

COVID-19 and Long Term Care

A tragedy waiting to happen



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**Seeing Dementia Through the Lens of COVID-19:
Lessons Learned**

Alzheimer Society of Nova Scotia
October 20, 2020

COVID-19 did not cause the crisis in LTC homes – it was simply another event that cracked open existing fractures in the system

This time, was the event big enough, tragic enough, unacceptable enough to be a “tipping point”?

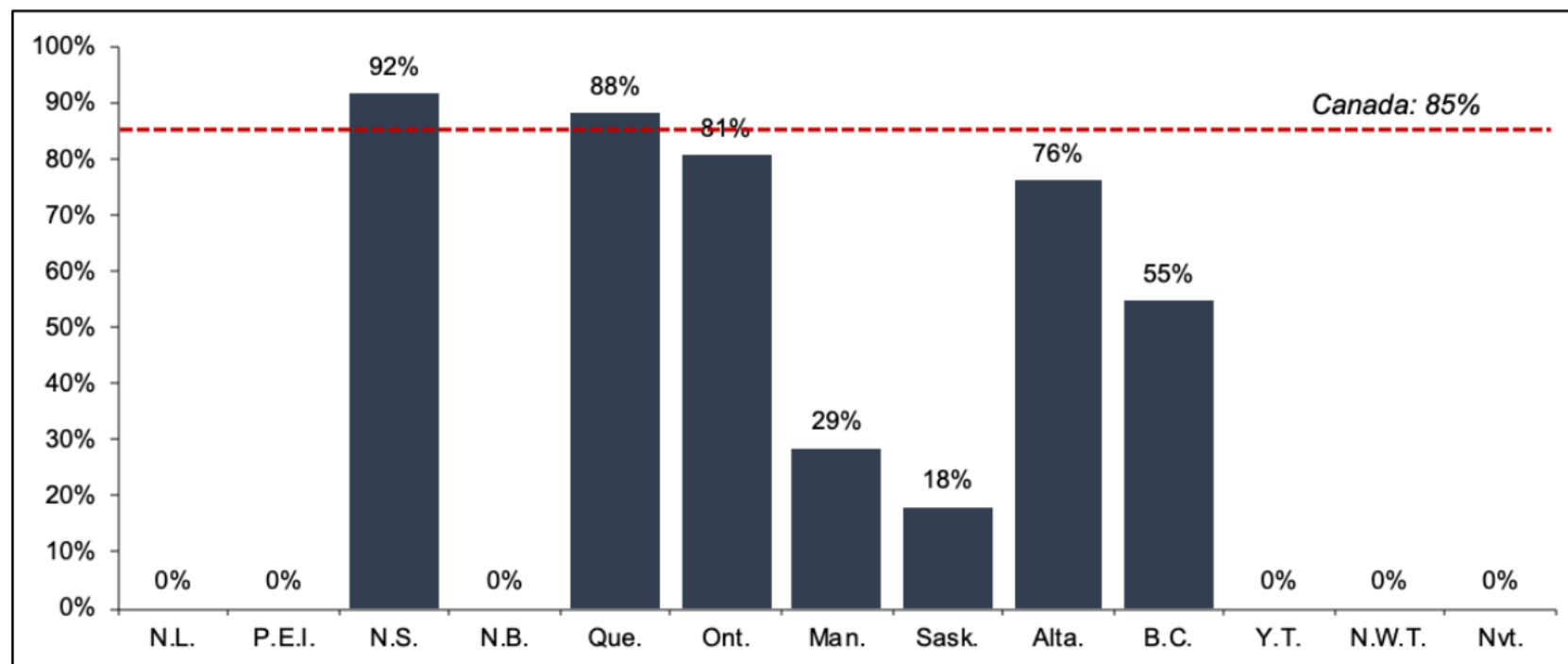
Objectives

1. What happened in Nursing homes in the first 6-8 months of the COVID-19 pandemic
2. What immediate issues contributed to the tragedies in LTC
3. What were the root causes that led to the degree of impact in LTC and why have they persisted over decades
4. Why doing nothing is not an option
5. What needs to be done to prevent further tragedy

A National Tragedy

- As of June, 2020 ~85% of all Canadian Covid-19 deaths occurred in Nursing homes. Almost twice the average rate in other developed countries (42%)
- Between March 5 – May 31,
 - 5 LTC facilities (4 in Ontario and 1 in Quebec) had over 40% of residents die
 - 19 LTC facilities mostly in Toronto and Montreal lost between 30 and 40% of residents to Covid-19
- Residents isolated from one another and families
 - Loss of emotional support, advocacy, care provision
 - Experience disease progression (loneliness and dementia) physical and mental deterioration
- Care Providers shortages due: single facility policies, illness (Covid-19) and attrition.

