The Impact of COVID-19 on Long-Term Care in Canada

Focus on the First 6 Months

Canadian Institute for Health Information
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Introduction

COVID-19 has exacted a heavy price on Canada's long-term care (LTC) and retirement homes, resulting in a disproportionate number of outbreaks and deaths. This report follows CIHI's international comparisons report (June 2020) by taking a closer look at the pandemic experience in LTC and how it compares between provinces and territories.

The first part of the report presents early comparisons between the first and second waves in both LTC and retirement homes. The second part focuses on the first 6 months of the pandemic in LTC homes specifically, where older Canadians with the most complex health care needs reside. It examines

- The impact of COVID-19 on LTC residents and staff;
- Changes in how residents received care; and
- Key recommendations from investigations and inquiries of LTC homes to date.

For the purposes of this analysis,

- The first wave of the pandemic is defined as **March 1 to August 31, 2020**, with the peak period occurring between March 1 and June 30.
- The second wave covers **September 1, 2020, to February 15, 2021**, although it is ongoing at the time of writing.

Summary key findings

1. **LTC and retirement homes have been disproportionately affected by COVID-19 in Canada, and the pandemic experience has not improved overall for the sector in the second wave.** The second wave of COVID-19 in Canada was bigger and broader than the first wave, reaching more parts of the country, and resulting in a larger number of outbreaks and infections and a similar number of deaths in LTC and retirement homes. The pandemic experience varied greatly between provinces and territories and between COVID-19 waves.
2. **LTC residents received less medical care during the first wave of COVID-19 than in normal years.** Compared with pre-pandemic years, LTC residents had fewer physician visits and were less often transferred to hospital for the treatment of chronic conditions and infections. They also had fewer contacts with friends and family, which was associated with higher rates of depression.
3. **The number of LTC resident deaths was higher than usual during the first wave of the pandemic.** In all provinces where it could be measured, the total number of resident deaths from all causes was higher during the first wave lockdown than in the same period in pre-pandemic years, even in parts of the country with fewer COVID-19 cases and/or outbreaks.

4. **Recommendations from provincial and national inquiries to date on COVID-19 in LTC homes are similar and speak to structural challenges in the sector.** This includes the need for increased staffing levels, stronger infection control and prevention practices, better inspection and enforcement processes, and improved building infrastructure to reduce crowding and infection spread.

Understanding Canada's LTC and retirement home settings

Long-term care (LTC) homes

- Also known as residential care or nursing homes, and continuing care facilities
- Provide 24-hour care 7 days a week, including professional health services and personal care
- Majority of residents have complex health care needs
- Funded or subsidized by provincial or territorial governments

Retirement homes

- Also known as assisted living, supportive living and seniors' villages
- Do not necessarily provide 24-hour care
- May have individual suites within a general apartment complex, which typically includes some combination of housing with hospitality services and some health care support
- Do not receive public funding, except in some provinces for the provision of assisted-living services (e.g., Alberta)

Mixed settings

- Provide a mix of LTC and retirement home services for older Canadians
- Receive public funding

Note
For the purposes of this report, "mixed settings" homes are included in the LTC home category, since both settings provide nursing home services and receive public funding.

See CIHI's breakdown of Canada's 2,039 LTC homes by province, territory and ownership model (September 2020).

Comparisons in COVID-19 reporting between provinces and territories must be interpreted with caution due to the rapidly evolving infection case numbers, differences in defining outbreaks, and other variations in public health reporting practices.

Part 1: Comparison between waves

Snapshot of COVID-19 cases and deaths in LTC and retirement homes

The COVID-19 pandemic has disproportionately affected LTC and retirement homes in Canada (Table 1):

- Between March 1, 2020, and February 15, 2021, more than 2,500 care homes across the country experienced a COVID-19 outbreak, resulting in the deaths of over 14,000 residents and close to 30 staff. This represents more than two-thirds of Canada's overall COVID-19 deaths.[1]
- Over 80,000 residents and staff of LTC and retirement homes have been infected, representing 10% of all COVID-19 cases in Canada.
- The proportion of COVID-19 deaths in LTC and retirement home residents in Canada (67%) has remained significantly higher than the international average (41%).[2]

Table 1 Number of COVID-19 outbreaks, cases and deaths in Canada's LTC and retirement homes,* by pandemic wave†

COVID-19 in LTC and retirement homes	Wave 1	Wave 2	Pandemic total (to date)
Number of homes with COVID-19 outbreaks	1,171	1,389	2,560
Number of resident cases	20,950	35,240	56,190
Number of resident deaths	7,310	7,016	14,326
Percentage of resident deaths relative to number of resident cases	35%	20%	25%
Percentage of resident deaths relative to number of total COVID-19 deaths in Canada	74%	61%	67%
Number of staff cases (deaths)‡	12,290 (16)	12,220 (14)	24,510 (30)

Notes

* Includes LTC and retirement homes with at least 1 COVID-19 case, in all provinces and territories.

† Wave 1: March 1 to August 31, 2020; Wave 2: September 1, 2020, to February 15, 2021; Pandemic total (to date): March 1, 2020, to February 15, 2021.

‡ Staff cases and deaths are an underestimate, as Quebec numbers were not available after June 2020.

To ensure privacy, total counts are rounded to the nearest 10 if a province or territory reported between 1 and 4 cases/deaths, per CIHI's suppression rule.

Source

National Institute on Ageing. NIA Long Term Care COVID-19 Tracker. 2021.

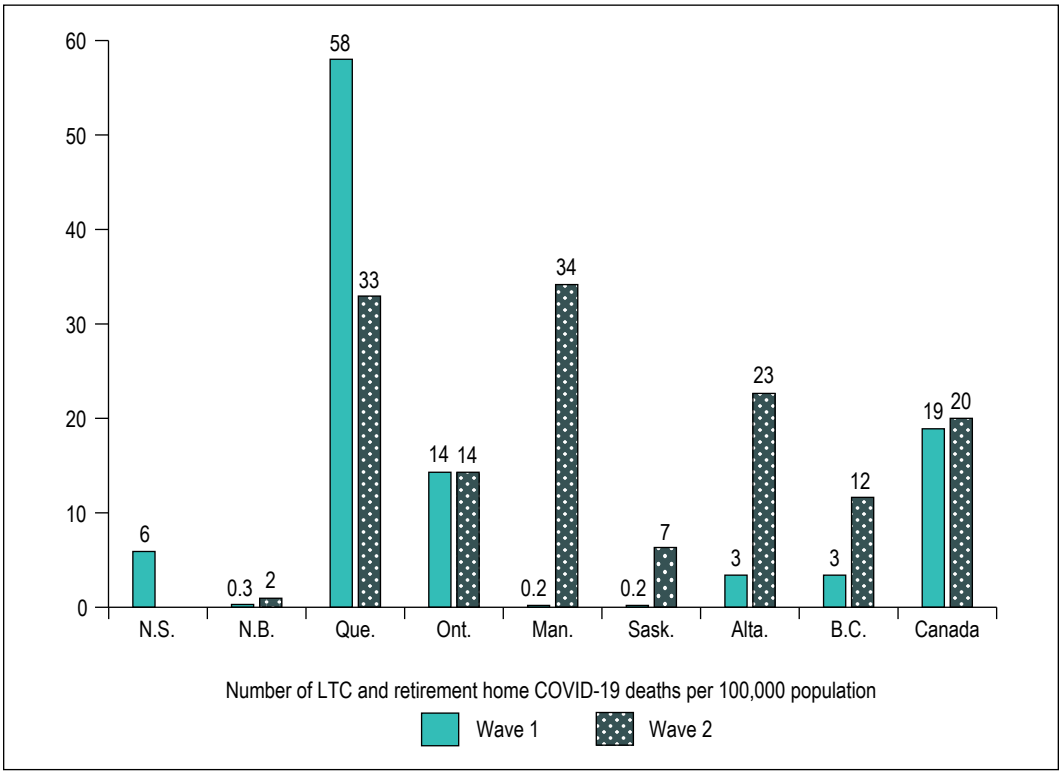
Overall, across Canada, the second wave of COVID-19 had a similar or greater impact on the residents and staff of LTC and retirement homes than the first wave of the pandemic:

