

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

## **VENI, VIDI, MANSI**

**They came, they saw, they stayed: LTC+ in a Post-COVID World**

**We are here for good, let us be here for the best.**

Tuesday, July 6th, 5:15 – 6:30PM

**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

- Welcome & Introductions
- LTC+ Program Progress & Impact to Date
- Existing and New Initiatives
- Breakout Discussion
- Closing Remarks

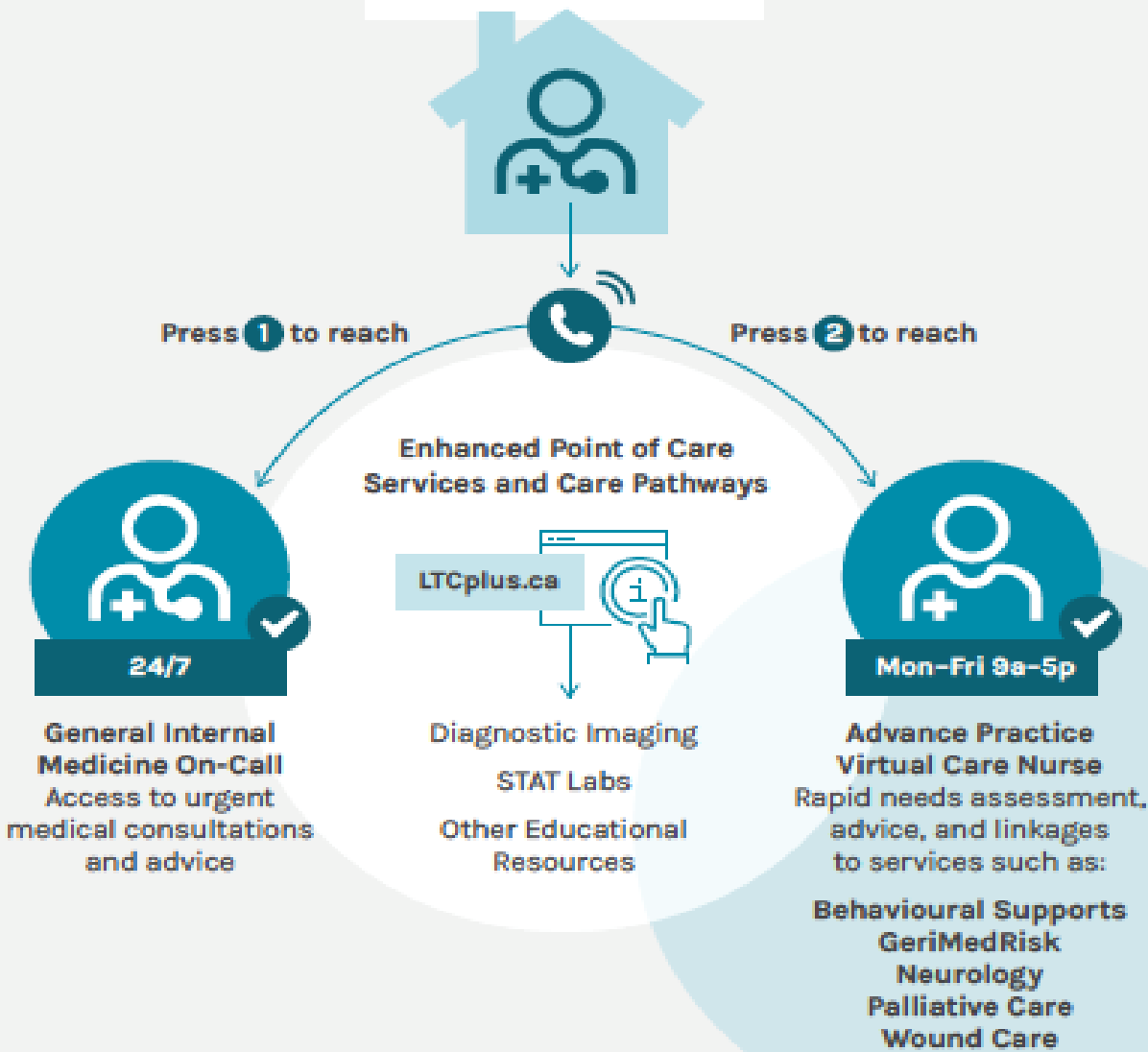
### **By the end of this webinar, you will be able to:**

1. Describe the impact of the LTC+ program to date
2. Access existing and new services provided by the LTC+ program
3. Discuss unmet needs of LTC residents, caregivers and providers that LTC+ could address through future program enhancements

# LTC+ Program Overview

Attending Primary Care Provider in LTC can access...