Figure 2. Deaths from residents in long-term care and retirement homes as a proportion of the total number of deaths in each province or territory (as of June 1, 2020)



Sources: Estimates based on various sources, including provincial public documentation and health officer and premier updates to press. Hsu AT, et al. Article in [LTCcovid.org](https://lccovid.org), International Long-Term Care Policy Network, CPEC-LSE, 4 June 2020.

Who lives and works in LTC

Residents

- Approximately; 225,000 Canadian live in nursing homes, 168,000 live in other types of LTC facilities
- Over 80% die there or after being transferred from LTC to Acute care each year
- Most are: women, have moderate to severe dementia, have multiple co-morbidities, over 85 years of age

Personal support workers, care aides

- Most are women, unregulated (most unregistered) many speak English as a second language
- provide approx. 90% of direct care
- Receive the lowest remuneration in health care sector
- Pre-pandemic many worked in multiple homes and other areas

What happened?

Early stage of pandemic (first wave)

- Seniors in congregate living circumstances identified as being vulnerable (experience in other countries)
- Many nursing homes and LTC facilities built 1950-1990, resemble hospitals – even some newer facilities with private rooms
 - Flu* Protocols enacted
 - Isolated from family and friends
 - Isolated from fellow residents unless sharing a room
 - Staff ordered to work in only one facility
 - Staffing shortages resulted
 - LTC sector workers experienced fear and discrimination (landlords in apartment buildings etc.)

* COVID-19 is not influenza

** “hot spots” emerged, e.g., Lynn Valley in N. Vancouver

What happened

Mid stage of pandemic (first wave)

- COVID-19 entered more and more nursing homes across the country
- Quebec & Ontario (and to a lesser degree other cities, e.g., Halifax, Calgary, Bobcaygeon, experience some homes in crisis) due to numbers of positive cases among residents and staff
 - Military support provided in Quebec and Ontario
 - Health Authority support provided in Halifax, Calgary

What happened

Latter stage of pandemic first wave

- NB nursing home has first COVID-19 related death in province, several residents and staff test positive.
- Canada reports highest percentage (81%) of pandemic related deaths in nursing homes as a proportion of total country deaths globally
- Ontario Government takes over responsibility of “for profit” homes that were hit hard
- Quebec trains more orderlies
- Class action suits and individual lawsuits filed against nursing homes
- Provinces lessening visitor restrictions in acute care sector while LTC sector still in lock down

