

Transcript
Coronavirus Q & A – Episode 13
July 2, 2020



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Thursday, July 2, 2020. I'm here today with Ed Brubaker, Living Branches President/CEO for an early edition of our weekly videos. Nice to see you.

Edward Brubaker: Nice to see you, Alex. We were off for a week and now we're back.

AM: We were off for a week and quite a bit happened during that week.

EB: Yes it did.

AM: So I guess we're not going on vacation anytime soon.

EB: Certainly not a lengthy one.

AM: Let's start with the good things, shall we? We're very pleased to be able to report as of this morning, we no longer have any residents in Dock Terrace who are considered positive for COVID-19. So everyone in Dock Terrace or Country Cottage is either recovered or never had it to begin with, so the staff has certainly been working very hard to get to that point.

EB: Yes that is very good news and it was a long time coming, but its good news to be at this place. Harmony House was the place where it started, not necessarily started for Dock Terrace, but where it began on the Dock Woods campus and it has been at least five or six weeks now since our last positive test there and we did a retesting as well and got negative results, which is positive – it's a good thing to have negative results. And then we were working in Dock Terrace to eventually get to that point. Some of the persons were shedding the virus longer than anticipated, not necessarily that they were communicable but that is just what happens sometimes. So we're very, very pleased to be at that point. That doesn't mean it could never come back again because there are still some people who never had it in the first place, and we don't fully know long your immunity lasts, but nonetheless it's very good and feels very good to be at that place. Staff worked very hard. Residents were resilient. Families were long-suffering. But it's very, very good to be at that place.

AM: So we did a lot of testing over the last two weeks since we've done our last video. We did universal testing for all staff on all three campuses and then we have done now universal testing for any resident who is in congregate care, which is defined as Personal Care, Memory Care, or Health Care. And just as we were ending things, if you will, on the Dock Woods campus, we have results back that, unfortunately, we have five residents and two staff persons at The Willows who tested positive. And all of them were asymptomatic at the time that they tested – the time they took the swab. On our Souderton campus we have an asymptomatic Health Care staff person and then a person in Park View, which is Memory Care, who has also tested positive. So it was a week of ups and downs as we were getting those test results back.

EB: That's right. And at The Willows we tested last week on Thursday and Wednesday, Thursday, Friday at Dock Woods. And I think because we were having negative tests particularly at Souderton – we hadn't done testing at The Willows prior to that – but we were assuming we would get positive results. And unfortunately we did have those persons that came in with positive. When I said positive before I meant in the sense that they were negative results – it gets a little bit confusing. So the goal is to learn from what we've been working on these last few months and certainly at The Willows, too, we had some space available that we could create a hot zone. So we have all the residents segregated into one wing in the South Wing of The Willows. We have a zippered wall that you need to go through to get onto the wing. Residents are asked to stay in their apartments. Dining Services brings food to the zippered wall and then a staff person takes it to each resident. We have a staff person who is working with those residents for 12 hour day shift and 12 hour night shift. The nurse can come in as they need to come in. So the goal here, really, is to try keep it contained. That is the goal. And it is possible to do, but it is very hard. And so we want to try to do that. Certainly cohorting like that is very important, so we're doing that at The Willows. And I guess time will tell as to how we do with that. It was very disappointing because we were feeling positive about the trajectory at Dock Woods and that was very positive. And then to have that happen at The Willows was quite disappointing. At Souderton we have a positive resident on Park View. And that was not part of our universal or baseline testing. It was actually because she needed to go to the hospital and they tested her there. As a result of that, we have tested all of the Park View resident and we have not gotten the results yet from that. And because of the positive test for the staff person in Health Care at Souderton, we have then also tested all Souderton Health Care residents. If you recall we've done testing in Health Care twice and they were all negative at that point in time. So time again will tell until we get the tests back. What you need to do then is test on a weekly basis until you're 14 days passed the last positive and no symptoms anymore, too, so we'll be testing for a number of weeks. But the goal and the hope really is that we can contain it in a particular unit. And that's certainly what we want to try to work toward.

AM: It's interesting to me that The Willows, we got these test results back and even though we now know there are five residents there that are positive, because we don't have results back from the second round of testing at The Willows yet, we don't know – did those five residents just get exposed so they're just going to be developing illness or have they had the virus for weeks and no one else is going to get it? It's really too soon what may happen there.

EB: Yeah that's right. You don't know where you are in the disease cycle. And when we test – I believe I was yesterday when we retested The Willows and today at Souderton Health Care – the challenge then is the test results are taking longer – sometimes 48 hours – so the challenge is from the date of testing until you get the results back, there's a gap. And certainly it's still better than it was in the beginning when I was quoting a Virginia facility that was 11 days at the longest, but the challenge is what do you do in the mean time? Now that we have positive cases it changes our mindset and assumptions about the condition of the other residents. So we're going to work hard to keep it contained, but it continues to be a challenging disease to manage.

