Roles & Responsibilities of Medical Leadership & Medical Staff during a Pandemic/Serious Outbreak

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Roles and Responsibilities

LTC/PCH Regional Medical Lead (or designate)

The role of the LTC/PCH Regional Medical Lead during a pandemic/serious outbreak:

1. Work with provincial and regional counterparts and leads to plan for a coordinated and standardized approach to a serious outbreak.

2. Work closely with Provincial and Regional Medical Officers of Health/Public Health, Infection and Prevention Control and Occupational Health as well as Shared Health to develop supporting processes, guidelines, and communication across the LTC/PCH continuum as information changes during a pandemic.

3. Liaise with all LTC/PCH sites in the Service Delivery Organization (SDO) to support a coordinated approach to the outbreak if needed.

4. Work with the appropriate LTC/PCH leadership in the SDO and participate in Regional Incident Command meetings.

5. Meet and support LTC/PCH Site Medical Leads as well as LTC/PCH Administrative Leads on a regular basis during a serious outbreak/pandemic. This may be most efficiently done by attendance at the Site Incident Command meetings.

6. Will be available (or designate) 24/7 to answer questions from medical staff (MD/NP) from sites experiencing an outbreak.

7. Supports the development of, along with provincial Infection Prevention and Control (IPC) medical and program leads, an integrated Infection Prevention and Control Program for Long-Term Care for the region, while standardizing ICP practices, where appropriate, in the Province of Manitoba.

8. Supports the maintenance and implementation of an integrated Infection Prevention and Control Long-Term Care Program encompassing PCH Site Medical Leadership; PCH Medical Staff and Regional and PCH Infection Prevention and Control staff.

9. Supports Regional and Site PCH/LTC Medical Leads in addressing Infection and Prevention and Control specific issues and serves to connect regional and site level medical leads to provincial Infection Prevention and Control Leads where appropriate.

10. In collaboration with the Regional Medical/Specialty Leadership team help establish and maintain an IP&C program organization structure consistent with the Shared Health Provincial Medical specialty governance structure.

LTC/PCH Site Medical Leads

The role of the LTC/PCH Site Medical Lead during a pandemic/serious outbreak:

1. Develop a schedule, based on pandemic/outbreak guidelines and policies, for medical staff presence (physicians/NPs) within the LTC/PCH setting to meet the needs of the residents, until such time as the outbreak is declared over.

2. Attend Site Incident Command meetings and work with the LTC/PCH Site Administrator in coordinating the needs of the LTC/PCH residents during a serious pandemic outbreak.

3. Support LTC/PCH physicians/NPs on a regular basis during a serious outbreak/pandemic for the purposes of staying in touch and informed as well as offering teaching/learning opportunities.

4. May be asked to be part of an on call medical leadership group (along with the LTC/PCH Regional Medical Lead to be available 24/7 to answer questions from medical staff (MD/NP) from sites experiencing an outbreak.

5. Your role as a Site Medical Lead is twofold: you are a resource and leader for your PCH and you are also the guide for your staff of physicians and nurse practitioners who provide the care on site.

Outbreak Escalation Triggers

With the first positive resident of an outbreak, on site visitation by MD/NP is expected to increase to 3x/week.

1. If there are more than 3 residents affected, then daily visits are expected.

2. Is there an explicit plan for a handover of care after a period not longer than 14 days of onsite care? A “ramp down” strategy?

LTC/PCH Site Medical Lead Pandemic/Serious Outbreak Checklists

The following checklists are meant to provide a review of current practice and expectations for the LTC/PCH Site Medical Lead.

CHECKLIST 1 - LTC/PCH Site Medical Lead as a resource to the PCH:

1. Keep up to date on current LTC Infection Prevention & Control Measures.
2. Encourage vaccination of all staff including MDs/NPs.
3. Speak to your LTC/PCH Site Administrative Lead to determine your involvement in the Pandemic/Serious Outbreak Planning
    - Does your site have the ability to do hypodermoclysis?

      ____
    - How will you be notified when an outbreak occurs?

      ____
    - How is your LTC/PCH managing outbreaks (e.g. cohorting)?

      ____
    - Is there a clear written contingency plan if there are physician/clinician coverage issues expected?

      ____

CHECKLIST 2 - LTC/PCH Site Medical Lead as a leader to the Attending MDs/NPs:

1. Speak to every MD/NP that works at your site.
    - Do they have barriers or risks that would prevent them from attending in person in the event of an outbreak?

