

Direction to Physiotherapists Working in Long-Term and Continuing Care Environments

Over the last few days, Physiotherapy Alberta has received a number of concerns and questions from stakeholders in the long-term care (LTC) and continuing care (CC) community in response to direction published on March 29 regarding urgent physiotherapy services. In response to these concerns, we would like to clarify earlier statements.

Context matters

As in all things, the unique context of LTC and CC environments must be considered. This is what we know to be true:

- Patients:
 - This is not a homogeneous group. Some are relatively stable. Some are on a trajectory of gradual decline due to underlying conditions. Some are on a steeper trajectory of decline, with or without physiotherapy intervention.
 - In some cases, physiotherapy interventions decrease the speed of decline.
- Service providers:
 - Some settings have on-site physiotherapy services, some have limited physiotherapy consultation, others are unable to recruit physiotherapists.
 - In some cases, residents and families hire physiotherapists working in mobile practice to provide physiotherapy services.
 - Private providers delivering mobile services pose more risk to residents if they provide care in multiple settings, serving as a potential source of transmission between facilities.
 - Contractors who provide services to an entire facility may act in many respects as employees of the facility adhering to facility policies; however, those providing mobile services to individual patients are less likely to be subject to and adherent with facility policies.
 - Mobile practice physiotherapists are also subject to the Chief Medical Officer for Health's directions regarding essential visitor restrictions.

Risk

Public health experts have clearly identified that COVID-19 poses a serious threat to people residing in communal living settings. Seniors and especially those with comorbidities, the very seniors who are commonly residents of LTCs and CCs, are at greater risk of severe disease and death from COVID-19.

During the April 2, 2020 press conference, Dr. Hinshaw identified that "there are nine outbreaks at continuing care facilities across the province" and "74 confirmed cases of COVID-19 in continuing care facilities" with more expected "to be confirmed in the coming days." As Dr. Hinshaw said during that briefing, "we must all do our part in keeping the most vulnerable members of our society safe."

As we have seen with the more notable national examples, such as Pinecrest Nursing Home in Bobcaygeon and the Lynn Valley Care Centre in Vancouver, people in these settings will die if we do not take this risk seriously.

This is not business as usual.

Defining urgent care in LTCs and CCs

Physiotherapists got into the profession to treat people, so not providing treatment (especially when a long-term patient-provider relationship is in place) is difficult and may create an ethical dilemma for many. That's exactly the issue – treatment of this population, at this time, in this setting creates an ethical dilemma:

- Without treatment many patients will deteriorate and some may potentially die.
- With treatment, and despite clinicians' best efforts, there is the real risk of exposing patients to COVID-19, with the potential of causing serious illness or death.

Direction provided on March 29, stated the following scenarios constitute urgent services in LTC:

- Physiotherapy care has been initiated as part of urgent discharge from acute care, subacute or rehabilitation settings, with the intent of preventing hospital readmission or establishing patient care needs to enable ongoing patient safety in the long-term care or continuing care environment.
- Physiotherapy interventions are required to maintain an individual in their current living environment and prevent hospital admission due to imminent functional decline.

We received many comments indicating that prevention of hospital admission did not resonate for many residents of LTCs and CCs as their goals of care often stipulate that the patient not be transferred to hospital under any circumstance. Physiotherapists also argued that many of their interventions help to delay or prevent functional decline. Regardless of the patient's goals of care, clinicians must make reasonable and well-judged decisions about what constitutes urgent care in LTC.

Here are some concrete examples of urgent care in this setting:

- Wound care of new or chronic wounds.
 - Includes provision of pressure relieving devices, debridement and dressing changes and use of modalities to promote wound healing.
- Management of acute respiratory infection or exacerbation of chronic respiratory conditions.
 - Physiotherapists **must** use appropriate precautions when providing this type of care, and follow all facility protocols for screening, point of care risk assessment and PPE use.
 - Physiotherapists must apply evidence-informed practice. COVID-19 is not currently thought to result in increased sputum production or retention, and therefore is not considered amenable to airway clearance techniques. However, those with underlying respiratory conditions may demonstrate an increase in sputum production and may be appropriate for these interventions.

- Sudden decline in previously stable mobility or transfer status.
 - We talked before about this not being business as usual. We also acknowledged that most residents of LTC or CC are on a trajectory of declining functional ability. This is often why they are admitted to LTC or CC to begin with.
 - When the trajectory of decline changes precipitously, physiotherapist intervention becomes urgent to stave off further progression.
 - The objective is to prevent a patient's decline to the point of no longer being appropriate for a supported living environment and requiring LTC level care or requiring additional staff resources and equipment to manage basic care, transfer and mobility tasks in LTC facilities.

What about ACOT's direction to occupational therapists?

We are aware that ACOT sent out messages to their members that may be perceived by some to differ from Physiotherapy Alberta's messages to registrants. Each regulatory College must define urgent services, with consideration of the profession's scope of practice and typical practice.

Having reviewed the message, we don't perceive a gap in direction. Both Colleges are urging that only urgent care continue.

However, there is a difference in typical practice and service availability in this setting. While physiotherapists and physiotherapist assistants are often involved in group exercise programs and mobility practice, with the goal of maintaining functional abilities, our understanding is that although occupational therapists may be involved in functional activities and BADL training they are most commonly involved with the provision of adaptive devices, the provision and monitoring of splints to prevent or manage contractures, and the performance of bedside swallowing assessments. ACOTs position is that these are urgent care needs. Physiotherapy Alberta agrees and believes that this is aligned with our prior statements.

I have no patients to treat. Do I just stay home?

We have heard of physiotherapists who have said just that. If you are a mobile physiotherapy provider, that may in fact be the right thing to do.

For employees of LTCs and CCs, we encourage you to consider what you *can* do.

- A sudden decline in mobility and transfer status is an indication of need for urgent service. How are you monitoring for that decline? Are you checking charts or connecting more frequently with nursing staff and HCAs or monitoring RAI-MDS scores?
- Are you providing patients and their designated visitors with activities and exercises they can do in their rooms?
- Are you providing suggestions to HCAs and nursing staff of things they can incorporate into their basic care activities to either monitor for change in status or sneak a little bit of exercise into basic care?

I'm being told to help with nursing care. What am I supposed to do?

We know that all facilities are currently facing staffing challenges due to illness, self-isolation and quarantine requirements. Meanwhile, patients still require basic care – dressing, bathing, toileting. These are not physiotherapy activities, however if you are an employee in a LTC or CC and none of your patients meet criteria for urgent care, your employer may reassign you to other duties.

Registered physiotherapists have a professional obligation to decline work they are not competent to perform; however, they also have a professional responsibility to use the skills they possess for the betterment of society and the benefit of those they serve. During a public health crisis, physiotherapists can be redeployed to assist with basic care activities and can apply their patient handling skills to do so. When doing so, appropriate precautions and facility protocols must be followed.

Helping with nursing tasks is not physiotherapy and therefore is not subject to current physiotherapy-related urgent care orders. This is an unprecedented situation in which the greater good calls all health professionals to contribute, as they are able.

This is not business as usual.

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