- The second wave saw more homes experiencing outbreaks, a 68% increase in the number of residents infected with COVID-19 and a similar number of resident deaths (compared with the first wave). See the companion data tables for a provincial/territorial breakdown of infections and deaths in both LTC and retirement homes.
- The percentage of residents infected with COVID-19 who died from the disease decreased in the second wave. This may be due to differences in the age and health status of those infected, or to the availability of better treatments in the second wave.
- The pandemic has placed a heavy burden on front-line staff in LTC and retirement homes, with over 24,000 staff infected and close to 30 deaths since the start of the first wave.

Deaths have varied substantially between provinces and territories and between pandemic waves (Figure 1).

- In the second wave, despite much greater community spread of COVID-19 compared with the first wave, some provinces managed to reduce deaths in LTC and retirement homes (Nova Scotia and Quebec[3]), while the Western provinces all faced large increases in deaths.
- Newfoundland and Labrador, Prince Edward Island and the territories have not had any COVID-19–related deaths among residents to date (as of February 15, 2021).

Figure 1 COVID-19 deaths in LTC and retirement homes per 100,000 population during the first and second waves,* by jurisdiction†



Notes

* Wave 1: March 1 to August 31, 2020; Wave 2: September 1, 2020, to February 15, 2021.

† Newfoundland and Labrador, P.E.I., Yukon, the Northwest Territories and Nunavut had 0 COVID-19–related LTC deaths for this period.

Source

National Institute on Ageing. NIA Long Term Care COVID-19 Tracker. 2021.

Part 2: Focus on long-term care in the first wave

The first part of this report provided an overview of cases and deaths in LTC and retirement homes overall. This part provides more detailed information on LTC homes — the setting that was hardest hit by COVID-19 — during the first 6 months of the pandemic. It also examines health outcomes for LTC residents, as well as changes in resident care during and after the first wave peak period.

Large variation in COVID-19 LTC cases and deaths across the country

LTC residents in Canada are at high risk of complications from COVID-19 because of advanced age (median of 85 years) and complex chronic conditions.[4] During the first wave of the pandemic, 37% of LTC residents infected with COVID-19 in Canada died from the virus, accounting for 6,190 deaths (Table 2).

Table 2 COVID-19 cases and deaths in LTC homes during the first wave,* and proportion of total COVID-19 cases and deaths, by province

COVID-19 cases and deaths in LTC homes	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Canada
Number of LTC resident and staff cases (percentage of total COVID-19 cases)	<5 (<1%)	<5 (<2%)	375 (34%)	26 (8%)	15,726 (16%)	8,998 (13%)	14 (<1%)	5 (<1%)	916 (4%)	573 (5%)	26,640 (13%)
Number of LTC resident deaths (percentage of total COVID-19 deaths)	0 (0%)	0 †	57 (88%)	<5 (50%)	3,950 (65%)	1,917 (63%)	<5 (7%)	<5 (8%)	144 (49%)	118 (46%)	6,190 (63%)

Notes

* Wave 1: March 1 to August 31, 2020; includes LTC homes only (not retirement homes).

† In P.E.I., there were no COVID-19 deaths in the total general population.

There were no LTC cases or deaths in the territories during this period.

The total number of LTC resident cases in Canada for Wave 1 was over 16,280.

Sources

National Institute on Ageing, NIA Long Term Care COVID-19 Tracker, 2021; and Institut national de santé publique du Québec, COVID-19 (coronavirus).

Information broken down by LTC home was not available for all jurisdictions in the second wave at the time of writing. Between September 1, 2020, and February 15, 2021, Quebec and Ontario respectively reported 1,649[5] and 1,869[6] COVID-19 deaths among LTC residents, while Newfoundland and Labrador, P.E.I. and Nova Scotia experienced no resident deaths in the second wave.

More information on cases and deaths by jurisdiction can be found in the companion data tables.

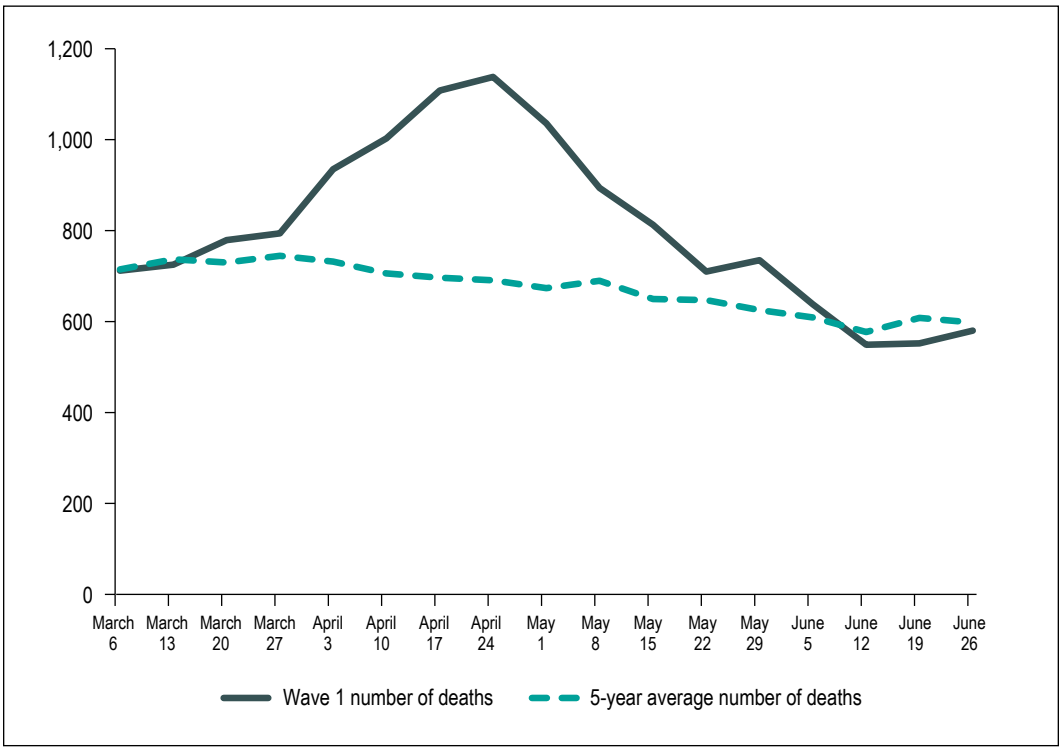
More deaths than expected in LTC homes during the peak of the first wave

