

Transcript
Coronavirus Q & A – Episode 14
July 10, 2020



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, July 10, 2020. Welcome to another one of our videos. I'm here today with Ed Brubaker, Living Branches President/CEO. And I guess congratulations are in order.

EB: Congratulations? Are you referencing – what?

AM: Not only did you get your hair cut, but now apparently, you are a celebrity because there's discussion about this.

EB: Well I don't know about celebrity status, and someone commented that my hair didn't look at that different. It didn't get a lot off – we'll it's not back to where we used to be, let's just say that. But there was a lot taken off, believe me. February was my last haircut. The hilarious thing was I walked in – my hairdresser has a salon in her house – and I walked in and she looked at my hair and said, "Everyone is talking about your hair." And I said, "What are you talking about." And she said, "They're saying Ed doesn't color his hair anymore!" We had a good laugh and let me say right here today, to the camera: Ed Brubaker has never colored his hair and I don't know that I will or won't in the future. I can't speak to that, but in the past I haven't. It was some comic relief to hear that people were placing bets and everything – no I don't know that it was to that extent. But people were saying "Oh Ed stopped coloring his hair during the pandemic." Ed stopped other things, but coloring his hair wasn't one of them because he never started.

AM: Your hairdresser was probably thinking, wait a minute. I'm not coloring it. So who is he coloring it with!

EB: Yes, he's cheating me. That of course you don't want to do with your hairdresser.

AM: Let's start with a recap with where we are with a case count. Happily we can say that at Dock Woods we remain COVID-free. No one currently at Dock Woods – resident or staff person – is testing positive for COVID, which is great. They've been through a lot at that campus and that certainly is reassuring everyone. At Souderton we continue to have one person in Park View who has tested positive. We have done a couple of rounds of testing in Park View and it is still holding at just the one resident, which is really good news. At The Willows we have completed multiple rounds of testing and we have six residents who have tested positive – only two of those are showing symptoms right now. So that's good news, too, especially because we had all of this learning from Dock Terrace and what went on there in the beginning of the year and so if we can take that information and apply it to our other campuses – because people are

going to get COVID. It's everywhere. So we know that people are going to test positive, but if we can keep it from spreading, that's half the battle.

EB: That's right. And the one thing I would reflect in Park View, too, is there was another person who seemed to have some level of symptoms but tested negative, so we weren't sure. And frankly, we're still not sure. Are they really a false negative? The flip side is their medical provider was also reflecting their symptoms were similar to symptoms they had pre-COVID. So that becomes the challenge sometimes. When you're looking at someone's symptoms and whether they should be tested or shouldn't be tested from a symptoms standpoint, or if it was a false negative once they come back, because we have people who are symptomatic for other things or may have difficulty breathing on regular day even pre-COVID. That makes it challenging to really understand. So we need to go by the test results, but the reality is they're also not 100% either. It does make it challenging. But it's the system we have to work with so we'll do the best we can. It is not an exact science. It's better than nothing, absolutely. But it's not an exact science.

AM: I should mention that both at The Willows and Park View, we did have one staff person who was asymptomatic but did test positive. The person at The Willows is back to work because they're past the quarantine time period. So it's great that we're seeing this wind down a little bit.

AM: Maybe the other thing I would reflect on too with the testing is when I say it's not an exact science, I don't know that I would reflect that's related to the actual testing in the lab necessarily. I think that's pretty accurate. The challenge is: did they get a good sample? There are different ways of doing it now. It's not all nasal where we used to joke they would stick it halfway up your nose to your brain, which sounds gross, but they did have to go up there pretty far. That can be the issue too, sometimes, that there's not a good sample or it was a contaminated sample. So there's all different things that can happen. A contaminated sample would typically not give you a result, but you don't always get a good enough sample either. So as I said, it's not an exact science but it is what we have to go by and for the most part is pretty good. It's what we depend on.

AM: And maybe also to share that we're continuing to see varying lag times for getting results back. Four or five weeks ago we were so thrilled because we were reliably getting them back within 24 hours and that's not the case anymore.

EB: Yes. In fact I was talking with someone today, she's with an association, and she was reflecting that she was hearing people saying it was taking five-six-seven days again. That really restricts your ability to make decisions. In those cases if it is a staff person who is symptomatic and suspected, of course if they were asymptomatic we wouldn't be testing them in those situation, but if they're symptomatic and waiting for test results, they're still out of work, so that's the other challenging reality from a staffing standpoint. You don't know what to do with those

persons in the meantime and that becomes very challenging – when you can't get timely test results. That's a big concern.