      ____
    - What is their time commitment to the LTC/PCH in the event of an outbreak?

      ____
2. What is your outbreak plan for MD/NP coverage?

   ____
    - With the first positive resident 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.
    - Is there an explicit plan for a handover of care after a period not longer than 14 days of onsite care? A “ramp down” strategy?

      ____
3. Do you need additional MD/NP resources if you have an outbreak?

   ____

4. Discuss/prepare with the LTC/PCH Regional Medical Lead so that contingency planning can be prepared in advance.

5. If you have MDs/NPs that are unable to assist with outbreak response, will you (circle your selection):
   a. reduce their workload or
   b. temporarily replace them or
   c. can they support the clinical demands of the medical staff providing on site care?

6. Discuss with the LTC/PCH Regional Medical Lead so that recruitment planning can occur.

7. Work with the MDs/NPs to have the staff focus on tasks that assist in streamlining resident care during an outbreak:
   - QMRs with a focus on de-prescribing and simplifying medication passes and medication frequency regimens
   - Discuss ACP status with residents/POA.
   - Review current status and wishes in the event the resident gets seriously ill. Involve family where appropriate.
   - Get clear understanding of level of care:
     - Do they want to transfer to hospital if declining due to (outbreak identifier)?

       ____

     - Do they prefer to maximize on site management and transition to palliation if not improving?

       ____

     - Do they want intubation/CPR/etc. if declining)?

       ____

8. If possible, cohort individual 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.

9. 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 on-call issues.

10. Ensure that all MDs/NPs continue to contact their associated Emergency Department for any transfers out from the PCH. If possible, discuss these at Regional Incident Command meetings if time allows (I.e. will not delay the timely provision of care).

Outbreak Management Information

LTC/PCH Medical Staff (MD, NP, PA) - Pandemic/Serious Outbreak Information

This information has been prepared to be provided to physicians and nurse practitioners at the time they are participating in care at a PCH that is in a pandemic/ serious outbreak situation.

Occupational Health Contact Information

Please contact the physician occupational health resource as per SDO/provincial protocol.

Contact Occupational Health for contact tracing and your need to be tested or isolate related to the outbreak at the personal care home. This includes weekends and holidays if necessary.

Name____

Title____

Work phone ____

Cell phone (text or call)____

Email ____

Infection & Prevention Control (IPC) Contact Information

Please contact the Infection & Prevention Control contact person as per SDO/provincial protocol.

Name____

Title____

Work phone ____

Cell phone (text or call)____

Email ____

MOH/Public Health Contact Information

Name____

Title____

Work phone ____

Cell phone (text or call)____

Email ____

Outbreak Communication

Incident Command Committee Meetings: There is a formal site committee structure immediately convened to coordinate the site level and in sync with a regional response to outbreaks at personal care homes.

- You will be invited to the Site level Incident Command Meetings. You will help identify issues/areas of concern brought up at the site level that require escalation through the LTC/PCH site leadership (LTC/PCH Site Medical Lead or Site Administrator).
- During a pandemic/serious outbreak, your involvement through regular site meetings will be essential.
- Where available, the outbreak specific Terms of Reference will outline the roles and an agenda for these meeting.
- If you are not able to attend an Incident Command Meeting please contact the LTC/PCH Site Medical Lead or the LTC/PCH Site Administrator for anything you need to report and review the minutes following the meeting.

Email: Email is the primary mode of communication for invitations to Incident Command Committee meetings, meeting minutes and copies of communications with staff and families.

- **Important:** Please provide the LTC/PCH Site Administrator with the email address you check regularly, including after hours. ***Where applicable, the use of a SDO approved email is the preferred mode of communication as per the Rules & Regulations 7.5.1***

Virtual Meetings: The incident command meetings usually occur by Microsoft Teams (or other) App. It is very helpful if you have a microphone and webcam. To use your phone or tablet you will need to download the Microsoft Teams (or other) App.

Payment: You can be remunerated for your participation in the Incident Command Meetings depending on your payment model. There is a medical remuneration form you can fill out with the (insert date/year) rate. Alternatively, contact your Medical Administration / Services Department (insert email) to discuss the appropriate payment process.

LTC/PCH Medical Lead Contact - Info for Assistance

LTC/PCH Regional Medical Lead (or designate) Contact Info

Name____

Title____

Work phone ____

Cell phone (text or call)____

Email ____

LTC/PCH Site Medical Lead Contact Info

Name____

Title____

Work phone ____

Cell phone (text or call)____

Email ____

General Outbreak Management

Resident symptom surveillance and testing guidance: The guidance for symptoms suggestive for (outbreak identifier) in the LTC/PCH setting is broader than that for the general public.

