



## LONG TERM CARE: COVID-19 SERIES

### Session 9: Virtual Care at Baycrest - Question & Answers

**Disclaimer:** All information is provided by healthcare providers working in long-term care facilities across Ontario including those at Baycrest. All identifying information including names of individuals, organizations, or locations have been removed for privacy. **The answers below are amalgamated responses from our Hub team members and Learning Partners.**

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#### Table of Contents

- **Question 1:** As a Co-Lead in the TRiM initiative at Baycrest, can I turn to your thoughts?
- **Question 2:** What is the make and model and price of your "pocket talker" (for use in small 60 bed LTC home). where was it purchased from?
- **Question 3:** Can you also post cost/model of digital stethoscope, and maybe overall cost of T carts?
- **Question 4:** I would like to turn to one of our COE physicians as she has done a deep dive into the stethoscopes for us. Can you give us thoughts on that?
- **Question 5A:** I am curious what other LTC organizations are doing in terms of virtual care outside of Baycrest. Would anyone be willing to speak to how you started to use virtual care and if not what sort of resources would you need to start virtual care at your organization?
- **Question 5B:** Has use of virtual care been a positive experience from your perspective as a nurse practitioner?
- **Question 5C:** Is Microsoft Teams compatible and safe to use in terms of maintaining confidentiality?
- **Question 6:** Someone mentioned that they help out with the virtual psychogeriatric rounds, can you speak more about that?
- **Question 7:** Is there any advice or suggestions to help LTC homes who do not have the same resources as Baycrest implement and enable the use of technology?
- **Question 8:** I'm wondering if any of the physicians might have a perspective on what it's like to provide virtual care when they're not in the LTC home?
- **Question 9:** Can someone mention how their LTC facility is handling infection control around using technology devices (i.e. how you clean phones, iPads, other digital equipment)?



- **Question 10:** To our Hub team member who works up in Sudbury, would you be able to share how virtual care has been implemented there?
- **Question 11:** Has anyone have any experience with consultants being involved virtually, such as a cardiologist or other specialists?
- **Question 12:** Ron, any final thoughts or tidbits to share with regards to building capacity for virtual care in LTC facilities across Ontario?

### Questions & Answers

**Question 1:** As a Co-Lead in the TRiM initiative at Baycrest, can I turn to your thoughts?

**Answer:** I think it's important to mention the fact that Baycrest is an unusual organization in that we have a large campus that focuses on caring for older adults. As a large organization, we also have a large variety of programs to offer in terms of, day center programs, community outreach and so on. In addition to being a large organization we are also one of University of Toronto's teaching sites and have a large research institute and center for education. Overall Baycrest, as a large organization, therefore has a lot of capacity, resources, and we are also fortunate in having staff whose sole job is looking at innovation.

That being said, prior to this pandemic there was talks for years in building Baycrest's capacity for our physicians to conduct telemedicine and create the ability to assess and care for our residents virtually. It never happened either due to budgetary reasons or various other reasons. However during this emergency, we were driven by this crisis and fear of the worst that we were worried about whether physicians would be unable to work, get sick, or unable to come into the organization for a number of reasons. So that was a huge driver in building up the capacity to provide telemedicine approach.

Another thing I want to mention is that we also built capacity to provide e-visits for families who are no longer able to visit their loved ones in person. It's important to recognize the importance family visits have on the well-being of the residents, but due to COVID, families are no longer able to visit their loved ones face to face. We were able to do this through redeployed staff who became Clinical Liaisons, to facilitate these e-visits and we are lucky to have a tremendous set of clinicians who are willing to take on that role. Overall, TRiM has been an exciting project to be involved in.

**Question 2:** What is the make and model and price of your "pocketalker" (for use in small 60 bed LTC home). where was it purchased from?

**Answer:** The pocketalker we use at Baycrest that is a component of our tCarts is purchased from Hall Telecommunications with an approximate cost of \$125. More information regarding our tCarts, other options for pocketalkers, and how to use the pocket talker can be found on [ECHO Care of the Elderly Community of Practice Website](#).