AM: Just as we've gone backwards on test results – I can't believe we're talking about this again, but we're sort of going backwards on PPE availability.

EB: Yes that's right. And I just passed along an article from the New York Times to Steve who gives oversight to the team that keeps track of our PPE and makes sure we have proper inventory. And it was saying there's some challenges with PPE again and we are not experiencing it at the moment that way. We've been building our inventory. We've been getting gowns that you can reuse. And in fact our staff likes the coverage they provide even better than the disposable gowns. So we've been trying to do some of those things over the last few months. But if you read the news and you watch what's going on across the country, it starts to make sense. We're all buying from the same suppliers and when the outbreak is what it is in some of the southern and western states, it is a real problem. And so that's concerning when we think about coming into fall and winter. And so we're going to keep trying to buy PPE as we can. We don't want to unnecessarily stockpile it, but we also don't want to be caught that we don't have adequate supplies should we get outbreaks that we have to deal with. So yes it is a challenge. And I would say it's quite unfortunate. It's quite unfortunate.

AM: And our usage is going up, too. Of things like wipes and hand sanitizer now that we've opened the fitness center and computer center and things like that. We just have more usage as well.

EB: That's right. It's very true.

AM: It will be interesting to see how that plays out.

EB: I keep checking periodically online to see if it wet ones are back in stock yet. Because they have nice little things you can take in your car or whatever, and they're still very hard to get. So it's, it's a challenge.

AM: My husband is searching for Scott toilet paper. That is his – that is what he wants more than anything and he can't find it around.

EB: I have some. They had it at Costco one week, a week ago. And then the following week they didn't, so I can sell him a roll for, I don't know, \$10 or something.

AM: I will let him know. Maybe he has something to swap.

EB: They have all the Charmin you could ever want at Costco. Mounds of Charmin.

AM: Yes they do! Same as ours. One thing that happened this week that we haven't done before, is we have had to talk to our employees about the fact that the Governor has issued quarantine orders for persons coming into Pennsylvania from different states. And so we've been talking to our team members about, ok, if you are going on vacation to these states you are not going to be able to come back directly to work. And I will list them, because I think for our viewers, if you have family members who are coming in from these states you probably need to know that. The states under quarantine are: Alabama, Arizona, Arkansas, California, Florida, Georgia, Idaho, Louisiana, Mississippi, Nevada, North Carolina, South Carolina, Tennessee, Texas, and Utah. Some of those I'm not surprised to hear because they've been in the news. Idaho – I didn't think much about Idaho. Beautiful state and I love going there, but I wouldn't have thought it to be a hotbed.

EB: Well I think there are probably 10 people who live in Idaho and three of them have it, so that's 30%. No I'm kidding! But that plays into it, too. I just heard on the news that South Carolina – their infection rates and levels are worse than a lot of countries in the world. So it's a problem. And you're right that this was an add-on. And so we actually had a staff person who was on vacation in one of these states. I would say, just by knowing them, they were also taking precautions and they said they were – and I really do believe them because they're that kind of person. But they got caught in that and now they're out on a quarantine. That's just the reality of what we need to do. I know another person – a CEO at another organization – was coming back early from a vacation in North Carolina having to do with something related to the family that caused them to come back early. He was out of North Carolina and then Governor Wolf was announcing this.

AM: So just in the nick of time!

EB: Yes, just in the nick of time. Now the reality is if it is a problem now and then it wasn't. It's not this magical timeframe. But the reality is that's how close it came for him. And we are taking this seriously and I think there are still people who question is it a mandate? Is it not? We understand it to be a mandate, particularly for health care organizations such as ourselves, particularly in our skilled nursing. And so we're taking it seriously because – I think it was New Jersey or somewhere – there was evidence that someone coming in from another state brought it back in. We've really worked hard in this tristate area, particularly New York has been hit hard. And now we're doing better in this area and we really want to keep it that way and protect all of that work that we had. So it's hard, but I support it. I really do support it. It's odd though. You think about restricting travel from Mexico or China or Canada or wherever. To say we're

restricting travel from North Carolina. Honestly it's sad, and frankly, for me, it's disappointing that we can't have more of a national strategy in this country. As basically the wealthiest country in the world, it's just a real head-scratcher for me that we can't do better than we are. In the meantime, this is what we've got and we'll work with it.

