

# Prescott and Russell Residence

## 2021 Annual Medical Director's Report

Medical Director Dr. Thomas Maxwell

1. Introduction. I am pleased to present the 2021 annual Medical Director's report which will highlight the medical services we provide through individualized care plans to all our residents. I will present our medical team and the extended care group that delivers family and resident focused services 24 hours a day, 365 days a year. Our participation goes beyond mandatory interdisciplinary committees and I will present this past year's activities as well as our quality improvements related to programs.

Multiple challenges with regards to COVID -19 were met between 06 October and 20 December 2020. Extensive testing of staff and residents was implemented. Securing adequate preventive supplies such as personal protective equipment (PPE) for day to day use as well as adequate medications for end of life (EOL) care was required. Virtual visits to limit contact between residents and families were augmented. Procedures for issuance of medical certificates of death (MCOB) involved implementing new procedures as per the Office of the Chief Coroner. Isolation of residents and staff and adapting to loss of adequately trained personnel and increased demands was met with dedication, perseverance and creativity.

2. Our team. We now have 5 dedicated physicians; Dre Melanie Lalonde, Dre Sarah Leduc-Gaudet, Dre Anne-Marie Lemieux Dr. Anthony MacDonald and Dr. Thomas Maxwell providing 24 hour coverage. Annual physical examinations and the use of regular and modified virtual visits and case conferences have been used in response to COVID-19 restraints. 3 month reviews of medications are up to date. Dr. Maxwell attends multiple committees throughout the year utilizing Microsoft teams offering medical advice and support. The challenges of COVID-19 required that we formulate and adopt the best safe practices to protect residents and staff in conforming to ministry regulations balanced with evidence based care guidelines.

During the time in which COVID was being treated our 4 regular medical staff (at that time) was reduced to 2 and often 1 physicians providing active daily treatment.

Our core team consists of personal support workers, registered practical nurses, registered nurses, dietician, physiotherapy staff, recreational activities personnel, pharmacists and staff, pastoral care, all supported by the director of care, nursing coordinators and administrative team. Day to day coordination of care is conducted with professionalism and cooperation. The maintenance and kitchen staffs create a safe, clean, healthy and pleasant living environment. Day to day care, and many of our services were modified or restricted due to COVID-19.

Other professional services including psychogeriatric consultation and services, audiology and ophthalmology assessments, dentistry consults, foot care, dermatology, occupational therapy and

social services were also modified or non-existent due to COVID-19 protocols. Behavioural Support Ontario expertise, laboratory and diagnostic imaging services and a consulting ethicist again were restricted at times as well. These extra outside services while suspended during the COVID-19 environment presented additional demands and stress for residents and staff alike.

### 3. Interdisciplinary Committees.

a) Fall Prevention and Management. Monitoring and evaluation of falls on a case-by-case basis allows us to intervene and put measures in place to prevent recurrences. Evaluations for risk of fall and fracture is an ongoing process and treatments to optimize fracture prevention is delivered for all residents.

b) Skin and Wound Care. Revised policies to prevent infection and breakdown of wounds and a protocol for photos of lesions to aid in diagnosis and treatment are in place. The dietician is active in adapting specific dietary recommendations to facilitate wound or ulcer healing.

c) Pain Management and Palliative Care. All 5 attending physicians have completed the LTC LEAP Program. Individualized EOL planning and family education start with our admission process. Comfort and support to the resident and family members are provided in a peaceful and respectful manner and were significantly more challenging due to the COVID-19 environment. A protocol has been developed to allow MAID procedures to be performed at the residence.

4. Pharmacy Committee. The newly added MedSafer to our electronic medical record program, MED e-care, will increase the safety of medication delivery to our residents. Medication errors are regularly monitored and reviewed to prevent future errors. Errors from September 2019 to end of August 2020 were 73 and from September 2020 to end of August 2021 were decreased to 56. These are very low numbers given the numbers of medications distributed over the year.

### 5. Infection Control Committee.

- 85.71 % of the residents have received their Flu shots for 2021 compared to 82.2% for 2020.
- Monitoring of hand washing prior to patient contact and post patient contact to prevent possible spread of infections is ongoing.
- Vaccination protocols to ensure one-time pertussis vaccination with ADACEL are ongoing to support evidence-based standards of care.
- Rabies vaccination is required for visiting therapy animals.