To better understand the impact of the pandemic, it is important to consider whether the overall number of deaths of LTC residents is higher than expected, compared with previous years. Measuring excess deaths can help to determine whether the deaths observed were expected (i.e., the resident would likely have died from something else), whether COVID-19 caused an unusual increase in deaths, or whether a deterioration in the physical and mental health of residents during the pandemic hastened their death, even if they did not have COVID-19. CIHI has more detailed data on LTC residents in some provinces that provides insight on whether the number of deaths was higher than normal (Figure 2 and Table 3):

- During the peak period of the first wave (March 1 to June 30, 2020), 13,959 LTC resident deaths (from all causes) were observed in selected Canadian provinces (Newfoundland and Labrador, Ontario, Manitoba, Alberta and B.C.).[i] This represents 2,273 deaths above what has been observed during the same period in the previous 5 years, on average.
- The largest increase in deaths from all causes occurred in April 2020. During the peak of the first wave, Ontario experienced the largest increase in excess deaths (28%), while British Columbia experienced the smallest (4%).

i. Only the 5 provinces that report to the Continuing Care Reporting System are included in this analysis.

Figure 2 Excess LTC resident deaths* during the peak of the first wave,† selected provinces‡



Notes

* *Excess LTC resident deaths* is determined by comparing the number of deaths that occurred between March 1 and June 30, 2020, with the average number of deaths that occurred during the same period in the previous 5 years (2015 to 2019). *Deaths* includes death from all causes, and captures LTC residents who died in the LTC home or in hospital.

† Peak of first wave: March 1 to June 30, 2020.

‡ Only the provinces that report to the Continuing Care Reporting System are included in this analysis (Newfoundland and Labrador, Ontario, Manitoba, Alberta and B.C.).

Sources

Continuing Care Reporting System, Discharge Abstract Database and National Ambulatory Care Reporting System, 2015 to 2020, Canadian Institute for Health Information.

Table 3 Excess LTC resident deaths* during the peak of the first wave, selected provinces†

Province	Number of LTC resident deaths			Percentage change in deaths
	Peak of first wave‡	5-year average§	Difference between first wave and 5-year average	
N.L.	340	325	15	+5%
Ont.	8,571	6,688	1,883	+28%
Man.	597	549	48	+9%
Alta.	1,813	1,579	234	+15%
B.C.	2,638	2,545	93	+4%

Notes

* *Excess LTC resident deaths* is determined by comparing the number of deaths that occurred between March 1 and June 30, 2020, with the average number of deaths that occurred during the same period in the previous 5 years (2015 to 2019). *Deaths* includes death from all causes, and captures LTC residents who died in the LTC home or in hospital.

† Only the provinces that report to the Continuing Care Reporting System are included in this analysis (Newfoundland and Labrador, Ontario, Manitoba, Alberta and B.C.).

‡ Peak period of first wave: March 1 to June 30, 2020.

§ 5-year average (2015 to 2019) of the period March 1 to June 30.

Sources

Continuing Care Reporting System, Discharge Abstract Database and National Ambulatory Care Reporting System, 2015 to 2020, Canadian Institute for Health Information.

Nearly 1 in 3 Canadian LTC homes experienced an outbreak during the first wave

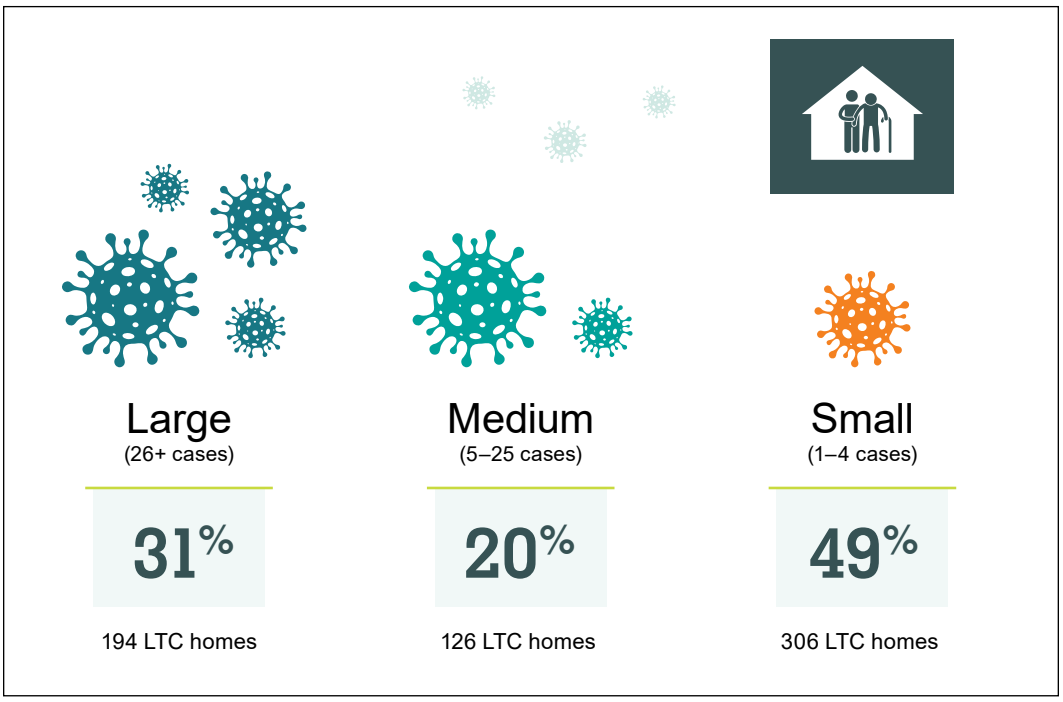
- Between March 1 and August 31, 2020, 626 (31%) of Canada's 2,039 LTC homes experienced an outbreak with at least 1 case of COVID-19 reported among their residents or staff.
- Of the 626 LTC homes that experienced a COVID-19 outbreak,
  - 80% (502 homes) had 1 outbreak;
  - 20% (124 homes) had more than 1 outbreak; and
  - 25% experienced outbreaks with staff cases only, suggesting that these homes had sufficient testing or prevention protocols in place to prevent the spread of infection to residents.
- Almost half (49%) of the outbreaks were small in size, with fewer than 5 cases among both residents and staff (Figure 3).
- The LTC homes that experienced a large outbreak (more than 25 cases) accounted for 94% of the total COVID-19 deaths in Canada's LTC homes.
  - 30 LTC homes had outbreaks involving more than 100 resident cases.