AM: I think that information is perhaps especially important for our Residential Living residents because as our campuses have opened and they're not having visitors come on campus, and perhaps doing more with families off campus, they just need to remember that not everybody is in green like we are.

EB: That's right. That's exactly right.

AM: And we've said all along that the restrictions on our campus will ebb and flow as things change in the community. And so we need to do our best to try to keep things on the low side of ebbing so that we don't have to make the changes that none of us want to make.

EB: That's very true. And it's still interesting to hear people in the community – when they say this to me they know I know people who have had COVID, but they'll ask people if they know anyone who has had it. And there are still a lot of people that don't. And so it's easy to forget that we're so immersed in this every day and there are people who literally don't know someone. Unfortunately sometimes that's the logic people will use: well I don't know anyone that had it, so I guess it's not a problem. Well that's not a very good way to look at things, but that's how we do look at it sometimes as humans. And I forget sometimes and have to remind myself that we are up to our eye balls in this every day. That is not the reality for most people. And so maybe it allows me to forgive them a little bit more, but also have the opportunity to educate as well, and say this is real. This is real stuff and we want to try to keep it at bay.

AM: And maybe also from an education standpoint, to remind our viewers and our residents that there seems to be a coalescing of experts around the idea that it is much safer to have interactions with persons outside than it is inside. That is a little piece of information that people can use in their lives every day.

EB: That's very true. My wife and I have been to some very small gatherings, but it's been outside. I don't think we've been anywhere inside with other people. That makes a difference. And I know for myself, personally, it makes me more comfortable to do that. Because you have air movement, you can separate more easily than in a house, and it's definitely a better place to be. It's good for you, too, to be out in the fresh air.

AM: We're going to have to be vigilant about this for the foreseeable future, and so we need to make sure that we're taking the precautions we can. I am getting ready to go on vacation.

EB: You're not going to California or Louisiana or South Carolina, are you?

AM: We're going to Ohiopyle, which I keep saying to everyone, is actually in Pennsylvania.

EB: It's called Ohiopyle?

AM: It's called Ohiopyle. We're going camping and as I look out the window behind you it appears to be a monsoon, so that's going to go great, I'm sure.

EB: So you're starting tonight?

AM: Supposedly. This means next week you're going to have a special guest, instead of me. You're going to be in this chair.

EB: Yeah I'll be in the interviewer chair. We're going to have Dr. Daniel Haimowitz. Dan is our medical director of Living Branches. We thought it would be nice to introduce him to the viewing audience. He's on our coronavirus response team. He is the medical director at a number of other facilities, too. I haven't come up with all of my questions yet, but it will be fun to talk with him and interview him and talk about some of his perspectives on coronavirus and what he sees across the country and what we can continue to work at.

AM: He's got great connections, so that should be a very interesting conversation. In the meantime, if people have questions they can email them to coronavirusquestions@livingbranches.org or they can call our hotline or get in touch with us in any number of ways. We will see everyone next week.

EB: And one more thing before we do close. We were talking about The Willows and the situation there and just wanted to note that we have learned a lot over the last couple months. When I think about what we learned in Harmony House and Dock Terrace and the industry in general, we're taking some of those things and applying them to The Willows. So we have a wing that is dedication – fortunately, well, I guess fortunately we had an open wing, but that means our census was down, but we had the ability to cohort those COVID positive residents. We've had then some negative test of persons outside the COVID wing. So we're feeling

cautiously optimistic. The idea is that you cohort in red people positive, yellow who be, and green who are not. And you staff it that way. So we have staff who are dedicated to those six people. That costs money, too. We typically don't have that level of staffing pattern. So you can imagine we want to move out of this as quickly as possible. But it has been interesting and I think we've learned over these past few months on how we can manage this better. And perhaps next week with Dr. H I'll talk about testing protocols and things like that. Because there are things that I think we can continue to work at in that regard, but it is nice to be able to look at that and kind of have a testing ground, so to speak, at The Willows to say are we able to control this differently because of the learnings. There is no guarantee. But at least we feel that we're working at things a bit differently, which is helpful.

AM: In some ways, not that it ever makes all of the suffering worth it, but if we were starting from scratch in every location, that would be extremely difficult and frustrating. So the fact that we can share the knowledge bases between our campuses is another thing that makes it nice to have partners, as we're working on this.

EB: Exactly.

AM: Thank you everyone. Have a great week. And Ed and Dr. H will see you next week!