

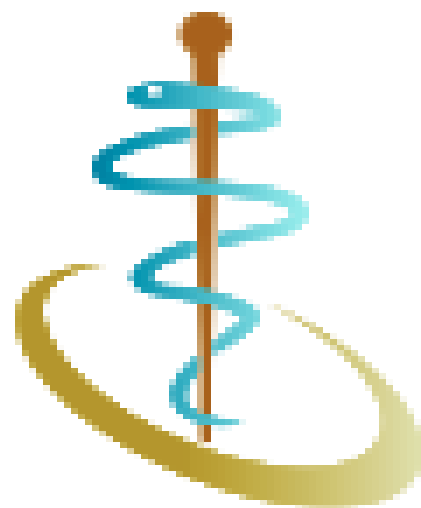


Ontario  
Long Term Care  
Clinicians

## **Ontario Long Term Care COVID-19 Commission**

Wednesday, September 30, 2020

- Who are the Ontario Long Term Care Clinicians
- Experiences and observations during the COVID-19 pandemic
  - Long Term Care for the Second Wave and Beyond
    - OLTCC'S Vision for Ontario LTC



# Ontario Long Term Care Clinicians

Non-Profit Organization  
Founded in 2016



## VISION:

All Ontarians in Long Term Care will receive excellent care.

## MISSION:

1. Promote education, advocacy and engagement.
2. Advocate for the residents who living in LTC facilities through dialogue with the Ministry of Health and Long Term Care and other stakeholders in Long Term Care.
3. Provide an annual conference, “Long Term Care for the Practicing Clinician”.



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Value Statement:

**“We believe a dedicated, collaborative, inter-professional team with physician leadership provides the highest quality, comprehensive evidence-based medical care for LTC residents.”**

(April 10, 2018)

## Long Term Care Inquiry (Gillese Inquiry) Final Report:

### Recommendation 4:

**Licensees should amend their contracts with medical directors to require them to complete the training required under section 76(7) of the *Long-Term Care Homes Act, 2007*; and the Ontario Long Term Care Clinicians' Medical Director course within two years of assuming the role of medical director.**





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### Fundamental of LTC Practice:

- Regulatory Environment
  - Residents Rights
- Admission and Discharge
  - Abuse and Neglect
    - Restraints
- Complaints and Critical Incidents
  - Documentation
    - RAI-MDS
- Infection Control and PPE



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### Medical Director Curriculum I:

- Legislation and Regulation
  - Compliance
- Residents' rights capacity and consent
  - Documentation
  - The RAI-MDS system



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### Medical Director Curriculum II:

- Medical Director Contracts
- Medical staff management
- Safety and Risk Management
- Program Management
- Performance Indicators
- Leadership
- Working in Teams
- Resident and Family Centered Care





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Medical Director Curriculum III:

IDEAS Foundations for Quality Improvement



Improving & Driving Excellence Across Sectors

# THE PROGRAM

**FRIDAY OCTOBER 16, 2020**

*(Times may vary slightly to accommodate the program)*



2:40 pm—2:45 pm



## **OPENING REMARKS AND WELCOME**

**FRED MATHER, MD, CCFP, FCFP, PRESIDENT—OLTCC  
CONFERENCE CO-CHAIR 2020**

2:47 pm—2:57 pm



## **THE HONOURABLE DR. MERRILEE FULLERTON MINISTER OF LONG-TERM CARE**

Join us as the Honourable Dr. Merrilee Fullerton brings opening remarks and a welcome to all attendees of the 2020 Virtual Conference. This opening will be brief, but impactful given the last months of the COVID-19 pandemic.

3:00 pm—3:45 pm



## **COVID-19, LESSONS LEARNED FOR THE CHALLENGES AHEAD**

**ALLISON MCGEER, MSc, MD, FRCPC**

### **LEARNING OBJECTIVES**

1. *Present the current science of SARS-Cov-2.*
2. *Advise on Long-Term care preparedness for future outbreaks.*
3. *Provide an update on testing, chemo-prophylaxis and vaccination.*

3:47 pm—4:45 pm



## **UPDATE FROM THE GERIATRIC AND LONG-TERM CARE REVIEW COMMITTEE AND THE LTC INQUIRY**

**DR. ROGER SKINNER, Regional Coroner – Modernization with the Office of the Chief Coroner for Ontario. He is the chair of the Geriatric and Long-Term Care Review Committee and co-lead for implementation of the recommendations of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System.**

### **LEARNING OBJECTIVES**

1. *Provide an update and analysis of excess deaths during the COVID-19 pandemic*



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### Long Term Care Reality

- LTC is often a person's last home. From admission, most receive a chronic, palliative approach to care.
- LTC clinicians provide expertise in palliative care. The annual OLTCC conference provides workshops on palliative care and include advance care planning, goals of care, critical illness conversation, pain and symptom management. The attendees return to their LTC homes with expertise to share with the staff.



