NS LONG-TERM CARE PRINCIPLES FOR DECISION-MAKING DURING COVID-19 PANDEMIC

May 2020

Long-term care facilities will be faced with making difficult decisions during the COVID-19 pandemic. This will include balancing competing values and principles. Assumptions will be challenged as the focus shifts from individual resident care to consideration of the community as a whole.

As facilities make challenging decisions, consideration of the following principles can help ensure consistency. These principles create a shared understanding and offer a lens through which to consider decisions in rapidly changing situations where there is no single "right" response.

> Central ethics issues for stakeholders in the health system will include conflicts between individual freedom and a common good, conflicts between the duty to care versus the right to safe working environments, and wide ranging challenges around resource allocation.
>
> *NS Health Ethics Network*

General Principles

- The decisions we make communicate our values as individual organizations and of the sector as a whole:

  Reciprocity – balancing the risk taken by workers with increased support and mitigations from facilities/organizations.

  Respect – regard for the feelings, wishes, rights or traditions of others.

  Duty to care - workers have the responsibility to keep clients safe from harm.

  Equity – the fair distribution of benefits and burdens.

  Collaboration – working together to support residents and each other.

  Transparency – openness and honesty between staff, managers, residents and families.

  Solidarity – recognizing the obligations LTC has to the broader community and vice versa.

  Person-Centered Care – remains a consideration even as we also think about our broader communities.

- Awareness that our individual biases, intuitions, thoughts, and feelings will be heightened in these morally charged situations.
- Awareness that while the way we balance values and principles against each other might shift, our commitment to ensuring that shared values are reflected in decision making and practice remains strong.
- Administrators and other facility staff will continue to work together to share common issues and resolutions based on best available evidence and best practices. Solidarity requires straightforward communication and open collaboration to share information and coordinate service delivery among facilities and across the health system to face the challenges to our residents, our staff, and our communities.
- Roles and responsibilities will be clearly defined and communicated. Reliable, effective built-in mechanisms will be established to ensure responsibility and accountability in decision-making and actions.

Have I made decisions that are INFORMED AND ACCOUNTABLE?

- ☐ Informed by the best available evidence?
- ☐ Based on collaboration within the facility and with other health care providers, other long-term care facilities, and other health care facilities?

- ☐ Supported by my facility and follow the protocols and direction provided?
- ☐ Based on established, fair decision-making criteria?
- ☐ Based on criteria that are understood by everyone?
- ☐ Consistent with the roles and responsibilities during the pandemic as they were defined and communicated?
- ☐ Minimizing risk or promoting safety to the degree possible given the situation?

Have I made decisions that are SUPPORTIVE?

- ☐ Considered the emotional and spiritual support that staff, residents, and their families may need in a time of increased illness and possibly death in the home?
- ☐ Supported staff in their efforts to fulfil their duty to care?

Have I made decisions that are OPEN?

- ☐ Based on and contribute to open lines of communication with residents, families, staff, and volunteers?
- ☐ Based on timely, accurate, and relevant information?

Have I made decisions that are PERSON-CENTERED?

- ☐ Preserve equity as much as possible between providing care to those with COVID-19 and those who need care for other diseases or illnesses?
- ☐ Do not discriminate or unfairly disadvantage any one person or group based on age, gender, race, ethnicity, religion, sexual orientation, income, and disability.
- ☐ Ensure that the privacy of individuals with COVID-19 is protected to the greatest extent possible?
- ☐ Continue to respect the cultural values and beliefs of residents during this time?
- ☐ As necessary, weighed the risks and benefits of measures to protect residents/staff from harm against any harm that may be created from restrictions to freedom of movement?
- ☐ Considered and communicated the medical and ethical reasons for the decision?

Have I made decisions that are CARE-ORIENTED?

- ☐ Followed the individual resident's goals of care based on known treatments available within the facility and/or acute care?
- ☐ Are the least restrictive possible?
- ☐ Contributed to the health and safety of the residents and/or the people who work here as much as possible?

Have I made decisions that FAIRLY DISTRIBUTE CARE?

- ☐ Ensure basic services that meet the needs of activities of daily living are provided?
- ☐ Adapt work processes to provide these basic services only, as staffing and the ability to provide care safely dictates?

- Based on a pre-determined, planned approach to the designation and distribution of essential services*?

*Essential service determination may include the following categories[1]:

Critical
Services that must be provided immediately or will definitely result in loss of life, loss of employee / public confidence in the facility. These types of services normally require continuity within 24 hours.
Examples:

- Nourishment and hydration
- Administer medications (i.e. insulin, heart and blood pressure medication)
- Oxygen for dependent residents
- Dialysis
- Changing incontinent residents to prevent impaired skin integrity
- Tube feedings
- Turning for immobile at-risk residents

Vital
Services that must be provided within 72 hours or will likely result in loss of life or loss of employee / public confidence in the facility.
Examples:

- Non-urgent dosages and treatments
- Mobilization (residents on turning schedules)

Necessary
Services that must be resumed within two weeks or could result in significant loss or disproportionate recovery costs.
Examples:

- Bed bath/shower/shampoo
- Nail and foot care
- All other medication/treatments
- Physiotherapy and mobilization exercises
- Regular bloodwork (INR)

Desired
Services that could be delayed for two weeks or longer but are required in order to return to normal operational conditions.
Examples:

- Outside appointments (hair, eye, dental)
- Social activities
- Routine bloodwork
- Ear syringing
- Visiting, services provided by volunteers, etc.

[1] Adapted with permission from *Cove Guest Home Business Continuity Plan, March 2020*.

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For More Information

For the duration of the COVID-19 pandemic, the Nova Scotia Health Ethics Network (NSHEN) in collaboration with Ethics NSHA, is available to provide support with particular ethical challenges as they arise for long-term care facilities.

Contact the Network Ethicist, **Marika Warren**, at marika.warren@dal.ca, or the Network Administrator, **Krista Mleczko-Skerry**, at krista.mleczkoskerry@iwk.nshealth.ca, with your request.

Resources:

NS Health Ethics Network
NSHEN: Clinical and Organizational Ethics Related to Pandemics March 2020 *includes links to other resources*
IWK Ethics Staff Tool August 2011
Planning Ahead For Covid-19: A Resource for Families of Long-Term Care Residents
COVID-19 Goals of Care Discussions for LTC Residents: A Resource for Providers
Discussing Goals of Care – A Worksheet for Health Care Providers in LTC