

Tuesday April 14, 2020

COVID-19 REPORT

Deaths in LTC are expected to continue grow even as the number of cases of COVID-19 are starting to slow. Dr. Theresa Tam, the chief public health officer, said the spread of the virus in nursing and retirement homes has been at the root of half of the more than 700 deaths across the country. The total number of deaths projected in Canada—between 4,400 and 44,000 in the best-case scenario—was based on a fatality rate of 1.1%. The recently released guidelines from the federal government are similar to the orders and directives from the Ontario government over two weeks ago.

[Dr. Theresa Tam](#)

The measures to control introduction of COVID-19 into long term care facilities, and limit its spread within the home, keep our residents safe. Unlucky homes, like Lynn Valley Care in Care Centre in North Vancouver, saw the entry of the deadly virus before infection control precautions were in place. The Pinecrest Nursing Home in Bobcaygeon now has 29 deaths, nearly half of its residents. Pinecrest is an older home that makes isolation very difficult. The pandemic should bring hasty redevelopment for these Category C facilities. C-bed homes are built to 1972 standards. The tragic example of the Herron Residence in Quebec suggests a failure of leadership and management.

Deaths in long term care are obviously because residents are old, frail, with multiple morbidities and have a limited life expectancy. The overall death rate from covid-19 has been estimated at 0.66%, rising sharply to 7.8% in people aged over 80 and declining to 0.0016% in children aged 9 and under. Estimates of fatality rates may be higher but this analysis from Imperial College in London adjusts for demography and “under-ascertainment”. The study also explain why death rates are likely to continue to rise after the curve starts to flatten. The “average time between a person displaying symptoms and dying was 17.8 days, while recovering from the disease was estimated to take slightly longer, with patients being discharged from hospital after an average of 22.6 days.”

[BMJ: COVID-19 Death Estimates, April 1](#)

OLTCC salutes the OMA, CMA and other organizations that have made assuring a supply of personal protective equipment (PPE) a priority during the COVID-19 pandemic. Over the last five days, more than 13 million surgical and procedural masks, 200,000 N95 masks, and 38 ventilators were delivered to Ontario's pandemic stockpile warehouses. Ontario provides same-day deliveries to LTC and other facilities to support essential workers. Ontario obtains its own supplies and receives others procured centrally by the federal government.

An OLTCC member writes to remind us of the role the personal support worker (PSW) during the COVID-19. They are providing the majority of hands-on care in LTC during the extraordinary time. This includes the donning and changing or PPE. “[We] work in LTC and we see how hard the PSWs work. But unfortunately, they are the forgotten front line workers. Out of all, they get the least info...They are very scared. Is there a way we can help?” Thank you Dr. Vu Tran for raising the concern and asking the question.

Thursday, April 16, is National Advance Care Planning Day in Canada. Hospice Palliative Care Ontario, with the OMA will co-host a webinar on Having Important Conversations on April 16th from 7:00 – 8:30 PM. This session is intended for Physicians and Health Care Professionals. It will be facilitated by Dr. Leah Steinberg, Dr. Nadia Incardona, Dr. Jeff Myers and Dr. Jennifer Arvanitis. They will cover the fundamentals of Health Care Consent Advance Care Planning and Goals of Care, and how to have these important conversations with their patients. Here is the link to register.

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

Managing Resident Death (MRD) in LTC begins today. The two attached documents outline the process described in previous OLTCC COVID-19 Reports.

1. MRD Process Map, provided by Ontario Health, is a one-page guide for the steps to be followed for all deaths in LTC during the pandemic.
2. The Managing Resident Death Report form is completed, presumably, by the nurse at the time of death. The usual eight questions for the Institutional Patient Death Record (IPDR) are included, with two additional questions related to COVID-19.

Physician and NPs will be called to provide the information. That is the cause of death and underlying conditions, same as a Medical Certificate of Death. The “approximate interval between onset and time of death” is not required but in that situation of a stroke or injury would be useful.