

Transcript
Coronavirus Q & A – Episode 7
May 15, 2020



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, May 15, 2020. I'm joined again this morning by Ed Brubaker, Living Branches President/CEO, and we're here to bring you the seventh of our question and answer series regarding coronavirus and our response at Living Branches. Here we go!

Edward Brubaker: Yes, good morning Alex. It's hard to believe. Lucy and I commented that the weeks really seem to be going fast. In some ways it feels like it's been forever since March, but it's Friday.

AM: We're experiencing the same thing at our house.

ED: The only difference is we're not asking each other, "Where would you like to go out to dinner tonight? Do you want to stay home? Or stay home?"

AM: Yes I would love to go out to dinner but that's not going to be happening for a while I suspect.

ED: That is correct.

AM: Well let's start with a recap of where we are with our testing and our cases at Living Branches. We're pleased to be able to continue to say that as of today, Friday, May 15, no residents or staff at The Willows of Living Branches have tested positive for coronavirus. At Souderton, we have two staff persons who have tested positive. One tested positive so long ago that they are already out of their quarantine time and back to work. And no residents have tested positive for coronavirus at Souderton. At Dock Woods our only positive tests continue to be in Dock Terrace, our skilled nursing area, and in Harmony House, which is our secure Memory Care area in Personal Care. No one is testing positive outside of those areas, staff or residents. With our update for Dock Woods, today we did learn that we have 10 persons pass away with a COVID positive test results. Seven of those are in Dock Terrace and three of those are in Harmony House. And of course we are so disappointed and saddened by that news because it's not what any of us were hoping for, even though we knew that that was more than likely coming. It's still difficult and disheartening news. On a more positive note, we did receive results that we have tested again every person in Harmony House and every person has now tested negative for coronavirus this second time. We are going to be moving some persons to the recovered category on our website. We are very pleased and gratified for that result.

EB: Yes that is very positive news. The challenge is people are going to want to say "what does that mean for visitation?" and things like that, and this is very hard, but it doesn't change that at all. It only changes perhaps some of the ways in which we use PPE – maybe using a regular surgical mask instead of an N95 – but it does not change the fact that we are still under stay at home orders. Even if we were not under stay at home orders, we would still have no visitation policies because we need to protect the residents there. This is going to be a long-term play. I know we as Americans have very little patience, frankly, and you read it on the news all the time, but we need to continue to be, frankly, resilient. And I would love nothing more than for this to be over, but this is a long term play. I think we need to realize that and buckle down for

the long-term and say it is going to be a long time until anything resembles this past February and how we moved in and out of our lives. So we may talk about that more later in the video, but it's great news but it also means half of those residents never tested positive in Harmony House, so they still are vulnerable to visitors or staff members who have may COVID, so we can't let down our guard.

AM: Every day on the coronavirus response team, we are tracking the COVID status and the test status of all of our residents and all of our staff. One of the things I really noticed this past week is whenever we have a staff member who has symptoms or has been exposed to COVID at home, we of course are notified and that person is no longer working until we can get them tested and see if they are positive or negative. There has been, it seems to me, and uptick in the number of staff persons who are reporting that they have someone with whom they live at home who has tested positive or is showing symptoms. So this question of "what's happening in the nursing home?" as we are all seeing and reading about in the news is one thing, but we're seeing that a significant source of vulnerability for our residents comes from staff members who are exposed at home. And so we are going to have to continue to be very vigilant about that.

EB: Absolutely. And that's also one of the reasons why we aren't anytime soon going to be reopening to visitors. And the reason for that is not because visitors are more at risk or less at risk than staff, but it's just that we need to keep the numbers of people down. Some people have said, "If you didn't have it on your campus and now you do, doesn't that mean that staff brought it in?" And that is absolutely a logical conclusion. On the other hand, we don't have the option of saying we're going to keep all staff home today because we don't want to run that risk. By restricting the numbers it helps. It's like the "keeping gatherings to 50 people" that they were talking about a while ago. There's nothing magical about the number 50. And I think sometimes people think that, "Oh I won't get sick if there's less than 50." Frankly, if the one person you're dealing with has COVID, then one is too many. And so the whole purpose of that was to reduce the exposure, not to say that 10 was the magical number and if you have less than 10 it's not going to happen. It's just reducing the exposure. And that's really all the visitation restrictions were about. We're reducing exposure, but you can't eliminate it. And so that's what's really concerning about the states moving to open up. I read about Wisconsin where the legislature overruled the governor to reopen the state and then they talked about people going out to bars and other places because they wanted to celebrate. Well just because the state says you can now lift restrictions, doesn't mean it's time to go hang out with your friends, ok? We need to be smart about it and we are absolutely in this together. And so what I do in my personal life impacts my personal life. It's important for all of us to remember that. We are each responsible for the health of society. We each need to work together. I'm responsible, you're responsible, the collective we is responsible as well.

