Pallium Canada

Webinar Q&A
Palliative Approach to Care in Long-Term Care during COVID – Monday April 27, 2020 @ 5:00 pm ET

Question	CPC Exchange
Brianyee 05:21 PM **Would any of the panelists wish to comment on long term care and Canada's Health Act?**	There were several questions submitted during the webinar that the panellists were unable to answer due to the time restrictions of the webinar. Please continue the discussion by joining the Canadian Palliative Care Exchange and posting your question as a discussion topic. There is no cost to participate. Join now to share and learn alongside your colleagues from across Canada: www.cpcexchange.ca
Michael 05:24 PM **How can LTC best address staffing in a pandemic? At baseline (pre-Covid) staffing ratios of nursing/PSW to patients have been problematic and a "rate limiting step". In an outbreak, staff become ill and that worsens the ratio, and the provision of good quality palliative care in higher numbers actually requires more staff. In this way, Covid unmasks the staffing ratio problems that have plagued LTC for years. What is the best approach to this problem during a pandemic?**	
Anonymous 05:42 PM **Any practical tips on how to "wean off" CPAP machine? (i.e. reduce hours used each night?) My LTC has requested that we stop CPAP in all residents - we have no positive cases (yet). (Reason is to protect staff and other residents as risk of aerosolized spread if resident is COVID+)**	
Lia 05:47 PM **Would this be a barrier for residents to receive EOL care at the LTCH?**	
Cuong 05:49 PM	

How do you manage a COVID+ resident that is actively wandering (challenging to isolate from COVID negative residents)?		
Annie 06:02 PM **How can family (sibling) provide support if they don't have POA (spouse has it)? How can we support our loved one in the LTC home if we are left out?**		
Zach 06:07 PM **Do you have any suggestions for treating dyspnea without access to opioids?**		
Question	**Answer**	**CPC Exchange**
Marina 05:19 PM **When you mention that people with dementia were at their baseline- does this mean that they were not exhibiting responsive behaviours that may have accounted for symptoms they were experiencing but could not explain?**	Yes, responsive behaviours were at baseline. Falls were at baseline, appetite etc. were all at baseline. Completely asymptomatic.	If you'd like to continue this conversation head to the Canadian Palliative Care Exchange and create a discussion topic or contribute to a conversation already taking place. There is no cost to participate. Join now to share and learn alongside your colleagues from across Canada: www.cpcexchange.ca
Carrie 05:19 PM **Given the importance of having friends and family present when a patient is close to dying, do you feel there should be more advocacy regarding ensuring that family members can safely be present when their loved ones are dying in long term care?**	Yes, most definitely. We know that family caregivers are essential in LTC facilities. I will bring this up for discussion later in the presentation. Thank you!	

Anonymous 05:20 PM **The facility I work in has decided that if residents become Covid-19 positive they will automatically transfer to the hospital. The rationale for this decision is that the hospital will be the isolation unit for these residents in an endeavour to prevent spread of COVID in the facility. The physicians and I (NP) had been in the process of doing goals of care conversations with capable residents/SDMs when residents are not capable. We are now being told these conversations do not need to happen.**	Dr. Amit Arya To be honest that is unusual- I will bring this up for comments if we get a chance. Dr. José Pereira To me, it still makes a lot of sense to have ACP and GoC discussions with residents. It should occur with all residents upon admission and then periodically reviewed. This pandemic is amplifying the need. Even if they are transported to a hospital, they will be able to transition to the hospital with their GoC and ACP done ... less pressure on our colleagues in the other settings.	
April 05:22 PM **Are you able to share these GOC assessments/surveys created?**	Yes, we will share some guidance for goals of care conversations	
Richard 05:22 PM **Should all cognitively impaired LTC residents who became symptomatic with COVID 19 be palliated in the nursing home?**	Dr. Amit Arya We believe that this is often in the patient's best interest. The LTC facility is their home and the staff often know the resident the best. Michael MacFadden	

	This is a challenging consideration when ultimately, we wish to provide treatment consistent with the goals of that resident. However, it also does present facility specific challenges. We have devised a plan to consider risks to the resident and promptly review these directly with residents and families.	
Maureen 05:23 PM **How valuable is testing temperature BID in LTC residents when elderly often do not mount fevers? do you recommend other type of monitoring to identify symptoms in this population?**	Dr. Benoît Robert I have found that elevated temps currently are with residents in our "isolation unit". This means that normal temperature does not exclude COVID. I believe we are mandated in Ontario. Dr. José Pereira Please see response above to question re temperature. Very good question. Should be accompanied by an overall clinical assessment that looks for all other symptoms and signs.	
Anonymous 05:23 PM **Have these conversations. Can you comment on this practice? We do have an early ID and Serious Illness Conversation program in place and residents do have**	It is important to review the document and themes of goals of care with residents and families prior to illness and during acute illness to confirm wishes, to reduce risk for misunderstanding and to affirm our commitment to try to provide	

