

LTC+ Virtual Care Support for Long-Term Care Homes in Ontario

Managing Behavioural and Psychological Symptoms of Dementia in Long Term Care

LTC+ is a collaboration between Women's Virtual at Women's College Hospital, GEMINI at Unity Health Toronto, the Ontario General Medicine Quality Improvement Network, the Centre for Quality Improvement and Patient Safety and the Department of Medicine at the University of Toronto

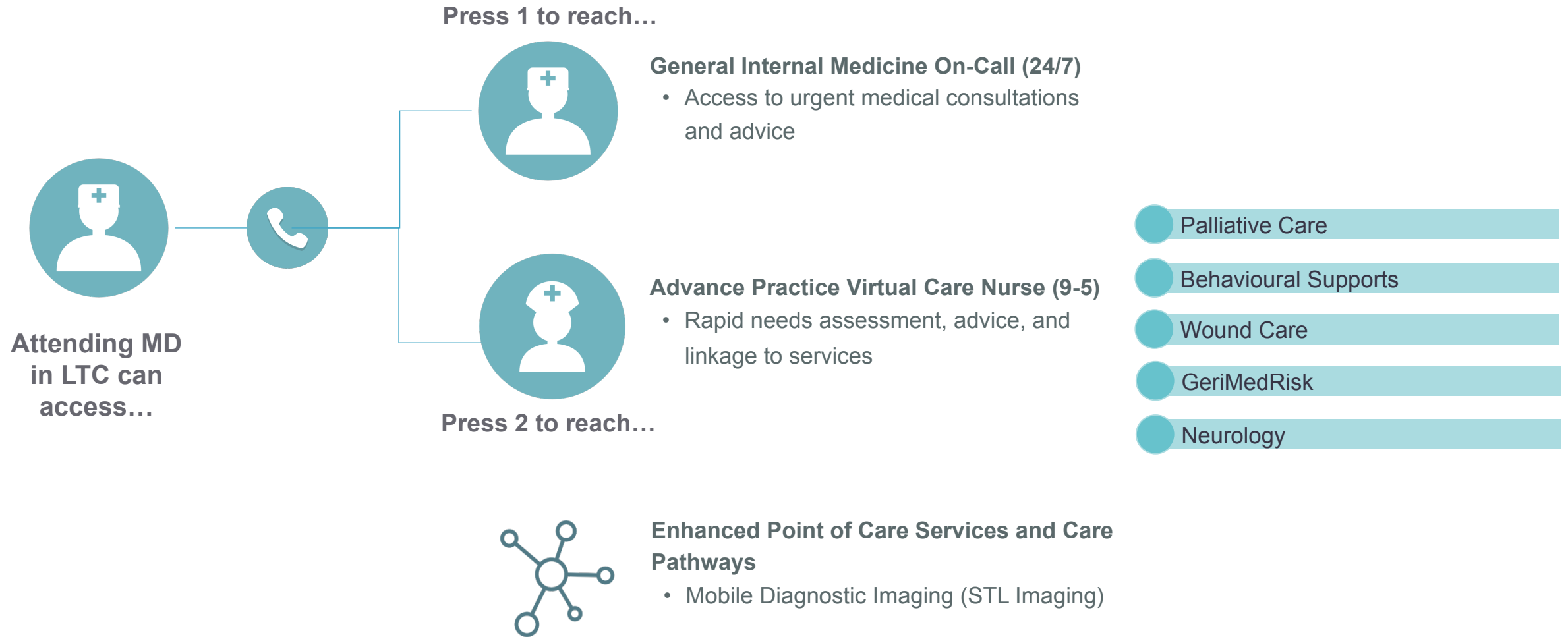
Agenda

- LTC+ Program Updates
- Experiences with LTC+
- Ethical Decision-making and Isolation Care-planning
- Behavioural Supports Ontario (BSO) Update
- Q&A

Goal of LTC+

Our **goal** is to partner with all Long-Term Care Homes in the Toronto region providing access to enhanced care services.