AM: I've never thought about it that way. But if we assume 10 people out of 100 have the virus, whether they know it or not, and so your change of getting it is based on whether or not you run into one of those 10 people. Well 50 of those people we have to have on campus because they're staff. And so if you say we're only going to take the risk of contracting the virus from people who are essential to be here, it makes a lot of sense to look at it that way.

EB: We all want to be beyond this. This is really hard. It's really, really hard. We want to be on the other side of it. But this is going to take time. I read another piece, I think it was about Wisconsin as well, and the restaurant owner said, "Until there's a vaccine, I don't care if the state is opening up. I'm still not opening up my restaurant." Time will tell if she actually carries

through with that, but let's face it: a vaccine is not going to be anytime soon. They talk the earliest of some major clinical trials more to the end of the year. But we're talking into 2021, so this is a long term play and we have got to learn resilience and patience, myself included.

AM: We had a good number of questions this week, so let's get started. Our first one says, "I was officially made aware that Pennsylvania was also accepting positive COVID patients into nursing homes, as was first announced regarding New York and New Jersey. I have a mother in Dock Terrace who has tested negative at the time and hopefully now as well, but were you mandated to accept COVID positive people at Dock Terrace?"

EB: The short answer to that is there was never a mandate in Pennsylvania as there was in New York. We were in meetings with local hospital and others who wanted to find ways to discharge residents, but it was never mandated in Pennsylvania. We were concerned about that being a way of introducing, again, reducing the way of introducing COVID to the facility. It still can get it somehow because there isn't a bubble around this. But at the end of the day, it was never a mandate in Pennsylvania, at least that we were aware of, it was not a mandate.

AM: Our second question comes from Donna and she says, "I recently read that Governor Wolf wants to have all residents and employees of nursing homes tested for COVID. I believe it is to be conducted weekly. Will you be using the test that requires a week to get results back? Or the test in which results are quicker? And can you please tell me when testing will begin?" There's a lot in that question.

EB: Yes, there's a huge amount in that question. Testing is probably one of the most confusing and I would say the most overused sound bite in this whole process. I joked with you this morning that I consider these videos to be the NPR, the long story, and all of the typical news outlets or twitter – they're the "how can we tell the message as short as possible?" It is impossible to tell this message in a short sound bite, because it is so incredibly complex. A test today that's positive, you'll probably still be positive tomorrow, but a negative test today, may not be negative tomorrow. The other thing is, the Abbott test, that frankly the White House is using – the rapid test – I was reading that it's verified 25-30% false negatives, so it gives out a false sense of security that much of the time, verified. But people who are in the industry, and I read an article on this and people in our testing facility would say the same thing: that it can be as high as 48-50% false negative. That's not a very great test. I don't think people tell us that in the twitter sound bites. And that is where the challenge is. I believe in testing, but really the only way we're going to get back to anywhere close to what normal may feel like – meaning people can come in and out more readily – I believe, is until we get a rapid test that's accurate that we can do, essentially, daily for visitors and for staff. Until we have that, it is going to be very difficult to get to the other side of this. And so we're going to have to continue to be very restrictive in our visitation policies, etc. Having said that, there may still be companies out there that take a week to turn around. We use a testing company that is 24-48 hours, typically more like 24, but 24-48. So we do have fairly rapid turnaround. But really the long term play here is that we need to have a test that's much more rapid than that, because otherwise, this weekly testing, I'll be honest with you, doesn't mean a whole lot. If the state mandates, we're going to have to comply with it, but you really need the long story to understand more about this. And unfortunately, that long story is not being told. It's much easier to respond to the public and say "Let's do something. We're going to mandate this because we've had so many deaths in nursing homes." I can assure you that this story is much more complicated than that. Much, much more complicated. I don't know that we have time to get into all of the details here, but I

encourage people to read the long articles, read the scientific articles. Don't read the twitter sound bites, don't read the things that are just a brief stay because one of the things I would say it this, testing is a great sound bite. We still have not gotten great feedback as to what do you do with the results of the test. Is it better to have all your staff out? And no one to care for your residents if they all test positive? Or is it better to test the ones that are symptomatic? And then use full PPE to protect them? The reality is we are in a crisis staffing mode, we would still be able to use staff members how tested positive to care for residents who have tested positive, but the reality is even that is a detail you don't hear about in the sound bites in the news. And so it's really, really challenging. And frankly, the sound bites – it's universal - politicians use it on twitter, the news – all news networks give you the quick soundbites. You really need to use the long story and figure out what is really going on here. And that's really what we're trying to do. But it's really difficult. It is very difficult. And I can't overemphasize how little we frankly still know about the disease. I'm a lay person. I'm not an epidemiologist or a physician, and I'm learning tons every day. We need to keep learning to try to figure out the right way forward.

AM: I did have a resident this week ask if you're an M.D. so you must at least be learning enough to sound like you know what you're talking about.

EB: I'm not an M.D. but I guess I play one on the video.

AM: Another question this week: this one is from Tom and he is a resident. He says, "Assuming the stay at home order for southeastern Pennsylvania ends on June 4th will I be allowed to attend services at my church after that? We have a plan in place to assure proper social distancing and other important items. What guidance will Living Branches give us on attending church and other functions?"