Outbreak definition

- Within **most provinces and territories**, public health authorities define an outbreak as an LTC or retirement home with at least 1 lab-confirmed COVID-19 case among residents or staff.
- **Quebec** requires at least 1 resident case for an outbreak to be reported.
- **Alberta** requires at least 2 cases among either residents or staff.

For more information, please see CIHI's COVID-19 Intervention Scan.

Figure 3 Number and percentage of LTC homes with COVID-19 outbreaks in Canada during the first wave,* by size of outbreak†



Notes

* Wave 1: March 1 to August 31, 2020.

† Includes only LTC homes in Canada with at least 1 COVID-19 case among residents or staff.

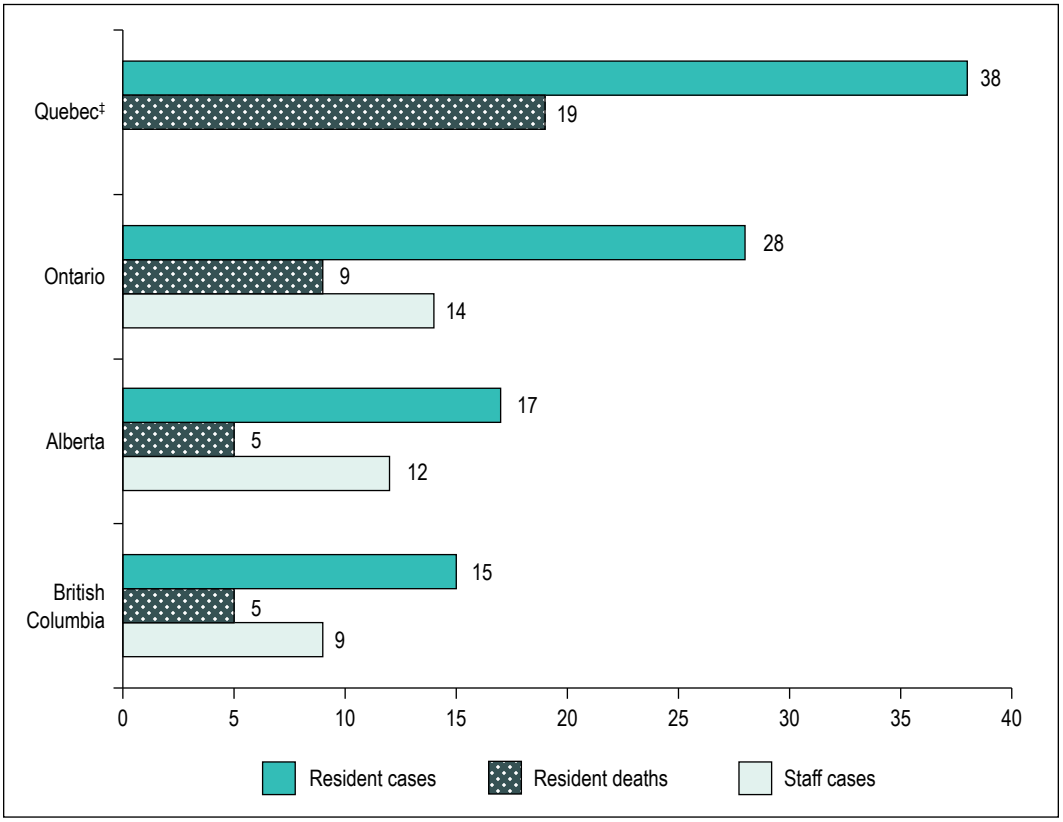
Source

National Institute on Ageing. NIA Long Term Care COVID-19 Tracker. 2021.

Ontario and Quebec had the largest proportion of homes with outbreaks involving resident cases.

- During the first wave, more than one-third (34%) of all Ontario LTC homes and 44% of all Quebec LTC homes experienced an outbreak with at least 1 resident case, compared with 17% of LTC homes in Alberta and 8% in B.C.
- Quebec (38) had the highest average number of resident cases per outbreak with at least 1 resident case, followed by Ontario (28), Alberta (17) and B.C. (15) (Figure 4).

Figure 4 Average number of resident cases and deaths, and staff cases per LTC home outbreak during the first wave,* selected provinces†



Notes

* Wave 1: March 1 to August 31, 2020; includes only LTC homes with at least 1 COVID-19 case among residents.

† Includes only the provinces with the highest number of COVID-19 infections among residents.

‡ Data on staff cases for Quebec was not publicly available at the time of writing and is therefore not included in this analysis.

Source

National Institute on Ageing. NIA Long Term Care COVID-19 Tracker. 2021.

Changes in the care of LTC residents

During the first wave, LTC staffing shortages were exacerbated in parts of Canada as a result of staff illness due to COVID-19 and higher absenteeism rates.[7] Most provinces also had restrictions in place preventing visits from family caregivers and other visitors.[8] In spring 2020, more than 1,500 members of the Canadian Armed Forces (CAF) were deployed to assist with staffing 32 of the most severely impacted homes in Quebec and Ontario.[8] The CAF reported poor infection prevention and control practices (e.g., insufficient medical supplies and training, personal protective equipment [PPE] not available), residents being "denied food or not fed properly" and extensive staffing problems.[9–11]

CIHI's analysis of pandemic data in the following areas identifies changes that occurred in resident care during the first wave:

- Physician visits;
- Contact with family and friends;
- Antipsychotic drug use;
- Transfers to hospital; and
- Admissions to LTC from hospitals and the community.

The ability to measure these changes varies depending on the availability of data in each province.

Fewer physician and family visits in LTC homes during the first wave

- In provinces where it could be measured,[ii] the proportion of LTC residents who received a visit from a physician dropped by 16% between March 1 and August 30, 2020, compared with the same period in 2019. This decrease was observed for all 5 provinces, regardless of whether the home experienced an outbreak or not, with the largest drops observed in April (24%) and May (20%).
  - A similar reduction in physician care orders for LTC residents suggests that in-person visits from doctors were not replaced with virtual visits.
- During the same period, 11% of assessments noted that the resident had not had any personal contact with family or friends over the previous week, including virtual contact or phone calls. This proportion was 3 times higher than that for the same period in 2019.
  - Of these residents, 36% were assessed as having symptoms of moderate to severe depression, a higher proportion than that for residents who were visited or contacted by their families (23%).

ii. Newfoundland and Labrador, Ontario, Manitoba, Alberta and B.C.

