

Transcript
Coronavirus Q & A – Episode 16
July 24, 2020



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, July 24, 2020. It's nice to be back for another one of our weekly chats. I'm here today with Ed Brubaker, Living Branches President/CEO.

Ed Brubaker: Good afternoon! And you weren't here with us last week. You were on a well-deserved vacation. How was Ohiopyle?

AM: Ohiopyle – first thing to know is despite the name, is it not in Ohio. It is in southwestern Pennsylvania.

EB: Like Indiana University? Is it not in Indiana, it's in Pennsylvania.

AM: Exactly. It was wonderful. It's gorgeous. I had never been out there before. We went white water rafting. We went hiking. And I had almost no cell service so I did not check my email at all, which was wonderful during the time that and now it is problematic. So if you emailed me last week and I haven't gotten back to you, I certainly apologize. I'm working my way through and you can email me if you need something immediately. I had forgotten how nice it is to relax. I hope you will be able to go on vacation sometime soon.

EB: Hopefully at some point. Risk management signed off on your white water rafting?

AM: Luckily I was not the one who fell out of the boat. That was Dominic. But it was really enjoyable.

EB: Great. Well welcome back.

AM: Good news while I was gone, in that we now only have one person who is continuing to test positive for COVID and that is at Souderton Mennonite Homes – a resident in our Memory Care area Park View. There are no other positive cases. So we're very grateful for that and I hope that lasts for a long time. But of course we are working on the assumption that it won't and we need to remain diligent. While I was out we had a fairly significant number of questions come in from residents, so I have three of them for us to address today. The first one is that we've

received a couple of questions regarding information people have seen on the news, etc. about support coming from the federal government for nursing homes and retirement communities. Could you talk a little bit about what support is coming?

EB: Yes. There are a lot of different areas in that regard. Probably the most recent thing that came out which was discussed a little bit last week with Dr. Haimowitz – we're supposed to be getting these point of service test kits – testing equipment. We have not gotten ours yet and certainly we will update you when we do. They are sending them out to nursing homes across the US. There are two different companies and we did find out through our own research that one is more accurate than the other. So certainly we're hoping for the high accuracy one to be shipped to our locations. We understood there may have been some facilities in the area – not close in the area – but some that have already gotten them. But we have not yet. But we want to implement that as part of our overall testing strategy that we are still working on. We're not required to do regular testing other than the baseline testing which we've done, but we want to look at that. Because I really do believe that some kind of ongoing serial testing will be important for us to do. It could also be a way that we screen visitors, too. More to come on that, but that is the most recent thing that people were probably reading about in the media. We've also gotten monies from HHS and money from the state, too. Those are to be used for reduced income because of lower occupancy or increased expenses because of PPE supplies and that kind of thing. So we have to prove that we have those expenditures and lost income, but we did get, I would say, a significant amount of money from the federal government and some coming through the state government for that. So that's one of the things that is happening. So there's direct money coming in and there's also some equipment that they'll be looking to send as well. We also along the way got some PPE equipment from FEMA. The downside is some of that stuff appeared to have been in storage for a period of time until it got to us from other disasters or whatever. So every little bit helps and we have been getting things along the way. But the largest has been actual dollars and then the upcoming testing equipment that we anticipate receiving.

AM: I was pleased to see that when we talk about the difference in accuracy in testing between the brands – I think you were saying one is 95% accurate and one is 80% accurate. Which was encouraging, because initially we heard that some of the testing equipment that is more rapid was not accurate at all.

EB: Without disparaging brands, because it's all part of the process of going forward, Abbott was the one that was not as accurate. The other two are the two that the Feds are looking at. It is increasing. There are also other test strips that are being checked. That is not something that we're going to be getting and it is not accurate enough at this point in time. But I think there will continue to be more options and more opportunities for us in the future.

AM: And maybe just a point of clarity, that while the government talks about sending this out to nursing homes. In our situation there is no requirement that we can only use those in the skilled nursing areas of our communities.

EB: Yes we're not understanding that. And frankly we're supposed to get the cassettes and actual equipment that is one use for each test, so in the future we'll need to buy those test kits and that kind of thing. So the reagents, the test kits, all those kinds of things – that's an ongoing cost for the test. So we'll need to buy that in the future. And frankly that's sometimes the things that are in short supply, too. So it's always this balance with the supply and demand that becomes more challenging.

AM: Great. I had two questions from Residential Living residents this week asking for clarity about what they can do when they're off campus, so maybe you'd like to address that.

EB: Well they can't do anything I wouldn't do.

AM: That's a broad parameter!

