

COVID-19 REPORT

The COVID-19 Outbreak Guidance for LTC Homes (LTCH) released earlier this week provides an update for early identification of cases and rapid implementation of outbreak control measures. All residents are screened at least twice a day; all visitors and staff must wear masks at all times. LTC and retirement home employees are directed to only work in one facility. Yesterday, the government placed a hold on all transfers from hospital to LTC for two weeks.

The COVID outbreak has disproportionately affected LTC. The great fear remains a surge on emergencies and acute care; a shortage of ICU beds and ventilators. As of April 13, 2020, the average hospital occupancy rate for Ontario acute care was 64.1%, a significant decrease from 97.3% for acute beds before COVID-19 measures. There are over 7,300 acute care beds unoccupied and over 2,000 critical care beds currently available across Ontario. In addition to the potential surge, the hospitals need to be kept safe and secure for heart attacks, trauma and other emergencies. LTC needs support to keep the sick and dying residents in place, where they will receive the best supportive and palliative care.

[Ontario news release, April 16](#)

Deaths in LTC inflates the national mortality rate of COVID-19 deaths. PHAC of Canada predicted COVID-19 deaths to be about 700 by April 16 but 1,195 persons have died of COVID-19 as of last evening. Because of compression of morbidity and high care needs, the majority of residents in LTC have limited life expectancy. It “is important to know the proportion of deaths in LTC that fall into the bracket of unexpected deaths.”

[The data gap, Globe and Mail, Apr 17](#)

Canadian and USA mortality figures show 50% COVID-19 deaths occur in LTC and similar settings. This rate is seen in other developed, Western countries. The London School of Economics reported that between 42 and 57 per cent of deaths in France, Italy, Spain, Belgium and Ireland occur in these care settings. The WHO update this week gives a mortality rate of 15 per cent or greater for persons greater than 80 years old. This can be understandably tripled for fragile individuals in LTC with multiple morbidities and limited life expectancy.

LTC clinicians are stepping up to the demands of the COVID-19 pandemic, “trying to balance the need to care for residents with need to protect them, protect other facilities, protect our families, the broader community, and ourselves,” says Dr. Brad Birmingham, a Medical Director at two Toronto LTC homes. Their physicians do virtual rounds with an “on-site” doctor at each home. Support is provided by resources like LTC+ and the Nurse Led Outreach Team (NLOT).

Dr. Janice Legere, who is on the OLTCC Board of Directors, is Medical Director of the John Noble Home in Brantford. She reassesses medications to assist with decreasing the number medication passes. Dr. Legere does virtual visits with families of residents with CPR status and review goals of care (GOC). A letter to all POAs will go out to explain the local situation, request funeral home choice and explain the Managing Resident Death in LTC process.

The Eatonville Care Centre in Etobicoke is one of the Ontario homes that witnesses a grave COVID-19 outbreak with many staff affected. Dr. Stuart Egier is Medical Director at Eatonville as well as two other LTC homes. “All our attending physicians are well and are being very responsible, calling in and doing virtual visits daily to support staff, our residents, and families.” The coverage by media, waiting to take pictures of removals, is unfortunate. They interview family members. Although there are many positive comments about the care in the home, they only publish the negative ones.

Testing for the entire Eatonville Care Centre was completed only a couple of days ago. They had three tests for RSV four weeks ago and then told they did not need to test further. In the interval, staff were not required to wear masks and there was inadequate access for PPE through Public Health.

The experience of the physicians at Eatonville was that residents quickly became ill and symptoms progressed quickly. Dr. Giulia Perri of Baycrest Health Sciences Centre shares a [COVID-19 Symptoms Management and EOL Care Order Set](#). The order set is attached for your reference.

Please share your experiences in handling the COVID-19 pandemic. Contact office@oltcc.ca