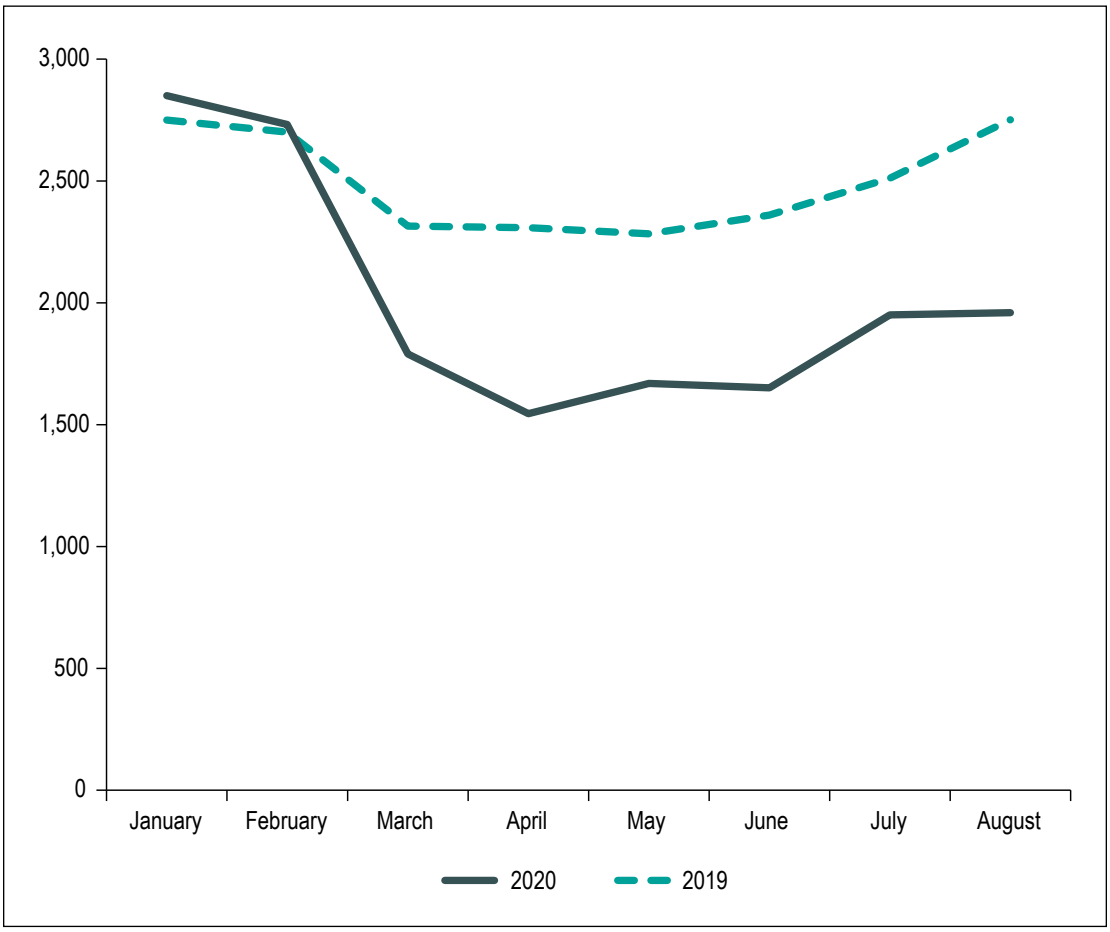
- Antipsychotic drugs are sometimes used to manage behavioural symptoms in LTC residents with dementia, but they are not recommended by Choosing Wisely Canada as a first choice for treating dementia symptoms because they can have strong side effects.[12] An analysis of drug claims data in 6 provinces[iii] found a slight increase in antipsychotics prescribed during the first wave (March 1 to August 30, 2020) compared with the same period in 2019, from 34.5% to 36.4% of all residents. The provinces with the biggest increases were Ontario (from 32.5% to 34.5%) and B.C. (from 42.0% to 44.4%). The numbers were adjusted to account for changes in the LTC population.

27% fewer residents were transferred to hospital for care during the first wave

- Between March 1 and August 30, 2020, 10,729 LTC residents across Canada (excluding Quebec) were transferred to a hospital for treatment. This represents a 27% decrease — or close to 4,000 fewer hospital transfers — compared with the same period in 2019. The largest decline occurred in April (Figure 5).
- All provinces experienced a drop in transfers, but decreases were highest in New Brunswick and Ontario (30%) and lowest in Newfoundland and Labrador and Alberta (13%).
- Following the peak period of the first wave, hospital transfers from LTC homes did not return to previous levels in July and August 2020, in contrast to many hospital activities that rebounded following the peak.[13] This may be due in part to a decrease in the number of people in LTC homes as a result of deaths and fewer new admissions.
- Some provinces had “care in place” recommendations during the pandemic that discouraged hospital transfers from LTC homes.[8] In addition, many residents have advance directives in place regarding treatment options at the end of life. About 1 in 3 (34%) LTC residents have a do-not-hospitalize order and 83% have a do-not-resuscitate order, according to resident assessments in 6 provinces.

iii. Newfoundland and Labrador, P.E.I., New Brunswick, Ontario, Manitoba and B.C.

Figure 5 Number of LTC residents transferred to hospital during the first wave* compared with the same period in 2019, Canada†



Notes

* Wave 1: March 1 to August 31, 2020.

† Quebec data is not included.

Data for LTC transfers is not available for all jurisdictions prior to 2019 for comparison.

Source

Discharge Abstract Database, 2018–2019 to 2020–2021, Canadian Institute for Health Information.

30% fewer residents were transferred to hospital for medical conditions during the peak of the first wave

- The main reasons for hospital transfers were different during the peak period of the first wave, compared with the same period in 2019 (Table 4). COVID-19 was the second leading cause of hospitalization for LTC residents in 2020, after hip fractures.
- While the same number of LTC residents were transferred to hospital for a hip fracture, which requires surgical treatment, the number of residents transferred for medical conditions such as urinary tract infections, chronic conditions, pneumonia or delirium dropped by more than 30%.
- The largest decreases were observed for chronic medical conditions such as heart failure and chronic obstructive pulmonary disease (COPD), ranging from 51% to 58% fewer transfers. The decision to transfer a resident to hospital for medical conditions such as these is usually influenced by a doctor or nurse practitioner.

Table 4 Top 10 reasons for LTC resident transfer to hospital, peak of first wave compared with 2019,* Canada†

Main diagnosis‡ for hospital admission	2019	2020	Percentage change
Hip fracture	667	670	<1%
COVID-19	n/a	595	n/a
Palliative care	532	442	-17%
Urinary tract infection	542	349	-36%
Sepsis (bloodstream infection)	464	305	-34%
Pneumonitis due to food and vomit	520	288	-45%
Pneumonia, organism unspecified	557	276	-50%
Heart failure	517	254	-51%
COPD	514	216	-58%
Delirium	201	129	-36%

Notes

* Peak of first wave (March 1 to June 30, 2020), compared with same period in 2019.

† Quebec data is not included.

‡ The acute care diagnosis was used to represent the main diagnosis.

n/a: Not applicable.

COPD: Chronic obstructive pulmonary disease.

Source

Discharge Abstract Database, 2019–2020, Canadian Institute for Health Information.