Services are designed to enhance existing processes and protocols in place, with the local attending physician as the most responsible provider.



LTC+ Program Overview

Hospital Resource Partners & LTC+

When to connect with...

Ontario Health Toronto

Planning, oversight, risk monitoring

- Monitor and communicate emerging and rising risks
- Collection of risk self-assessment data
- Integrated, equitable and proactive PPE allocation

Hospital Resource Partner (HRP)

LTC Outreach, SWAT team in high risk homes

- IPAC (risk assessment, recommendations, implementation)
- PPE (short-term and emergent PPE support)
- Staffing (critical staffing needs and access to necessary supports and training)
- Testing (mobile assessment teams)

LTC+

Single point of access for medical supports and clinical services

- Access to specialist consultation (GIM, Geriatrics)
- Direct nursing support
- Enhanced behavioural supports

Available Services



**Advance Practice Virtual Care
Nurse (M-F, 9-5)**



Palliative Care

- Palliative care consults and in-home care for LTCs through HRP

Behaviour Supports

- Coordinate referrals for management of complex cases
- Psychogeriatric Consults
- Geriatric Mental Health Outreach

Wound Care

- Virtual consults for urgent complex wound care questions and antibiotic regimens
- Coordinate in-person visits/long term follow up if needed for chronic or complex wounds

GeriMedRisk

- Comprehensive medication reconciliation for non-urgent pharmacology issues
- 48 hour turnaround time

Neurology

- Neurology specialty consults to LTC PCPs, including non-behavioural neurology (headaches and pain)

Experiences with LTC+

- Dr. Susan Deering – Sunnybrook Veterans Centre
- Dr. Mark Goldstein – Kensington Gardens
- Dr. Ashley Verduyn – Providence Healthcare



Ethical DECISION- MAKING & ISOLATION CARE- PLANNING for LTC

Dr. Andrea Iaboni
Geriatric Psychiatrist
University Health Network



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UNIVERSITY OF
TORONTO



UHN
Toronto General
Toronto Western
Princess Margaret
Toronto Rehabilitation
Michener Institute

kite  **UHN**

Faculty/Presenter Disclosure

- **Faculty: Andrea Iaboni**
- **Relationships with commercial interests:**
 - Grants/Research Support: CIHR, AGE-WELL, CABHI, Alzheimer Association
 - Speakers Bureau/Honoraria: None
 - Consulting Fees: Scientific Advisor, Winterlight LLC
- **No conflicts to report**

Snapshot of COVID-19 in LTC

- **In Canada – 85% of all deaths**
- **Case fatality rate – 30% in Ontario**

Summary of long-term care cases of COVID-19 in Ontario from January 15, 2020 to June 8, 2020 ^[14] - Last updated June 9, 2020 at 10:30 a.m.