There are 2 different models which we commonly use; the Pro and the Ultra. They are very similar and it probably won't matter which one you choose, though the PRO is a bit stronger.

Differences:

The main functional difference is that the Pro is a bit more powerful and has just one control, a volume wheel which is at the top, and the Ultra is a bit more modern-looking and has both a volume wheel and a tone control (for adjusting bass and treble), one at each side.

The Ultra has a belt clip that is removable and the Pro comes with a carry case that has a belt clip on it. The Ultra also comes with a lanyard so you it can be worn around neck. The Ultra uses two AAA batteries and the Pro uses two AA batteries, however for the Pro you can purchase a rechargeable battery kit for it part number BAT KT3.

Here's a link to the different

models: <http://www.clearsightandsound.ca/WS.ae/WS:158775853731627:9>

**Question 3:** Can you also post cost/model of digital stethoscope, and maybe overall cost of T carts?

**Answer:** A breakdown of each component of the tCart and the cost can be found on the [ECHO Care of the Elderly Community of Practice Website](#) under Virtual Care session for LTC-COVID-19.

Also when testing out digital stethoscopes for use in your LTC facility, something to be mindful of when testing out these various stethoscopes mentioned is to test these devices in the real world and not in a quiet environment as often on the wards there are a lot of background noises. So when I was initially testing out these stethoscopes, I was in my quiet office and the technician in the innovation lab was in his quiet lab and in that setting I was able to clearly hear heart murmurs and everything else I needed to hear, but when we tested it on the wards, I was unable to hear anything. So test them in a realistic environment before investing in any digital stethoscope.

Another thing to keep in mind that may be helpful with the quality of the audio with digital stethoscopes is to not use the same device to run the virtual telemedicine session as well as listening to the audio from the stethoscope because you can get backlogged and get a traffic jam from the network. So what I often do is use my computer to run the virtual Zoom session and then use my phone to listen to the audio from the stethoscope with headphones.

**Question 4:** I would like to turn to one of our COE physicians as she has done a deep dive into the stethoscopes for us. Can you give us thoughts on that?

**Answer:** Sure, so full disclosure that I happened to be asked to be part of the telemedicine working group with the American Medical Directors Association and we came out with a [white paper](#) a couple years ago. I think I was pulled in because Ontario had OTN and they really wanted to learn about it so I wasn't pulled in because I'm an expert but in fact I learned a lot and



made some great collegial relationships as a result. So from my colleagues who are working a lot in this space, I was able to reach out and ask which stethoscopes they found useful and how they were using it. So we actually trialed a couple different stethoscopes, such as the Littman, another one that I have forgotten the name of, and finally the Eko.

We found that one of the benefits of the Eko, was that in comparison to the Littman where you had to have a stethoscope at the patient's end as well as the provider's end, with the Eko you only need it at the patient's end. So it was a big lift in terms of how many devices we would have to deploy. The benefit of the Eko is you can stream it through your iPhone, Android, tablet, or computer which is really quite good.

Overall there is a learning curve between both devices (Eko and Littman) in terms of how to use it and how to adjust it. For physicians you have to make sure you're in a quiet area so that you can focus on the sounds, but we are still practicing and experimenting with them. It's certainly been a good additional resource to have and the great thing about the Eko is that it's a little box but it can be wired to the headset so it looks like a real stethoscope as well so the nurse can listen at the same time the physician or the provider on the other end is listening. This can make for a great learning tool as then you can talk through what you're listening to and we are actually thinking in future to use this as an educational tool.

**Question 5A:** I am curious what other LTC organizations are doing in terms of virtual care outside of Baycrest. Would anyone be willing to speak to how you started to use virtual care and if not what sort of resources would you need to start virtual care at your organization?

**Answer:** So we are a larger LTC home with about 350 residents and about six to seven physicians. When the pandemic started, we quickly tried to establish virtual platforms. We've been using Microsoft Teams and started to try and roll that out by using it in one of the two buildings. The nurses all have an iPad at the station and they can take photos to send to the physicians or they can do video calls with the physicians to assess the resident. I'm a nurse practitioner and I will see some residents in person for those that require an in-person assessment. And depending on the physician and their comfort level with technology they will sometimes do video chats and ask to be brought to the resident's room for a virtual assessment. In addition to using iPads for telemedicine, our leisure activity staff also use iPads to set up virtual visits with family members. In using technology to facilitate virtual visits, we had to establish cleaning protocols for the equipment.

