

COVID-19 REPORT

The provincial government announced yesterday that it was ramping up protection for LTC residents. The robust action plan and new emergency order further protects the most vulnerable who we look after. The emergency order restricts LTC staff from working in more than one long-term care home, retirement home or health care setting. New measures to prevent further outbreaks and deaths include:

1. Aggressive Testing, Screening, and Surveillance to include more asymptomatic contacts of confirmed cases.
2. Managing Outbreaks and Spread of the Disease by providing additional training and support for current staff working in outbreak conditions.
3. Growing the “heroic” LTC workforce by redeploying staff from hospitals and home and community care to support LTC and respond to outbreaks.

[Ontario ramps up LTC protection, Apr 15](#)

COVID-19 is a new disease, distinct from other diseases caused by coronaviruses, such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The virus spreads rapidly, and outbreaks can grow at an exponential rate. According to data from countries affected early in the pandemic, about 40% of cases will experience mild disease, 40% will experience moderate disease including pneumonia, 15% of cases will experience severe disease, and 5% of cases will have critical disease. The World Health Organization Update of April 14, gives crude clinical case fatality is currently over 3%, increasing with age and rising to approximately 15% or higher in patients over 80 years of age. WHO’s global strategies are:

- Mobilize all communities to prevent cases through hand hygiene, respiratory etiquette and physical distancing.
- Control by tracing, quarantining, and supporting all contacts.
- Suppress transmission by physical distancing measures, and restrictions on non-essential domestic and international travel.
- Reduce mortality to vulnerable populations like long term care.
- Develop safe and effective vaccines and therapeutics.

[WHO COVID-19 Strategy Update, Apr 14](#)

Globally, there are now over 2,000,000 confirmed cases of COVID-19, 28,366 in Canada. The national death rate is 3.7%. Ontario has 433 deaths, with mortality of 5.1%. These death rates are more in keeping with the WHO data than estimates from Imperial College, London. The death rate is expected to be less with increased testing. [CBC Corona virus tracker](#)

COVID-19 brings changes to the practice of LTC physicians including the use of virtual care. Remote or virtual care is necessary to provide ongoing care to our residents while complying with infection control restrictions. Clinicians choose to limit the number of facilities that they visit. The physician may need to be in isolation but can still provide care remotely. There is not only the ongoing need to provide care and guidance with nursing staff but also ongoing contact with families and substitute decision makers in this difficult time. In LTC “direct-to-patient” contact includes the “patient representative”, usually the nurse.

Platforms for virtual care include telephone, telemedicine and video calling. The new K codes (e.g. K080, K081) may be used for fee-for-service or shadow billing. The OMA Section for LTC/COE provides the following support for use of the monthly management fee. “W010 LTC monthly management fees in nursing homes would continue to be payable with documentation of virtual visits in the patient’s chart. As with in-person visits, virtual visits would not be payable under K-codes in the same month as the W010 is billed. This is retroactive to March 14, 2020”. There is also the pre-existing telephone fee for contacting a consultant, i.e. K734. The OMA web page provides more information on virtual care including a helpful one pager. [OMA Virtual Care](#)

[Transitions Between Nursing Homes and EDs in the Age of COVID-19](#) webinar will target medical directors, DOCs and leadership in LTCs; and emergency physicians/ED leadership around improving transitions between the two sites specifically at this time of COVID. The moderator of this expert panel is Dr. Don Melady from Toronto. This webinar is on Monday, April 20, at 3:00 PM/ More information for the webinar can be found at: [GECD Webinar, Apr 20](#)

Hospice Palliative Care Ontario and the OMA are holding a webinar today, April 16, from 7-8:30 p.m. The webinar will cover advance care planning and goals of care, how to have these conversations, and how to do a death certificate and pronouncement.

[Register for ACP webinar, Apr 16](#)