EB: Well I guess what I would say is, we're probably not going to give specific guidance on church or other functions, but you need to use your own best judgement. I will say this: large gatherings are not advisable. I'm not sure when I'll go to a Phillies game again. I'm chair of our local rotary club and we have not met in person since early March. My year ends July 1. I'm not sure that we're going to meet until then. The point is any larger group, regardless of social distancing, is potentially a challenge. So the real answer, I think, to the question is, "what level of responsibility are each of us going to take for us personally? But also to protect our loved ones?" And that an individual choice. The risk is that if the state opens up like when I was talking earlier about Wisconsin, and all of the sudden people say, "Hey they opened it up, it must be safe!" No, no, no. That's not what it means. It just says they're bowing to pressure of balancing these things and saying we need to open it up. That does not mean it's safe, because until this virus is eradicated it is still out there. So each person is going to have to make their own judgment call. We would absolutely recommend post-June, post-July, post-whatever, make sure you socially distance. Don't just go out to these public gatherings because the state has lifted things. That doesn't mean it's safe. It just means the state no longer feels they can keep everybody at home and the numbers have felt it is safer to do it. But our residents are still at risk post-June 4th, particularly those in our nursing centers.

AM: This could be an interesting week in Pennsylvania. We're hearing that this upcoming week they are finally going to publish the names of nursing homes where people have tested positive for COVID. This isn't going to be a big difference for us because we've been sharing this information very freely, but for a lot of communities, this could be quite a shocking week. And

also, I think there's going to be a media frenzy around what people are seeing. Do you have any thoughts about that?

EB: I guess my thoughts would be as you said. We have been transparent from the beginning. We intend to continue to be transparent. So this new directive from the state is not going to change how we do things, to be perfectly blunt about it. And so while the media may come to us when they see the numbers or hear our name, the reality is you can go on our website any number of weeks for the last while and see the numbers. We don't necessarily like everything that's going on, because it's sad, but we're not going to try to hide behind or try to give a different story from what is actually happening. So from that aspect it's not going to be different for us. The other thing I would say is don't believe everything you read. People want to grab your attention with a headline. They want to grab you with whatever. Read those trusted sources. Use your brain in interpretation of data. At the end of the day recognize that even the experts don't fully understand this disease. And I think that is the challenge. We all want to know "this is what you do." I want to know, "This is what I do. This is what we need to do to protect our residents." And the fact of the matter is there is no perfect solution. So we do the best we can and at the end of the day trust that we've done everything we can. But that's very hard.

AM: Our information will continue to be at our website at livingbranches.org/coronavirus. If you have questions about anything you see there you can certainly email me at coronavirusquestions@livingbranches.org. Please feel free to check those resources if you're interested. I heard from several people this week that said, "I look every day." So I know people are definitely looking at that. We're going to close today with something a little different. You've provided something new for us.

EB: Yes I have. And I think I'll start with this. A few weeks ago, of course our church is all online, and they put it together and they've been doing a great job. One of the pastors that was preaching that day, he asked the question, "What is the primary thing on your mind right now? Release it to God." And I wrote down that, I look back at my notes, and for me it was the pain of not being able to control outcomes better than we've been able to, and protect our residents and staff. We are so used to knowing what we're dealing with and being able to take care of that, and for me this has been frustrating, maddening, humbling, perplexing – so many different things. And for me it's that inability to do what we feel we need to be doing to protect our residents because we don't know enough about what we're dealing with and what the right way to deal with it is. And so that's very frustrating. But I need to continue, frankly, to release that and let go of that for my own mental health. I had a little rant this morning with my wife because I just needed to let it escape and let it out. And not at her, obviously it wasn't about her, but it was about the situation. And I think we all need to have those ways of releasing and finding ways to meditate and release things to God. But then the other thing then this past Sunday, Jen Lacher and her daughter, Sophia, who have many connections in the community but also to Living Branches, sang a song about trusting in God. And it was beautifully done, but I wanted to end this week with that video, so we'll be patching that video into our video this week. I really hope folks watching this can enjoy and appreciate the video and remember even that even in these hard times we are not alone and we can release and trust God to be the provider for us. But also know that we don't have to be control of everything, but know that someone is and we can trust in that. So enjoy this video and with thanks to Jen and her daughter, Sophia, for the beautiful job they did.

Trust

Songwriters: Martin Friedman / Marty Friedman / Dave Mustaine

*Trust in the Lord with all your heart
Lean not on your own understanding
In all of your ways acknowledge him
And he will make your paths straight*

*Don't worry about tomorrow
He's got it under control
Just trust in the lord with all of your heart
And he will carry you through*

*Lord sometimes it gets so tough
To keep my eyes on you
When things are going rough
But when I turn my eyes up to the sky
And I hear your voice it says to me*

*Trust in the Lord with all your heart
Lean not on your own understanding
In all of your ways acknowledge him
And he will make your paths straight*

*Don't worry about tomorrow
He's got it under control
Just trust in the Lord with all of your heart
And he will carry you through*