

COVID-19 Update

	Outbreaks	Ont. cases	Deaths	LTC deaths	% LTC deaths
August 18	12	40,870	2,793	1,847	66.1%
September 15	20	45,383	2,872	1,854	64.6%
October 19	87	65,896	3,053	1,979	64.8%
November 24	104	107,883	3,554	2,256	63.5%

This week the number of COVID-19 cases in Ontario surpasses 100,000. The incidence and deaths in LTC parallels community spread.

<https://www.ontario.ca/page/how-ontario-is-responding-covid-19#section-0>

New testing guidelines came into effect on Monday, Nov. 23. LTC homes in public health unit regions in Orange, Red or Grey-Lockdown levels, must ensure that support workers and caregivers demonstrate that they have received a negative COVID-19 test result in the past week, and verbally attest to not subsequently having tested positive.

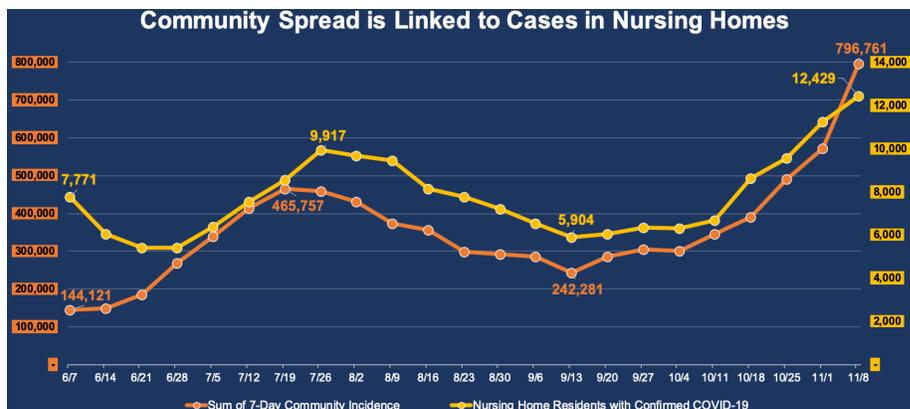
[LTC Surveillance Testing](#)

	LOCAL PUBLIC HEALTH UNIT LEVEL				
	Green-Prevent	Yellow-Protect	Orange-Restrict	Red-Control	Grey-Lockdown
Staff					
Students					
Volunteers					
Caregivers					
Support workers					
General Visitors					

*Unless the support worker or visitor requires immediate access in an emergency or palliative situation.

TESTING - Ontario has completed over 5.8 million tests to date, more tests than all Canadian provinces and territories combined. PCR testing (polymerase chain reaction), the “gold standard” COVID-19 test, is processed in the lab and takes a day, often longer, to be processed. Rapid tests are processed on site but are generally less reliable. Two forms of rapid testing for COVID-19 are introduced in Ontario. The **ID Now** test uses molecular testing with a nasal, nasopharyngeal or throat swab. This molecular test detects genetic material of COVID-19. The **Panbio test**, an antigen test uses nasopharyngeal swab only. Panbio tests are being deployed to six long-term care operators for potential deployment in over 30 long-term care homes and 27 retirement homes. Ontario is expecting to receive up to 1.5 million more Panbio tests by the end of December.

[Ontario Deploys Rapid Testing, Nov 24](#)



The attached graph from the American Health Care Association shows that, unlike the first wave, LTC incidence of COVID-19 (yellow) is closely related to community spread (orange).

DEMENTIA CARE NEEDS SURVEY

OLTCC members care for residents in both LTC and the community. Many will have received information about this needs assessment survey through the Canadian College of Family Physicians. The Alzheimer Society of Canada, with CFPC, wishes to compile a repository of existing practice tools and develop new tools or CPD programs to provide more resources and confidence in caring for individuals with dementia. The survey: <https://ca.surveymogizmo.com/s3/50081274/CFPC-ASC-Dementia-Survey>



PERSON-CENTRED DECISION MAKING WEBINAR

The webinar presented by OLTCC, Hospice Palliative Care Ontario and AdvantAge Ontario was on November 22. The outline of Advance Care Planning (ACP), Goals of Care (COC) and Consent by Dr. Nadia Incardona followed a case presentation by Dr. Sandy Shamon. The recording can be viewed at:

<https://vimeo.com/481732236/343441bed4>

The Person Decision Making Framework is represented by an inverted triangle. ACP confirms a person's substitute decision maker. The focus of ACP is the person's values and wishes. ACP is not consent for future care. GOC discussions occur in the context of a current illness. GOC aligns available treatment options with the person's goals. Consent is a conversation that must occur before any treatment. The SDM only acts when the resident lacks capacity for that decision. Level of Care forms cannot be consent for future treatment. Capacity for personal care decisions is both the ability to understand the information and appreciate foreseeable consequences.

In LTC, the resident centered approach begins on admission. This includes exploring values and priorities, and code status. Planned conversations after admission deals and ACP or preparing the SDM. GOC conversations occur when there is change in status or deterioration of the resident's condition. "GOC are a series of conversations that occur in the context of decision-making, but they are more than just about the final decision and consent."

Dr. Shamon introduced "I wish, I worry, I wonder" as a segue into ACP and GOC conversations. "I wish" statements shares hope. "I worry" embraces reality. "I wonder" prepares for possibilities and inevitabilities.

ONTARIO LONG TERM CARE CLINICIANS ANNUAL GENERAL MEETING, November 26, 2020

The OLTCC AGM is scheduled for Thursday November 26, 5:00 – 6:00 PM. Members will have received the notice of meeting, agenda and minutes of the 2019 AGM. Agenda items include reports from the President, Treasurer and OMA. Four of twelve Board members are elected annually. Nominations closed on November 6. OLTCC's new training modules, Fundamentals in LTC, will be introduced. As usual, the meeting will conclude with the Members Forum. For more information: office@oltcc.ca