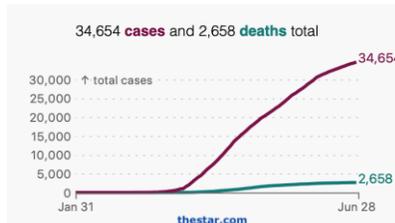


COVID-19 REPORT

Businesses are opening up and larger groups are gathering in spite of evidence of community spread of COVID-19. Outbreaks in LTC are fewer.

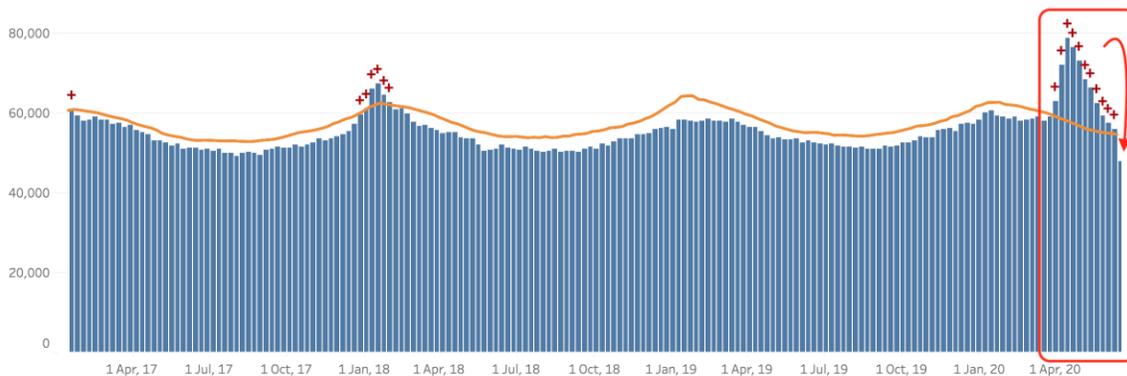
Ministry of Health and LTC	Outbreaks	Ont cases	Deaths	LTC deaths	% LTC deaths
June 15	67	32,554	2,538	1,794	70.7%
June 22	66	33,853	2,619	1,803	68.8%
June 29	55	35,068	2,672	1,809	67.7%



Although cases in Ontario are increasing, there is a plateau, especially for deaths. In addition to LTC other congregate settings affected are correctional facilities, meat processing facilities, agricultural settings and shelters. Precautions remain in place in anticipation of a second wave, or subsequent “wavelets”

Centre for Disease Control in US provides information on excess deaths. Weekly death trends are observed and predicted from previous years, with peaks (~60,000) in January and troughs (~51,000) in the summer. If LTC deaths were isolated, this wave pattern would likely be accentuated. There is some lag from real time because of possible in documentation and reporting. The week of June 10, on the far right below, is the last reported week, and a decline below expected mortality. The current surge in several southern states, affecting more younger individuals, will likely reverse this trend. Peak deaths are in the second week of April. Many LTC residents who have died have limited life expectancy. COVID may have advanced their expected death from other natural causes. How many of these excess deaths are with COVID, or in spite of COVID, rather than because of COVID? How does isolation, staff shortages, and reduced personal care affect mortality?

Weekly number of deaths (from all causes)



https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm

OLTCC informs and applauds the role of Medical Directors, physicians, nurse practitioners and others during the COVID-19 pandemic. Let us know your experiences or questions: office@oltcc.ca

Dr. Celeste Fung is Medical Director of St. Patrick's Home in Ottawa. The current facility opened following redevelopment in late 2013. The newer, 288-bed home design allowed for improved containment measures during outbreak when compared with its previous home built in 1964. Over the duration of the 46 day outbreak, ten residents were affected and there were three deaths. Nine of ten resident cases were isolated to a single home area.

Dr. Fung praises the “tremendous” leadership and staff at the home. The leadership began asking staff to limit employers prior to the ministerial directive but as a result had to adapt with the loss of 100 staff. Staffing was prioritized to the outbreak unit and all possible efforts were made to avoid staff movement from an affected to unaffected home area. Both front line and leadership team members worked extra hours and sacrificed time off in order to ensure the delivery of care to residents. Efforts to collaborate with regional response teams were slow, however Dr Fung remains hopeful that established relationships will benefit LTC within the larger health system moving forward.



Open, transparent and frequent communication was identified as a key element to facing uncertainty. Prior to the outbreak, Dr. Fung sent a letter to all the families to prepare them for what might lie ahead. From the time visitor restrictions were imposed the CEO wrote a daily letter to families in addition to routine communication with Family Council. Nursing leadership communicated frequently with staff to alleviate fears and address safety in collaboration with Dr Fung. The Recreation staff worked with residents and families to connect by FaceTime and Skype. An engaged medical staff of ten, familiar with their residents, continued to communicate with nursing staff and families even with a reduced physical presence in the Home.

In the current media environment, “Families are struggling with trusting [the LTC sector].” Dr. Fung feels that better coordination and messaging among provincial, regional and municipal bodies is a necessary component in building that trust.

A class action lawsuit accuses the government of breaching its duty of care to nursing home residents, leaving them particularly vulnerable to the coronavirus. In addition to staff shortages, insufficient PPE and isolation procedures, the lawsuit alleges, it stated pro-active steps were made for hospitals but not LTC. “The impact of the differential treatment was to devalue the integrity, dignity and lives of the class members.”

[Lawsuit, Globe and Mail, June 30](#)