

COVID-19 Update

	Ont. cases	Deaths	LTC cases	LTC deaths	% LTC deaths
May 18, 2020	21,966	1,825	2,953	1,456	75.9%
September 15	40,383	2,872	3,274	1,854	64.6%
January 11, 2021	222,023	5,503	12,575	3,027	59.9%
January 19	244,932	5,568	13,540	3,274	58.8%
Sep 15 – Jan 19	204,549	2,696	10,265	1,420	52.7%

In spite of screening, PPE use and regular testing, lethal outbreaks continue to occur in vulnerable LTC homes. Since the beginning of the second wave, approximately mid-September, the percentage of COVID deaths from Ontario LTC is relatively less, 52.7%.

<https://www.ontario.ca/page/how-ontario-is-responding-covid-19#section-0>

OMA FIVE RECOMMENDATIONS FOR LTC

On January 13, the OMA made five recommendations to Premier Ford for to prevent fewer LTC deaths in the current pandemic surge than in the first wave. OMA President, Dr. Samantha Hill says: ““The situation in our long-term care homes is dire and heartbreaking. We appreciate the steps the government has taken and continues to take. But we all know more needs to be done and done quickly.” [OMA 5 recommendations, Jan 13](#)

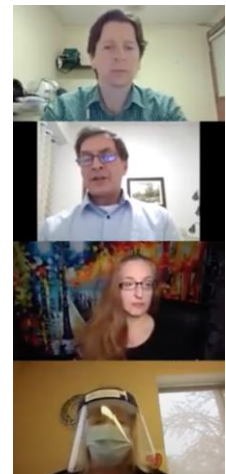
The five recommendations were presented at an OMA Town Hall following the release. The panel included OLTCC President and VP Drs. Ben Robert and Rhonda Collins, and Dr. Hugh Boyd, Chair of Section for LTC and COE.

1. Increase efforts to vaccinate all LTC residents and caregivers, including health workers, personal support workers, other staff and relatives who provide physical and mental health support.
2. Cut the red tape preventing physicians from moving rapidly into long-term care homes with outbreaks or other significant needs.
3. Continue the use of virtual care in long-term homes to prevent the spread of the virus and improve access to specialists, in conjunction with in-person care where appropriate, especially in homes with outbreaks and where patients are in declining health.

4. Appoint a chief medical officer for long-term care for each Ontario Health region to ensure the best quality care is being provided, by, for example, co-ordinating efforts between the acute and long-term care sectors, liaising with Public Health and co-ordinating physician

OLTCC made the recommendation for CMO of LTC to the LTC Commission. Dr. Collins said there is a need for guidance and assistance for LTC clinicians. “LTC physicians presently do not have an avenue to present concerns” and recommendations to the government.

5. Shift social attitudes so that caring for frail older adults is considered to be one of the most important jobs in the world.



One of our experienced Medical Directors describes feeling “powerless” when a COVID outbreak occurred. “My role as Medical Director and consultant got superseded by Public Health (PH) managing’ this outbreak. Our meticulously well laid out plan could not be executed.”

This Medical Director advises others about what to be prepared for:

- Working well outside your defined role, 24/7 for weeks on end
- By the time PH reports your first positive resident, there are several other asymptomatic residents on that unit, and look for cases on other units
- The current staffing model needs to immediate change with the timing and distribution of new cases
- There is a delay as PH makes the decisions
- Plan for 1:1 support on dementia units
- Be proactive with serial test swabs
- Rapid contact tracing and timely re-swabbing of staff
- Be at the mercy of the swab turnaround time results, over 5-7 days at times
- Cohosting residents may be delayed while awaiting PH guidance
- Cohosting staff, for 3 shifts, at all levels is another challenge to be considered before an outbreak occurs.
- Difficulty separating positive and negative residents
- PH dispatches an inspector on site. We know there are many ways of controlling an outbreak...be ready that your plans may not be approved
- Consider a back-up plan, if possible, if one of attending MDs uncomfortable for caring for a COVID positive unit.
- The LHIN and MOH ask for daily on-site medical assessments, an unsolvable dilemma when most clinicians have other commitments
- Maintaining daily communication with the attending physicians so they may contact the substitute decision makers (SDM) and keep them informed
- Ensuring a strong communication plan, sending updates regularly to
- management, Directors of Care, SDMs; making yourself available
- Being a team player involved in all departments’ decision making to promote and understand IPAC and PPE measures

“Outbreak management, in my own opinion, should be a collaborative approach that takes into consideration theoretical knowledge and on the ground first line realities. It has been an emotionally and intellectually draining experience for me. A lot of lessons learnt despite all my best intentions.”

Share your experiences and questions about dealing with vaccination and beating the second wave at office@oltcc.ca