EB: That's pretty wide open. That's an interesting question, because certainly in Residential Living we had some restrictions for visitors coming onto the campus and had some restrictions as to more suggestions – if persons snuck off camps – we don't have guard houses at the gates. And there were some communities that do have guard houses and persons were not allowed to leave the campus. So there's all kinds of different ways in which communities were doing it. And so Residential Living in some ways has been this area of, here are some recommendations or here are some restrictions to visitors, so we put those out there, but in Residential Living persons are independent. As independent as you and I, so they have their lives to lead as well. So other than those lighter restrictions that frankly many people in the wider community were abiding by as well, we never got into the level of closing down, if you will, particularly in cottages and villas because of the various entrances. Having said that, we still wanted to make recommendations and good practices for people. And so that's what it is now. In the past we said, you need to eat so you need to go to the grocery store. So you need to figure out how to do them safely – certainly masks, and wash your hands, and don't touch your face – all those kinds of things. And keep those trips to a minimum. Don't go to the store every day. Consolidate your trips. So many of the things we were doing were recommendations, so that continues to be what we're saying. If there are things you can't do, we'll certainly be clear about that, but other things, you just need to be smart. And so I recognize that some people would like to have the list of dos and don'ts and other people would say, "Don't give me that! I don't want that level of restriction." It's really just finding those best practices, those best behaviors to keep yourself safe. Another way to think about it, too, is if I'm interacting with you out in the community, now hopefully we're both masked, but a few months ago we weren't. Whenever I interact with someone and I don't know where they've been – I just interacted with everyone they've interacted with in the recent past. That's really the issue. When we don't know someone and where they were or who they were interacting with, we don't know how many persons were actually interacting with when we're interacting with them. So those kinds of thought processes, to think about: What does this mean? If my grandchild comes to see me who may have interacted with this friend or that, or maybe went to a service at their church. So those are the

kinds of things to keep in mind. And just do those safe practices and recognize that when you interact with someone, it's that person and all of the people they have interacted with. So it's those things to keep in mind to try to keep safe.

AM: And maybe we should clarify for our Residential Living residents and their families that we are happy to be a resource.

EB: Absolutely.

AM: If you have questions or thoughts about, "Hey should I be doing this?" Contact your social worker and they would be happy to be a sounding board.

EB: And the idea here is let's do those safe things. Through conversation and reading, and recognizing, too, that different people have different levels of what they feel is safe. But within the big picture parameters, they are some things we would say these are things that will not happen on our campuses.

AM: Including visitation from persons coming from any of the states that have been quarantined.

EB: Correct. And I will have to say – you and I were just talking about this earlier. Our daughter was planning to get married at Terrain at the end of August. That was cancelled until next year. Then they wanted to get married in Missouri where her fiancé is from and have some of his family – just a very small group. And we talked about – well if Missouri is added to the quarantined states that could be a problem. And just today I got an email from HR that Missouri and Wyoming were added. Now states could be deleted, too. But it impacts all of us. It impacts all of us as to those kinds of things. So we all are making changes – shifting and making last minute changes and that's kind of the reality of life right now unfortunately.

AM: Yeah it really is. Another question that I have is from a family member of a resident in Personal Care who was calling to say she heard a rumor – and I think she even used the word rumor – that she was going to be unable to see her mom who lives in Personal Care in person until probably next year. And she was calling to say, "We can't do that." And so maybe we can share with people what our plans are regarding that kind of thing.

EB: I would say unless the entire system collapses in the next couple of weeks, that would not be the case – what you just stated. And that would be almost impossible to really have that happen in reality, because we do need to have those connections. We do have a task group – a sub task group of the coronavirus response team that is working on easing of restrictions. And

particularly the focus on Personal Care and Health Care. Because as we just talked about Residential Living is in a little bit different of a category. But within the larger buildings, places where there might be semi-private or two-person rooms, areas that we are much more interactive with the resident in giving their care, providing food, etc. Those are the areas we we're focusing on. And so we're working at what are the ways in which we can safely ease some of the restrictions. And that's literally a week or two out until - we are looking at early August to roll out some of the new processes and guidelines. Assuming things continue in Pennsylvania as they are now, that's our goal and that's what we want to be looking at. But a specific answer to the question about not seeing mom face to face until next year – like I said, unless the whole world collapses in the next two weeks, that is certainly not part of the plan. We do want to provide opportunities for the easing of restrictions, for ways in which visitation can take place safely. But again, at the end of the day, we have some level of responsibility to do this well – not only ethically and otherwise, but we have state regulatory agencies that we need to be paying attention to as well.

AM: I received a letter from a Residential Living residents who have spouses in higher levels of care – just talking about how incredibly difficult this is. There have been so many ramifications and different facets of this for different people, but I guess just to let people know, reuniting people safely and quickly is really the number one priority that sub group is working on.

