TORONTO STAR

Anguish unleashed by deadly virus in a long-term home for the elderly

By **Rosie DiManno** Star Columnist

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God's waiting room is crowded, even as its occupants have been checking out by the thousands.

But graceful aging and a tender departure is scarcely possible any more as our elderly, our most fragile, gasp for breath in long-term nursing homes, denied the solace of family at their bedside, forbidden the intimacy of human touch by their loved ones.

A vicious pathogen is eating them up alive.

Those least able to defend themselves against the ravages of this coronavirus are being picked off across Toronto, across Ontario, across the planet.

At the St. Clair O'Connor Community Centre — more specifically, its long-term care facility on the third floor — three residents died Thursday morning.

That's seven who have passed away since an outbreak was declared on March 22.

The non-profit centre in East York, founded three decades ago by two Mennonite churches, is an all-in-one enterprise, incorporating senior citizens residence, townhouses attached to the building and the relatively small 25-bed long-term care component on the third floor.

Fifteen of those patients on the unit have shown symptoms of COVID-19. All have been swabbed, the results pending. Nine staff have tested positive as well.

There are no ventilators onsite.

"When we have confirmation of a positive diagnosis, we manage them the best we can," says Mary Hoare, the home's CEO. "There is no cure for COVID, however we do our best to ensure that they're well-hydrated, that their temperatures are managed, that they're getting fluids and that they're made as comfortable as possible. Depending on their plan of care, that will determine whether or not they are transferred to hospital, should they become worse, or if they remain in the home to receive palliative care."

How many have been transferred to hospital?

"Absolutely none."

It sounds brutally sharp.

It sounds like … just waiting to die.

But it's what they want, Hoare emphasizes.

Or, for those incapable of speaking for themselves, what their families wish.

"It's a very scary time for them," says Hoare of the ailing long-term care residents. "That's one of the reasons why our small home is so good at a time like this; they know the voices of the staff who've cared for them. That's a comfort."

Each person who's died has wanted to pass away at O'Connor, amidst familiar surroundings. This is their home, many in residence for years. But the anguish radiates, from patient to caregiver to kinfolk.

The blunt fact is that they could not be spared. That's the reality of this demographic.

The burden is being disproportionately borne by long-term care facilities in Ontario. The province has reported 69 outbreaks in these homes.

Pinecrest Nursing Home in Bobcaygeon, Ont., has turned into the inner circle of hell for COVID-19, a thirtieth life claimed Thursday.

So pitifully little that can be done for them.

"A large number of residents are sick and many have died," Toronto's chief medical officer, Dr. Eileen de Villa, told reporters at the city's Thursday briefing. "These people are our parents. They're our grandparents and they are our loved ones. The fatal impact on our loved ones in long term care is becoming painfully clear."

Hoare has no idea how COVID-19 penetrated O'Connor. She and staff have done their mightiest to contain the contagion, but it's been a losing battle.

"We've increased our cleaning routines. We have made sure our staff (in the unit) don't work in any other area. All staff wear surgical masks. In long-term, they wear a mask with a shield. They wear the gown and they wear gloves."

Nurses and personal support workers are certainly knowledgeable about infectious diseases — respiratory and gastric outbreaks are fairly common in nursing homes — but never before anything like this.

The brightest minds in the world are still trying to figure out this coronavirus; the front line workers are overwhelmed by day-to-day crises, day-to-day life-and-death decisions.

"It's a labour of love at this point," says Hoare. "They're our family. We've looked after many of them for a number of years. They're part of our church, part of our community. We're tired, yes. But we're committed to making sure that we do everything possible for them that we can. But when you're a small nursing home, you have to be inventive.

"Many of our staff are now working 12-hour tours."

Patients have pastoral care and an activities coordinator for the independent living population, and, wherever possible, staff arrange for long-term care residents to connect with family via modern technology.

O'Connor, with one physician on staff, has partnered with Michael Garron Hospital. "They've been incredibly good at teaching our staff things that they need to know.

