



Long Term Care

MEMO

To: WRHA Long Term Medical Directors and Attending Physicians

From: Dr Gilles Pinette, Medical Director, WRHA Long Term Care Program

Copy: Dr Hamedani, Dr Francois, Gina Trinidad, LTC Program Team

Date: January 10, 2022

Subject: **CHECKLIST: LTC Medical Care Resources and Guidance for ALL Physicians & Nurse Practitioners**

The fourth wave is upon us. The LTC program (as of today) has 24 LTC facilities with outbreaks. The following is a reminder of your roles and links to resources. Remuneration details are provided below.

CHECKLIST: LTC Medical Care Resources and Guidance for ALL Physicians & Nurse Practitioners

- Keep up to date on current recommendations. Resources for LTC can be found at:
<https://professionals.wrha.mb.ca/covid-19/long-term-care/>

[LTC and PCH resources - Shared Health \(sharedhealthmb.ca\)](#)

[Provincial Pandemic Plan – Roles & Responsibilities of Medical Leadership & Medical Staff during a Pandemic/Serious outbreak](#)
- Review the [LTC COVID-19 Pathways & Checklist](#) as it succinctly summarizes and provides an algorithm for escalating care needs
- Attached is the newest version of [WRHA LTC COVID-19 Medication Prescriber Order Sheet](#) which includes the addition of the section on monoclonal antibody treatment. Assess all COVID-19 positive residents for monoclonal antibody treatment as per [provincial criteria and referral process \(https://sharedhealthmb.ca/covid19/mab/\)](#). If not referring eligible residents due to prescriber or family decision, it is recommended to document rationale/discussion in the resident's health record. At this time, there are no other treatments being broadly recommended in Manitoba for PCH residents with COVID-19, but additional information will be shared and updates made as the evidence and medical guidance evolves:

- ❑ Focus on simplifying medication passes and medication frequency and deprescribe:
 - QMRs with a focus on deprescribing and simplifying medication passes and medication frequency. **This can be done directly between Physician and Pharmacist so that the nurse is not tied up doing the QMR.** Nurse resources are stretched very thin.

- ❑ Discuss ACP status with residents/POA for current status and in the event that the resident gets a COVID-19 infection. Get clear understanding (i.e., Do they want to transfer if COVID decline? Do they prefer to maximize on site management and transition to palliation if not improving? Do they want intubation/CPR/etc if decline? Are they wanting COVID 19 treatments such as monoclonal antibodies if they qualify?). Now is the time to address mismatches between patient/POA expectations and clinical status. ACP discussions are often best handled by the physician/NP rather than deferring these discussions to the nurses (reminder: nurse resources paucity).

Address vaccination status (again) if they remain unvaccinated.

CHECKLIST: Medical Director as a leader to the Attending MDs/NPs

- ❑ Speak to every MD/NP that works at your site. Do they have health/age risks that would prevent them from attending in the event of an outbreak? What is their time commitment to the home in the event of an outbreak?
- ❑ What is your outbreak plan for MD/NP coverage?
 - With the first positive patient of an outbreak, on site visitation by MD/NP is expected to increase to 3x/week.
 - If there are more than 3 residents affected, then daily visits are expected.
 - If you wish to discuss any reasonable alterations to this plan, please contact LTC Medical Director (e.g., if residents are very mildly or asymptomatic and can be managed between virtual/on-site rounds).
- ❑ Do you need additional MD/NP resources if you have an outbreak? Discuss with LTC Medical Director so that contingency planning can be prepared in advance.
- ❑ Consolidate a MD/NP's clinical work to a unit/floor rather than throughout multiple floors/units in a PCH. This encourages better teamwork and less movement between multiple units for each MD/NP.
- ❑ Consider going to a single on-call provider per PCH afterhours call model. Rather than all MDs/NPs taking calls afterhours for their own residents, move to a model where one provider is on call for the entire PCH. This reduces on-call burnout and provides a single clear contact for nurses for On-Call issues.
- ❑ Ensure that all MDs/NPs continue to contact the EMO for any transfers out from the PCH. This process is strongly encouraged by the LTC Program and the Emergency Program.

Resources to assist you in a COVID outbreak at your PCH
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Manitoba X-ray Mobile Service: Fax requisition to: 204-831-0828

CIVP: Contact: Fax completed form to 204-233-0086

Respiratory Therapy: Contact: Pam Sibilleau, WRHA Clinical Services Lead, Respiratory Therapy at psibilleau@deerlodge.mb.ca or 204-831-2904.

RACE – Geriatrics: Contact: 204-926-6015 8am to 8pm, Monday to Friday

RACE – Psychiatry: Contact: 204-940-2573 9am to 4pm, Monday to Friday

Palliative Care Program: available to LTC Facilities 24 hours per day

Contact: Weekdays: Fax consult to 204-237-9162. Call 204-237-2400 if urgent

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Evenings/Weekends: Call St Boniface Hospital Paging at 204-237-2053 and ask for Palliative Care physician on call (Adult Service)

Remuneration for Physicians providing COVID coverage in LTC

All PCHs with outbreaks have been approved for the sessional stipend coverage. This applies retroactively to the time your outbreak began.

Use the attached Excel template for PCH submissions to ensure payments are made accurately and in a timely fashion. You may bill for hours even if you only have 1 resident COVID positive. Follow this process and you should be paid quickly.

☐ The Remuneration Process:

- Submit hours for **one PCH per form**
- Use the Excel template to fill in your hours and all details.
- Email the submission to Finance at WRHA_ADHOC@wrha.mb.ca and copy (e.g., cc) to your Medical Director
- Manual submissions (e.g., handwritten) will not be accepted and will be sent back.

☐ LTC Billing Tariff Worksheet has been included to help guide you in billing fee for service.

Thank you again to all physicians, nurse practitioners, and Medical Directors who continue to care and provide service to our long term care population. Find your balance. Support one another. Stay healthy and safe.

My contacts are provided below if you need to reach me.

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