Phone 1-855-582-7587



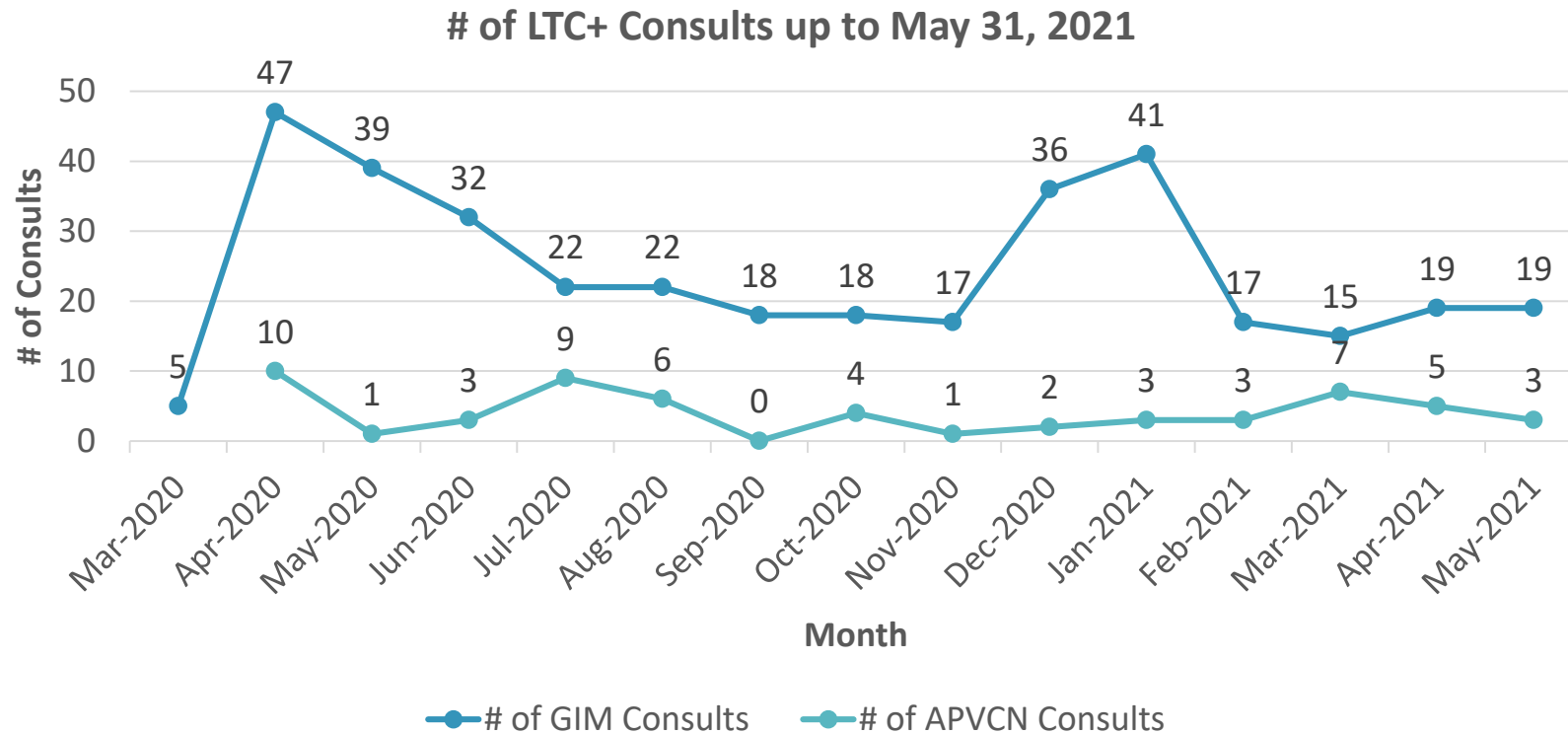
To contact the LTC+ Program, please call:

**1-855-582-7587**  
**(1-855-LTC-PLUS)**

For LTC homes affiliated with Humber River Hospital, please call **416-242-3577** to access LTC+.

