

COVID-19 REPORT

The OLTCC Board of Directors and our members join others in their alarm and concern with the Canadian Armed Forces (CAF) report on conditions in five Ontario LTC homes. The findings represent how desperate conditions became in homes because of the staffing and infection control challenges of the COVID-19 pandemic. The requirement for the military to intervene speaks volumes about how a brittle system can crumble.

Key points from OLTCC are:

- These were desperate homes that needed help. Like with other events during the COVID-19 pandemic, action was too late.
- There is great concern that residents and families will receive an inaccurate and disturbing picture of living in LTC.
- As of yesterday, 129 out of 626 LTC homes are in outbreak, down from 190; 164 outbreaks are resolved.
- The vast majority of LTC residents remain safe and protected through the COVID-19 pandemic
- OLTCC supports the proposed provincial LTC Commission but action is needed immediately.

Our members point out that CAF was the last resort for staffing after retired, agency and redeployed care providers were no longer available. A colleague writes, “My own facilities are not involved in these situations, but I have read the military’s reports and their specific concerns and many of them are not compatible with an understanding of dementia...the military has no experience or understanding of the challenges in LTC and that the PSW/nursing/MDs are being unfairly criticized; residents and families are going to have unnecessary anxiety and guilt.” Severe outbreaks were better mitigated by cooperation by the hospitals and their assistance with decanting residents. Unless homes have convalescent or empty beds, there is no capacity for surge or cohorting. The plan to re-design homes so that there are only one or two beds is decades overdue. “LTC nursing staff need pay equity with hospital nursing staff. PSWs need appropriate pay for the responsibility of providing care to frail elderly, not the pay that somebody gets for serving coffee.” Physicians need adequate remuneration for providing excellent medical coverage and emergency care after-hours.

We join other stakeholders in their statements. The Ontario LTC Association (OLTCA) calls for a greater supply of personal protective equipment, more rapid testing, infection control help for older homes, more supports from hospitals and expedited capital funding. Hands-on support is urgently needed to fight COVID-19. The is now to “address long-standing systemic and structural issues exacerbated by the pandemic” says CEO Donna Duncan said in their statement.

Lisa Levin is CEO of AdvantAge Ontario. Their organization has “relentlessly pressed successive governments to address the serious challenges and deficiencies in the LTC sector, specifically related to funding and staffing resources...We need to act immediately to address longstanding system issues...as well as barriers to re-developing older homes so that we are in a better position to prevent future outbreaks.”

“What matters is that we focus and act on the changes we know are needed, based on data that already exists, albeit sequestered in silos. Given the collaborative approach governments and politicians seem to, largely, be taking during the pandemic, this is the moment that the governments of Canada and the provinces/territories should collaborate on a national framework for seniors in LTC providing sustainable and expeditious solutions.” Dr. Janice Legere is on the Board of Directors of OLTCC. In an editorial this week, she provides four key learnings from the COVID-19 pandemic:

1. It’s time to design, renovate and rebuild facilities with more private and personal resident spaces, with designated units for dementia-related behaviours.
2. Introduce legislated employment standards in LTC with funding that includes competitive salaries and benefits.
3. A thorough review and analysis of the infection prevention and control, with regard to the availability and procurement of PPE as well as training, protocols and space to perform effective infectious disease prevention.
4. Continue wholistic care that addresses all parts of an individual human being.

The philosophy of LTC care emphasizes the humanness of the individual.

[Dr. Janice Legere, Hamilton Spectator, May 26](#)

Last evening’s OLTCC/OMA Zoom Town Hall provided experiences, advice, questions and answers to the medical management of COVID-19 outbreaks. The LTC physicians on the panel were Drs. Jobin Varughese, Sandy Shamon, Benoit Robert, Ross Kennel and Denise Fung—exemplars of physician leadership in the pandemic. Dr. Robert emphasized that outbreaks are also unavoidably a staffing crisis. Dr. Shamon anticipates that LTC home data for outbreak outcomes will be polarized and show where gaps exist. Dr. Fung is Medical Director of a newer facility that was probably better prepared to contain an outbreak. She underlined the importance of communication and trust with agencies and authorities. Dr. Kennel is Medical Director of an older facility that had previous outbreaks of influenza and Group A streptococcus. Proactive prevention could have prevented mortality.

Dr. Nicholas Brandon of Peel Region Public Health also joined the panel. He reviewed the 14-day period for clearance. “Most people are not infective after 8 – 9 days. Nasopharyngeal swabs remain positive because small amounts of viral RNA can still be detected. The panel also included Dr. Joy Albuquerque, the Associate Medical Director for the Ontario Medical Association's Physician Health Program. COVID-19 is a prolonged stress on physicians. Her advice: (1) Control what you can, recognize limitations. (2) Be kind and gentle to yourself. (3) Recognize the value of the work that you do. This is the link to the recording of the town hall:

[OLTCC/OMA Zoom Town Hall, May 27, 2020](#)