

COVID-19 REPORT

Ministry of Health and LTC	Outbreaks	Ont cases	Deaths	LTC deaths	% LTC deaths
July 13	27	36,090	2,723	1,836	67.4%
July 20	16	37,942	2,753	1,841	66.8%
July 27	13	37,799	2,764	1,844	66.7%

With the number of outbreaks declining, clinicians need to keep LTC homes safe. Virtual care is limited. The physician’s presence in the home is not only important for the clinical care of residents but also the morale of staff and families. Physicians and NPs, like staff, should get regular screening for COVID-19. Physicians should try to get back to usual rounds mindful of screening and PPE. They should not be hindered by management; this is reported in some cases. Older physicians, or others with health and family concerns, may have their own limitations.

Analysis from a current CMAJ article included all 623 Ontario LTC homes, comprising 75 676 residents; 360 LTC homes (57.7%) are for profit. Two hundred and sixty-three homes are not for profit; 162 (26.0%) plus 101 (16.2%) municipal homes. There were 190 (30.5%) outbreaks. Thus, over two-thirds of homes had no outbreaks. Their successes should inform future strategies to limit the harm of COVID-19 and other inevitable outbreaks.

[For-profit LTC homes and risk of COVID-19, Stall et al, CMAJ, July 22](#)

In preparation for future outbreaks and cases of COVID-19, OLTCC hosted a Town Hall, In The Wake of the First Wave on July 24, with Drs. Allison McGeer and Christophe Kendal of Mount Sinai Hospital. The current knowledge of COVID 19 was reviewed. Persons with SARS-Cov-2 acquire the virus two to four days before showing symptoms. As much as 40% of transmission occurs before symptoms. Among people diagnosed to date, about 2% have died overall – 0.2% in younger adults, up to 30-50% in the frail elderly in nursing homes. A positive PCR test can persist for three months but does not indicate replicating virus. Treatments remain very limited. Remdesvir may work if used early. Dexamethasone helps the severely ill. Dr. McGeer emphasized the importance of flattening the curve, especially as society re-opens. Less than 3% of the population are infected so far and at least 50% of the population needs to be infected before the virus “slows down”.



LTC homes and health care providers need to be prepared for further COVID-19 outbreaks. Preparation includes improved staffing and pay, adequate supplies of PPE, IPAC training, isolation areas, collaborative links with hospitals, policies for essential visitors, rapid testing and reporting of test and consider antiviral prophylaxis.

An LTC study from Belgium suggests that many residents in an outbreak nursing home did not develop a protective immune response. Favipiravir has demonstrated effect against SARS-Cov-2. Current randomized control trial show effectiveness in protecting against COVID-19. Favipiravir is a safe drug with no serious adverse effects. It is approved for treatment of influenza in Japan.

Further information on the CONTROL-COVID trial and contact information are attached. Dr. McGeer's slide deck is available at oltcc.ca. OLTCC continues to seek your feedback and questions, contact, office@oltcc.ca

NURSE LED OUTREACH TEAMS. The COVID-19 pandemic creates collaborative care opportunities, which includes the existing role of the nurse led outreach team (NLOT). NLOTs were developed over 10 years ago to provide emergency mobile nursing services in Ontario LTC homes for the purpose of reducing unnecessary transfers to emergency departments (ED), hospital admissions and length of stay through early repatriation back to LTC. There are currently 14 NLOT teams; one in each of the province's Local Health Integration Networks (LHINs), each with varied models (NP, RN and blended NP/RN models) designed to support local integration of LTC homes with the broader healthcare system. Not all LTC homes in Ontario have access to the supports and resources available through the NLOT program. The NLOT program aligns to the LTC Inquiry recommendations including building capacity and excellence, sharing best practices, working collaboratively with physicians, coaching and mentoring of staff and building partnerships within the LTC setting.

Carrie Heer, NP and member of OLTCC, is Chair of the Ontario NLOT Collaborating Committee. In the Waterloo-Wellington area, she organized regular teleconferences with LTC clinicians and the ED chiefs of the four area hospitals. An algorithm for ED transfers were developed. This process facilitated direct communication between the referring physician and MD in emergency department.