## LTC+ Impact

- Currently supporting 54 LTC Homes (approx. 9,574 LTC beds) through 6 Toronto hospital hubs



- 367 GIM consults (Median: 5) + 57 Nurse Navigator Calls (Median: 1) up to the end of May 2021
- Consultants judged that 51% of consults diverted ED transfers

# How LTC+ Can Assist: Case Example

## 85-year-old man with a history of heart failure with reduced ejection fraction and stage III chronic kidney disease

- Recent discharge from acute care – admitted for hypercalcemia secondary to severe primary hyperparathyroidism
- Resident became less responsive prompting call to LTC+ for advice on managing suspected recurrent hypercalcemia
- GIM recommendations included: initiating hypodermoclysis, holding diuretics, checking capillary blood glucose level;
- Also advised that since IV pamidronate given on recent admission, no further treatment other than fluids needed
- STAT labs confirmed elevated calcium level and stable renal function
- Family reassured by LTC PCP that resident receiving same care as would receive in acute care, that GIM specialist had advised and would continue to be involved –daughter agreed transfer to hospital unnecessary
- Two days later, calcium lowered after sc fluids and resident more responsive, eating and drinking again, taking all meds
- Resident continued to do well 1 week later
- GIM specialist checked in by e-mail 1-2 additional times

## Feedback from LTC PCPs

- “Helpful Management advice and reassurance”
- “Rapid availability of GIM consultant. Ability to get specific feedback quickly with specific recommendations for our specific context.”
- 31 (94%) of PCPs cited access to a GIM consultant as being helpful to avoid an ED transfer
- 35 PCPs (100%) were satisfied with the LTC+ service
- 33 (94%) of PCPs surveyed would definitely call LTC+ again

# LTC+ CIHR Grant Evaluation

- Received funding to conduct a mixed-methods evaluation on all 54 enrolled LTC homes with an additional qualitative focus on 6 LTCHs
- Research Objectives:
  1. Evaluate the degree to which LTC+ provides adequate access to COVID-19 and non-COVID-19 care in LTCHs using reductions in acute care transfers as one marker for such access
  2. Explore the impact of LTC+ on the care experience of residents, caregivers, staff and providers at the 6 LTCHs from the LTC+ cohort enrolled in the national LTC+ program
  3. Identify factors influencing the adoption and maintenance of the intervention to inform ongoing program implementation and spread
- Currently finalizing the qualitative study design and preparing to begin the quantitative evaluation



# Experiences with LTC+

- **Dr. Tara O'Brien**, LTC+ General Internal Medicine Consultant
- **Shelly Li**, LTC+ Advanced Practice Virtual Care Nurse
- **Dr. Mark Goldstein**, LTC Home Primary Care Physician
- **Donna Lee**, LTC Practice Lead

# General Internal Medicine On-Call

## Our Role

- Initial Advice
- Support in Ongoing Management

## Case Examples

- Hyponatremia
- Fever



# Nurse Navigator

- The LTC+ Nurse Navigator is available to assist with resource provision and navigation to aid LTC providers in obtaining much needed services in LTC.
- Examples include:
  - Connection to community resources
  - Facilitation of rapid access to AACU congruent with goals of reducing ED transfers.