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### The COVID-19 Pandemic

- Systemic problems in the Ontario LTC system contributed to excessive deaths during the COVID-19 pandemic. There are short, mid and long-term changes required to improve the safety and care of patients.
- LTC physician leaders often work in multiple care settings, including hospitals.
- PPE was scarce and needed for bedside caregivers.
- The focus in the early days of the pandemic was on hospitals and preventing the overwhelming of the acute care system and containing the spread of the virus.
- During the first fifty days of the COVID-19 pandemic, OLTCC provided daily reports on the data, trends and science of managing the pandemic. The reports promoted an ongoing dialogue with our members and the LTC sector.



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### The COVID-19 Pandemic

- LTC Medical Directors and Physicians often led the early efforts to manage the spread of the virus as well as outbreaks when they did occur. Physicians were instrumental in identifying possible cases, either asymptomatic or presenting with atypical symptoms, leading to early diagnosis and infection control measures.
- With the Ontario Medical Association (OMA), OLTC sponsored two virtual Town Halls. Along with specialists in palliative care, infectious diseases and mental health, physicians shared their first-hand experience in managing the pandemic.
- OLTC participated with the Office of the Chief Coroner of Ontario in the education and implementation of Managing Resident Deaths during the peak of the pandemic.



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### Observations

- Timely medical oversight that is specific to and knowledgeable of LTC can support and guide leadership in LTC, particularly when it includes practitioners with specific knowledge of the needs of the LTC sector.
- A well-coordinated system requires collaboration between physician leadership and management of LTC, hospitals and public health.



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### Recommendations with regard to pandemic management

- A Chief Medical Officer (CMO) of Long Term Care will demonstrate real and tangible action to provide oversight and leadership to the sector. This will be particularly useful in outbreak identification, coordination, advice, guidance. The office, or person, may exist in each of the five Ontario Health regions.
- Development of a consistent outbreak plan is needed to more readily cohort and, as needed, decant residents during an outbreak. This is most important with the residents who cannot be easily isolated due to dementia.
- Staffing shortages must be addressed, appropriate training provided, and sufficient time to properly care for each resident must be allowed.



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### Recommendations with regard to pandemic management

- Provide further training in infection prevention and control (IPAC), including certification for all staff. Continuing professional development also includes palliative care and care of the elderly.
- Collaboration among Medical Directors, Directors of Care, and the Administration of LTC homes provides a strong leadership model. Homes did well where these interdisciplinary team relationships existed.
- Communication, collaboration and coordination of care with hospitals and public health need to be improved. Reform and planning committees do not always have LTC representation now. A CMO of LTC could be instrumental in this area.





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### Recommendations with regard to pandemic management

- Mandating the OLTCC's Medical Director Course will assure quality of care in homes.
- Changes to infrastructure need to happen to prevent the spread of infectious disease.
- Faster testing in LTC homes and staff and all LTC residents should be tested routinely.
- Easier access to and sufficient supply of PPE, as well as guidance and training in IPAC.



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### OLTCC's VISION FOR LTC

- The focus on palliative care by all staff will ensure quality of life care for residents and support for family caregivers.
- Funding should be stable and quality indicators should focus on quality of care and quality of life, rather than expected outcomes in frail elderly.
- The recruitment, development and retention of competent and educated health care professionals (HCP) must be a priority.
- More exposure and opportunities in LTC for nursing and medical schools, and in Family Medicine post-graduate training programs should be made possible.



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### OLTCC's VISION FOR LTC

- Improved coordination of regional programs
- The availability of reliable laboratory and diagnostic imaging services, possibly through mobile units
- Employment and contract models for physicians should reflect the care, consultation, oversight and leadership required, and should include advance care planning with residents and their families.
- Electronic Health records
- Government and operators should provide support for and promote continuing education, including the Medical Director Course.



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### OLTCC's VISION FOR LTC

- Provide a system that ensures timely in-person assessment using the HCPs who are available.
- Provide laboratory services for on-site point of care testing using the newer handheld technology.
- There should be the reinstatement of medication reviews for LTC residents by clinical pharmacists.
- **In conclusion, an LTC home should be a home, first and foremost; where residents receive excellent care and residents' rights are respected.**



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**Thank you**