

COVID-19 REPORT

The number of long-term care homes experiencing a COVID-19 outbreak is decreased from 150 homes (May 25) to 30 (as of July 6).

Ministry of Health and LTC	Outbreaks	Ont cases	Deaths	LTC deaths	% LTC deaths
June 29	55	35,068	2,672	1,809	67.7%
July 06	30	36,060	2,691	1,821	67.7%

Shortly after WHO declared the pandemic 118 days ago, OLTCC developed eight guiding principles. The first priority: “Keep our residents safe by taking all measures to prevent entry of COVID-19 into the home, if necessary, reduce risk of transmission in the home.” The priority is to protect our residents, staff, families and ourselves. It is a grave precaution that health care providers do not become vectors of the COVID-19 virus. The story of a New Brunswick physician demonstrates the reputational risk to clinicians during the pandemic. The doctor returned his daughter to Campbellton NB following an overnight stay in Quebec. Upon his return, he did not self-isolate for 14 days but was consistent with practices of his colleagues and superiors. He may have caught the virus from a patient or another health professional. A private investigator found “There is no credible evidence to demonstrate with any sufficiency that [the doctor] was patient zero in relation to this most recent cluster of COVID-19 virus infections; certainly, [the doctor] did not contract any disease outside New Brunswick,” The doctor’s privacy was breached. He was harassed and discriminated against in the press and on social media.

[Doctor blamed for COVID-19 Outbreak, OHS, June 15](#)

VIRTUAL CARE

Other OLTCC COVID-19 priorities included:

- Use remote and virtual care to ensure safety of residents and staff.
- Telemedicine and other virtual care for consultations and care management.

The OLTCC Board of Directors and many members agree that virtual care is not a substitute for direct patient care. The presence of the clinician in the home reassures the resident, families and staff. Virtual visits can take the nurse away from other tasks. Nonetheless, the pandemic promotes the use of virtual care that will continue enhance and promote clinical care. Timely assessments can include images, biometrics and documentation. Consultations are more readily available. Tomorrow (July 8) Choosing Wisely Canada weekly Zoom meeting will address virtual care as we emerge from the COVID-19 pandemic Dr. Sacha Bhatia, Chief Medical Innovation Officer at Women’s College Hospital and Cardiologist, will share insights on the shift to virtual care during the COVID-19 pandemic and what this means for the future of our health care system. Amy Ma, Patient and Public Advisor for Choosing Wisely Canada, will provide reflections and commentary following the presentation. For more information go to:

<https://choosingwiselycanada.org/event/week11-covid19/>

COVID-19 revealed the crisis of staffing in Ontario LTC homes. The Canadian Armed Forces needed to intervene belatedly for several desperate homes. Under Operation LASER, the CAF deployed teams consisting of nurses, medical technicians and additional personnel. They worked in Ontario LTC homes since April providing staffing support and helping with infection prevention and control, and other duties such as cleaning and food preparation. Support was provided for Orchard Villa, Holland Christian Homes Grace Manor, Altamont Care Community, Eatonville Care Centre, Hawthorne Place Care Centre, Downsview Long Term Care, and Woodbridge Vista Care Community. "In this time of exceptional need, we are grateful for the support we received from the Canadian Armed Forces teams in our long-term care homes," said Dr. Merrilee Fullerton, Minister of LTC. "Their experience and expertise in emergency situations have been crucial in fighting this virus and helping to protect our residents and staff in long-term care homes."



Dr. Jobin Varughese is Chief Medical Officer of Holland Christian Homes in Brampton. This not-for-profit organization includes Grace Manor, a home ravaged by COVID causing a significant staff shortage.

This caused the administration to look for collaboration with many stakeholders, including the local hospital and local health integration network.

As more staff contracted COVID, they significantly ramped up hiring, attempting to bring in more staff through multiple channels. However, it was noted that many people who were interviewed didn't show up to orientation and even less started work after orientation. It was speculated that many of the interviewees were being interviewed by multiple homes.

The Chief Executive Officer attempted to work through all channels available until an option of bringing in the Canadian Armed Forces presented itself. The administration and medical team worked closely with the armed forces. After the CAF left, the report implicated them on the 15th page with concerns about the agency staff and IPAC education.

OLTCC is interested the clinicians experience, observations, questions and recommendations for resident care, virtual care, infection prevention and control, and outbreak management during COVID-19 and beyond. Contact office@oltcc.ca