

## COVID-19 REPORT

There are current 67 outbreaks. An active COVID-19 outbreak indicates that the home has at least one lab confirmed case of COVID-19 (in resident or staff) and the local public health unit or the home has declared an outbreak.

Ministry of Health and LTC	Ont cases	Deaths	LTC cases	LTC deaths	% LTC deaths
June 1	28,709	2,293	5,158 (PHO)	1,652 (MOH)	72.0%
June 8	31,090	2,464	5,274 (PHO)	1,738 (MOH)	70.5%
June 15	32,554	2,538		1,794	70.7%

We cautiously turn the corner where the number of outbreaks and deaths related to COVID-19 are lessening. For our residents, IPAC precautions and screening staff will continue. With the uncertain spectre of a second wave, LTC may be one of the safer refuges. The OLTCC COVID-19 Report will now come weekly. Look for these reports as well as our regular newsletter over the summer months.



Speaking on CBC Radio Noon today, Dr. Joanne Clarke spoke about the impact social isolation has on the health and wellbeing of residents in LTC. Dr. Clarke is a geriatrician in Sudbury and was a speaker at OLTCC's annual conference last year. She describes an increase in depression, anxiety, falls, wandering, hallucinations and delusions. "Has isolation hurt seniors more than the virus?" was the question the call-in audience.

With isolation, there is decreased mobility and increased sarcopenia. Dr. Clarke states that bed rest causes a daily 5 – 7% loss of functional muscle mass. Along with increased confusion, this increases the risk of falls. The absence of visits from family and other increased causes increased depression. Studies in geriatric rehabilitation indicate that depression is greater factor for functional

Social isolation contributes to the excess deaths during the COVID-19 pandemic. For residents with dementia, social stimulation is important for mood and orientation. Dr. Clarke cites a study from England that reports and increase in deaths of 83%. In Ontario, the current strategy is allowing safe visits to begin on Thursday. Initially, visits will only be outside and limited to one person. She feels that this is too strict. She calls for a more sophisticated strategy, expounding on the role of the essential family care provider. Family and volunteers may account for up to 30% of care in LTC.

In Sudbury-Manitoulin, there are no cases of COVID-19 since May 14. There is understandably a greater tolerance to relax restriction for visitors in safer areas of the province

[Dr. Joanne Clarke, Radio Noon, June 16](#)

OLTCC continues to share the experiences of physicians in the management of outbreaks during the COVID-19 pandemic. Dr. Stuart Egier is a family physician who has practiced in LTC for 44 years. He is Medical Director of four facilities including “the now infamous Eatonville Care Centre, where I would say the care has been exemplary, but stressed.” In mid-March, three residents tested positive for RSV. Dr. Egier advised that staff wear masks, use appropriate PPE and continue to swab residents. “Public Health, however, directed that since PPE was in short supply, staff did not need to use PPE, and there was no need to look further into our outbreak with continued swabbing.” The focus was on hospitals preparing for a surge, not on LTC.



Over the subsequent weeks there was much illness with deaths from COVID-19. Staff became symptomatic and ill, making it difficult to provide adequate care. Six physicians look after the 240 residents. Care was provided by phone, virtual care and at the bedside. The full time nurse practitioner provided exceptional care. She became ill herself, as well as three of the unit leaders.

As Medical Director, Dr. Egier was in constant communication with the Executive Director, Director of Care, nurse practitioner. Physicians were updated regularly. They assured adequate supplies of emergency medications. Staff were educated about PPE. “We called in daily and checked with the staff and helped to direct care. We had family discussions around goals of care.” A partnership with Trillium Health Partners provided much needed additional staff to assist with the day to day care of the residents.

The involvement of the Canadian Armed Forces (CAF) was “both a blessing and a curse”. They required several days of orientation. Their hands-on care was appreciated but there were also nasty confrontations. “This group had little understanding or appreciation of the failures of the system from prior, including outdated facilities, short-staffing, and overcrowding. These issues clearly contributed to the disastrous consequences when a highly contagious infection decimated the long term care sector.”

Dr. Egier feels that if they had “better physical space, adequate staff, and a proactive public health response, the outcome might have been different. When we work together, instead of setting blame, we can accomplish better.”

There have been no new cases at Eatonville for 28 days. The recovering residents are weakened with increased frailty. This is worsened by the social isolation due to the pandemic. “This experience has been so difficult for all. Hopefully we can learn from this and re-build the LTC sector. We can and need to demonstrate to government and to our families that they can have trust and confidence in the way care is managed and delivered.”