EB: Absolutely. And the emotional toll – I don't think it's fair to measure it against the physical toll because we don't know – how do you really compare and contrast? They're so different: physical and emotional. But they're both important. And frankly, when you go into restrictions that tends to be more focused on: keeping people physically safe. And the emotional toll of this disease has been devastating as well. And I'm reading more and more articles about it. But I hear from families, too. They email me, or call me, or see me in the community and really talk about that. It is serious, too. And we really need to pay attention to that while still working to keep the virus out, because that's a problem as well. We don't want to go backwards, either. It's a very challenging time and the emotional toll on people is very heartbreaking at times. Very much so.

AM: It is. Hopefully, yes at the end of next week or beginning of the week after we will be able to make announcements about what our plans will be for reopening back up in Health Care, Memory Care, and Personal Care.

EB: Maybe just another word on that, too, is you may say, "Why didn't you have that ready?" Well we didn't get things from the state that we then have to put in place from what they got to us – and that's not to blame them – but just that we're all learning together and it takes times. It's unfortunate the length of time that it does take, but there's a lot of details to work through – a lot of details. And so unless you're directly involved, you don't really understand the complexity of it. But suffice it to say we are working as quickly as we can to roll it out as safely as we can.

AM: The form alone that came from the government to get your plan ready to operate was not short.

EB: Yeah – exactly.

AM: There's a lot to do. Well those are my questions for this week. Do you have any other comments you'd like to make or should we wrap up and let people get on to their lives early this week?

EB: We can wrap it up, too. But I'll just reflect again that last week we talked a bit and this week too about testing and the test kits the state is coming up with. I have asked our project person in Living Branches to work at some testing strategies for us and looking at what are our options for the future. Again this is not something we're required to do by the state, but I really do believe some level of testing on a periodic basis will be important for us to do. And so we're trying to figure out how that fits in. Frankly, what the cost is going to be and how do you measure cost benefit. But again all of these that we're doing are with the idea in mind that we want to find ways to ease restrictions while keeping people safe and using the different methodologies that we can to make that happen because it really is about helping people connect again. That's just been so hard. I know someone contacted me recently about how much am I out and about with residents and staff. That has been one of the most challenging parts for me. Because I would say with most other crises I've had to deal with as CEO, you can be out there eyeball to eyeball with people, interacting with them, being a presence. With this – physical distancing, and masking, and COVID, and hot zones – it's really been hard. And that's really, for me, been a challenge as well. How do you find the balance? So certainly videos and trying to connect in that way – we do these videos, we've done a bunch of videos thanking staff and connecting with staff. But that's a hard thing because there's a risk if I'm interacting eyeball to eyeball, face to face – there's a transmission of disease that can happen. And that's a reality between families, too. So we want to really find ways that we can work at that. So, I would say almost everything we do is focused on how do we safely ease restrictions and what are the tools in our tool kit that we can use to do that because it's just so important that people just start to be able to reconnect in some way.

AM: And when we look at the outbreak we had in Dock Terrace, our skilled nursing area at Dock Woods, at the beginning of this crisis. And then we look at the outbreak we had at The Willows which is Personal Care – totally different setup and much later. But still, that was over relatively quickly. And I think part of that does come down to better testing availability and strategies that really helped us get ahold of that.

EB: Yeah and we knew what to do right away. We said let's segregate. Now the flip side is there were other things that were happening then at The Willows more recently and also early on at Dock Terrace that were different. I mean Dock Terrace didn't have an empty wing that we could take people to – The Willows did. Or almost, we could do some reshuffling. And they're private

rooms in Personal Care. They're not primarily in Health Care. Was there a super-spreader type event happening at Dock Terrace? You know, so there were so many different things that we don't fully know. But you're absolutely correct – we felt more confident in being able to deal with it. And so, here's what we're going to do – boom. Let's jump into action and make it happen. So there's no question that we feel more confident now than just a few short months ago.

AM: On the coronavirus response team, I'm usually the person pushing, saying let's open – of course part of that is that I don't have operational responsibilities, but as we continually strive to balance perfect accessibility versus perfect safety, if you will, I was encouraged, from my perspective, to see that maybe this will help us to be more confident maybe in our ability to err a *little bit more* on the side of openness, if we can feel that we can handle an outbreak in a way differently. I think if it was April again, all of us would be saying: no visitors, no nothing, because we can't risk that. But this may give us a little more confidence.

EB: We both received correspondence recently from a resident whose spouse was in Health Care and they were reflecting on some things they would like to see changed, and how hard it was on them and their spouse, and very understandably so. It was also interesting for her to reflect that she was glad that we didn't have some of the deeper restrictions that she observed at other retirement communities. And I know for us, when you're in thick of it, it's hard to remember that. But it was really interesting to see that she had a perspective that we had not gone into complete and utter lockdown like some people had. And she appreciated that. But in Residential Living we were still able to keep the virus at bay, so it's a balance.

AM: On all things. Well thank you, thank you all. Just a reminder for next week: if you have more questions, please feel free to email them to me a coronavirusquestions@livingbranches.org. You can call the hotline or if you're on campus, you can talk to the social worker in your level of care.