- An outbreak code may be required to be included on the requisition sent with the swab.

Outbreak checklists: Refer to the appropriate guiding checklist for the outbreak in question at the LTC/PCH.

On site medical care: When there is a surge in residents with (outbreak identifier), an increase in on site medical care is needed (daily during the intense phase of the outbreak).

- Special Pandemic/Outbreak tariffs may be available for the increased presence on site. Check with your SDO Medical Administration Services (insert email) for the details including the remuneration form.
- It is strongly recommended that a plan for handover of on-site medical coverage be scheduled at approximately day 14, if not sooner.
- In the case of an unexpected absence from site due to symptoms requiring isolation at short notice dialogue with local colleagues and the LTC/PCH Site Medical Lead should occur to discuss coverage.
- If there are any concerns that coverage is not available with local providers, please contact the LTC/PCH Site Medical Lead as soon as possible so that alternatives can be explored.

PPE donning and doffing: The personal care home will supply you with appropriate PPE.

- If there are circumstances in which an N95 mask is needed you will have to have been fit tested within the last 2 years and your name tag will indicate the brand of mask for which you have been tested.
- Ensure that the brand of mask is on hand (discuss with LTC/PCH Site Administrator)
- You are encouraged to ask someone to buddy with you for donning and doffing of PPE.
- Infection Prevention & Control has suggested the following videos and information for review of donning and doffing:
    - Donning (link)
    - Doffing (link)
    - Point of care risk assessment: link

Review of Goals of Care: Transfer to hospital and Intensive Care

Educational material may be available to support a “Serious Illness Conversation” in the context of (Outbreak identifier): **i.e.:** https://www.youtube.com/watch?v=-3LfeaJWS8A

- Site staff should be able to provide you with a list of residents who have previously expressed a wish for active medical management including transfer to hospital and anyone who has an Advanced Care Plan that includes Resuscitation (R).

- For residents wanting hospital and intensive care treatment, the goals of care need to be reviewed at the time an outbreak is declared and with changes in clinical status. This is essential to understand the resident wishes in more detail. Changes in status triggering review include but are not limited to the resident testing positive for (outbreak identifier) and developing symptoms requiring (oxygen therapy, rehydration).

- If a resident and/or their substitute decision maker has indicated they want intensive treatments **it is important to state and document that these options require telephone consultation with an intensive care specialist and/or the hospital admitting physician. These consultants may decide, at the time that the resident will not benefit from those treatments and those intensive interventions should not be offered.** This is dependent on the resident’s underlying comorbidities and frailty as well as their clinical status at the time off site treatment is being discussed.

Pandemic/Outbreak Template for Standard Orders

Pandemic/Outbreak Template for Standard Orders

(See Appendix A for example)

(See Appendix A for example)

a. **Supplemental O2:**

b. **IV and subcutaneous fluid for treatment of dehydration:**

c. **Protected Code Blue PCH:**

d. **Cohorting guideline:**

e. **IPC discontinuation of precautions:**

f. **Medication streamlining:**

g. **Death of a suspect/confirmed COVID PCH Resident:**

Education

(Appendix A has further information)

MD/NP WELLNESS**:** Providing care to residents living in a PCH during a serious outbreak is an intense experience. Resident needs can increase quickly and unpredictably. Strains associated with this important work can be on top of the existing challenges the pandemic has presented. Seek out regional peer support resources
In addition, please consider accessing these resources from Doctors Manitoba and the CMA.

- Physician and Family Support Program: http://www.docsmbwellness.org/resources/docs-mb-services/
    - Accessible 24/7 at 1-844-436-2762 (register using DOCSMB as company ID).
        - For all Doctors Manitoba members and anyone living in their household.
    - Masters prepared counsellors are available for counselling in person, by telephone or video, and referrals to other services as needed.
    - https://www.cma.ca/physician-health-and-wellness/wellness-connection

Appendix A - Example of a Pandemic/Outbreak specific Standing Orders (COVID 19 example)

COVID-19 confirmed Medication Standing Orders

- There is an existing medication standing order set for PCH and TC residents who are confirmed to be COVID positive. This is intended to support clinical judgement.
- The vast majority of residents will not require antibiotics for bacterial co-infection.
- VTE prophylaxis should be considered for residents with any decrease in ambulation. If VTE prophylaxis is not in keeping with goals of care the same should be indicated on the order form.

