



LONG TERM CARE: COVID-19 SERIES

Session 2: Preparing your LTC home for COVID-19 Question & Answers

Disclaimer: All information provided is by healthcare providers working in long-term care facilities across Ontario including healthcare providers at Baycrest. All identifying information including names of individuals, organizations, or locations have been removed for privacy. **The answers below are amalgamated responses from our Hub team members and Learning Partners.**

Question 1: Are there any advance care planning tools specific to different cultural groups, especially Indigenous cultural groups?

Answer: There are several resources. One is "[Living My Culture](#)" through Virtual Hospice. There is a physician that works with Ontario Palliative Care Network who is also from Six Nations and she has shared a lot of great resources through Virtual Hospice. I find it really helpful with students when we go to the resource page. This website not only provides useful resources for Indigenous cultural groups but also a variety of different cultures.

Another great resource for [cognitive assessment in Indigenous populations](#) can be found online – it is not COVID-19 specific, but a useful resource.

Finally [Speak Up Ontario](#) may have resources when you search for First Nation or materials related to Indigenous population.

Question 2: Being part of a long term care facility under a large corporation there has been discussion around sending letters to families and determining what helpful information to send regarding risk management, or potentially limited access to certain services etc.

- a) Do you have any advice or feedback on the verbiage to use in letters to residents/POAs about COVID-19 planning?
- b) How do we deal with concerns around potential ageism and management of COVID-19?
- c) How can we approach conversations with residents/POAs/SDMs around COVID-19?

Answer:

A) We had one of our homes put out a letter quite quickly in an effort to be proactive and it somewhat blew up in their face. It may have been a letter that did not get vetted by the right people so now there is a bit of damage control with follow-up phone calls. An example of a good approach is that one of our homes proactively started calling their POAs and SDMs and asking what their thoughts were on their knowledge of COVID-19 and that sort of thing, then reviewing that information, asking whether the POA/SDM were okay with the strategies implemented in the home. A dual prong approach would be good but certainly that personal approach can't be underestimated.



B) With regards to ageism and COVID-19, is unfortunately the current situation is that residents who develop very severe COVID-19 infection from LTC are not surviving. They are not surviving in ICU stay or intubation and they are not surviving in LTC home. There are some who present with milder infections, that's a different story, but the people who develop very severe symptoms with severe hypoxia it really is a question of comfort measures for them. So some of what we're hearing is not necessarily an ageism around "at this age you can't have this service", from my reading its more that these are the conditions you have and the premorbid functioning and you're in a LTC home and the chances of recovery from a very severe COVID-19 infection are quite low.

C) The way I've been thinking of it is that there has to be a minimum of three conversations. There has got to be that initial advance care planning conversation which has to do with "this is COVID, let's talk about the values and the wishes of your loved one or of yourself", if you're able to have that conversation. So then if they are in a situation where they develop COVID we have some sense of where we are going to be going. Second are the goals of care discussion around "we are now in a situation where you have COVID or having a risk of contracting COVID, let's really think hard of what you want now", and then there's the more precipitous conversation that may happen when we're saying, "Okay, things are really declining quickly, these are the options that are available" because I think if you start with that last conversation, the response is often going to be "Do everything possible" and that may not be the right conversation to be having. Whereas if we can give people a chance to adapt and adjust, I think that framework is kind of the same thing of prevention then preparedness then response, probably make sense on an individual basis as much as it does on a home-wide basis.

Question 3: My LTC home is having big challenges with little support from Public Health or local authorities in preventing residents from leaving the home to either visit their loved ones home, or go to local stores and it poses a risk of them contracting COVID-19 from the community and bringing it back into the home. Currently there are no COVID-19 cases in our LTC home so there is no outbreak, with few cases in the community.

Are LTC homes having challenges around residents who go against the advice/ministry mandate of having residents stay in the LTC home? If so, what have you done?

Answer: So we haven't had the same problem at our LTC home. We do have people who have chosen to bring their relatives out of the LTC home, but we haven't had anyone demand to come back in. We are in outbreak right now and have had a few asymptomatic people who are not in distress, but people are restricted from coming back and I would imagine we would get pretty strong support from Public Health or perhaps even police if necessary due to the outbreak situation.

At our LTC home, we have a gentleman who is a smoker and probably goes out every hour, but we made one of our balconies a secure balcony for him to smoke so he doesn't have to leave the property and this helps to prevent him from getting COVID-19 from the community and bring it back into the home. Anyone who does leave, we try to place them on 14-day isolation when they return, but this can be



challenging with repeat incidences of them leaving. We could swab them, but a negative test doesn't rule out future contraction of COVID-19 with repeat exposure when leaving the LTC home and returning.

Question 4: Prevention – Currently our LTC homes in my community are not admitting new residents from hospitals however community admissions have not been paused. To my knowledge, there is no formal screening process with Public Health in place so right now the plan is to isolate and monitor for 14 days upon admission. What is the screening process in other homes for community-dwelling seniors prior to admission to LTC home?

Answer: I believe you have the right to ask for a COVID-19 test before they are admitted. Even if they are being transferred from the hospital, you can communicate your request to have them tested for COVID-19 prior to admitting them. At my LTC home, we have been swabbing every new admission and also placing them on isolation until the results come back.

Question 5: Are there any LTC homes that are having trouble with getting access to swabs or testing for COVID-19 and having to limit the tests that they are able to do?

Answer: There has not been an issue of the number of swabs, but in **receiving the results** as they are going to three different locations, such as hospitals, Dynacare, or Public Health labs. Of the twelve swabs we sent out so far every single one of them are negative with residents presenting with atypical symptoms or presentations. My concern is that with shortages of PPE, we have people who are being tested for COVID-19 and placed on isolation as we wait for the results and staff is using the necessary PPE on residents that are eventually negative for COVID-19. So my worry is that when we eventually get to a point where we have a resident that is positive that there won't be enough of the necessary PPE.

