

COVID-19 REPORT

Ministry of Health and LTC	Ont cases	Deaths	LTC cases	LTC deaths	% LTC deaths
May 11	21,922	1,825	2,953 (PHO)	1,320 (MOH)	72.7%
May 18	23,384	1,919	4,235 (PHO)	1,456 (PHO)	75.9%
May 25	26,191	2,123	4,892 (PHO)	1,538 (MOH)	72.4%

The cumulative number of COVID-19 outbreaks in LTC homes is 297; the current number of active outbreaks is 201. Although the daily [Epidemiological Summary](#) reports deaths in LTC homes to be 62.9% of the total, use of the MOH death figure as the numerator is likely a more current measure. The distribution and impact of COVID-19 in LTC is very imbalanced. Many facilities, like the C category homes, demonstrate the challenge of infection control. Staff shortages and limitation of PPE further exacerbates the staffing conditions in affected home. Less than half of homes have been outbreak, many of those without any related deaths. Many of those homes are in outbreak because a staff member tested positive. The majority of LTC homes are without outbreak, keeping residents and staff safe from a deadly virus that is spreading in the community.

[Ontario COVID-19, May 26](#)

The strain on staffing and inadequate availability of PPE makes for a desperate situation in the homes hit hardest by COVID-19 outbreak. Because of the desperate situation in severely affected LTC homes, Canadian Armed Forces teams were deployed to five of the province’s worst-hit long-term care homes. Reports about care, cleanliness and infection control are very disturbing. However, media “was not able to independently verify the allegations made by the military concerning the homes. The military documents did not always specify at which...facilities the problematic care practices were alleged to been observed.”

[Global News, May 26](#)

A Globe and Mail investigation today about one fateful home found “the outbreak resulted from failings at every level in the system designed to protect the frail elderly. The home, doctors at the local hospital, public health officials, provincial safety inspectors and Ontario’s top medical officer...” Opportunities to prevent the spread of the virus were missed. The necessary response repeatedly occurs too late. Front-line health care workers were forced to ask both an Ontario Superior Court judge and the Labour Relations Board to intervene. It was only a month after the first outbreak at a nursing home in Ontario that chief medical officer of health ordered local public health units to test everyone in long-term care homes for COVID-19. The report also found the staff had limited access to PPE.

[Systemic Failings fuelled outbreak, G&M, May 26](#)

A special meeting of the OLTCC Board of Directors was held morning. Topics related to the ongoing COVID-19 pandemic include outbreak experiences, Topics discussed outbreak experiences, infection prevention and control, virtual care, the public perception of LTC, and physician health and wellbeing. Several Director have experienced outbreak management. The past eleven weeks has been a strain on many LTC clinicians, often on-call 24/7. Virtual care is missed blessing for this time. Although necessary, it is a poor substitute for the person-to-person contact of doing regular rounds. Video platforms like Zoom, Skype and Facetime are not secure but, by necessity, are used with consent. WhatsApp and Microsoft Teams appear more secure. With Think Research, PointClickCare, is developing a virtual care platform that will be secure.

The OLTCC Board of Directors support immediate changes in long term care, even before the Commission gets underway later this year. There is an opportunity for greater medical leadership. LTC Medical Directors and clinicians are mindful of the needs of the residents. OLTCC educational programs like the LTC Practitioner Primer and the Medical Director Course provide professional education and networking in LTC. Professional development should be supported by the facilities and governments. Most who have taken the above courses do so at their own expense and the sacrifice of their personal time.

The time for action in LTC is now before the painful memory of this pandemic fades. Ontario is not alone in the current tragedy occurring in long term. Other provinces, like Quebec, Alberta, BC and Nova Scotia are experience deaths in LTC. The COVID-19 death toll in the USA approaches 100,000 and at least one third of those deaths are in LTC. Similar death rates are reported in European countries. The international experience will provide evidence-based information for the future. This will not only protect us against the second wave, or next pandemic, but also elevated the quality of life in LTC.

OLTCC wants to hear how members have managed during the COVID-19. What have been the demands for virtual care and after hours coverage? How will this change your practice? What needs to be done to heal LTC? Please reply to office@oltcc.ca

With the OMA Section on Long-term Care / Care of the Elderly the OLTCC will host a Zoom town hall on Thursday, May 28, 7:00 – 8:00 PM. The focus will be excellent care in LTC and supporting physician safety and wellness. focusing on physician safety and wellness and providing excellent care in long-term care facilities. Panelists are Drs. Jobin Varughese, Celeste Fung, Ben Robert, Sandy Shamon and Ross Kennel. These physician bring first-hand experience in the management of COVID-19 outbreaks in long-term care facilities. Please register and submit your questions beforehand:
[OLTCC/OMA webinar on May 26](#)