- In 2020 one respiratory outbreak was managed for a 58 day period and one gastrointestinal outbreak for a 29 day period

- A second respiratory outbreak lasted 12 days from 30 December 2020 to 11 January 2021.

- The COVID 19 outbreak lasted 85 days from 07 October to 30 December 2020. There were 105 residents and 65 employees who tested positive.

- As of 15 November 2021 100 % of staff have had one COVID vaccine and 93% have had 2 or 3 vaccines while some await their second and third vaccines.

94 of 134 residents are vaccinated with a third vaccine and some await their 3rd vaccines. One (1) resident awaits a 2nd vaccine. 7 residents have refused vaccination.

6. Residence Utilization. The number of available occupied beds varied during this past year to allow for isolation of active COVID cases. As of 17 November 2021, 134 beds are occupied of the 144 available.

- As of 21 October the average age was 85 years old with 44 resident over the age of 90 including 4 over the age of 100. 35 residents are under the age of 80 with 5 under the age of 70 including 3 in their 60s and 2 in their 50s.

- 74% of the residents are female and 26 % are male.

- 44 admissions to Residence Prescott-Russell were completed in 2019/2020 for permanent beds and 53 admissions from September 2020 to August 2021. No admissions were made to respite beds as they were closed.

- There are 110 people waiting for admission to our nursing home as of 16 November 2021. The waiting time varies depending on the gender and type of bed required and varies from 1 to 3 years in time.

- Over the past 4 years calculating, September to August, from 2017 to 2021 we have had 45, 37, 36 and 53 deaths respectively with an average of 43 deaths per year. We had 10 deaths more than the average and 15 deaths related to COVID in 2021 resulting in 5 deaths less than the average when corrected for COVID. The number of deaths anticipated during our outbreak according to national statistics for COVID deaths was 35 to 42 deaths for the 105 cases we had. This demonstrates the exceptional care our residents received to support their lives. Despite this, it is with heavy heart that these losses were felt by our residents, staff and their families.

7. Ethics Committee. The ethics framework for the Prescott and Russell Residence includes the IDEA decision making framework which included the A4R (Accountability for Reasonableness framework). Over the course of the year, one (1) ethics case was reviewed and resolved using the ethical policies developed. Dr. Maxwell is co-chair of this committee with the nursing supervisor.

8. Physician Advisory Committee. The acquisition of 3 voice amplification machines to help communicate with hearing impaired residents has been successful. The hospital transfer policy and form have been reviewed and updated to help ensure that transfers to the emergency room are appropriate. The use of the 3 month medication revision, with particular attention to the risks associated for osteoporosis has been implemented for all residents. An education program specific to COPD was organized for our attending physicians and other area caregivers were invited from the Eastern Ontario region. The virtues of inhaled triple therapy for COPD have been acknowledged. Other continuous professional development programs are attended via on line webinars. Communication at the height of our COVID -19 outbreak was facilitated by emails to the attending physicians ranging from daily to a minimum of once weekly.

- 2 of our attending physicians have completed the medical directors course on line this year and the Ontario Long-Term Care Clinicians (OLTCC ) annual conference was once again via online learning.

#### 9. Quality Improvement Plans.

Emergency Department visits:

- Transfers to hospital was 47 for 2020 and 56 for 2021.

- Monitored monthly, each transfer is reviewed for the reason for transfer. Education is given where appropriate to staff and families. Transfer form information is being refined.

10. Future Planning. The expansion project to 224 beds, once realized, may require additional physicians and COVID-19 will influence some changes going forward including cohort care. The credentialing process has been refined and an orientation package has been developed. I continue to interview potential attending physicians in the event we need them for the new facility. Recruitment and retention are equally important in succession planning and we should have no problems going forward for physician manpower.

- The weekend on call rotation for physicians is working well and maternity leaves for 2 of our attending physicians during COVID was accommodated.

11. Conclusion. Prescott and Russell Residence offers the highest quality individualized care plans for all its residents. Our compassionate and professional team create a safe and pleasant environment focused on the care and support of its residents and their families.

- It is not just a place to live; it is a place in which our most vulnerable citizens call their home. COVID -19 has presented special challenges which have been met with a committed effort by all and supported by our dedicated administrative staff.

I thank all those who help make this possible and pledge my commitment to continuous quality and improvement.

Dr. Thomas Maxwell