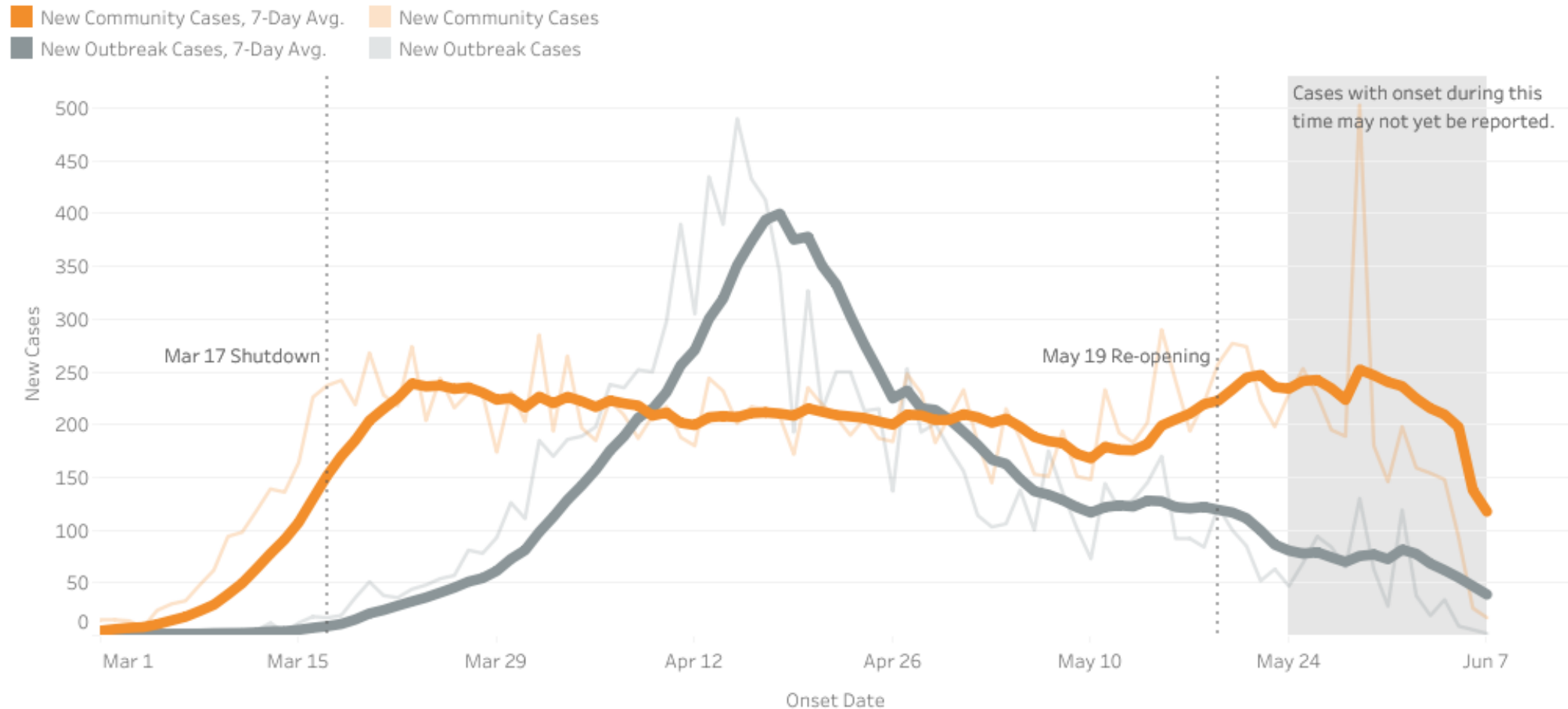
Report	Number	Previous Day Number	Percent Change
LTC homes with an outbreak	73	78	-6.41
LTC homes with resolved outbreaks	225	N/A	N/A
Confirmed active cases of positive residents	816	884	-7.69
Confirmed active cases of positive staff	643	665	-3.31
Resident deaths in LTC homes	1,738	1,720	1.05
Staff deaths associated with LTC homes	7	7	N/A

https://ltccovid.org/wp-content/uploads/2020/06/LTCcovid-country-reports_Canada_June-4-2020.pdf

<https://www.ontario.ca/page/how-ontario-is-responding-covid-19#section-1>

Snapshot of COVID-19 in LTC

New COVID-19 Cases in Ontario



<https://howsmyleftening.ca>

Infection Prevention and Control

Prevention

- Visitor restrictions
- Screening staff
- Universal masking
- Hand hygiene
- Screening before admission
- Quarantine after admission
- Physical distancing measures

Control

- Identification of suspect cases
- Isolation of suspect and confirmed COVID-19 cases

<https://ltccovid.org/wp-content/uploads/2020/03/Summary-of-international-policy-measures-to-limit-impact-of-COVID19-on-people-who-rely-on-the-Long-Term-Care-sector-30-March-pm.pdf>