Dr. Jeff Powis, medical director of infection prevention and control at Michael Garron, has been part of the team, as an East Toronto health network partner.

“We’re doing our best to help them in difficult times — we know this is really hard for them — by offering them expertise and resources that they’re lacking.”

This is also beneficial for the hospital … using that experience to inform strategic practices for other long-term care facilities, and, all being well, prevent future outbreaks.

At O’Connor, a keen focus was to prevent the infection from spreading to the adjoining facilities by sealing it off.

“The residents or their families wanted them to be cared for in the long-term care home, it’s their home. So, we then provided resources from the hospital, to go in and try and assist with care in challenging circumstances. They knew they weren’t going to get better. They wanted to be comfortable, so we facilitated palliative care.”

There were initial struggles, because staff lacked the proper protective gear, which has been addressed. But the hard part continues.

“When someone is seriously ill, we discuss with them or their families essentially what their goals are. Do they want to be transferred to an acute care hospital?” They did not. “These are difficult conversations, but we’ve been having them in long-care homes kind of proactively, so they can understand what they want, what they can have.”

Some are not sufficiently mentally aware to have those discussions, of course.

“Many decide that, if they get sicker, they want to stay where they are. With COVID, they need to know, if they have that disease, what the risk is of getting sicker, versus the benefits of coming to a hospital. Ultimately, they make the decision of what they would like.

“To me, it’s probably representative of the environment that they’re in, the fact that it’s their home and they want to be in that place, even if it was likely they would succumb to the infection.”

Again, because the patients at O’Connor aren’t on ventilators, it’s about easing their condition before they reach the point of palliation. “If somebody gets to the point that it’s clear they’re going to pass, then we concentrate on doing that in a way that’s comfortable and respectful to them. It usually involves medication and elimination of suffering so they can pass without experiencing discomfort.”

Usually that means relieving, as best they can, the sensation of terror that overcomes a COVID patient who can’t breathe. “They can be quite fearful when they’re breathless,” explains Powis, “(and) have anxieties.” Drugs given subcutaneously — veins can be hard to find on an elderly, feeble patient — gentle them towards death. (None of the O’Connor patients have opted for medically assisted dying; they’ve taken the voyage as it comes to them.)

It all seems so wretchedly *impotent*, any intervention soothing rather than prophylactic or curing. Because, of course, there is no cure. And, by the time one is invented, it will be far too late for these poor souls.

Harsh as it may sound, provincial government directives at least semantically discourage long-term care administrators from relocating a patient to hospital critical care, in no small part because of the risk attendant to loading a frail individual into an ambulance and transferring them to a hospital where all kinds of other germs might cause further complications and harm.

The CBC recently obtained a letter sent to a family member of someone in an Ottawa long-term care facility by the administrator, stating the facts brusquely: "Doctors have learned there is no benefit for seniors with COVID-19 to go to the hospital, and they would not survive intensive care."

With the O'Connor unit, however, there is the added complication of not being a free-standing facility, the independent seniors living — 119 apartments — and townhouses in cheek-by-jowl proximity.

Juanita Fekete, almost 83, has been a resident at the complex's seniors home for four years. Because the residents are no longer permitted to dine together or use the tearoom — trays are brought to their rooms — she's been feeling very alone.

"I'm really scared," she admitted to the Star. "I've been cooking for myself and I went out yesterday just to the bank across the street. Of course, I wear a mask and I wash my hands. I'm trying to take care of myself, but I miss seeing other people. Nobody can visit. I know about the people in long-term who have died and I feel very sorry for them. But it's so close, you know?"

Fekete, who used to go to the gym three or four times a week to swim and ride the bike, has been filling her time by doing embroidery, practicing the piano and trying to learn Spanish.

"I don't plan on ending up in long-term care, not if I can help it."

At least one resident, a recent admission, did make it out alive from O'Connor's long term care unit — a woman whose daughter took her away for the weekend just before the outbreak.

"She went to a house in the country," says Hoare. "Her daughter decided that mum was best to stay with her for now.

"Everybody else is staying to weather the storm."

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