

COVID-19 REPORT

The Ontario COVID-19 website now provides the granular data on all Ontario LTC homes, reporting outbreak homes and all others. There is a discrepancy between the total LTC deaths (1,003) and the number reported in the Epidemiologic Summary (697). This increases the relative mortality in LTC, 74%. “Data is self-reported by the long-term care homes to the Ministry of Long-Term Care. Daily case and death figures may not immediately match the numbers posted by the local public health units (i.e. iPHIS database) due to lags in reporting time.”

[Ontario COVID-19, May 4](#)

Since March 16, fifty daily COVID-19 Reports are shared with the OLTCC members and others. The weeks ahead will likely see a turn in the COVID-19 pandemic. People will continue to social distance, but non-essential services will gradually open. People will go to stores, restaurants, garden centres, and visit more with friends and family. Other healthcare providers, like dentists, will open. The situation in our LTC homes will not change so much. Infection prevention and control (IPAC) measures, including restriction on visitors, isolation protocols and use of PPE, will continue for months to come, maybe a year or more. During that time, many of our residents may die of causes not related to COVID-19 without having the usual visits from their family.

The Vision of OLTCC is that all Ontarians in long term care will receive excellent care. The Mission is carrying out the Vision through education and advocacy. Advocacy includes building bridges. Through the COVID-19 pandemic OLTCC has collaborated with the Ministry of Health and LTC, Ontario Health (OH), Ontario Long Term Care Association (OLTCA), AdvantAge Ontario, Office of the Chief Coroner of Ontario (OCCO), Hospice and Palliative Care Ontario (HPCO) and the OMA Section of Long Term Care/Care of the Elderly.

After nearly two months, clinicians are likely weary with the ongoing pandemic. Providing virtual care, meeting unprecedented care needs, reviewing goals of care, and protecting ourselves and families are cumulative stresses. Many have foregone holidays and normal weekends for rest and recreation. There is loss of income.

Clinicians are learning about an unpredictable virus, IPAC procedures, government and Public Health directives and, most importantly, the protection and care for the LTC residents. The daily COVID-19 Reports provide a brief digest of what LTC providers may need to know. The Reports engage our members and provide resources. In the weeks ahead, these updates will come twice a week, on Tuesdays and Fridays. OLTCC looks forward to sharing other news about education, advocacy, and providing excellent care in long term care.

Through the pandemic, the OLTCC Board of Directors have held regular, virtual meetings on Tuesdays 7:30 to 8:30 AM. An ongoing challenge is how clinicians balance the need to see and examine sick residents when a home is in outbreak. The experience with virtual visits include phone rounds. Chart rounds include biometrics and photos. More interactive technology are videoconferencing and electronic applications. Secure videoconferencing platforms include Ontario telemedicine network (OTN) and Microsoft Teams. Secure apps may be Secure Conversation in PointClickCare and WhatsApp.

Methods of remote care are necessary to reduce risk of transmission between health care settings, especially for homes in outbreak. Virtual care will bring positive changes for the future of care. Virtual care allows for the secure and timely communication of clinical information. There is now the opportunity for more virtual consultations. However, the OLTCC Board feels that it cannot replace the face-to-face encounter and necessity of physical examination of our patients. A safe and responsible plan for assessment is the obligation of the clinician.

OLTCC salutes the dedication of all the front-line workers in our homes. They have shown courage in providing dedicated care. As bad as things are, it could be worse. The timely enforcement of social distancing prevented the surge into acute care and ICU. We are spared of the disturbing scenes from New York City and other centres. Unfortunate homes suffered incendiary outbreaks, but many more have successfully come out of outbreak, or remained outbreak free.