Hospitalized residents wait longer to be discharged back to their LTC homes

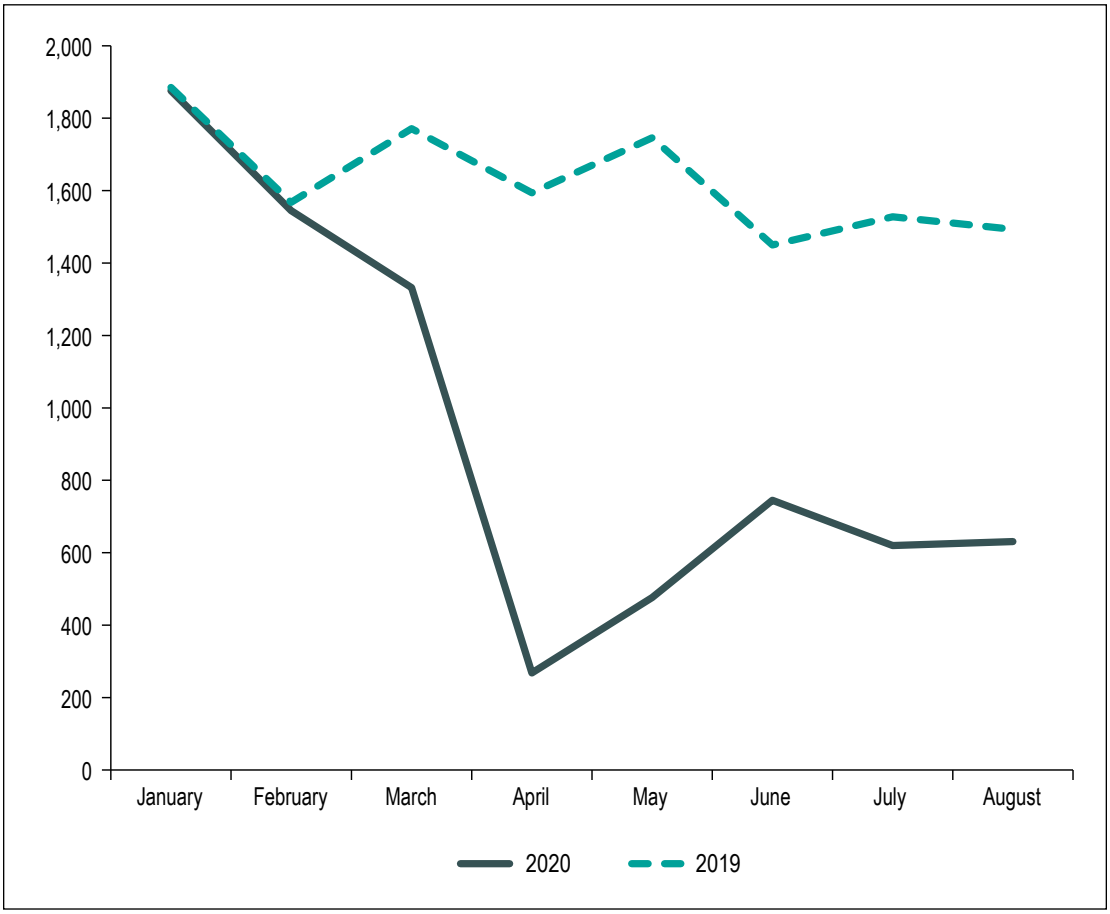
- By August 31, 2020, 17% of COVID-19–related deaths among LTC residents in Canada (outside of Quebec) — or 377 deaths — had occurred in hospital.
- Residents who completed their hospital stay during the first wave spent more time waiting for a discharge to a more appropriate setting (counted as alternate level of care [ALC] days), compared with the same period in 2019.
- Between March 1 and August 31, 2020, the number of ALC days for transferred residents across the country was nearly double the number for the same period in 2019 (from 13,900 to 26,000), despite fewer residents being admitted to hospital. The highest increases were seen in Ontario, with triple the number of ALC days, while other provinces experienced declines (e.g., P.E.I., New Brunswick).

40% drop in new admissions to LTC homes during the first wave

- In jurisdictions where it could be measured,[iv] more than 16,000 people were admitted to LTC homes between March 1 and August 30, 2020. This represents a 40% decline compared with the same period in 2019.
- The largest drop (58%) was observed in admissions from the community (Figure 6). This may be due to changes in admission practices to limit the number of residents and control the spread of infection. It may also suggest that older Canadians and their families were more reluctant to consider a move to an LTC home because of the sector's difficult pandemic experience.

iv. Newfoundland and Labrador, Nova Scotia, Ontario, Manitoba, Alberta, British Columbia and Yukon.

Figure 6 Number of new LTC residents admitted from the community* during the first wave† compared with the same period in 2019, selected provinces‡



Notes

* *Community* refers to people living on their own or with family or friends in a private home.

† Wave 1: March 1 to August 31, 2020.

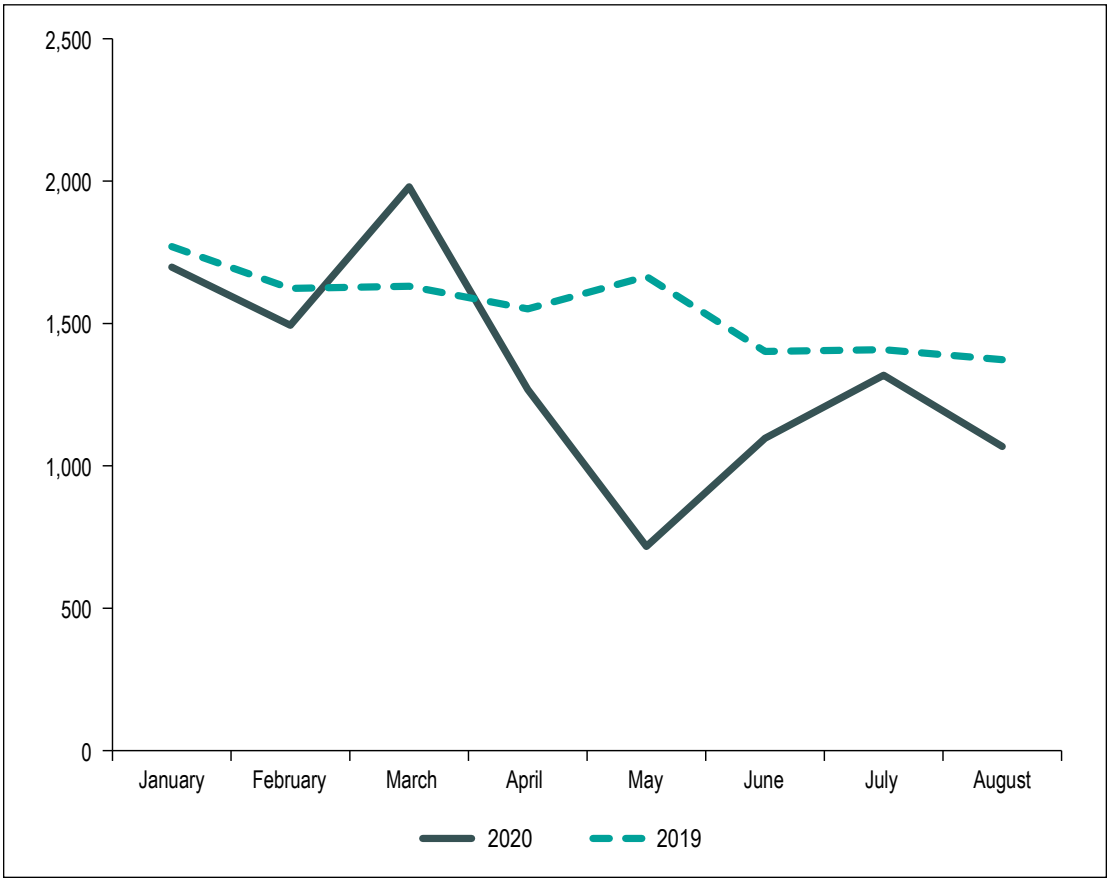
‡ Newfoundland and Labrador, Ontario, Manitoba, Alberta and B.C.

