Ethical analysis and recommendations - issues in Long Term Care (LTC) and Assisted Living (AL) arising from the COVID-19 pandemic

Transferring Acutely Ill LTC/AL Residents to Acute Care when Treatments in the Acute Care Setting are deemed Non-Beneficial

Situation

The COVID-19 pandemic presents a number of significant ethical issues in Long Term Care (LTC) and Assisted Living (AL) settings.

This SBAR (Situation-Background-Assessment-Recommendation) discusses the following ethical question and provides recommendations for following ethical question:

- **What is an ethical response when residents in LTC/AL acquire COVID-19 and become acutely ill, and where the clinical team determines acute care treatments to be non-beneficial and/or where the benefits of such treatments are unknown, and the resident's family member(s) and/or decision-maker requests transfer to an acute care facility?**

Background

The ethical analysis and recommendations in this report follows the *BC COVID-19 Ethical Decision-Making Framework (EDMF): Interim Guidance* (in draft, effective March 2020).

This EDMF reflects the core ethical principles of public health ethics: respect; the harm principle; fairness; consistency; least coercive and restrictive means; working together; reciprocity; proportionality; flexibility; and procedural justice.

Assessment

Residents of LTC/AL have already been disproportionately impacted by the COVID-19 public health crisis, with a number of deaths already reported in North Vancouver, BC[1].

Unfortunately, frail older adults and those with comorbidities experience high morbidity and mortality following COVID infection.

As has been currently observed, frail older adults who acquire COVID-19 become acutely ill within a rapid period. The benefits of acute care treatments for this population are unclear. It may be ethically permissible to deny family requests to transfer patients from AL/LTC to acute in light of what is known about the COVID-19 illness trajectory and the current lack any known cure for COVID-19.

[1] Seyd, J. Three more COVID-19 deaths at Lynn Valley Care Centre. North Shore News. Accessed March 19, 2020 at: https://www.nsnews.com/news/three-more-covid-19-deaths-at-lynn-valley-care-centre-1.24099014

Key Facts

- COVID-19 is currently understood to be a highly infectious and easily transmittable virus.
- Infection control measures of droplet and contact precautions should be strictly maintained when interacting with and caring for all patients who are known or suspected to be COVID-19 positive to reduce the risk of transmission.
- Any transfer (AL/LTC to acute or acute to AL/LTC) increases the likelihood of a breach in infection control measures (exposure to more healthcare providers (HCPs) and support personnel, exposure to more environments including transport vehicles and clinical environments).
- In the course of normal clinical care, clinicians offer treatment options that are indicated based on a person's specific medical condition and comorbidities, and do not customarily offer treatments that will not provide clinical benefit, and/or may cause significant harm.
- HCPs may recommend not to transfer acutely ill residents of LTC/AL to an acute care setting if such a transfer is uncertain to provide clinical benefit to the resident.
- Clinicians recommend LTC/AL resident transfers according to clinical need and benefit (including MOST status), not according to resident or family request to transfer.
- Some supportive treatments may be available onsite at LTC/AL facilities, reducing the need for transfer to acute care. Symptom management treatments to improve comfort and palliate symptoms may also become increasingly available onsite at LTC/AL facilities, with palliative care outreach teams offering onsite and telephone-based support to local HCPs.

Values grounding this decision

- Harm Principle:
    - The Province and Ministry of Health is justified in intervening and possibly impinging on the rights and preferences of individuals to protect the larger community from harm.
    - In this context, transfers from one location to another carry the risk of a breach in quarantine infection control measures, potentially increasing the risk of viral spread to environments and health care providers.
- Working together:
    - Cooperation between AL/LTC and acute care is important to set standards and limits on what care should and can be provided, depending on available resources and levels of perceived risk.
- Proportionality:
    - Highly restrictive measures may be justified to reduce the risk of severe harms.

  - Eliminating transfers of LTC/AL residents to acute care settings for clinically non-beneficial treatment is justifiable to preserve scarce acute care resources for patients who are likely to derive the most benefit.
  - While reducing or eliminating transfers from LTC/AL to acute care for treatments of unknown or uncertain benefit from LTC/AL is especially restrictive, it is proportionate and commensurate with the current level of concern associated with COVID-19.
- Fairness:
  - Everyone matters equally but not everyone may be treated the same. Persons ought to have equal access to health care resources (*equality*), however:
    - Those who most need and can derive the greatest benefit from resources ought to be offered resources preferentially (*equity*), and
    - Resources ought to be distributed such that the maximum benefits to the greatest number will be achieved (*utility*, and *efficiency*) and
    - Resource allocation decisions must be made with *consistency* in application across populations and among individuals regardless of ethically irrelevant factors (e.g. race, age, disability, ethnicity, ability to pay, socioeconomic status, preexisting health conditions, social worth, perceived obstacles to treatment, past use of resources).
  - **Restrictions on the transfer of patients from LTC/AL to acute care allow access to those who most need and can derive the greatest benefit from acute care treatment.**
  - Restrictions on transfers to acute care creates utility in that the maximum number of people who will be able to receive acute care services.
  - Restrictions on transfers to acute care across the province creates a consistent practice.
- Procedural justice:
  - Reflects the best available evidence and ensures assumptions made are well-grounded and defensible .
  - Requires consistent and transparent communication to affected health authorities, healthcare providers, LTC/AL residents, families and the public.
- Reciprocity:
  - Those not transferring from LTC/AL settings to acute care may face an increased/disproportionate burden during the COVID-19 pandemic, but these burdens can be minimized through supportive measures offered in the LTC/AL settings.

- If HCPs are being asked by those in leadership to suspend transfer from LTC/AL to acute, they must be supported and protected by clear policies that outline these restrictions.

