Ontario Long Term Care Clinicians

Monday, May 4, 2020

COVID-19 REPORT

With increased testing of residents and staff, there are now 212 outbreaks in long term care. LTC represents 626 of the 1,300, or 48%, of the Ontario's COVID-19 deaths.

Epidemiologic summary, May 3

There are changes for long term care in the COVID-19 Provincial Guidance Update issued on May 2 (attached). Case definition can now exclude individuals with only runny nose, sneezing, congestion that may be due to seasonal allergies and post-nasal drip.

Clinicians are reminded of atypical presentation of COVID-19 in the frail elderly. Symptoms may include:

- Unexplained fatigue/malaise
- Delirium
- Falls
- Functional decline
- Chills
- Headaches
- Conjunctivitis
- Exacerbation of chronic conditions

Sentinel signs include:

- Unexplained tachycardia
- Hypotension
- Unexplained hypoxia, i.e. <90%
- Lethargy

Other changes in the attached document is guidance for patient transfers from hospital to LTC homes under the following circumstances:

- It is a readmission to LTC (the resident is returning to their home)
- The receiving home is NOT in a COVID-19 outbreak
- The resident has been tested for COVID-19 at point of discharge has a negative result and is transferred to the home within 24 hours of receiving the result; and
- The receiving home has a plan to ensure that the resident being admitted can complete 14-days of self-isolation.

The COVID-19 Pandemic has ravaged LTC homes for the following reasons:

1. Delays in public health measures including access to PPE.
2. Chronic staffing issues that include numbers, wages and benefits
3. Older facilities with limitations for infection prevention and control
4. Elderly, frail residents with multiple morbidities and limited life expectancy

This begins the eighth week of the lockdown in our facilities. Evidence shows that more prompt application of public health measures and use of PPE would have limited some of the severe outbreaks. Health care workers who work in more than one facility are often a suspected entry of the virus into the home. This exposes the poor pay and lack of benefits for some of these front-line workers. During the pandemic, the strain on staffing is exacerbated by sickness and self-isolation of regular staff. The more deadly outbreaks have occurred in older facilities, where there are four-bed rooms and limited options for isolation.

Only weeks ago, the concern was a surge into emergency departments and acute care with limitations on ICU beds and ventilators. These scenes were witnessed in countries like Italy and Spain, and New York City. Physical distancing and other measures have prevented the surge. The epicenter for COVID-19 in Ontario is in LTC and retirement homes.

LTC clinicians adapt to the providing care in the pandemic in a couple of ways:

1. Reduce the risk of transmission to their residents, facilities, families and themselves by (a) providing virtual care, (b) limiting visits to multiple health care settings, and (c) using PPE and other precautions when examining patients.
2. Engaging their residents and families in ongoing discussions for advance care planning and setting goals of care.

COVID-19 requires clinicians to have timely discussions about advance care planning (ACP) and goals of care (GOC). SpeakUp Ontario provides resources and recommendation for the palliative care approach. Supportive care is the mainstay of the medical treatment for COVID-19. Supportive care is active care that includes assistance with feeding, fever control, discomfort, cough, breathing; and the best of end-of-life care. (re: OLTCC COVID-19 Report, April 19)

https://www.speakupontario GOC discussion