Source

Continuing Care Reporting System, 2019–2020, Canadian Institute for Health Information.

- After a hospital stay, an older person can be discharged to an LTC home if they are assessed to be too frail to live safely at home. Admissions to LTC from hospital settings increased (21%) in early March 2020 compared with March 2019. This may suggest that hospitals were freeing up their beds at the start of the pandemic to make room for an anticipated influx of COVID-19 patients.
- However, admissions to LTC from hospital settings dropped sharply after the beginning of the March 2020 lockdown period and declined by 18% over the course of Wave 1 (Figure 7).

Figure 7 Number of new LTC residents admitted from hospital* during the first wave† compared with the same period in 2019, selected provinces‡



Notes

* *Hospital* refers to an acute care facility.

† Wave 1: March 1 to August 31, 2020.

‡ Newfoundland and Labrador, Ontario, Manitoba, Alberta and B.C.

Source

Continuing Care Reporting System, 2019–2020, Canadian Institute for Health Information.

LTC inquiries have many common recommendations

There have been a number of formal investigations and public inquiries specific to COVID-19 across the country with the aim of reducing the risk of infection, outbreaks and deaths in LTC homes. Although investigations are still in progress at the time of writing, common recommendations to date (as of February 15, 2021) include the following:

- Increase staffing levels and retention programs for nurses and personal support workers.
- Implement strong infection control practices that are mandatory, including staff training and a designated infection prevention and control lead in each home.
- Increase accountability at all levels of staff within each home and system-wide; and improve home inspection and enforcement processes.
- Ensure timely access to physician and specialist care, and augment housekeeping staff and designated family caregivers.
- Provide access to PPE, but also to training and the necessary supplies required to create a safe work environment.
- Clarify and coordinate communication across all parts of the system.
- Implement a specific crisis plan for outbreaks, including a disaster/emergency response team, as well as rapid testing and contact tracing strategies.
- Reduce crowding or occupancy to prevent the spread of infection and adapt spaces to isolate sick patients.

Table 5 Recommendations from major investigations as of February 15, 2021*

Investigative or inquiry report	Mandatory infection control prevention policies and practices	Clear accountability	Appropriate staffing and staff resources	Access to PPE and a safe environment	Improved cross-sector communication	Outbreak action plan	Amenable infrastructure
Ontario's Long-Term Care COVID-19 Commission: Interim Recommendations	✓	✓	✓	—	✓	—	—
Quebec Ombudsperson	✓	✓	✓	✓	✓	—	✓
Nova Scotia's COVID-19 First Wave Review	✓	✓	✓	✓	✓	✓	✓
National Institute on Ageing and Canadian Red Cross	✓	✓	✓	✓	✓	✓	✓
British Columbia's Office of the Seniors Advocate	—	✓	✓	—	—	—	—
Government of Manitoba: Health and Seniors Care	✓	✓	✓	✓	✓	✓	✓
Other reports†	✓	✓	✓	✓	✓	✓	✓

✓ **Yes**
— **No**

Notes

* Includes reports published between October 2020 and February 2021.

† Canadian Nurses Association, National Institute on Ageing (July 2020), National Institute on Ageing (March 2021), Office of the Chief Science Advisor of Canada, Ontario Patient Ombudsman, Ontario's Long-Term Care COVID-19 Commission and Royal Society of Canada.

PPE: Personal protective equipment.

Table 5 presents a high-level overview of the recommendations found in investigative reports published as of February 15, 2021. However, there are also inquiries that are ongoing and have not yet released their final reports, while others have yet to begin. Recommendations may evolve as more evidence is gathered.

Moving forward

This report illustrates the heavy toll that COVID-19 took on LTC residents and staff prior to the full vaccination of this population. The pandemic's second wave (ongoing at the time of writing) is proving to be bigger and broader, reaching more parts of the country and affecting a larger number of LTC and retirement homes than the first wave.

As the situation evolves and more data becomes available, a clearer picture will emerge at the local level to understand whether LTC and retirement homes hit hard in the first wave were better prepared in the second wave. CIHI is working with partners, including the National Institute on Ageing and Statistics Canada, to help fill data gaps in the LTC sector in order to better understand the factors that may have influenced pandemic preparedness, such as staffing levels and infrastructure characteristics. Good information is essential to building a strong evidence base in order to better protect LTC and retirement homes in Canada, and to improve the quality of life for residents, staff and their families.

Notes and limitations

This analysis is made possible by CIHI's partnership with the National Institute on Ageing, which tracks confirmed COVID-19 cases and deaths in Canada's LTC and retirement homes based on available public health reports across provinces and territories.

The following data limitations need to be considered when interpreting the information:

- The situation continues to evolve rapidly, with information about cases, deaths and outbreaks in LTC and retirement homes sometimes being corrected retroactively by public health authorities. The data contained in this report may therefore evolve over time.
- The number for Quebec staff cases is not publicly available. Therefore, for the purposes of this report, it was calculated as part of the total COVID-19 cases as an estimate based on the Institut national de santé publique du Québec report.[9]
- Variations in outbreak definitions, testing criteria, and access to testing for residents and staff over the period of analysis may influence COVID-19 reporting on LTC homes and affect comparability between jurisdictions.
- The number of deaths shown in Figure 2 likely represents an underestimate of deaths in LTC facilities during the COVID-19 pandemic. CIHI did not receive complete data from all LTC facilities by the latest quarterly submission deadline as of the time of writing this report. The degree and impact of incomplete data varies by jurisdiction and may change as data continues to be submitted.

- CIHI's LTC data is based on information collected from clinical assessments of residents that are conducted every 3 months and submitted electronically to our Continuing Care Reporting System.
- CIHI hospital data collected between April 1 and August 31, 2020, is based on provisional data that may fluctuate over time if data for this period is subsequently submitted.
- Information was not available from each LTC home for many factors that may influence COVID-19 outcomes (e.g., staff working at multiple sites; density of the resident population within homes; infrastructure characteristics such as multi-bed rooms; COVID-19 testing within homes; access to infection control training and PPE; management directives implemented during the pandemic). CIHI is working with partners including Statistics Canada to fill these data gaps.

Further methodological information can be obtained by emailing healthreports@cihi.ca. For the most up-to-date information on LTC cases and deaths, check the National Institute on Ageing COVID-19 Tracker.