Question 6: I don't have access to Connecting Ontario. I used to have access to it at a former LTC facility I worked at, but don't at my new LTC home. What are the steps to get access?

Answer: My understanding is that Connecting Ontario should now be available provincially so if you don't have access then I would ask your administrator to reach out and determine how you can get connected. There may be some training or modules that must be completed around privacy what LTC home you are linking with, but to my understanding Connecting Ontario is universal for all homes at this point. Your account must be linked to your LTC home facility, so if you changed facilities recently, that may be why you don't have access as these facilities may be run by different organizations. If your administrator can't help you, I believe through OTN Telemedicine Network you can try to get access to that information.

Question 7: How are LTC homes managing outpatient appointments, such as, dialysis?

Answer: At our LTC home we had two residents needing fiberglass cast removal and at these appointments, they usually have thirty people booked at the same time so I have been trying to work with clinics to either do something like they are doing at grocery stores, like allowing frail people to come in at 8 AM or something like that, but it has been put on the backburner. We are making



comparisons with my other team members of how each home is doing dialysis a bit differently. Some are isolating them for 14 days each time, and restarting that isolation with each return, while others are putting them in single rooms.

At my LTC home, all residents returning from outpatient appointments are on 14 day permanent isolation. This has only been for one resident so far, and they have been coping well so far.

Question 8: We also isolate our residents returning on dialysis. We have reached out to the hospital about admission for the remainder of the pandemic to prevent isolation due to a life sustaining requirement, but the hospital has denied any discussions around this. How can we get better support from our local hospitals?

Answer: Some hospitals are being wonderful at reaching out and asking what we need, that they are here for us and we are part of the same community. I guess it isn't universal across other communities, which can be frustrating. Maybe it is time for a little Tweet or something going out to your local news that may change their minds. It might be helpful to have your administrators speak with the hospital administrators. There may be solutions somewhere on the chain, perhaps one person saying no and maybe someone higher up can see it in a different way and offer some support or help.

Question 9: What have been some of the positive experiences around gaining support to LTC homes from local hospitals?

Answer: We have been connecting with our local hospital system and they have been very helpful. We have regular Zoom meetings and emails where they connect with us and we can connect with a doctor in the evenings where they can advise us on acute things.

In my community and LTC home, the communication has been great between a number of bodies (primary care group, hospital, emergency department, and between LTC facilities) within our community. Overall a very positive experience.

Question 10: Has anyone experienced improper use of PPE amongst staff and how can we improve?

Answer: During my weekend shift at my LTC home, I made several observations of unit staff wearing PPE improperly and I thought maybe this may be due to lack of education on how to properly wear it. Examples of improper PPE being worn include:

- Surgical masks hanging by one ear,
- Masks not covering the nose,
- Masks being pulled down in order to sip water and then pulled back up again,
- Not changing masks when entering and leaving a room with a COVID-19 unknown status (results pending)



We tried in the moment to inform and educate about how to properly wear the masks, but it may be useful to have more easily accessible and understandable tool we can distribute to staff, RPNs, PSWs and caregivers to inform them of proper use.

There are great videos and reminder sheets that have been reposted to help practice proper PPE use that are quick and easy to use. I think that healthcare workers may not remember how to use it and some of these resources can be gentle reminders without being punitive.

Resources and tools that may be useful:

- The WHO and Public Health Ontario have great resources on proper donning and doffing of PPE
- Videos or reminder sheets to help practice proper PPE use that are quick and easy to use to act as gentle reminders without being punitive, as many healthcare workers may not remember how to use PPE
- Weekly or daily huddles as quick reminders or myth busters to ask questions and to help reinforce knowledge
- Buddy system – pair up staff with one another and that person is your peer reminder of when you are wearing your PPE incorrectly
- For more resources on proper PPE use and how to properly reuse PPE, please check out our [Community of Practice](#) website

Question 11: Any final thoughts about preparing your LTC home for COVID-19?

Answer: You can't underestimate the staff supports. Our staff is hearing information from multiple different sites, every news media has something slightly different to share, they go to the grocery store and see people sitting behind Plexiglas or people on public transit with face shields and they are coming to work having to wear surgical masks. I think it's really important to reinforce why which PPE we are using is in place and the importance of using it and one of the things I used with some of the staff I've seen is telling them they are using PPE to protect the residents, to protect yourself, your family from bringing it back home. So making it personal for them and appreciating that we are all navigating this and things are changing rapidly, but just support that consistent message for them so anything that is approved by WHO or Public Health Ontario is really important to share.

And there is literature around the effective education that one has if you can reach people emotionally that it is much more likely to stick. Framing it as "I want to help keep your children safe" may ring true as opposed to "These are the rules that we have to follow because Public Health told us to"

Resources:

1. Living My Culture. <https://livingmyculture.ca/culture/>. Accessed April 22, 2020.
2. Canadian Indigenous Cognitive Assessment (CICA) Materials. Indigenous Cognition & Aging Awareness Research Exchange. <https://www.i-caare.ca/cica>. Accessed April 22, 2020.



3. First Nations Resources. Speak Up Ontario. <https://www.advancecareplanning.ca/resource/first-nations-acp-resources/>. Accessed April 22, 2020.
4. Pandemic Clinical Resources and Supports - Older Adults Living With Complexity. RGPs of Ontario. <https://rgps.on.ca/resources/pandemic-planning-and-services-supports-older-adults-living-with-complexity/>. Accessed April 22, 2020.
5. Long Term Care – COVID-19. ECHO Care of the Elderly. <https://baycrest.echoontario.ca/ltc-covid19/>. Accessed April 22, 2020.