

OMA Interim Guidance to Ontario's Long-Term Care Covid- 19 Commission

October 23, 2020



As the representative of Ontario’s physicians, the Ontario Medical Association (OMA) advocates for the health of Ontarians and the well-being of our members. Physicians continue to be on the frontlines in response to the COVID-19 pandemic and have a unique perspective regarding the performance of Ontario’s health system. The initial wave of COVID-19 in long-term care (LTC) homes was a time of terrible uncertainty. The risk to staff was not clear and in some areas the shortage of personal protective equipment (PPE) heightened concerns. In addition, some staff were confused about moving between homes and for physicians particularly, concerns about transmission to other vulnerable patients in their practice. Having learned from the first wave, it is critical to be prepared for subsequent chapters of the global pandemic.

We recognize the efforts that have been made to date by the government in preparing LTC homes for the pandemic. We recognize the heroic strength and resolve of LTC home staff rising to the occasion. The ultimate goal of every LTC home and its staff is to ensure residents’ well-being and dignity. This is a goal that is shared by government and health-care providers, and appreciate the opportunity to contribute our “on the ground” experiences as we collectively pursue opportunities for improvement.

While the OMA is not a public health authority, regulator or a government body and does not hold the decision-making authority within these organizations – Ontario’s doctors continue to deliver care to the thousands of residents in LTC homes and other congregate living settings throughout the province.. We believe it will be helpful for the Commission to understand the roles and responsibilities of physicians in LTC homes and we have included a brief attached to this letter. It is important to note that this brief is only a snapshot of the important role that physicians play in the sector, and the commitment they bring to providing the highest level of resident care.

Please be advised that the OMA’s role in the pandemic has been to disseminate information, field inquiries from doctors, support implementation and advocate for improved policy. We have been pleased to provide all members with timely and up-to-date information and implementation resources based on the direction provided from the government and other public health authorities. To date, the OMA has advocated for improved infection prevention and control efforts and specific improvements in the congregate care setting to better manage COVID-19. This included collaboration with other LTC partners (e.g. RNAO) on joint positioning (communicated to members on April 2nd) and the development of a succinct policy recommendations early in the pandemic (communicated to members on April 11th). We will also continue to encourage our members to review guidance provided by others.

We understand from speaking with the Commission’s counsel that you are seeking guidance to formulate interim recommendations that address immediate needs to respond to COVID-19 in the sector. We are pleased to provide that guidance below. Please note that this will be followed by a more thorough review that includes system level recommendations in the weeks ahead. We seek to be part of the solution and we avail ourselves for further dialogue with the Commission and other stakeholders on how to optimally respond to the pandemic.

- **Ensure the rollout of a comprehensive seasonal influenza plan** that complements COVID-related activities. This will require strong collaboration between public health units and LTC homes. One of the key pillars of the plan should be maximizing the uptake of the influenza vaccine for residents, staff and appropriate visitors.
- **Continue to prioritize COVID-19 testing** for LTC homes and other residential health-care institutions. It is imperative that homes and public health have the timely data needed to prevent and/or manage outbreaks. LTC homes need to be adequately supported through the delivery of sufficient testing material and the human resources to conduct frequent testing. In addition, it would be helpful for public health to notify LTC homes with the test results in a timely manner.
- **Ensure the availability of Personal Protective Equipment (PPE).** Physicians and other health-care providers need to be safe at work. It is imperative that the proper PPE be made readily available at all times. This also includes accessible training on the proper selection and use of PPE.
- **Proactively undertake advanced care planning education and conversations.** Most homes are doing this and we encourage them to continue sharing resources like Speak Up Canada to all families. Such conversations should be documented clearly with all residents regarding their goals of care in case of a COVID-19 infection. This is an important discussion and health-care providers can be linked to existing resources that the OMA and others have produced.
- **Review indications for transfers to hospital.** Avoid blanket policy that would prevent the transfer of LTC residents to hospital when resources become strained. Instead, these decisions should be influenced by the identified goals of care developed by the resident and their family and with the input of the health-care providers involved. Frequent communication should occur between hospitals and the local LTC homes regarding capacity.
- **Continue to group and isolate residents with COVID-19.** To the greatest extent possible, LTC homes with the available bed space and bathrooms should be supported to isolate and group residents who are infected with COVID-19. This includes permitting LTC homes to leave empty rooms available to be used for isolation versus filling all beds with ALC patients. All efforts should be made to assign dedicated staff to care for these residents to avoid potential for transmission to non-infected residents.
- **Ensure sufficient staffing is available.** Facilities should prepare and be supported by their funder for additional staffing needs associated with COVID-19. We know that there are persistent staffing challenges in the sector and the pandemic is making the situation more complex. Homes are trying their best with what is available to them. Any non-

essential movement of staff between LTC homes should continue to be avoided. Clarity is needed regarding the application of current directives to ensure that physicians are aware of their duties and are supported to meet their professional responsibilities, which may include delivering medical care across multiple sites.