Supplemental O2

- O2 therapy is not on the COVID-19 Standing Orders. Instead, it is on the PMH PCH Medication Standing Orders stating oxygen should be titrated to “O2 sat greater than 90% or their normal baseline”.
- Oxygen is provided using concentrators. There are limits to the flow of oxygen that can be sustained at the PCH (5L/min). Oxygen by non-rebreather requires flows of 10 – 15 L/min, which cannot be provided using a concentrator.
- If oxygen at higher flow rates may provide clinical benefit and a transfer to acute care is in keeping with the goals of care this may need to be discussed with the resident and/or substitute decision maker and then the COVID hospitalist or provincial ICU consultant.

IV and subcutaneous fluid for treatment of dehydration: IV therapy is not a standard part of PCH care in the absence of a COVID-19 outbreak.

- During a COVID-19 outbreak, staffing levels are adjusted based on the needs at the time. Redeployed staff may be able to establish IV and/or support the use of subcutaneous access.
- There are no pumps being used in PCH. Staff is educated to convert infusion rates into gravity fed drops/minute. The use of gravity fed intravenous fluid increases the risk of a large volume of fluid being accidentally administered if it is not closely supervised. Prescribers should inquire about the presence of staff competent in parenteral fluid and medication administration if considering orders and order fluid infusions as small volume boluses.
- More intensive IV or subcut. fluid can be provided in hospital. If there might be clinical benefit and transfer to acute care is in keeping with the goals of care, this would need to be discussed with the resident and/or the substitute decision maker and then the COVID hospitalist or provincial ICU consultant.

Protected Code Blue PCH: There is an updated document that outlines the procedure for a Protected Code Blue in a PCH or TC unit.

Cohorting guideline: If multiple residents in a PCH are found to be positive for COVID-19 you may be involved in decisions about room changes, otherwise known as cohorting. There is a detailed document that summarizes considerations relevant during these discussions.

IPC discontinuation of precautions: Physicians and nurse practitioners should not be asked to discontinue additional precautions, even when swabs come back negative for COVID-19 for PCH residents. This is done in collaboration with Infection Prevention & Control.

Medication streamlining: Prescribers have already been asked to review medication lists throughout the pandemic. When safe for the individual residents, decreases in medication frequency to twice daily will significantly decrease nursing time and PPE use. This is the link to the province's advice about reviewing medications: Streamlining medication use during COVID-19

Death of a suspect/confirmed COVID PCH Resident: PCH staff should report deaths by fax.

- "The Office of the Chief Medical Examiner (OCME) has jurisdiction over all COVID deaths therefore the Practitioner of Record **DOES NOT need to sign the death certificate**. Please send the original death certificate to the OCME by mail for completion by the Medical Examiner."
- "All deaths from a respiratory or febrile illness must have a nasopharyngeal swab for COVID taken. **If this has not been completed insure a postmortem Nasopharyngeal swab is taken.**

Education: There are a total of 8 locally produced presentations, that have been archived in a number of formats, specific to practicing in the PCH setting during the COVID-19 pandemic. The most recent is an update on medical care of PCH residents with COVID-19 https://www.cpd-umanitoba.com/covid-19-resources/ (on the bottom right of page).

- Seven of these are accredited to be reviewed in your own time by registering through the U of M CPD: https://www.cpd-umanitoba.com/online-learning/. PDFs for the 7 presentations are available by going to this same link. You can view 7 of the presentations on YouTube.
  - Clinical Frailty Scale
  - Goals of Care
  - Symptom Management
  - Chronic care of residents residing in PCHs
  - Delirium in the PCH during COVID
  - Mental health and BPSD
  - What to expect during COVID outbreak in PCH

Physician Wellness: Providing care to residents living in a PCH during a COVID-19 outbreak is an intense experience. Resident needs can increase quickly and unpredictably. Strains associated with this important work can be on top of the existing challenges the pandemic has presented. There are regional and/or provincial peer support resources. Contact your LTC/PCH Site Medical Lead or LATC/PCH Regional Medical Lead for further information. In addition, please consider accessing these resources from Doctors Manitoba and the CMA.

- Physician and Family Support Program: http://www.docsmbwellness.org/resources/docs-mb-services/
  - Accessible 24/7 at 1-844-436-2762 (register using DOCSMB as company ID). For all Doctors Manitoba members and anyone living in their household.
  - Masters prepared counsellors are available for counselling in person, by telephone or video, and referrals to other services as needed.
  - https://www.cma.ca/physician-health-and-wellness/wellness-connection