**Question 5B:** Has use of virtual care been a positive experience from your perspective as a nurse practitioner?

**Answer:** Overall it has been a positive experience with the nurses sending photos through Microsoft Teams, and if the quality is good then I don't need to go into the facility physically to see that resident and in terms of infection control and exposure risk, it's been a good alternative. From what I heard from other nurses, they like that they are able to just send a quick text message to the physician instead of having to call about everything especially if it's regarding



something that may not need to be dealt with right that minute. But I think this positive experience has a lot to do with the staff's comfort with using technology (both the nurses' and physicians' comfort level) and there are some that are ambivalent to want to use technology. Apart from that, I am finding that residents are getting their issues or complaints dealt with sooner with this system because there's easier access to the physician. Also I find there is less risk of miscommunication and misunderstandings because let's say I had to put in a blood order then I'd send it through text message to submit that order or a potential prescription so since it's in text, there is less risk of mishearing or misunderstanding orders being made.

**Question 5C:** Is Microsoft Teams compatible and safe to use in terms of maintaining confidentiality?

**Answer:** Yes, it is why we use it. I don't understand the technical details but our I.T. team says it meets the standards of encryption and those things so it is very secure. So it's safe to use to conduct video conferences, send photos and ask questions in a safe and secure way.

**Question 6:** Someone mentioned that they help out with the virtual psychogeriatric rounds, can you speak more about that?

**Answer:** So we are missing our psychogeriatric team coming in and doing assessments here on site. We did try the Doxy then OTN but we have internet issues where it's sort of off and on. We did review the cases with the team here first and then tried to go up to the floors to do it but we lost internet connection. We couldn't actually visually see the people but at least got to review the cases and make updates and adjustments to medications. So it's been helpful for us to give them feedback about what has changed since we last saw the team. I've tried doing a virtual meeting through Teams at another home but because of lack of technology it didn't work very well. There was an attempt and should they get the technology I certainly think it should work better.

**Question 7:** Is there any advice or suggestions to help LTC homes who do not have the same resources as Baycrest implement and enable the use of technology?

**Answer:** That's an excellent question! The margins are so thin and the staff are so busy, and it's extremely difficult to get folks to be able to focus sufficiently on this. It does happen episodically here and there, but a big part of it is often due to staffing that can be a major constraint. If the long term care across the province could be properly staffed, this problem and many others would diminish. However, that being said, changes are afoot and this is an opportunity for us to advocate that building capacity for digital health, including internet and Wi-Fi connections, technical support teams and having the know how has to be provided in order for healthcare to be provided. I don't think we are going back to the old world and we are moving into the new world. I think there's something that all of us can do and that is through our various channels to advocate for a change in a way that LTC homes are supported and that they have the infrastructure and teams to be able to take advantage of the vast and amazing





world of technology so that the care, wellness, family connections, and many other things can be provided.

**Question 8:** I'm wondering if any of the physicians might have a perspective on what it's like to provide virtual care when they're not in the LTC home?

**Answer:** I can make a few comments from a psychiatry point of view. In many ways psychiatry lends itself pretty well to virtual care as we don't do a lot of physical examinations, although occasionally it's important to do that. So a lot of my colleagues have been doing a huge amount of virtual care in the last few months and they tell me they are doing a fair amount using the telephone. I think the telephone is still a great instrument and for a lot of my patients just dealing with the video and the computer can be tricky if they aren't tech savvy. So the phone is much easier and simpler to use. My colleagues tell me that it's exhausting doing hour after hour of psychiatric care and psychotherapy through virtual means like Zoom. It's more tiring than just sitting in an office, I think part of it is maybe the "Zoom effect" and you actually see everyone and you see yourself all the time and that's distracting. So an interesting thing for us to think about going forward because as was mentioned, virtual care is only going to expand from now on.

