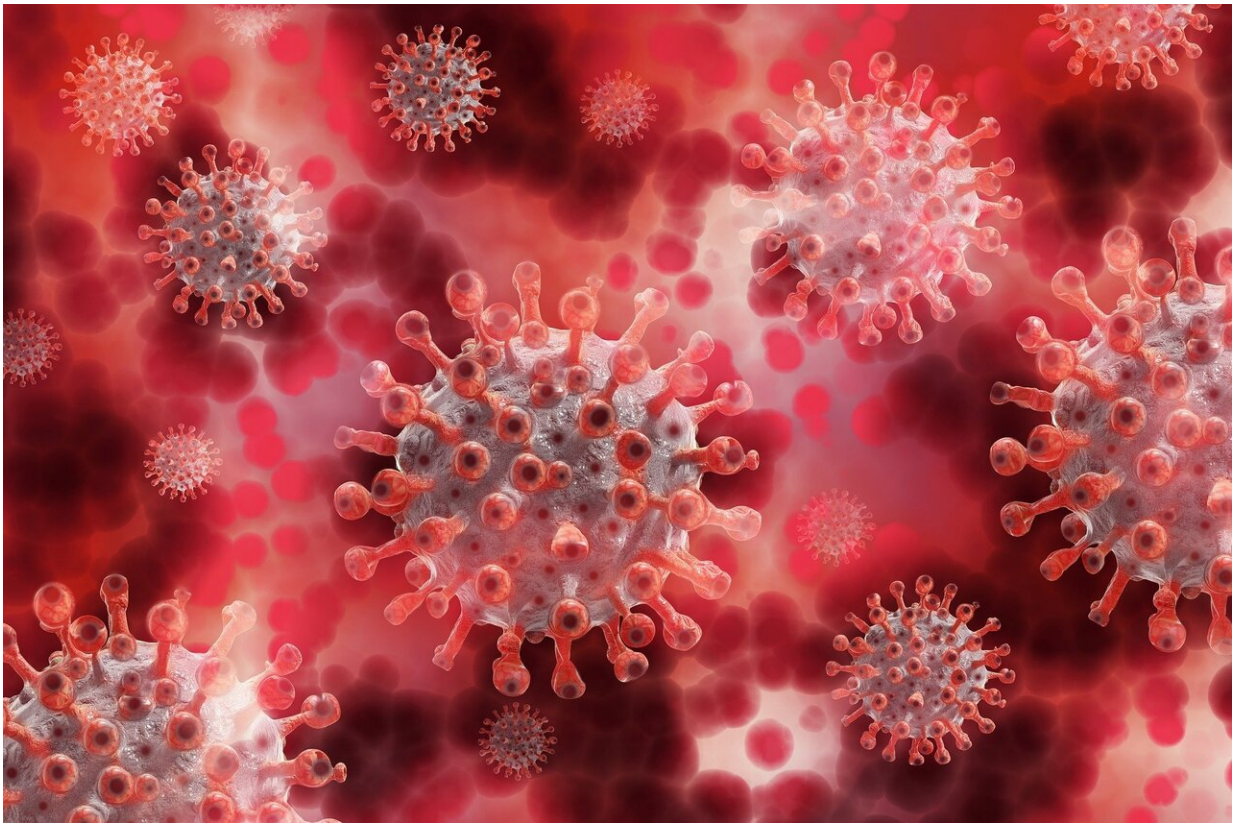


Why have fewer long-term care residents died from COVID-19 in BC than Ontario?

September 30 2020



Credit: Pixabay/CC0 Public Domain

British Columbia found that BC was better prepared for the pandemic and responded in a more coordinated and decisive manner, leading to far fewer deaths than in Ontario.

The article is published in *CMAJ (Canadian Medical Association Journal)*.

As of September 10, 2020, Ontario had reported 5965 resident cases in LTC homes and 1817 resident deaths from COVID-19, compared with just 466 cases and 156 deaths in BC homes.

"The BC long-term care system before the pandemic was better prepared to minimize SARS-CoV-2 transmission and respond to outbreaks," says lead author Michael Liu, medical and graduate student at Harvard University, Boston, Massachusetts, and the University of Oxford, Oxford, United Kingdom.

In a comparison of the two provinces' preparedness and response to COVID-19, the authors found that BC's health system had several strengths over Ontario's.

For example, before the pandemic, the average combined per diem funding per LTC resident in BC was \$222 compared with \$203 in Ontario. Long-term care residents were more likely to live in shared rooms in Ontario (63%) than in BC (24%). Links between hospitals, LTC and [public health](#) were stronger in BC, and the organizational structure of the health system was relatively stable compared with Ontario, which was undergoing significant change with the merging of regional entities and several provincial agencies into Ontario Health.

"BC overall was better prepared for the pandemic, and elected leaders and public health officials responded faster and more decisively with measures to limit transmission of SARS-CoV-2 into long-term care homes," says Dr. Irfan Dhalla, a physician at St. Michael's Hospital, Unity Health Toronto, and the University of Toronto.

The authors recommend governments should ensure clear, consistent

communications; respond rapidly and proactively; ensure disparities between for-profit and non-profit homes do not affect quality of care; move to single rooms; ensure infection prevention and control teams can support LTC homes during outbreaks; and consider organizational structures to support integration between LTC, public [health](#) and hospitals.

"Residents of long-term care homes will always be vulnerable to infections," says Dr. Dhalla. "Our analysis highlights policies and practices that, if implemented, could help protect these vulnerable seniors from a second wave of COVID-19 as well as other infectious diseases."

More information: Michael Liu et al. COVID-19 in long-term care homes in Ontario and British Columbia. *CMAJ* September 30, 2020 cmaj.201860; DOI: doi.org/10.1503/cmaj.201860

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