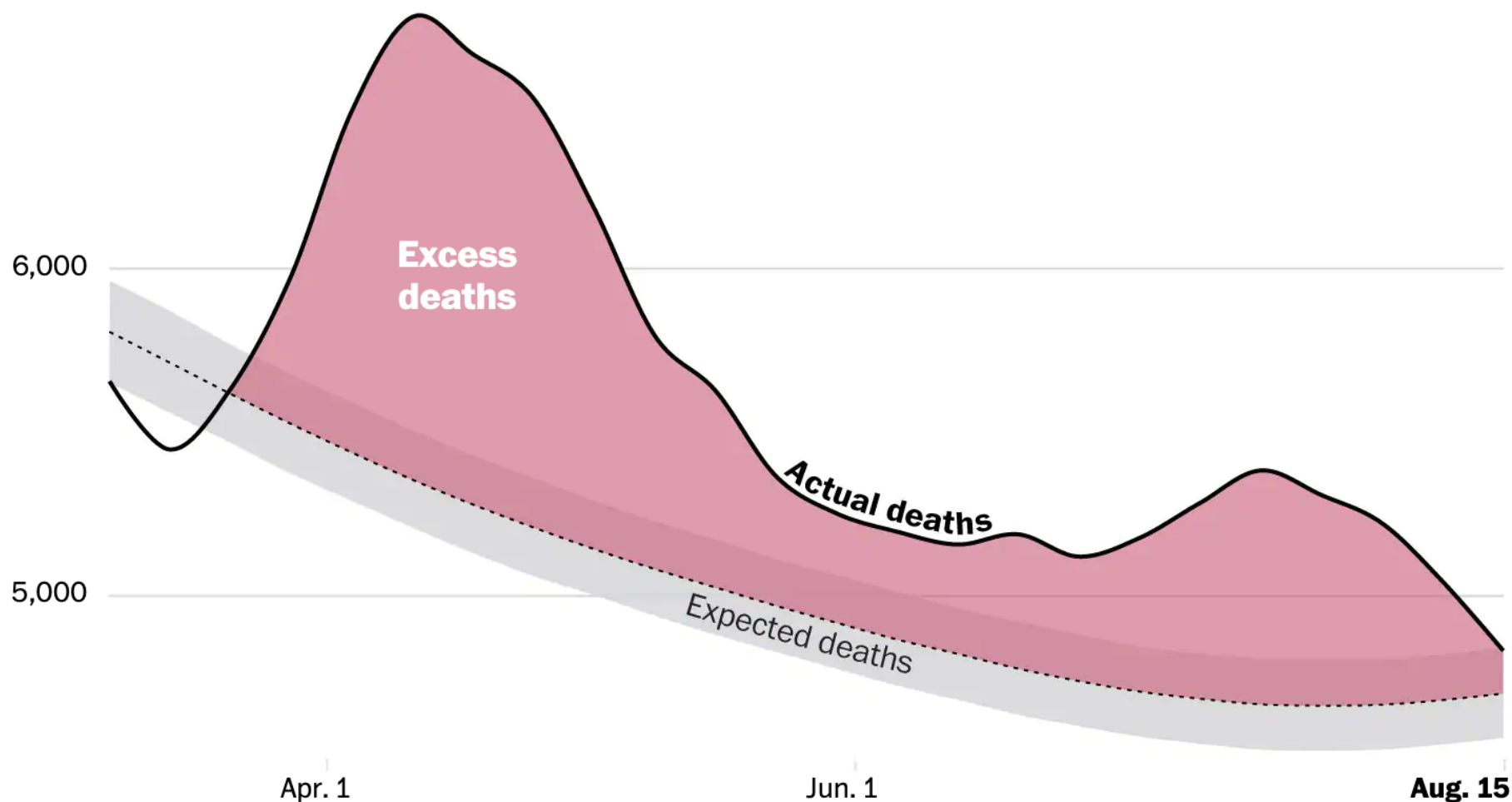
The Washington Post

September 16, 2020

Pandemic isolation has killed thousands of Alzheimer's patients while families watch from afar

Excess deaths due to Alzheimer's and dementia

A Washington Post analysis of weekly deaths data from the CDC found about 13,200 excess deaths due to Alzheimer's and dementia since March.



Summer/Fall 2020

- Provincial Reports
 - Ontario LTC COVID-19 Commission
 - Northwood LTC Facility Review
 - NS Dept of Health & Wellness Continuing Care Sector: COVID-19 Wave 2 Plan
- **Recent rise in COVID-19 cases among Seniors 'concerning.' Theresa Tam says** – The Globe and Mail Oct 11, 2020
- Public Health Restrictions for visitors to LTC lessening, however left to individual homes so not consistent across the sector, many instances of continued restricted access
- Speech from the Throne
- Wave 2 beginning?

Ontario's Long-Term Care COVID-19 Commission

- The Commissioners of Ontario's Long-Term Care COVID-19 Commission has a mandate to investigate how and why COVID-19 spread in long-term care homes, what was done to prevent the spread, and the impact of key elements of the existing system on the spread.
- It has the power to consider any further areas where the government should take action to help prevent the future spread of disease in long-term care homes.
- The Commission has been asked by the government to submit a final report by next April 30, 2021.

Northwood LTC Facility Review

Multiple Interconnected Drivers:



Staffing challenges including shortages for direct care and housekeeping staff



Community transmission that may have increased staff exposure to the virus



Structural challenges including space constraints, shared rooms and bathrooms, as well as a limited ability to control temperature, humidity, and air flow turnover

Northwood LTC Facility Review

Recommendations (short term):



Immediately review and update the pandemic action plan to ensure the ability to operationalize it



Housekeeping should be considered a critical support service and staffed at appropriate levels during outbreak scenarios



Create an emergency communication system with transparency to stakeholders and specificity about the information that will be disseminated



Maintain safety and attenuate appropriate controls in outbreak-free operation during the pandemic



Practice prevention within the constraint of the facility architecture

Continuing Care Sector:COVID-19

Wave 2 plan

- Released by NS DHW October 9, 2020
- Coordinated Outbreak response & supports
 - Coordinated Care Rapid Response Teams
 - Regional Care Units in LTC
- Workforce issues
 - HHR modelling
 - Mental Health support
 - Includes Volunteers and Designated Caregivers
- Communication & Information Sharing
 - Tool kits. Quality improvement
 - Resident Quality of Life

In the September 2020 **Speech from the Throne**^b, the Prime Minister made specific mention around “*addressing gaps in our social systems*” and “*central to this is recognizing that one of the greatest tragedies of this pandemic is the lives lost in long-term care homes*”.

