

COVID-19 REPORT

“Systemic deficiencies in long term care facilities” identifies three issues in the current pandemic: (i) working conditions of front-line staff, (ii) infection prevention and control (IPAC) and (iii) the older facilities. LTC homes are “certainly not keeping up with the staffing,” says Jane Meadus, staff lawyer with the Advocacy Centre for the Elderly. Casual caregivers may work in more than one facility. There may not have benefits, including sick pay. The crisis in LTC human resources existed before the pandemic. Earlier this year, the Ontario Long Term Care Association told the province in a budget submission that 80% of long-term care homes are having difficulty filling shifts. Plans to renovate and expand facilities are stalled.

Better IPAC would provide more availability and use of personal protective equipment at the onset of the pandemic. The other problem is with the older C-bed facilities, built to 1982 standards. These homes, “with two to four seniors in a room, shared bathrooms, nowhere to isolate those who are ill” represent 30,000 long term care beds that await redevelopment.

[Systemic Deficiencies in LTC facilities, Globe and Mail, April 27](#)

On Saturday, Premier Ford announced front line workers will receive a raise of \$4 per hour for the next four months, as a way to thank workers for their hard work while attracting more people to fill important vacant positions. “It just burns me up. We have healthcare people working tirelessly, but then we have a bunch of yahoos sitting there protesting as they’re breaking the law and putting workers in jeopardy.” NDP Leader Andrea Horvath feels the increase should be retroactive to the beginning of the pandemic. Ford said his government didn’t have the capacity to give workers a raise until the federal government decided to help fund the initiative.

<https://www.canadianhealthcarenetwork>, Apr 27

There is more evidence that asymptomatic persons with COVID-19 are a major driver of the pandemic, comprising between 25 and 50% of all cases. The implications are huge for testing strategies and how LTC homes are protected.

[COVID-19 Silent Spread, thestar.com, Apr 27](#)

The Long Term Care Inquiry reported on the shortages of staff in LTC. “The core reason for the low levels of staff is the limited government funding provided to LTC homes for nursing and professional care staff.” (LTCI Final Report, v.II p.87-88.) The hospital sector, which offers better pay, better benefits and better working conditions, is the major competitor for nursing staff. The Inquiry Report observes that the nurse working in LTC have fewer other health care professional to reach out to in an emergency. “There is also a significant disparity in the number of patients or residents for whom the nurse is responsible, with nurses in LTC homes typically having responsibility for much higher numbers of individuals.” These factors are further compounded by “the fact that work in LTC appears undervalued, from a societal point of view, and undesirable from the perspective of many healthcare professionals.”

Recommendation 62 of the LTCI calls for the Ministry to play an expanded leadership role in LTC by:

- Establishing a dedicated unit with the LTCH Division to support LTC homes in achieving regulatory compliance; and identify, recognize and share best practices leading to excellence of care in LTC homes.
- Providing bridging and laddering programs in LTC homes; and
- Encouraging innovation and the use of new technologies in the LTC system.

Both the Ministry and the dedicated unit should work collaboratively with stakeholders throughout the LTC sector, drawing on existing partnerships and forging new ones. (LTCI Final Report, v.III p.21.)

<https://longtermcareinquiry.ca/en/final-report/>

Presymptomatic SARS-CoV-2 Infections and Transmission in a Skilled Nursing Facility - A study from Snohomish County, Washington State, was published by the New England Journal of Medicine this weekend. Of 89 residents in a 116 bed facility, there was a 64% prevalence of COVID-19 among residents. Case fatality rate of 26% despite early adoption of infection-control measures. More than half of residents with positive test results were asymptomatic at the time of testing and most likely contributed to transmission. Infection-control strategies focused solely on symptomatic residents were not sufficient to prevent transmission after SARS-CoV-2 introduction into this facility.

[26% Fatality rate in SNF, NEJM, Apr 25](#)