AM: I was talking with our infection control nurse yesterday and she was reflecting that one of the big differences for her now between what's happening at The Willows and Park View now that we have positive residents, and what happened at Dock Terrace when we initially had positive residents, is we're in an entirely different place with PPE, with the amount we have, and with the ways in which we're using it now. So she was saying, from her perspective, we're much better off to manage from The Willows than we were initially at Dock Terrace, simply because of the limited PPE we could get at that time.

EB: That's very true as well. Three years ago – three months ago – it feels like three years ago. Three months ago it was a totally different ball game. It's easy to forget what we were experiencing back then. But there's no question about it. We were talking with the county and trying to figure out ways we could use PPE appropriately – maybe not ideally, but appropriately – but to be able to conserve and preserve it as well, because we were having some real major difficulties. That's not to say we're out of the woods finding PPE now, but you're absolutely right. We're in a different place. So our infection control nurse feels much more comfortable with our ability to do and use the PPE the way we are now. Hopefully that will make a difference as well. It was safe the way we were doing it. It was appropriate, but it is a little different so hopefully that can help us manage these particular increase better as well.

AM: And we should probably point out to our viewers that we continue to do everything we can to get PPE because as we look ahead to the fall and to schools theoretically resuming, as businesses open up, it's not going to be as easy to get, perhaps, as it is right now. And easy is the really wrong word to use, but at least you can find it.

EB: That's right. And it's not just that, either, but the testing has become more of a challenge too with the results. Part of that is there is so much more testing being done. I think about just what we did in the last two weeks in Living Branches is much, much greater than done in March as a for instance. When you compound that by all of the other facilities, the other places that are doing testing – it's really no surprise that the testing is getting backed up again. I know other local facilities that we talk with in the area were all trying to find new testing facilities – you know, who are you using and what results are you getting? Because that is really changing as well and we're experiencing that change.

AM: When you stop and think we initially had one person test positive in Harmony House way back at the beginning of this, the county told us, “don’t bother testing anyone else – just assume that they’re all positive.” That’s night and day from what’s being communicated now.

EB: That’s right. It’s very different. I think sometimes people look at that and say well that must mean it’s fake or untrue. It’s the reality of we’re learning more than in the beginning. Having said that, at the front end of this, masks were on short supply. I was just getting masks in the mail – I ordered some Phillies and Eagles masks in early May and I just literally got them this week at home. Having said that, masks at the beginning, even surgical masks, you couldn’t get them. So the reality was the public was not being recommended to wear masks at that point. Part of that was you needed them for the health care professionals. So those are the realities you deal with when you get hit with a pandemic that is impacting so many people. It’s a challenge from that perspective.

AM: Definitely. The one other thing we should wrap up about testing to make clear is that we tested all staff at Dock Woods first and we have received all of results back from those tests. Every staff person that was tested at Dock Woods has tested negative, meaning they do not have the virus, which is a positive result. And it’s more accurate to say at the time they took the swab for the test at Dock Woods, no one was positive at that time. Good results from Dock Woods. We’re still getting results in from the Souderton universal staff testing. Everything we’ve gotten back so far has been negative, meaning no virus detected. But we do not have all of those results back yet.

EB: Yeah, that’s right. And the protocol is that once you do the baseline-universal-initial testing that was mandated by the Department of Health for skilled nursing, now it has been mandated for Personal Care through DHS as well, so we’re getting it done earlier than the mandate dates, but the point is it has expanded from a state requirement. Having said that, the initial testing creates the baseline. If they’re all negative you do not have to do regular testing until there is a symptomatic person that you test, and if they’re positive, then you do a universal test or a complete test again. So for instance, we had been at Souderton negative in Health Care for two different testing times we did there. We then had this positive case in a staff person. So we went back and tested all residents again. So that’s the protocol you use currently for ongoing testing. If you do have a positive, and get back more positives, you have to keep testing until you get negatives again.

AM: It’s going to be a lot of testing. One of the other things that happened last week that we thought was going to be this big things and now we’re not talking about it very much, but with Montgomery County going to green, we were able to relax some of our restrictions for Residential Living residents. So a lot of that started Monday of this week. We are moving toward – actually next week at Dock Woods and Souderton, the hairdressers will be back in, which everyone is very excited about. We’re starting to go to take-out and then in-person dining in Residential Living again, bringing some of that back. The fitness center is opening back up and

then most importantly, Residential Living residents will be able to have visitors in their residences again. Of course all of this on a limited basis, with social distancing, with wearing a face mask, all of that. But a big step towards getting things closer to normal.

