

COVID-19 REPORT

At the beginning of the month, the number of outbreaks in LTC homes is down to 112, from a peak of 190. The COVID-19 toll of deaths includes seven staff.

Ministry of Health and LTC	Ont cases	Deaths	LTC cases	LTC deaths	% LTC deaths
May 11	21,922	1,825	2,953 (PHO)	1,320 (MOH)	72.7%
May 18	23,384	1,919	4,235 (PHO)	1,456 (PHO)	75.9%
May 25	26,191	2,123	4,892 (PHO)	1,538 (MOH)	72.4%
June 1	28,709	2,293	5,158 (PHO)	1,652 (MOH)	72.0%

The [OLTCC/OMA Zoom Town Hall](#) on May 28 brought the firsthand experiences of LTC physicians managing COVID-19 outbreaks. LTC Drs. Jobin Varughese, Sandy Shamon, Benoit Robert, Ross Kennel and Celeste Fung, were joined by Dr. Nicholas Brandon, a Public Health physician, and Dr. Dr. Joy Albuquerque, the Associate Medical Director for the Ontario Medical Association's Physician Health Program. The questions and chat box found clinicians to be frustrated with how LTC is perceived during this unprecedented time. A recording of the 90-minute session is available at: [OLTCC/OMA Zoom Town Hall, May 27, 2020](#)



Panel moderator, Dr. Varughese, is the Medical Director of Holland Christian Homes in Brampton. Physician concerns about funding and staffing were shared on CBC Constant Contact. He describes the severe staffing crisis requiring the assistance, which they requested. His home believes in a culture of improvement and not “shame and blame”.

[Dr. Varughese, CBC, May 31](#)

OMBUDSMAN INVESTIGATION The Ontario Ombudsman is an independent, impartial officer of the Ontario Legislature who resolves and investigates public complaints about provincial government bodies. He makes recommendations to ensure administrative fairness, transparency and accountability. Paul Dubé yesterday launched an investigation into the oversight of long-term care homes by the province's Ministry of Long-Term Care and Ministry of Health during the ongoing COVID-19 pandemic. The investigation will focus on whether the oversight of long-term care homes by those ministries during the coronavirus crisis is adequate to ensure the safety of residents and staff. The investigation will “propose solutions that enhance transparency, accountability, and fairness.” If you wish to contribute information relevant to the issue of the ministries' oversight of long-term care, file a complaint at:

www.ombudsman.on.ca

“How many of these deaths could have been avoided if Ottawa — the chief science player in this pandemic — had focused on the specific risk to the elderly rather than attempt to stop the spread of COVID-19 through the whole population?” The first LTC death in Canada was on March 8, in British Columbia. The first deaths on Ontario were a couple of weeks later. When the CAF forces became involved with five struggling homes last month, they were seeing the aftermath of a crisis that was allowed to get out of control. Assistance was promised for the most vulnerable but “Ottawa and the provinces proceeded to lock down the lives of millennials in downtown Toronto and Vancouver and distribute hundreds of billions all over the economy to compensate.” What’s special about COVID-19 is the asymptomatic transmission. The strategy of looking for fever and symptoms did not work. A home may have found an initial resident with symptoms, and then tested everybody in the home, and many more residents were already positive.” Governments “failed at their self-appointed task of protecting the most vulnerable, despite the science and the warnings.”

[The real story of LTC COVID-19 deaths, FP, May 29](#)

SAFE VISITS and ESSENTIAL FAMILY CAREGIVERS For over ten weeks, only essential visitors are allowed into our homes. Loneliness and isolation for the residents affects morbidity and likely contribute to the excess of mortality during the COVID-19 pandemic. Safe visits should now be allowed to permit family members to be present at their loved ones. When the demands on staffing in strained, family members can be partners in care to our residents. Schlaw decker describes the Essential Family Caregiver (EFC) who is not present just for a social visit but also care needs such as feeding. The EFC follows the same IPAC protocols as staff. must keep our residents safe from the risk of 36 circulating virus. We also must promote person-centered geriatric care allowing family presence” as ECF.

[Essential Family Caregivers in LTC during the COVID-19, JAMDA \(2020\)](#)

CanAge is a national seniors’ advocacy organization that advances the rights and wellbeing of Canadians as they age. Their Vision is for older Canadians to live vibrant and connected lives. Resources include safe visiting to LTC and advice and visiting someone with dementia.

<https://www.canage.ca/tools>