Contributors to Spread

COVID-19

- staff who worked while symptomatic
- staff who worked in more than one facility
- inadequate supplies of PPE
- limited availability of testing
- delayed recognition of cases
- difficulty identifying persons with Covid-19 on the basis of signs and symptoms alone

OUTBREAKS MORE GENERALLY IN LTCH

- delay in recognition and notification of outbreak
- **delay in the implementation of control measures**
- **insufficient application of isolation and cohorting**

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0229911>

<https://www.nejm.org/doi/full/10.1056/NEJMoa2005412>

Infection Prevention and Control

- Quarantine
- Physical distancing
- Isolation of suspect and confirmed COVID-19 cases



**HOW CAN WE
ACHIEVE THESE
SAFELY AND WITH
COMPASSION?**

[https://www.ajgponline.org/article/S1064-7481\(20\)30326-2/
abstract](https://www.ajgponline.org/article/S1064-7481(20)30326-2/abstract)

Barriers to Effective Isolation

- Environment
- Staffing resources
- Training/procedures
- Policies
- Equipment
- Fear
- Resident characteristics and behaviours
- Moral distress

Moral Distress

- The bad feelings a healthcare professional gets when they know the right thing to do for a resident, but for some reason, is unable to do it.
- Examples:
 - When infection control measures come into conflict with what we think is best for an individual resident
 - When carrying out orders you don't agree with
 - Seeing care suffer because of focus on infection prevention and control
- Moral resilience

Ethical Guidance Tool

Ethical guidance for people
who work in long-term care:
**What is the right thing to do
in a pandemic?**

Andrea Iaboni
Alisa Grigorovich
Claudia Barned
Kevin Rodrigues
Pia Kontos
Charlene Chu
Arlene Astell
Dementia Isolation Toolkit Team

For more information about this tool or the Dementia
Isolation Toolkit project, email andrea.iaboni@uhn.ca.

Version 1.0 April 23, 2020



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RGP



<https://bit.ly/dementiatoolkit>

Ethical Guidance Tool

1 . What has this pandemic changed?

- It is important to protect those who are **most at risk** of getting sick or dying.
- We also have a responsibility to make sure that restrictions on individual freedoms do not cause unnecessary harm.

How do these changes affect what we do in long-term care?

- In the pandemic we have to make **difficult decisions**. These decisions can affect the well-being of some residents.

Ethical Guidance Tool

2 . What is the right thing to do in a pandemic?

- We must consider what actions to take to achieve the greatest good for the greatest number of people.

Principles to consider when making a decision:

- Proportionality
- Minimize Harm
- Reciprocity
- Fairness
- Transparency

Ethical Guidance Tool

3 . Why do we isolate people who have a contagious illness?

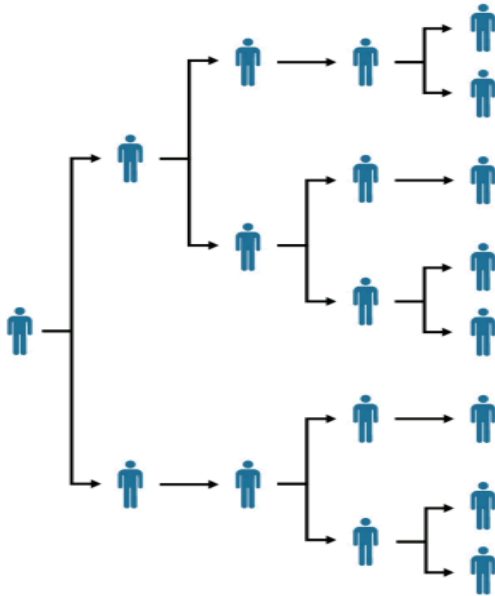
- Keeping people with a contagious illness separate from healthy people helps to prevent the spread of the illness.

What if a resident won't stay isolated?