EB: Yeah that's right. The thing we need to keep in mind though, we as observe in other states that there are states that maybe didn't have the same restrictions as Pennsylvania and they're number are going up. Frankly, they're backtracking. So the cautionary tale is, we will continue to do this but we've got to look at our case counts, both within our organization and also within the state because – it's interesting and I won't get into the details to why this may be happening, but we're definitely not hearing as much about Houston as we did about New York. It's very interesting and I think there's reasons for that. But having said that, I did read recently that the Houston ICU units are overflowing in Houston, Texas. And they are transferring people outside the Houston market to go to the hospital. That's not what we're experiencing in our area, but the point is this is not over. If the numbers start creeping in the wrong direction, these things are always subject to being unwound. Because again, we don't want to negate all of the positive from the shutdown with all of the enthusiasm and excitement for not having to be quite as physically distanced anymore. So it's really important to be really disciplined, particularly with wearing a mask in public, washing your hands, and really doing the things intelligently, frankly, and thinking about what you're doing as opposed to saying, "Oh this phase means this, it's all open again."

AM: Now we had permission from the state, if you will, to go ahead and start looking at changes in Residential Living and now they have finally released guidance for us all for Health Care and Personal Care. As I was reading through those very complex documents last night, I was struck by how it was one step forward, two steps back, half a step forward, three steps back. Because almost everything in there says you can open up Personal Care, you can open up Health Care, until you get a positive test and then you are right back where you started and everything is closed again. So it's certainly not going to be a seamless, straight-forward progression.

EB: It's not.

AM: But we are starting to work on restriction easing for Health Care, Personal Care, and Memory Care. We have a meeting about that this afternoon where we're going to start tackling that. You should expect to see announcements coming within the next couple of weeks, as far as some of those restrictions. Of course hair dressers are hot on the list of things to talk about, as is the ability to have more visitation. Those are the big ones I think that people are interested in.

EB: Yep! Hairdressers and barbers and beauticians – they are a hot commodity right now. My wife got hers done and I finally have my appointment now, too. And I think you recently had one.

I was trying to hold out until our residents in Residential Living could start scheduling again, and that's next week.

AM: You made it! I do have a question for you from a resident: Several of us don't understand why outside visitors are permitted at this time in Residential Living, but residents cannot play games. What about three or four of us playing cards in our apartment. What is so wrong about that?

EB: The challenge is, card playing is different than having visitors over having conversation behind masks. Most card games involve touching cards or pieces of the puzzle together and you're passing the cards around or whatever. So that's really the cautionary tale there. We'll have to continue to evaluate those things to see if there's a safe way to do that. But that's really the background as opposed to sitting socially distanced away from somebody. Typically when you're playing cards you're not six feet away from each other because if you're passing a card you need to be relatively close. And so there's those things we need to pay attention to. Having said that, we'll need to continue to look at these things. And say, what is the measure of risk and reward and how do we do that. But that's really the reason. With visitors it's assuming you're going to be socially distanced, wearing a mask, having a conversation, as opposed to in a relatively close proximity passing cards around a table. So that's really the concept there. But again, we'll have to continue to review these things to see how they could be done.

AM: And maybe just a reminder for folks, that all of these guidelines will be changing. You can find all of the updates at livingbranches.org/coronavirus. The other thing that really struck me this week is that we've seen so much in the news that COVID is increasing and we're seeing more counts. As our testing came back, I was struck by the fact that of the nine persons who tested positive at Living Branches, eight of them were asymptomatic when we got the results back. We do not know who has this, but only that more people do.

EB: Yeah that's right. And that's what's happening in other parts of the country too. Bars are opening, restaurants are opening, people are going out there and they're seeing that I think it's now less than 35 is the average age in some states as to who is testing positive, and part of it is because of that. Now the reality is that they're typically, not exclusively, but typically not hit as hard as an older person. But I've heard read stories about persons in their 30s and 40s where symptoms lasted for weeks and weeks and weeks and people couldn't shake things. It manifests itself differently in different people and that's why it can be so challenging, and frankly, confusing at times, too. The asymptomatic younger person, that's a challenging nut to crack because particularly if they're a staff person, and they potentially passing it to their coworkers, etc. Having said that, we're not masked here because we're doing this interview and were appropriately distanced, but we wear masks. When I'm walking around the shared services offices outside my office, I have a mask on. So those certainly are things that reduce the spread. I saw an experiment – they were looking at how far the cough droplets spread – and almost any kind of mask helps with that. Certain ones perform better than others, but at the end

of the day, some type of face covering is better than nothing. But there certainly are ones that are more advantageous.

AM: We hear a lot about the hot spots and the danger zones of being indoors at a restaurant or a gym, but when we talk about, especially, the risk for our residents, a lot of that comes down to social, family interaction. And you feel like your family is safe. You know them. You love them. How could they be somebody giving me the virus? But the point is you don't know. And when you look at those super-spreader events that we hear about. So many of those come from family party – a time of joy that turns into something much different.

EB: Right. And certainly there are other gatherings too where you don't know where people have been. It's important to be aware of that, and manage them, and monitor them as much as you can.

AM: I think you'll be doing your mantra of wear a mask, wash your hands, and don't touch your face for a long time to come.

EB: That's right. The mask I can't overemphasize. It's quite important.

AM: Well thank you. Thank you to our viewers. It's nice to be back and we'll be back again with another update. Thank you very much.