could have been prevented if the same amount of effort that was put into preparing the hospital sector for COVID19 (which so far seems to be successful) had also been spent on preparing for the continuing care sector." Continuing care refers to LTC and supportive living facilities. Three quarters of COVID-19 death occur in these settings. Alberta is identified as an exception of the poor coordination between acute care and continuing care. These recurrent observations are prophetic:

- Failure to provide adequate supplies and direction for PPE is "indefensible"
- Front-line workers in LTC are undervalued and underpaid
- Staff are expected to look after more residents than they should
- Shared rooms are a challenge to infection control

"Understaffed homes, overworked staff rising rates of dementia and clinical complexity are putting a strain on today's long-term care workers." The Ontario Long Term Care Association (OLTCA) highlights the growing strain of staffing LTC. For at least the last decade, funding for LTC is inadequate. Facilities are not been able to add more staff to care for these the more complex residents. More than 90% of the residents in our LTC have some form of cognitive impairment. Almost half demonstrate some degree of aggressive behaviour and 40% have a psychiatric or mood disorder. Almost all of Ontario's LTC homes have reported behavioural incidents serious enough to require police intervention. OLTCA's recommendations include an additional $100 million every year for the next four years to fund more nursing and professional care staff. Thus, by the fourth year, homes will have added two more personal support workers for every 32 beds. Smaller homes require more flexibility in assuring registered staff. In Ontario, the *LTC Homes Act* requires that an RN be in the home 24/7. This can be a real challenge for smaller homes and particularly those in rural areas and small communities. The scope of practice of RPNs has expanded significantly over the last 15 years. They could be given the opportunity to work these shifts, where the supply of RNs is limited. Finally, a long-term care health human resources plan should present LTC to health care professionals as an attractive area to build skills.
OLTCA, Hire More Staff

The issues of staffing, facility re-development and creating a positive image for LTC have been repeatedly examined . This is the time for action. Not another inquiry. Ontario just went through the Long Term Care Inquiry, or Gillese Inquiry. That Inquiry had a tight time frame of two years. The different stages included submissions, evidence gathering, hearings (3 phases) and writing a report with recommendations. An inquiry can make recommendations, but the recommendations are not necessarily binding. Politics determine action. There is a history of good intentions from inquiries being forgotten over time.

The outcome of another inquiry will tell us a lot of what we already know. Among the 91 recommendations of the Gillese Inquiry, there are the recommendations for staffing and improving the public image of LTC. Whereas that Inquiry made several other recommendations about the health care serial killer and medication management, further guidance on infection prevention and control can come from the Public Health Ontario, Public Health Agency of Canada and other authorities. The input of these agencies is required for better pandemic planning and preparedness.

COVID-19 and Clinician Burnout - During the COVID-19 pandemic, the health and wellbeing of clinicians is a growing concern. Clinicians respond to the COVID-19 pandemic with selflessness, caring for patients despite the risk of profound personal harm. Virtual medicine, engaging with videoconferencing platforms and remote access to the electronic health record adds to the strain. “Medicine’s daily tasks have become Sisyphean. Physicians recognize that it’s impossible to satisfy the current system’s demands. If you surrender, the joy of engaging with your patients is diminished and ultimately lost. If you resist, you incur the system’s wrath. Doctors are finally expressing the pain they feel.” Burnout can cause loss of empathy, impaired job performance, and increases in medical mistakes. The three pillars that supports a professionals’ intrinsic motivation and psychological well-being are autonomy, competence, and relatedness. All three are affected by current changes in the health care delivery. Evidence supports the “restoration of autonomy”. Doctors need to be flexible in their schedule for individual styles of practice and patient interaction. This is one of a few system solutions that is found to reduce burnout. Flexibility in scheduling recognizes that both patients and doctors are individuals. Some interactions simply take longer than others. The role of virtual care and utility of EHR will be among the “tectonic shifts” in health care after the COVID-19 pandemic has passed.
NEJM, Physician Burnout, Interrupted, May 1

GeriMedRisk connects physicians, nurse practitioners and pharmacists through telephone and eConsult to an interdisciplinary team to troubleshoot complex physical and mental health conditions in older adults. The upcoming webinar on Tuesday, May 19, 12:00 – 1:00 PM, is is the first of a "Safe Prescribing during COVID" series. This session will focus on hydroxychloroquine, chloroquine and azithromycin. The presentation will be by Dr. David Juurlink of the Sunnybrook Health Sciences Centre. To register:
COVID-19 Safe Prescribing Webinar, May 19