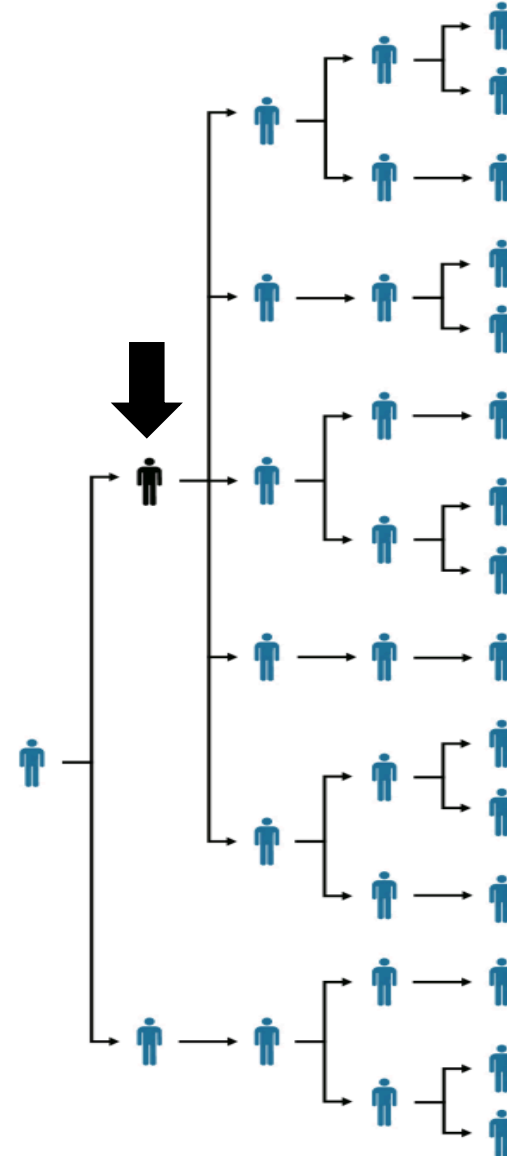
- We have a duty to protect these residents from doing things that may harm themselves or others. We can isolate someone who is infectious if they are unable to isolate themselves.

What are the risks of holding someone in isolation against their will?

If each person infects **1-2 people**:



If each person infects **1-2 people**,
except one person infects **5**:



Ethical Guidance Tool

How can you help someone stay in isolation?

- Develop an isolation plan to support and care for the resident. An **“Infection Control and Isolation Care Plan”** addresses:
 - **Personhood**
 - **Engagement**
 - **Supporting Needs**
 - **Reminders**

Least
restrictive
to most restrictive

Establish necessity for isolation



Orientation, explanation, redirection, distraction

Increased supervision, alarms/reminders, non-restrictive barriers

Cohorting, environmental strategies



Physical seclusion



Physical restraint



Pharmacologic
management



Infection Control and Isolation Care Plan Worksheet:

RESIDENT NAME OR INITIALS: _____ COMPLETED BY: _____ DATE: ____/____/____

Infection control and Isolation care plan

PERSONHOOD:

What information do we know about this person? (e.g. likes, dislikes, values, previous roles/professions, their capabilities, relationships/family)?

What kinds of needs/reasons bring them out of their room?

What helps them return to their room?

ENGAGEMENT:

What activities do they enjoy?

What activities can the resident engage in while in their room? What do they need for these activities?

What do they like to talk about?

Who do they enjoy spending time with?

RESIDENT NAME OR INITIALS: _____ COMPLETED BY: _____ DATE: ____/____/____

SUPPORTING NEEDS:

What do they need help with?

What are their favorite foods or drinks?

What things and/or people bring them joy and pleasure?

REMINDERS:

What do they understand about the need to stay in their room?

