

COVID-19 REPORT

LONG TERM CARE COMMISSION

The Ontario government has announced the independent commission to investigate the spread of COVID-19 in Ontario's LTC homes on July 29. Three experienced commissioners have been appointed to investigate how COVID-19 spread within long-term care homes.



The Commission Chair is Associate Chief Justice Frank N. Marrocco. He was the lead counsel for the province of Ontario in the Walkerton inquiry. Justice Marrocco was called to the Ontario bar in 1972 and appointed to Superior Court Justice in 2005.

Angela Coke is a former senior executive with the Ontario Public Service, serving as Deputy Minister for Government and Consumer Services. She is recognized for the transformation of government operations and the development of a strong professional public service.



Dr. Jack Kitts recently retired after 18 years as President and CEO of The Ottawa Hospital. He received his MD from the University of Ottawa and trained in anesthesia. Dr. Kitts is known nationally for his focus and expertise in patient experience, performance measurement and physician engagement.

The Commission will examine, report and recommend on the following:

- How the state of LTC homes prior to the COVID-19 pandemic contributed to outbreaks and how residents, staff, volunteers, visitors, family members and others were impacted.
- The adequacy of infection prevention and control
- Impact of existing physical infrastructure, staffing approaches, labour relations, clinical oversight of LTC on the spread of COVID-19 in the long-term care homes
- Further areas that should be the subject matter of future action by government to help prevent the future spread of disease in long-term care homes

The Commission will build on initiatives and reforms underway in response to the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System (i.e. Gillese Inquiry, July 31, 2019). The Commissioners shall conclude the investigation and deliver a final report to the Minister of Long-Term Care no later than April 30, 2021.

[LTC Commission, Terms of Reference](#)

“The Ministry of Long-Term Care works to ensure Ontarians receive access to the quality long-term care they deserve, in a safe, home-like environment when and where they need it.” (Ministry of LTC website)

The COVID-19 pandemic "identified specific shortcomings, such as, overcrowding, staffing issues, lack of proper inspection and underfunding of long-term care, just to name a few." Extreme and desperate measures for the most severe outbreaks included the army and redeployed hospital physicians. Their help was appreciated but it revealed also an unawareness that LTC is the resident's home, not a sterile institution like a hospital.

Dr. Kanwal Shankardass highlights that "most of the long-term-care homes have adhered to some fundamentals that have helped avoid bad outcomes." He describes the evolution of interdisciplinary care over forty years. "Many years ago, we all worked in silos and did not communicate or collaborate well as caregivers between ourselves, the residents and with family members or substitute decision makers of the residents. The caregivers include managers, physicians, nurse practitioners, nurses, personal support workers, recreationists, dieticians, social workers, physiotherapists and pharmacists. We have come a long way since then." Dr. Shankardass received the OLTCP* LTC Physician of the Year Award in 2015. He is shown here with Dr. Julie Auger, former Director at OLTCC and, also, recipient of the award.



Dr. Shankardass notes that more time spent discussing daily needs and activities of the residents, which goes toward improving their quality of life, than aggressive medical intervention.

[Dr. Kanwal Shankardass, Hamilton Spectator, July 13](#)



The provincial government announces today that Windsor Essex remains in Phase 2. Outbreaks occurred among farm workers and other congregate setting. The residents at the Leamington Mennonite Home have remained safe. The home was in outbreak because of one staff testing positive. The positive case was detected early through testing. Medical Director, Dr. Randy Holloway, was first concerned about adequate PPE but presently "PPE provisions appear good".

VIRTUAL CARE

Virtual Care presented a mixed blessing for long term care clinicians during the pandemic. Advice from the OMA, CPSO, CMPA and operators encouraged remote and virtual care to lessen the risk to residents, staff, families and themselves. The drawbacks were significant. The telephone and remote access to the electronic health record allowed for continuity of care for the short term. Videoconferencing by OTN or the various platforms like Zoom, Microsoft, Teams, Facetime provided a more visual experience. Many proprietary platforms do not assure privacy and confidentiality. With understaffing, virtual care may require more time by nursing. In some outbreaks, the physical presence of the Medical Director and physician was absent.

The pandemic will advance the presence of virtual care medicine forever. Face-to-face care will remain superior for the proper assessment of resident, providing the best care and confidence to the patient. In LTC, in-person care is especially reassuring for the comfort of the patient, morale of staff and interdisciplinary care. Dr. Nicholas Pimplott, scientific editor of Canadian Family Physician, defends traditional care including the physical examination; "...a great deal of our ability to provide such care has been built on a foundation of years of past face-to-face care and the acquisition of tacit knowledge of each person. In the post-COVID-19 world, it is hard to know how much of the care physicians provide will be virtual and how much face to face. But without opportunities for human connection, rituals of care and the sheer pleasure of practising our craft, being a doctor will be a diminished calling.

[Dr. Nicholas Pimplott, G&M, August 1](#)

Opinions and insights on virtual care in LTC are shared on the national listserv of the Canadian Society for LTC Medicine, formerly the LTC Medical Directors Association of Canada. "A major challenge identified by our homes in outbreak is that staffing shortages make virtual visits by physicians more labour-intensive. As well, when homes are not at a full complement of staff, a physician may be able to identify subtle changes in condition that overworked staff may not appreciate." Dr. Rhonda Collins is Chief Medical Officer for Revera and on the OLTCC Board of Directors.

The leadership triad of Medical Director, Administrator and Director of Care is essential. "Active medical management [addresses] hypoactive delirium, goals of care, palliative care which may require onsite presence." Dr. Andrea Moser is former President of OLTCP* and co-Founder of the OLTCC Medical Director curriculum. She sees a balance of virtual care with onsite physician presence especially for complex assessments, outbreaks and staffing issues. OLTCC Director, Dr. Janice Legere, adds, "Many physicians safely wore PPE and continued essential visiting while demonstrating leadership to staff in these last months with no known cases of MD to staff or resident transmission."

* OLTCP - Ontario LTC Physicians, was originally created as a charitable organization over 40 years ago. In 2016, the OLTCP Board created OLTCC, a not-for-profit, in order to provide greater advocacy and education. OLTCP continued until this year, providing educational grants for the Practical Pearls in LTC and the Medical Director Course. Thank you OLTCP.