Appendices

Appendix A: Data sources

Table A1 Data sources for evaluating the impact of the pandemic on LTC homes

Data sources	Type of data	Coverage
NIA Long Term Care COVID-19 Tracker	Confirmed outbreaks in LTC and retirement homes Facility-level data	All of Canada
Continuing Care Reporting System (CCRS)	Administrative, demographic, functional and clinical data for LTC homes Facility- and resident-level data	N.L., N.B.,* Ont., Man., Sask.,* Alta., B.C., Y.T.
Discharge Abstract Database (DAD)	Acute inpatient hospitalizations	All of Canada except Que.
National Ambulatory Care Reporting System (NACRS)	Emergency department data	P.E.I., N.S., Ont., Man., Sask., Alta., B.C., Y.T.
National Prescription Drug Utilization Information System (NPDUIS)	Prescription claims data; formulary and drug product information	N.L., P.E.I., N.S.,† N.B., Ont., Man., Sask.,† Alta., B.C., Y.T.†

Notes

* Results for New Brunswick and Saskatchewan are not available because these provinces transitioned to using the newer version of the resident assessment and the data may not be comparable.

† Claims data from the LTC sector is not available.

Appendix B: Acknowledgements

CIHI would like to thank the Expert Advisory and Policy Advisory groups for their invaluable advice:

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Please note that the analyses and conclusions in this document do not necessarily reflect those of the individuals or organizations mentioned above.

CIHI would also like to thank the many individuals throughout the organization who were involved in producing this report.

Appendix C: Text alternative for figures

Text alternative for Figure 1

Table: COVID-19 deaths in LTC and retirement homes per 100,000 population during the first and second waves,* by jurisdiction†

Jurisdiction	Number of LTC and retirement home COVID-19 deaths per 100,000 population during Wave 1	Number of LTC and retirement home COVID-19 deaths per 100,000 population during Wave 2
N.S.	6	0
N.B.	0.3	2
Que.	58	33
Ont.	14	14
Man.	0.2	34
Sask.	0.2	7
Alta.	3	23
B.C.	3	12
Canada	19	20

Notes

* Wave 1: March 1 to August 31, 2020; Wave 2: September 1, 2020, to February 15, 2021.

† Newfoundland and Labrador, P.E.I., Yukon, the Northwest Territories and Nunavut had 0 COVID-19–related LTC deaths for this period.

Source

National Institute on Ageing. NIA Long Term Care COVID-19 Tracker. 2021.

Text alternative for Figure 2

Table: Excess LTC resident deaths* during the peak of the first wave,† selected provinces‡

Week	Wave 1 number of deaths	5-year average number of deaths
March 6	712	714.8
March 13	725	736.8
March 20	779	729.8
March 27	794	744.6
April 3	935	731.8
April 10	1,003	705.8
April 17	1,108	696.6
April 24	1,138	690.6
May 1	1,036	673.4
May 8	894	689.8
May 15	813	649.4
May 22	710	647.2
May 29	735	625.2
June 5	638	609.2
June 12	549	577.0
June 19	552	608.2
June 26	580	598.0

Notes

* *Excess LTC resident deaths* is determined by comparing the number of deaths that occurred between March 1 and June 30, 2020, with the average number of deaths that occurred during the same period in the previous 5 years (2015 to 2019). *Deaths* includes death from all causes, and captures LTC residents who died in the LTC home or in hospital.

† Peak of first wave: March 1 to June 30, 2020.

‡ Only the provinces that report to the Continuing Care Reporting System are included in this analysis (Newfoundland and Labrador, Ontario, Manitoba, Alberta and B.C.).

Sources

Continuing Care Reporting System, Discharge Abstract Database and National Ambulatory Care Reporting System, 2015 to 2020, Canadian Institute for Health Information.

Text alternative for Figure 3

Table: Number and percentage of LTC homes with COVID-19 outbreaks in Canada during the first wave,* by size of outbreak†

LTC homes with COVID-19 outbreaks	Large outbreak (26+ cases)	Medium outbreak (5–25 cases)	Small outbreak (1–4 cases)
Number	194	126	306
Percentage	31%	20%	49%

Notes

* Wave 1: March 1 to August 31, 2020.

† Includes only LTC homes in Canada with at least 1 COVID-19 case among residents or staff.

Source

National Institute on Ageing. NIA Long Term Care COVID-19 Tracker. 2021.

Text alternative for Figure 4

Table: Average number of resident cases and deaths, and staff cases per LTC home outbreak during the first wave,* selected provinces†

Province	Resident cases	Resident deaths	Staff cases
Quebec	38	19	—
Ontario	28	9	14
Alberta	17	5	12
British Columbia	15	5	9

Notes

* Wave 1: March 1 to August 31, 2020; includes only LTC homes with at least 1 COVID-19 case among residents.

† Includes only the provinces with the highest number of COVID-19 infections among residents.

— Data on staff cases for Quebec was not publicly available at the time of writing and is therefore not included in this analysis.

Source

National Institute on Ageing. NIA Long Term Care COVID-19 Tracker. 2021.

Text alternative for Figure 5

Table: Number of LTC residents transferred to hospital during the first wave* compared with the same period in 2019, Canada†

Month	2020	2019
January	2,850	2,750
February	2,732	2,700
March	1,790	2,315
April	1,545	2,308
May	1,669	2,283
June	1,651	2,360
July	1,950	2,511
August	1,959	2,751

Notes

* Wave 1: March 1 to August 31, 2020.

† Quebec data is not included.

Data for LTC transfers is not available for all jurisdictions prior to 2019 for comparison.

Source

Discharge Abstract Database, 2018–2019 to 2020–2021, Canadian Institute for Health Information.

Text alternative for Figure 6

Table: Number of new LTC residents admitted from the community* during the first wave† compared with the same period in 2019, selected provinces‡

Month	2020	2019
January	1,876	1,885
February	1,545	1,568
March	1,332	1,771
April	268	1,594
May	476	1,746
June	745	1,450
July	620	1,528
August	631	1,493

Notes

* *Community* refers to people living on their own or with family or friends in a private home.

† Wave 1: March 1 to August 31, 2020.

‡ Newfoundland and Labrador, Ontario, Manitoba, Alberta and B.C.

Source

Continuing Care Reporting System, 2019–2020, Canadian Institute for Health Information.

Text alternative for Figure 7

Table: Number of new LTC residents admitted from hospital* during the first wave† compared with the same period in 2019, selected provinces‡

Month	2020	2019
January	1,698	1,770
February	1,494	1,623
March	1,980	1,631
April	1,268	1,551
May	717	1,665
June	1,097	1,402
July	1,318	1,408
August	1,068	1,373

Notes

* *Hospital* refers to an acute care facility.

† Wave 1: March 1 to August 31, 2020.

‡ Newfoundland and Labrador, Ontario, Manitoba, Alberta and B.C.

Source

Continuing Care Reporting System, 2019–2020, Canadian Institute for Health Information.

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