palliative plans of care in place and many residents so not to be transferred. What is the best way to resolve this issue?	the best possible care for their loved one.	
Cuong 05:24 PM **How often should we test (and retest) for COVID for staff working with COVID+ residents (considering incubation period)?**	Dr. Benoît Robert There are no guidelines currently. However, if residents are asymptomatic, then frequent testing would be best to minimize spread. Also, need enough swabs to test, and enough time to allow for viral load to be sufficient to be positive. Priorities could be units affected, units with more dementia, staff who work on those units, etc. Eventually, the whole facility. Michael MacFadden This is dependent on regional and provincially defined standards	
Joyce 05:30 PM **I am asking because of the relative lack of fever response/immune response to infection, the lower baseline "healthy" temperature of elders being more like 36.3, with fever being anything over 37.5 for them.**	Michael MacFadden A good question as many frail persons do not mount a fever in response to infectious illness, in fact some people actually become cold. It would be important to not look at fever exclusively as criterion for testing, but rather consider the spectrum of potential symptoms when an acute change in status occurs and reference a change in	

	temperature to a person's baseline. Dr. José Pereira Very interesting observation. These issues should be studied further.	
Anonymous 05:31 PM **Some families, no matter what has been discussed re goals of care in the past, or now with COVID, they insist that their loved one go to hospital no matter what.**	Dr. Amit Arya That can be challenging. It is important to discuss what can be offered in the LTC facility vs. the hospital. Many LTC patients suffer harm from hospital transfer including risk of delirium, deconditioning, bed sores, over testing and treatment. Michael MacFadden It is true. Some families equate hospital care with the gold standard of care, again it is dependent on the goals of care for the resident. In many instances we are able to address many of things in LTC that are available in hospital, yet families do not always have such awareness. Unfortunately, a family is desiring of a transition to hospital it is something we are urged to facilitate this, but as the pandemic and resource strain evolves, we may need to continue to revisit this with residents and families. Dr. José Pereira	

	Indeed, that does happen. But at least one has provided an opportunity for those discussions.	
Ye 05:37 PM **If pt.'s advanced directives is CPR, what is the process of protective CPR in LTC homes? Or should we do it at all?**	Regulations may vary about CPR from province to province. We recommend for you to follow these. Most of the time, LTC residents do not survive an ICU stay, so CPR is not indicated. Health Quality Ontario has some good statistics on CPR for terminal illness. Also, it is important to clarify no CPR does not mean no treatment.	
Carrie 05:37 PM **I thought high flow O2 and CPAP was contraindicated?**	There is greater risk for aerosolization when a person has COVID-19.	
Amanda 05:38 PM **I'm starting to see a trend in lower airway secretions in pts with COVID who are nearing end-of-life. Do you see a place for SQ Lasix in this pt. population?**	Yes absolutely.	
Anonymous 05:43 PM **Can you talk more about staff cohorting? Are you**	Michael MacFadden It is always advisable in an outbreak to try to cohort all staff to one area to reduce	

trying to keep staff on the same unit when able?	transmission i.e. one floor, one unit etc. as opposed to travel throughout different areas in an LTC home. Dr. Benoît Robert Cohorting can go in a variety of approaches - trying to keep staff together on the same unit, trying to keep staff off the units affected to minimize exposure. This is primarily in the context of staff reductions.	
Anonymous 05:46 PM **With the increased need for use of midazolam in LTCH and the fact that registered staff are mostly RPN is there specific direction or guidance around the CNO guideline which indicates RPNs cannot administer midazolam independently?**	Treatment specific questions such as these are challenging to address as they relate to region and discipline specific barriers. There is no question that we all need to adapt and take novel approaches now, but it does raise ethical and professional questions which need to be addressed by our leaders and medical ethicists working in our respective areas.	
Megan 05:47 PM **Are all provinces mandated to implement one site protocols in LTC sites or is it a site by site decision?**	It is specific to each province	
Anonymous 05:49 PM	I am not too sure. COVID enters the home through	

Would you advise cohorting staff preventatively considering asymptomatic spread?	"community acquired COVID". However, 6' physical distancing and masks are needed to protect the others and should be enforced ...particularly in any tight staff areas.	
Anonymous 05:59 PM **I am wondering.... if a resident is not responding to oxygen via nasal prongs, and are at a goal of care where they would normally be transferred to hospital for an acute illness not responding at the facility, are there proven methods of oxygen delivery available at hospital (other than intubation and BIPAP) that would warrant a hospital transfer for? Or do we focus on changing goal of care to comfort? Guess I am looking for clarification on how oxygen support at LTC facility vs hospital affects outcome.**	The hospital would be using O2. The mortality rate in the hospitals is worse (with good reason) for people with the comorbidities such as is found in LTC. There is improvement once the dyspnea is controlled - use the opioids for this. Goals of care may be focused more on the functional decline that hospitalization would incur. Would the person be willing to give up independence due to a prolonged hospitalization?	
Jean 05:52 PM **How does one deal with moral distress?**	Talk with your peers, we all ought to. We need to be respectful and compassionate in sharing of ourselves and hearing the concerns of our peers and colleagues. Sharon and her team are doing some work in this area.	

Ruth 06:01 PM **How do you define “end of life” for the access to one visitor?**	Actively dying - expected death in a few days or less. Of course, I have residents who have improved and the EOL orders were removed.	