What kinds of reminders are effective? (write exact words to use)

What other kinds of reminders work? (Signs, barriers, alarms)

PLANNED APPROACHES/STRATEGIES:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Infection Control and Isolation Care Plan Worksheet:

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What kinds of reminders are effective? (write exact words to use)

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PLANNED APPROACHES/STRATEGIES:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Ethical Guidance Tool

4 . What can help to guide decision-making?

- Reasonableness
- Responsiveness
- Openness
- Accountability
- Trust

Isolation Decision Tool:

Isolation Decision Tool

What is the **danger(s)** you are trying to prevent? How likely is this to occur? If it does occur, what are the possible outcomes?

APPROACHES/STRATEGIES THAT YOU HAVE CONSIDERED OR TRIED:

Approach/strategy that you have tried or are considering?	What are the risks involved in this approach/strategy?	What are benefits involved in this approach/strategy?	How effective has the approach/strategy been?

WHO HAS BEEN CONSULTED/INVOLVED IN THIS DECISION? WHAT WAS THEIR INPUT?

STAKEHOLDER	INPUT
Public Health	
Leadership/Management	
Resident	
Substitute Decision Maker	
Team members	

Isolation Decision Tool:

Isolation Decision Tool

Chosen plan of action:

How will this plan be communicated?

What will you do to minimize the risks that have been identified?

How will you keep track of how effective and safe this plan is?

When will you re-evaluate this plan?

Dementia Isolation Toolkit

- Ethical/ Legal/ Regulatory Frameworks
- Clinical decision guide
- Technology guide and support
 - Two-way video monitoring and communication systems using a tablet

D.I.T. Working Group

- Andrea Iaboni
- Arlene Astell
- Pia Kontos
- Alisa Grigorovitch
- Kevin Rodrigues
- Charlene Chu
- Katie Bingham
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- Jessica Babineau
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- Melinda Machado-Cayley
- Leslie Giddens-Zuker
- Carole Cohen
- Faith Malach
- Debbie Hewitt-Colborne
- Marlene Awad

Partners



Behavioural Supports Ontario (BSO) Update

Faith Malach, MSW, RSW, MHSc

Executive Director, Behaviour Supports and Memory Care Programs, Baycrest

Jordanne Holland, MSW, RSW, MHSc

Program Director, Behaviour Supports and Special Projects, Baycrest

Behaviour Supports in Toronto



BSO Clinical Navigator
M-F 9am-5pm
BSO RN
S&S 9am-5pm



LTC Behaviour Support
Outreach Team

- Virtual and In Person Behaviour Supports from specialized team of RNs and PSWs
- Prioritize transitions and safety concerns

Addictions Specialist

- Geriatric Addictions Specialist provides virtual consultation to residents, physicians and clinicians on topics such as smoking cessation, alcohol use and withdrawal

Geriatric Psychiatry

- Navigation and access to appropriate Geriatric Mental Health Outreach Teams including Geriatric Psychiatry

Behaviour Medical Consult

- Virtual Consult from our Behavioural Physician Specialists in collaboration with the Baycrest Memory Clinic and Inpatient Behavioural Neurology Program

Complex case resolution and
coordination

- Virtual complex case coordination with above specialties in collaboration with LTC Medical Director/Primary Care Providers and clinicians

Virtual Supports for BSO in LTC

Data from March 15 – June 6 (12 weeks)

- LTC BSOT supported over 300 unique clients and made over 1000 virtual visits including the addictions specialist to LTC
- The Virtual Medical Consultation supported over 40 unique complex behavioural clients with over 200 virtual consultations including follow up visits

New BSO Resources

- Communication Tip Sheet for redeployed staff working in long-term care with residents with cognitive impairment
- Guidance For Supporting Clients Who Wander and Require Physical Isolation and
Non-Pharmacological Approaches to Support Individuals Living with Dementia Maintain Isolation Precautions
- Supporting Safer Smoking Practices & Smoking Cessation during COVID-19
- More at brainxchange.ca, <https://clri-ltc.ca/>, <https://www.rgptoronto.ca/>

Our Partners