Values that may be in tension with this decision

- Respect
  - When possible, individual liberties and preferences should be respected.
  - However, in pandemic settings individual rights, including rights to perceived escalation of care delivery to the acute care setting, do not supersede public health safety concerns.
- Least coercive and restrictive means
  - All efforts should be made to implement measures that are the least restrictive and coercive as possible.
  - In the context of this pandemic, the elevated public health risk, particularly around scarce resource allocation, justifies intrusive measures that restrict transfers from LTC/AL sites to the acute care setting.
- Flexibility
  - **Any plan must be iterative and adapted to new knowledge or resources that arise.**
  - As the pandemic progresses, limited bed capacity in acute care settings may preclude transfers from LTC/AL settings.

Discussion

Current guidance from the BCCDC and MOH instructs the following on LTC/AL residents transferring to the acute care setting:

> *Residents with suspected or confirmed COVID-19 who require urgent medical attention and transfer to an acute care facility should wear a mask, if tolerated. Call an MHO or designate to review and discuss.*
>
> *In addition to Routine Practices, HCWs involved in transporting the resident should wear a surgical/procedure mask, eye protection, gown and gloves as per the above recommendations. Notify the BC Ambulance dispatch and receiving institution about a suspect/confirmed COVID-19 patient ahead of transport.*[2]

Care must be taken to maintain strict infection control procedures during transfer to reduce the risk of spread, and appropriate PPE should be available for the transfer. Given the expected shortages of PPE, this alone may become a barrier to acute transfers.

[2] Coronavirus COVID-19, BC Centre for Disease Control, BC Ministry of Health, http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf, accessed March 19, 2020.

As our experience with COVID-19 accumulates, HCPs are anecdotally referencing the non-beneficial nature of transfer to acute care for the overwhelming majority of LTC/AL residents. Frail elderly patients at LTC have been noted to decline so quickly (over 24-48hrs or less), that acute care transfer is not even possible to undertake at times. As such, it is ethically-permissible not to transfer a LTC/AL resident to an acute care setting when the clinical team determines that treatments offered in acute care will not be clinically beneficial.

Furthermore, non-beneficial acute care transfers can also cause harm to residents. The process of transport itself can be uncomfortable, confusing and even painful for frail elderly. Escalation of care often involves invasive measures that may be difficult to tolerate. Lastly, moving an acute deteriorating or dying individual to acute care may result in a more painful and distressing end-of-life experience for the resident, the family, and HCPs.

As COVID-19 infections spread across the community, the availability of bed capacity in acute care facilities is expected to decrease, giving further justification to avoid non-beneficial transfer from LTC/AL to acute care.

Despite medical advice to the contrary, LTC/AL residents or their family members may request transfer to the acute care setting. It is ethically-permissible to refuse non-beneficial transfers based on the potential harms to the community and individual residents.

Efforts should be made to enable LTC/AL sites to offer some treatments typically only available in the acute care setting. These treatments include respiratory support (e.g. high flow oxygen, BIPAP), parenteral hydration, and IV antibiotics. This will enable some residents who can benefit from an escalation in care to remain on site, rather than requiring acute care transfer. Allowing these residents to receive care onsite at LTC has multiple benefits including reducing the chance of an infection control breach during transfer, alleviating bed pressures for acute care, and demonstrating to residents, families and communities that the health care system continues to provide high-quality care for residents of LTC/AL.

It is acknowledged that the decision to not allow LTC/AL transfers to acute settings for non-beneficial or uncertain treatments is restrictive. The decision should be communicated widely and reassessed periodically to determine whether this direction continues to be ethically-permissible.

Recommendations

1. Seek regional and/or provincial direction to uphold the values of *consistency* and *working together,* instructing health authorities, healthcare providers, and the public that residents in LTC/AL will not be transferred to the acute care setting for clinically non-beneficial care or end of life palliation.

2. Transfers to acute care settings should only be considered when acute care treatment is deemed necessary and beneficial by the clinical team (e.g. palliative surgery for hip fracture). If helpful, LTC physicians/nurse practitioners can seek support and advice from acute care specialists by phone over the RACE line[3].

3. LTC clinicians should proactively engage in goals-of-care conversations with patients and families, establishing goals and preferences, as well as sharing information about the generally non-beneficial nature of acute care transfers. These discussions will ideally occur when a patient is well, but these discussions are especially important in the setting of any acute illness, including COVID-19.

4. Explore offering supportive measures in the LTC/AL setting that are usually only provided in the acute care setting such as respiratory support (oxygen, C-pap, Bi-pap, suctioning, etc.) and parenteral intravenous fluids and medications. This may require training of specific HCPs to engage in this work which is typically outside the scope of care at LTC/AL. The availability of these options in LTC/AL may reassure residents and families that the care team is not abandoning patients in their time of need.

5. Ongoing access to high quality palliative care will be important to ensure comfortable and supported end of life experiences at LTC/AL.

6. Continue to gather data and knowledge from known COVID-19 LTC outbreaks in the Lower Mainland and other jurisdictions in order to provide better understandings of the outcomes following acute care transfers from LTC/AL.

7. Communicate findings from this data to facilities and HCPs so they are better prepared to counsel residents and families regarding the role of acute care transfer from LTC/AL during the COVID-19 pandemic.

8. If residents, their families, or substitute decision-makers demand a transfer in which acute care treatment will be non-beneficial, they should be referred to the director of the facility, and possibly the Office of the Provincial Health Officer.

9. Communicate decisions restricting acute care transfers from LTC/AL openly and transparently to health authorities, HCPs, and the public.

Review this decision as the pandemic progresses, assessing whether it remains the best decision for the health of the community and whether/when transfer protocols should return to pre-pandemic processes.

[3] RACE Line: Rapid Access to Consultative Expertise: Shared Care Initiative
http://www.raceconnect.ca/