

Webinar Recap for September 14th, 2020

LTC+ Acting on Pandemic Learning Together

TOPIC

COVID and long-term care and retirement homes: the KFL&A experience

KEY AREA(S)

Preparation

SPEAKER(S)

- Dr. Kieran Moore, Medical Officer of Health, Kingston, Frontenac, Lennox and Addington Public Health (KFL&A)
- Krystal Mack, Administrator, Providence Manor
- Dr. David Barber, Medical Director, Providence Manor
- Therea Miller, Resident, Providence Manor
- Dr. Pierre Robichaud, Medical Director, John M Parrott Centre

SESSION OBJECTIVE(S)

- Learn from the approach used in Kingston to prepare and prevent outbreaks in LTC facilities
- Offer concrete strategies for organizations to prepare for future outbreaks
- Share next steps to participate in the LTC+: Acting on Pandemic Learning Together program

SUMMARY

KFL&A Health Unit

1. As informed by the first wave of COVID-19, Ontario Health recommended the following structural improvements to support long-term care (LTC) and retirement homes (RH): system collaboration, medical and administrative leadership, infection prevention and control (IPAC), health human resources and mandatory management orders.
2. The KFL&A Health Unit supports ~3,000 residents across 11 LTC homes and 16 retirement homes. As of September 2020, only 1 confirmed case of COVID-19 had been identified in the region.
3. The success of the region's pandemic response was partly attributable to their extensive and proactive preparation efforts, prior to COVID-19. This included the presence



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of strong, pre-existing relationships between the health unit and LTC/RHs; yearly updates with LTC/RHs to prepare them for influenza outbreaks and offer IPAC education; the presence of dedicated IPAC nurses working with the region's LTC/RHs; leading Influenza preparedness workshops; and conducting 'Table Top' outbreak simulation exercises for LTC/RHs and providers.

4. Once the COVID-19 pandemic was declared, the KFL&A health unit undertook following:
 - Weekly teleconferences with senior homes and medical directors
 - Augmented inspections in senior homes for IPAC adherence, which were performed by inspector and nurse teams.

Inspection checklists components

<p> Main entrance/visitors</p> <ul style="list-style-type: none"> • Signs posted • ABHR at reception • Essential visitors only • Visitors screened 	<p> Care area/residents</p> <ul style="list-style-type: none"> • New residents screened • Residents monitored daily • Symptomatic residents isolated • ABHR/PPE available at point-of-care 	<p> Testing</p> <ul style="list-style-type: none"> • Symptomatic people tested • At least 4 testing kits available
<p> Admin</p> <ul style="list-style-type: none"> • Substitute decision-makers identified • Clear medical directives • Environment reconfigure to promote social distancing 	<p> Staff</p> <ul style="list-style-type: none"> • Knows how to use PPE • Knows when to isolate (symptoms, travel, contact) • Signs are posted in staff areas (eg, break room) • Staff can list at least 2 resources for reliable information about COVID-19 	



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- Enforced an early lockdown on March 17th, 2020, which included restriction of visitors, non-essential appointments cancelled, and active screening of staff and any visitors
 - Progressively enforced inspections (i.e. warnings, public health orders and fines)
 - Universal testing
5. KFL&A health unit's key messages for other local Public Health units working with LTC/RH, include:
 - Being proactive and operational; keeping a low local community rate of transmission
 - Developing relationships with all institutional and community players (hospitals, homes, primary care) before the crisis
 - Communicate, collaborate and cooperate

PANEL DISCUSSIONS

6. A LTC home resident in the KFL&A region shared that early testing, PPE compliance among staff, and the continuation of activities with residents on a one-to-one basis, contributed to a positive experience living in LTC during the early pandemic.
7. When asked to reflect on any unique factors that helped the institutions prepare for and respond to the pandemic, the panelists noted the importance of community relationships

and strong communication; affiliations with academic institutions; having a dedicated, full-time IPAC staff; involvement of municipal leadership and redeployment of staff from other local establishments (i.e. libraries, museums) to support LTC/RHs; as well as timely access and turnaround of COVID swabs;

8. Panelists noted the following unintended consequences of the policies released during the first wave of COVID-19: creativity in offering recreational activities for residents and visitations with families; permanently updating or changing existing process and practices; facing difficulties with resource allocation, particularly regarding staffing; as well as the negative outcomes of isolation on social, emotional and psychological wellbeing of residents, families, and staff.
9. Lastly, panelists shared their key takeaways, including the importance of ongoing and comprehensive goals of care for residents; supply of medications and vaccinations; having a strong relationship with the local public health unit; reducing admission frequency in order to create staff capacity in response to a surge of COVID or influenza; having COVID-friendly visitations; performing early influenza planning; and conducting outbreak simulation exercises.

RESOURCES SHARED

Listed below are the resources mentioned during the webinar:

- [Reimagining Care for Older Adults Report](#)

WEBINAR RECORDING

[Watch the full webinar here!](#)

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