- **Ensure residents of long-term care homes have access to essential visitors / caregivers and other social supports in a safe manner.** The impact of social isolation and lack of access to essential visitors during wave one was particularly devastating for seniors living in LTC homes. Clear guidance and consistent implementation of the Ontario government's updated visitors' policy (September 2, 2020) is essential to help reduce social isolation, ensure care needs are met and reduce the spread of infection.
- **Expand virtual care capacity for consultation, and mobile teams as needed for on-the-ground support** within the LTC sector to gain access to specialized expertise when needed by physicians and nursing staff. This will improve the ability to care for residents in their home, while decreasing the possibility of viral transmission. Virtual care is often appropriate and should be encouraged to minimize transmission of COVID-19 and other respiratory viruses.
- **Highlight the need for medical direction and maximize the role of the medical director** in preparing and managing COVID-19 outbreaks. This will maintain quality care and reduce unnecessary emergency department transfers. There is an increase in workload and the attending physicians and medical director can collaborate on increasing communication, enabling virtual care, resource sharing, reorganization of medical staff, and establishing or maintaining relationships with consultants.
- **Make appropriate funding decisions** for the delivery of medical care during the pandemic. The OMA negotiates with the Ministry of Health regarding the funding of physician services. There are several enhancements that can be pursued immediately to ensure that physician remuneration reflects the significant demands being placed on LTC physicians.
- **Consider regional LTC physician advisors for the 5 Ontario Health regions.** Enabling experienced LTC physician leadership at the system level can promote the engagement of medical directors and expand their learning in infection prevention and improving the quality of resident care. These positions can work with Ministry of Health, Ministry of Long-Term Care and Ontario Health representatives to enhance communication and better coordinate quality medical care.
- **Support infection and prevention control training for all LTC staff and physicians.** It is important that all providers in LTC have a consistent understanding of infection prevention controls and best practices. Integration of Ontario-specific guidance will be

an asset to success. The government should also consider funding the creation of an Ontario-based education course on *Infection Prevention and control for physicians and nurse practitioners in post-acute and long-term care*. This would be a more intensive education for those who may be managing outbreaks such as medical directors, regional physician advisors and partnered hospital medical leads.

- **Consider the continuum of care and how LTC homes interact with other areas of the system.** LTC homes do not exist in isolation. They are connected with and depend upon interactions with other areas of the health-care system. While we recognize that the Commission’s mandate is specific to LTC homes, we encourage you to approach the issues systemically. Furthermore, the Commission may wish to bring attention to issues and opportunities that would be relevant to other congregate living settings (e.g. retirement homes). Doing so would hopefully prevent history from repeating itself.

We hope that this guidance will be of interest to the Commission and we request that you incorporate it into your deliberations. The OMA has an active and well-connected physician-led Section on Long-Term Care and Care of the Elderly and we would be happy to answer any questions that you may have.

Appendix A
Roles and Responsibilities of Physicians in Long-Term Care

Role	Responsibility
Medical Director	<p>Legislated role that requires every LTC home to have a medical director who is a physician. The role as defined by legislation and regulation includes:</p> <ul style="list-style-type: none"> • advising on matters relating to medical care in the LTC home; • consulting with the Director of Nursing and Personal Care and other health professionals working in the LTC home; • developing, implementing, monitoring and evaluating medical services; • advising on clinical policies and procedures, where appropriate; • communicating expectations to attending physicians and registered nurses in the extended class; • addressing issues relating to resident care, after-hours coverage and on-call coverage; • meeting at least quarterly with the Administrator and Director of Nursing and Personal Care to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system; and • participating in interdisciplinary committees and quality improvement activities.
Attending Physician	<p>The attending physician typically has a contractual relationship with LTC homes and accountability to the Medical Director to deliver medical care to residents as the most responsible physician. These physicians utilize their in-depth medical training to provide a broad spectrum of medical services including (but not limited to) ongoing physical, mental and emotional assessments; medication prescribing and ongoing management; ordering and interpreting diagnostic testing; developing and informing care plans; responding to emerging medical issues and providing comprehensive palliative care leading up to and including the last days of life. Physicians work with residents, staff and families to develop comprehensive care plans that are regularly monitored and evaluated. Physicians support and collaborate with LTC home staff in the delivery of care while also providing education and mentorship opportunities.</p> <p>Legislated requirements of the attending physician include: Every LTC home shall ensure that either a physician or a registered nurse in the extended class:</p> <ul style="list-style-type: none"> • conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination; • attends regularly at the home to provide services, including assessments; • reassesses each resident’s drug regime at least quarterly; and • participates in the provision of after-hours coverage and on-call coverage.
Consultant Physician	<p>Specialist physicians (e.g. geriatrician, geriatric psychiatrist, care of the elderly physician, ophthalmologist, otolaryngologist, dermatologist) who, at the request of the physician and/or NP, deliver highly skilled and specialized areas of medicine, depending upon the unique needs of a residents.</p>