Ontario Long Term Care Clinicians

Friday, February 26, 2021

COVID-19 Update

	Ont. cases	Deaths	LTC cases	LTC deaths	% LTC deaths
September 15	40,383	2,872	3,274	1,854	64.6%
February 11	283,587	6,632	14,832	3,777	57.0%
February 25	298,569	6,944	14,955	3,864	55.6%
Sep 15 – Feb 11 (2nd wave)	*258,186*	*4,072*	*11,681*	*2,010*	*47%*

LTC homes in outbreak this week is down to 111, and 61% have no resident cases. LTC deaths now represent less than half of the overall provincial mortality in the second wave. Community incidence remains a significant threat to LTC homes. In most regions, the Reproduction Number (Re) has creeped up to around 1.0. The Re is the average number of secondary cases of infection generated by each person infected with COVID-19, greater than one means that the overall number of new cases is growing in a region, while a reproduction number less than one means the overall number of new cases is decreasing.
https://www.ontario.ca/page/how-ontario-is-responding-covid-19#section-0

ONTARIO'S LTC COVID COMMISSION

The Commission concludes formal interviews as it prepares for the final report to be released on April 30. Today, the Commission interviews The Honourable Merrilee Fullerton, Minister of Long-Term Care. Transcripts appear on the Commission web site two to three days afterward. OLTCC was interviewed on September 30. LTC Commission, OLTCC, Sep 30, 2020

On Monday, Dr. David Williams was asked by Commission Counsel about pandemic preparedness, PPE availability, IPAC measures, cohorting and decanting LTC residents during outbreaks. The significance of asymptomatic transmission was not appreciated when COVID struck the first outbreak facilities in March. Dr. Williams and his provincial and federal counterparts did not accept the possibility of asymptomatic spread of infection until April 9. By then, hundreds of long-term care homes had outbreaks. International studies show that decanting protects uninfected residents. "We have facilities, but you haven't got the staff".

In many outbreak homes it was difficult, if not impossible, to adequately cohort, separate uninfected from infected residents. Delays in getting COVID test results also adversely affected the early management of outbreaks in stricken homes. In many outbreak homes it was difficult, if not impossible, to adequately cohort, separate uninfected from infected residents. Delays in getting COVID test results also adversely affected the early management of outbreaks in stricken homes.
LTC Commission, Dr. Williams, CTV news, Feb 25

ROBERTA PLACE: *"Everyone was overwhelmed"*

An unfortunate outbreak in the second wave was at Roberta Place in Barrie. Dr. Doug Howard, Medical Director, and his physician colleagues struggled to provide care against this COVID variant. The incendiary outbreak at Roberta Place began on Friday, January 8. The first resident to be diagnosed was subsequent to a fall. The outbreak was fraught from the beginning because of severe staffing shortage and lost swabs. "The initial problem was that 1/3 of the staff did not show up for work. And then very quickly another third of the staff were sick themselves." Thirty-six of the initial 130 COVID swabs were lost. Both staff and management were working into the night to cover the shifts. Roberta place was left with "skeleton staff and in that first week in particular no staff that night and so some of the administrators stayed to do the night shift. The administration was overwhelmed, overworked, (20 hour days) overstressed, and nobody except possibly someone with combat experience would be able to navigate in such a scenario."

Involvement of the army was requested because of the desperate situation but this was blocked by the government. Lack of coordination and skeleton staffing resulted in faulty supply management. For example, oxygen concentrators were delivered to the front door but not to the residents' room. Dr. Howard's initial efforts were on tracking swab results, reviewing the medications, and calling POA to establish goals of care.

Physician colleagues stepped up to assist in the different home areas. Because the outbreak was due to COVID variant, physician availability was restricted because they could not work in different settings.

Nurses were too busy to maintain monitoring of vital signs. Agency staff were not prepared for their part. As been observed in other incendiary outbreaks, there was poor communication with Public Health and the Ministry of LTC. "Nobody from MOH or Pub Health contacted me to ask what I thought we needed."

Immediate action and support could have aborted this "nuclear outbreak". "Truly, the army should have been called in immediately. Politics prevented this. Or a force of vaccinated people to provide guidance and boots on the ground." The media and some families lacked an understanding of this outbreak, which was force of nature rather than a failure to protect.