Ontario Long Term Care Clinicians

Tuesday, December 8, 2020

COVID-19 Update

	Outbreaks	Ont. cases	Deaths	LTC deaths	% LTC deaths
August 18	12	40,870	2,793	1,847	66.1%
September 15	20	45,383	2,872	1,854	64.6%
October 19	87	65,896	3,053	1,979	64.8%
November 18	103	99,372	3,443	2,189	63.6%
December 7	116	130,910	3,808	2,396	62.9%

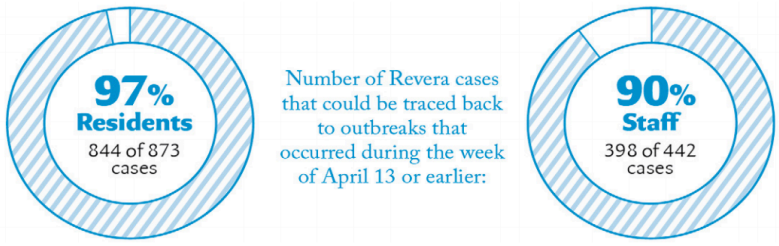
Daily Epidemiological Reports demonstrate the disproportionate effect of COVID-19 in homes with outbreak. Of the 116 homes currently in outbreak, 49 report no resident cases. That is, outbreak is because five or fewer staff, or essential visitor, tested positive, usually one or two. Hence, the importance of regular screening and testing of all staff and visitors.
https://www.ontario.ca/page/how-ontario-is-responding-covid-19#section-0

The epidemiological reports also demonstrate the prevalence and transmission of the virus in the community is a strong predictor of spread into LTC homes. This is one of the finding of the **second Interim Report of the LTC Commission**. Unlike the institutional care of the hospitals, LTC is the home for whom our clinicians provide care. LTC "is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety, and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met." (LTCHA) Visible leadership matters and the report recognize the presence and collaboration of the leadership team of the Executive Director, Director of Nursing and Personal Care and Medical Director.

The Commission recommends:

> *There is a clear lead for the quality of care amongst the leadership team of the Executive Director, Director of Nursing and Personal Care and Medical Director in each LTC home. This individual must be on-site each day in a full-time position and be held accountable for resident quality of care and the Province provide the financial resources necessary to effectively support the lead for quality of care in carrying out their role and responsibilities.*

Clarification for the expectations of the Medical Director is required. The supply of clinicians to fill this role is limited. There must be support for Medical Directors in their current role. The Clinical responsibilities must also include the presence and collaboration of other clinicians—attending physicians and nurse practitioners—especially with current realities of outbreaks and the judicious use of virtual care. Training, compensation and support must meet the expectations for clinical leadership. The current compensation a Medical in a 100-bed facility is only $10,950 ($0.30 x 100 x 365).
LTC Commission Second Interim Report, Dec 4



The Expert Advisory Panel report from Revera Living, reminds us that the propensity of LTC deaths occurred in the early days of the "spring wave".

During the pandemic's early days, the broad need for personal protection was misunderstood. Nearly all of Revera's outbreaks in that spring wave could be traced back to prior to mid-April, when PPE was in short supply. Masks were considered unnecessary for people without symptoms of COVID-19. The risk for the residents from asymptomatic or pre-symptomatic staff members was not appreciated. Public health authorities did not to prioritize long term care residents and staff members for COVID-19 testing. The report notes that Ontario was a leader for surveillance testing of staff every two weeks.

The "expert" panel does not include front-line providers in LTC. The report erroneously states that OLTCC advised that clinicians should only provide virtual care. OLTCC shared the advice of the CPSO, OMA and others about virtual care, among other strategies, to keep the residents, staff, safe from COVID-19. Regular COVID-19 updates and the joint "town hall" with the OMA, the visible presence of leadership in outbreak homes.

The report recognizes the legislative role of the Medical Director and makes this recommendation:

> *Each long term care home should have an established medical leader who will attend at the home on a regular basis and when requested by the home's staff. Consideration should also be given to establishing a nurse practitioner role in the home to collaborate with the physician in ensuring an on-site clinical resource for patient assessment. Appropriate PPE must be maintained for clinical use. It should be evident to clinical leaders that virtual patient assessment cannot entirely replace in-person assessment of older residents with acute respiratory illness.*

Revera report, December 7

OMA COVID 19 Survey

Members of the OMA Section for LTC and Care of the Elderly have received an invitation for the following survey, which focuses on LTC homes regulated under the *Long-Term Care Homes Act* (2007). The purpose of the survey is to gather information about LTC long-term care delivery during the pandemic.

If you have not already completed the survey, here it here is the link:

https://insights.oma.org/c/a/6VME2WoOgyB918nBJCCHHP?t=1