# Nurse Navigator

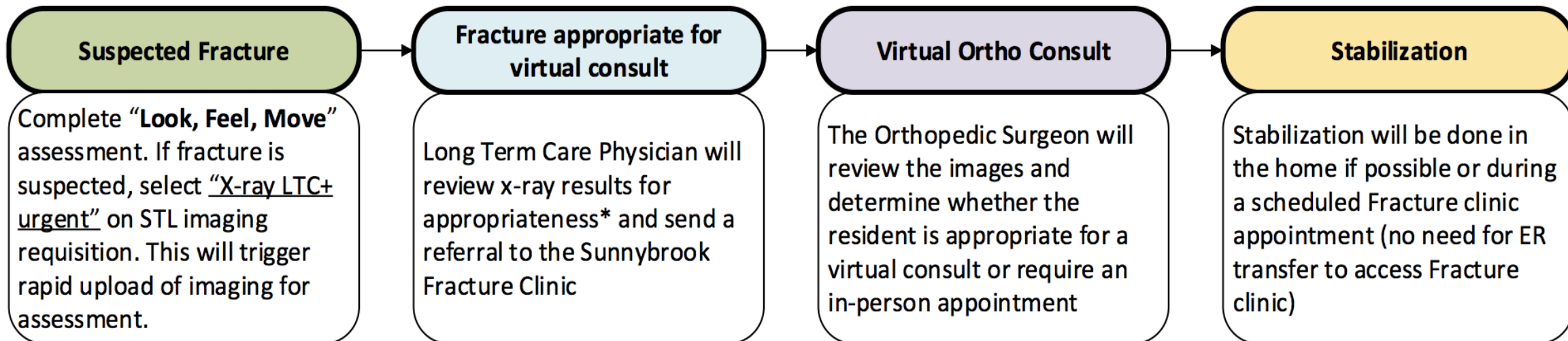
### Example of Benefits of LTC+ to LTC Providers and Residents

- 86-year-old female with left foot cellulitis who had previously completed a course of oral antibiotics with no improvement.
- Resident required IV antibiotics, which cannot be initiated in the LTC setting unless there is an MD/ NP on site and readily available to manage complications such as anaphylaxis. Most LTC settings do not always have this.
- This resident also had an outdated Creatinine and required blood work to determine appropriate dosing based on Creatinine Clearance.
- LTC+ NP was contacted and engaged WCH AACU to provide initial dose of antibiotics in a controlled setting that is not an ED.
- LTC+ NP also made arrangements for subsequent doses, supplies (TCLHIN) and nursing staff (NLOT) to administer medication in the LTC setting for the remaining doses.

# New Initiatives Coming Soon

- Streamlined **Wound Care Pathway**
- Access to LTC+ Services including **Fracture Clinic Pathway** for ED avoidance for residents with stable, non-displaced fractures.
  - Process to include STAT imaging in LTC through your normal imaging provider (STL).
  - Stabilization of injury with on-site fracture stabilization kit (to be obtained by LTC home with support from LTC+)
  - STAT upload of images to Connecting Ontario so that Orthopedics at the Fracture Clinic can triage and provide appointment details.

# High-Low Process Map



## Pilot Data

Fracture Location	Transfer to ED	Transfer to Fracture Clinic	Management
Elbow	No	Yes	Given a sling and sent to # clinic
Metacarpal Phalange	No	Yes	One week after, sent to # clinic (no need for immobilization)
Knee	No	Yes	Zimmer splint applied
Wrist	No	No	Left velcro wrist splint applied, fracture managed well
Ankle	No	No	Aircast for 6 weeks. OT helped buy air cast as this was not available. Follow up with x ray 6 weeks, ortho advised to discontinue boot

# Breakout Discussion

## Discussion Questions

- Can you describe any experiences you have had with LTC+?
- Are there any barriers/challenges that we can address in enabling the use of LTC+?
- Do you have any suggestions for how we can improve our program?

## Post-Discussion Regroup

- Summary Statements
- Any additional questions or comments?



# Closing Remarks

# Housekeeping

## Following this webinar:

- You will receive a survey with an opportunity to provide additional feedback about the LTC+ program.
- You will receive a MainPro+ certificate with instructions on how to claim the 1.25 credits for attending this webinar. If you do not receive your MainPro+ certificate, please contact the LTC+ Research Coordinator, Kyle Liang, at [kyle.liang@wchospital.ca](mailto:kyle.liang@wchospital.ca)

# Thank You!



**Questions?**

## For More Information

Please visit **LTCPlus.ca** for more information about the program and access to additional resources.

If you have any questions, please don't hesitate to reach out to the LTC+ Project Manager, Kyle Liang, at [kyle.liang@wchospital.ca](mailto:kyle.liang@wchospital.ca).