Actually I heard on CBC Radio that an ophthalmologist said to practice the 20/20/20 rule where every 20 minutes you need to look 20 feet away for 20 seconds preferable looking outside. I thought that was a wonderful practical advice and I've been trying to do that and I find it makes a difference in terms of my ability to go back and focus.

**Question 9:** Can someone mention how their LTC facility is handling infection control around using technology devices (i.e. how you clean phones, iPads, other digital equipment)?

**Answer:** Simple alcohol wipes are better than bleach or Virox wipes as these disinfecting wipes can ruin the screen coating. The caution here is that these devices are not clinical grade, these are commercial/consumer devices and one has to exercise disinfecting them. At Baycrest we do have a disinfection protocol and that will be shared on the Community of Practice Website along with the other information that has been requested.

**Question 10:** To our Hub team member who works up in Sudbury, would you be able to share how virtual care has been implemented there?

**Answer:** So I work at the Northern Specialized Geriatric Center and because we do a lot of outreach in general, we have been using OTN over the years. Our physicians don't like to see every condition through OTN and that remains to be true even during COVID. But one of the interesting partnerships that happened so quickly and turned out so well because of COVID is the group of older adults who, for various reasons, who are suspected of having COVID need to get tested but cannot get themselves to our local testing center. So what has been happening here is that community paramedics are going into these patient's homes and doing the tests in home. It's important to recognize that everything can look different in older adults and it can be difficult to determine the need to transfer them to ED. So the community paramedics were a little



less comfortable making that decision based on atypical presentations. So they will reach out to us and asked to join forces to help with this so within a matter of days, the paramedic would show at the home, do what they needed to do in terms of getting a swab and they can call up one of our physicians – a geriatrician or Care of the Elderly doctor to do an in-home risk assessment and provide quick set of vitals and help with deciding what is in the best interest of the patient.

As the patient awaited their test results, and sometimes this can take a while, the physician would reconnect with these patients on a daily basis. I think now we've assisted just over 170 patients through this system and what we've heard from them as well as their family and caregivers or friends is that even though they can't visit the home, they are getting a lot of reassurance knowing that every day the physician is calling to touch base to follow-up. We are very clear in our process that if we call and you don't answer and we call again with no answer, the paramedics will come. So there is a kind of built in check that if we don't get an answer we can dispatch paramedics to check up on them. So that turned out really well and of course since word spreads quickly up here, this expanded to our emergency department. So again, when older adults come into the ED, and some geriatric syndrome is identified they don't just say "okay, we've done your tests now go home. Good luck!" there is a follow up procedure. So we established a great partnership with them and the testing assessment center because there were some who were showing up there to be tested and clinical staff feeling uncomfortable sending the person home not being monitored so again we have a successful partnership so far in addition to low case numbers here in the North.

**Question 11:** Has anyone have any experience with consultants being involved virtually, such as a cardiologist or other specialists?

**Answer:** We've had a few dermatology visits through OTN and E-consult platform just because they don't want photos being sent through email due to security reasons. The tricky part is sending the photos with the right quality as we sometimes get told by the dermatologist to retake the photos so it's a bit of a back and forth to get the right quality they are looking for in order for them to complete the assessment.

Over here we have internal medicine specialists from hospitals who are willing to connect with LTC providers. I had a great experience recently where internal medicine specialists reviewed a case and determined the resident didn't need to go to ED, but instead could connect with myself as the primary care physician, the resident and their family, and complete a virtual care visit with a thrombosis specialist. That never would have happened with a regular ED visit.

I also was able to connect with an orthopedic surgeon who did a hip follow-up after the surgery and it was great.

**Question 12:** Ron, any final thoughts or tidbits to share with regards to building capacity for virtual care in LTC facilities across Ontario?



**Answer:** First I'd like to thank everyone and again just to underline that the changes are in our hands and if we deem that these technological changes are essential for delivering care and wellness for our clients in the future then really there's action that we need to take. The government is all ears right now to find out what to do about our sector and its up to us to help inform them so I encourage to use whatever channels you have at your disposal to make your voices heard.