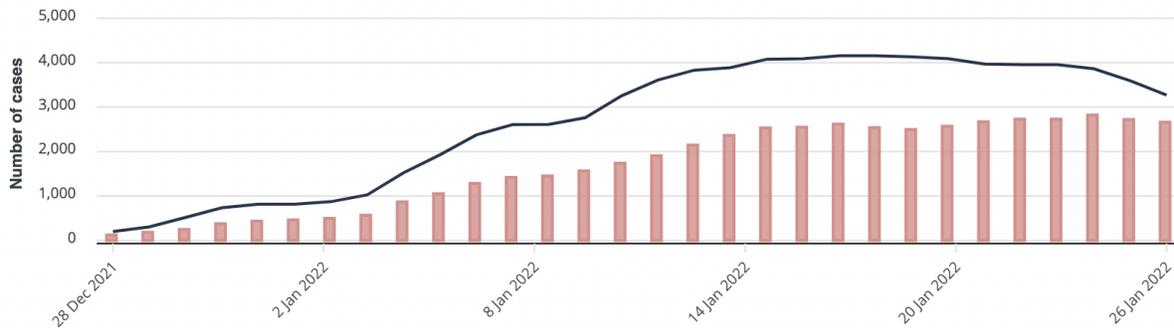
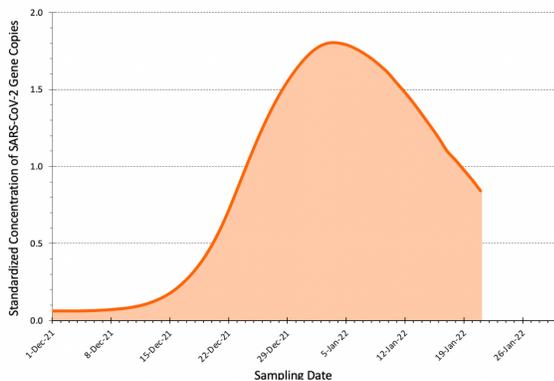


Covid-Omicron Report

Residents
 Staff



Like hospitals, Covid resident cases in LTC show a lag response to the tentative decline in staff and community cases. Protected by third, and now fourth, doses of vaccine, LTC resident cases are more likely to be asymptomatic or mildly symptomatic, but the virus continues to be a lethal threat our elderly and frail residents. Unlike the lethal first and second waves, peaking in April 2020 and January 2021, clinicians are better prepared with early treatments and interventions.



Wastewater testing for Covid provides an independent signal regardless of health status (symptomatic, asymptomatic, or recovered) or access/utilization of clinical testing. Wastewater signal for COVID-19 combined with testing and epidemiology data can track or anticipate COVID-19 disease trends. Ontario WWS is a weighted mean of standardized, biomarker-normalized concentrations of SARS-CoV-2 gene copies across 33 public health units.

[Ont Science Table](#)

NATIONAL LONG TERM CARE STANDARDS

“COVID-19 pandemic exposed significant gaps in the ability of these homes to provide high-quality, resident-centred care”. Health Standards Organization (HSO), a national not-for-profit, creates standards, assessment programs and other tools to help care providers. Just released are the updated HSO Standards for LTC Services

<https://healthstandards.org/files/30-Standard-EN-LTC-Public-Review-26Jan2022.pdf>

Standards help to develop governance, leadership, infection prevention and control, and medication management, which affect the quality of care. OLTC President, Dr. Ben Robert, represented the physician voice on the LTC Workforce in developing these updated standards.

The theme of **Resident Centred Care (RCC)** is central to these proposed standards. RCC is an “approach to care that consciously adopts the perspectives of residents as participants in, and beneficiaries of, trusted health and social services systems...[and] organized around the health needs and expectations of people rather than being organized around diseases.” RCC ensures that an individual’s preferences guide decision making.

The six principles direct the Standards:

1. A healthy and competent workforce creates a home-like environment.
2. RCC supports the preferences of each LTC resident with a supportive and relational approach.
3. Standards enables equity, diversity, inclusion, and cultural safety.
4. LTC residents may choose to live at risk, especially when it does not negatively impact the safety of other LTC home residents or the workforce.
5. Continuous data collection and monitoring assure high quality RCC.
6. Achievement of Standards requires federal, provincial, and territorial legislation, regulations, and accountability mechanisms.

Quality of life (QOL) is the degree to which a resident is healthy, comfortable, and able to participate in or enjoy life events. Quality of life is distinct from quality of care—the quality of medical and personal care. QOL is about living a purposeful and meaningful life and is determined by everyone based on their goals, expectations, standards, and concerns. LTC home embodies a philosophy that values autonomy, choice, privacy, dignity, individuality, safety and security, physical comfort, relationships and connectivity, meaningful activities, desired food, and spiritual well-being.

The draft standards focus on RCC and run to eight new sections, 17 new clauses and 148 new criteria. These standards are high level and generic. They do not refer to front-line workers, PSWs, nurses, administrators, nurse practitioners, physicians but rather governing body, team-based care, the team, organizational leaders, organizational practices, and external services. The task of provincial and territorial legislation is to agree and encompass these standards. Report of the Parliamentary Budget Office, from last summer, estimates governments will need to double funding to implement changes proposed over the Covid-19 pandemic. In 2019-20, governments in Canada spent \$13.6 billion on facilities-based long-term care. Federal, provincial, and territorial governments would have to increase LTC spending by \$13.7 billion at first, and those costs would grow at 4.1 per cent per year thereafter because of an aging population.

[Cost estimates, Improvements in LTC, Aug 4, 2021](#)

The new Long Term Care Homes Act, or Bill 37, or Fixing Long Term Care Act affirms “the right of a resident to have their lifestyle and choices respected, and right the right to be provided with care and services based on a palliative care philosophy.” The new Residents’ Bill of Rights: Every resident has the right to be provided with care and services based on a palliative care philosophy.

<https://www.ola.org/en/legislative-business/bills/parliament-42/session-2/bill-37>

The World Health Organization defines a palliative approach to care: "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual." In long term care, care providers not only address pain and physical symptoms but also the psychosocial and spiritual aspects of care throughout their entire stay.

Feedback to the HSO’s new *Long-Term Care Services* standards will be received until March 27:

<https://healthstandards.org/public-reviews/long-term-care-services/>