As part of its response to the crisis in long-term care, the Government of Canada will “*work with the provinces and territories to set new, national standards for long-term care*” and “*will look at further targeted measures for personal support workers, who do an essential service helping the most vulnerable in our communities. Canada must better value their work and their contributions to our society.*”

The Root Causes of Why this happened

- **Ageism**
- **Sexism** and the value of “women’s work” (i.e., caregiving)
- A **system focus**: on acute care, primary care, home care,
 - Basically anywhere else
- Little recognition that a nursing home is first a “home” and that it is a complex combination of **social and** health requirements
- Appalling **lack of data** with which to manage the LTC system

Resulting in a LTC system that is chronically

- ✓ Underfunded and
- ✓ Under resourced
 - Fewer regulated professionals (nursing, allied, etc.)
 - Task focused care, little consideration of the care team required and despite many individuals’ best efforts largely an absence of relational, person-centered care
 - Unregulated workers; under paid, poorly trained, racialized, and middle to older aged women
 - Equipment, supplies and built environments

"Details of abuse in nursing homes kept from public"

"Significant gaps to seniors"

"Another affront to seniors"

HEADLINES

"Missed meals, walks and toileting"

"Crisis exposed"

"...overstretched nursing home staff"

"Canada must improve quality of life in long-term care"

- New safety measures ordered at long-term care homes
- Nursing home rationed diapers while residents suffered rashes, infections
- Elder abuse on rise; 'Profound' neglect in care homes
- Ontario scaled back comprehensive, annual inspections of nursing homes to only a handful last year
- Inhumane Conditions in Long Term Care Homes
- What's missing from discussions on nursing homes - Healthy Debate
- Missed meals, walks and toileting: U of A study reveals essential tasks missed in nursing home care
- Violence against long-term care staff 'normalized'
- Families sue care homes, alleging neglect contributed to death of loved ones
- Nursing home abuse cases pile up, leaving heartbreak and betrayal
- Fall raises training questions; care home had a history of breaking safety rules
- Families say patients face 'neglect,' 'substandard care' in nursing home

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Senate of Canada

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**Social Affairs, Science
and Technology
Study on the
government's response
to the COVID-19
pandemic**



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Social Affairs, Science and Technology

43rd Parliament, 1st Session (December 5, 2019 - Present)

Select a different session ▾

Meeting Schedule

Printer-Friendly Version

UPCOMING

PAST

SEARCH

| Date / Time ^ | Studies & Bills | Location ^ | |
|------------------------------|---|--------------------|----------|
| June 10, 2020 11:30 AM ET | <ul style="list-style-type: none">• Study on the government's response to the COVID-19 pandemic<ul style="list-style-type: none">◦ Dr. Carole Estabrooks, Adjunct Professor, Faculty of Nursing, University of Alberta (<i>As an Individual</i>)◦ Jodi Hall, Chair (<i>Canadian Association for Long Term Care</i>)◦ Dr. Réjean Hébert, Professor and Geriatrician, School of Public Health, University of Montreal (<i>As an Individual</i>)◦ Marissa Lennox, Chief Policy Officer (<i>Canadian Association of Retired Persons</i>)◦ Laura Tamblyn Watts, President and Chief Executive Officer (<i>CanAge</i>)◦ Dr. Roger Wong, Clinical Professor of Geriatric Medicine, Department of Medicine, University of British Columbia (<i>As an Individual</i>) | By videoconference | |

Royal Society of Canada



Restoring Trust: COVID-19 and The Future of Long-Term Care

Established by the President of the Royal Society of Canada in April 2020, the [RSC Task Force on COVID-19](#) was mandated to provide evidence-informed perspectives on major societal challenges in response to and recovery from COVID-19.

Policy Briefings have three sections:

- Context and policy status before COVID-19
- Vulnerabilities exposed as a result of COVID-19
- Principles for action and leading options.

Members of the Working Group on COVID & LTC

- Pat Armstrong, York University
- Véronique Boscart, Conestoga College
- Gail Donner, University of Toronto
- Francine Ducharme, Université de Montréal
- Carole Estabrooks, University of Alberta, Chair
- Colleen Flood, University of Ottawa
- Janice Keefe, Mount Saint Vincent University
- James Silvius, University of Calgary
- Sharon Straus, University of Toronto
- Michael Wolfson, University of Ottawa

<https://rsc-src.ca/en/restoring-trust-covid-19-and-future-long-term-care>

So what needs to happen to support LTC during the pandemic and beyond

- Address the workforce issues
- Establish an appropriate measurement, reporting and acting on data system
- Federal, provincial, territorial leadership and cooperation, federal transfer payments, accountability for activity tagged to transfer funds

What will it take?

- Leadership
 - Federal/provincial jurisdiction cannot be allowed to be a barrier
 - Courage and tenacity; LTC has never been a priority, making it one will displace something else
- Resources
 - Adequate funding (additional federal funds)
 - Accessible, useable data* – action on it – transparent reporting and accountability
 - Legislative and regulatory support (federal and provincial)
- Research where needed, better information almost everywhere
 - Best practices
 - Impact of isolation
 - Trauma stress (past and COVID caused) in both staff and residents

* Especially on staffing requirements, also on QOC, QOL, QWL, etc.

FILMSTRUCK





Changing the story
