

**Transcript**  
**Coronavirus Q & A – Episode 24**  
**September 17, 2020**



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Thursday, September 17, 2020. Welcome to another video with Edward Brubaker, Living Branches President/CEO. Here we are!

Edward Brubaker: Here we are.

AM: Let's start with happy news from Harmony House, which is the Memory Care area at Dock Woods. We previously had one staff person test positive for COVID. As a result of that we've done two rounds of testing for staff and residents in Harmony House and so far, everyone is negative.

EB: That's correct and that is good news. I believe we're testing again today or tomorrow, or maybe today and tomorrow. And hopefully then we can go through the phases again to reopen. It just shows you the power of one – the power of one person and the impact they have. And certainly it could happen to any of us potentially. This person isn't sure where she picked it up and feels she was doing safe things. So one doesn't fully know where one may get it – from family members or wherever. But it could happen to people. We do try to do the safe thing so we can keep it as low as possible. The interesting thing in that particular case – she had so many of the check box symptoms that we actually went into close down mode before we got the results of her test. And that turned out to be a wise decision in that case. We don't always do that in cases where there is suspicion, but she had all the classic symptoms and so we felt it was wise to do that. And I'm not saying that's why we're having the good results, but it certainly helps I think.

AM: I found that really interesting and encouraging, because I was a part of those meetings in the coronavirus response team and both Dr. Haimowitz, our medical director, and Merry Sheeran, our infection control person, said clearly when I look at these symptoms, I'm pretty confident that she's going to test positive. You looked at that and said the same thing. This is classic symptoms. Then a week later we had another case at another campus where we said no, let's get those test results back because this might be it but it doesn't feel like it. And that was right. She tested negative.

EB: That's right. And in that particular case on the other campus, she had some of the symptoms but not as many as the other person. But they were also connected to things that she more commonly had as symptoms for other things that she may have had issues with. So you consider all those things. I remember in the meeting we talked about the other one that we did

close down the campus – and it's a big deal to do that. Initially I may have annoyed some people because I kept asking questions, but also shows the value of the group coming together – different perspectives, different people seeing it, different people saying wait a minute, how do we need to do that? And that's the benefit of a team coming together and evaluating these things. So again, it may not have been the reason we had success, because I really do think mask wearing is a big part of that – a huge part of our ability to control the spread more, but certainly doing those things are important. To keep the spread from going and moving.

AM: And this ties in nicely. We've spent a lot of time talking about testing but this is just another situation that demonstrates the need to have good, reliable, fast tests.

EB: Right! That's right. And of the challenges we're running into now – we did get the BD rapid antigen test, point of care test. And it doesn't have as high of a true positivity rate that we would like to see – I think it's around 84% - so we were disappointed when we got that instead of Quidel, but the challenge is then we have had then with that particular equipment some false positives. Of course when we get the positive, we send the staff person home. And then our policy is to do a PCR test to confirm that, because that's a more accurate test. Well in the cases we've done the PCR test to date, all three persons were then negative PCR. You can see the big implications, because if you go based on a positive and start shutting down a facility, it has big implications, so we need to be sure of it. The challenge is what are we expected to do with a positive test from a rapid antigen test? What does the government or regulatory agencies expect? And so at least for this month – I was just talking with Bruce Alder and Ann Groshens this morning – and probably for this month of testing we're going to go back to just doing PCR because it creates anxiety and we need to determine what is the expectation. Because our internal expectation is it's confirmed with a PCR, but the benefit is, if it is positive, we get them out of there as quickly as possible. That's the night thing, because you have the results. If it's a negative result, we understand that to be a very high rate of correctness, if you will. And so it's really trying to find that place. I think the tests will keep getting better. And we do absolutely see this as a way to open our campuses more appropriately in the future. The challenge is we're not there yet. And frankly to be honest, it's probably going to be the end of the year or even next year until we have some really good rapid tests that can be used for visitors, etc. It's going to be some period of time. And I know that's disappointing, but we're trying to keep our attention to it. Ann Groshens is working on these things for us – to try to understand what's coming so we can work at getting those things here. It absolutely is part of our plans for the future because this thing is going to be around for a while. Regardless of what you hear or read. Some people say this and some people say this – even if a vaccine is available in October – I don't think it will be – but some people are talking about that. Let's say even early next year or mid-next year, until you get people vaccinated, it's going to take some time. So we need other plans in place, too. We feel that testing is part of it, but we want rapid testing to keep getting better in the accuracy rates.

AM: It was so nice, especially when our case first happened in Harmony House. I thought that was a great situation where we found out about this later at night. For us, one of the big concerns is always the staff. We have to have people on staff, but now we find you've been

exposed. We don't want you spreading. So the ability to go in with that rapid test and get results back in a few minutes so that we can feel confident that these people do not have the virus right now – that's invaluable. But as we've done this more, we are seeing a higher number of people who come out with a positive test from the rapid test, that when we go and have them tested traditionally, it comes back negative.

EB: That's true. But we knew that going into it. Because we knew that BD had a positivity accuracy rate of 84%, so we're still well within that. But you're absolutely right with the point of, the benefit is the quick turnaround. We can take action quickly. The downside is, since it isn't in the 90-100% you can get those false positives and then you can imagine the anxiety that's created for the staff person and that means being put out of work, and not just being put out of work and the challenges of staffing, but also their own personal life. Oh no I have COVID – I thought I was being so careful, etc. So there's a lot of things to consider, but clearly getting a test that is pretty high in accuracy is a key part of the process.

AM: It's interesting that you mention the personal angst that someone would feel. Mike, our videographer, and I were walking on different campuses interviewing staff members and I almost forget the personal responsibility so many of our staff persons feel to not be the one who brings this on campus. They are trying so hard to be careful.

EB: Yeah that's right. And the flip side is we don't want to push that so hard that if someone does get it – in some way, through no fault of their own – that they don't feel crushed. But you're absolutely right. That's a positive thing, too. And a positive thing for people watching this video to understand. Our staff is not taking this thing lightly. And they are working so hard to keep it out of here. And I think doing a great job. We had some clear, very significant challenges and people who died. And so that was very sad and very hard for staff, too. But we were still learning so much and we can't guarantee that that will never happen again. But we have learned so much. And certainly just the act of wearing a mask makes such a difference. So we're in a much better place. But our staff has really worked hard and really takes this seriously. And really care and love our residents very, very much.

AM: Absolutely. One interesting thing that happened this week in the news, maybe you want to touch on just briefly, and that is there was a ruling in a lawsuit against the governor or the state of Pennsylvania. I've had a few people say, well what does that mean for us?

EB: It's a good question. And it's unfortunate, I would say, as it feels like almost anything today has the political intrigue background to it and this is in that category as well. I won't get into that piece of it but there's that backstory as well. Having said that, what is being challenged has more to do with businesses opening – hair salons, other types of businesses that maybe were more restricted. There may be some things around the numbers of people and how many can gather, that kind of thing. And it really comes down to, frankly, the reality is it's not about safety

and security. I think people need to keep that in mind. This really is an issue of what power does the government have versus the legislature. So we need to keep that in mind, too, because if it does stand – and it's going to be appealed, but if it does stand, it doesn't mean this stuff is safe, it just means the governor was ruled not to have the authority to make that call, as I would understand it. And so it's important to keep that in mind. It doesn't really change a whole lot for us, to be perfectly blunt about it. Because we're still subject to Personal Care regulations in Personal Care. We're still subject to Health Care regulations in Health Care. And those regulations are not impacted whatsoever by this ruling. So we also recognize, too, we serve the most vulnerable population and so it really doesn't impact us much going forward. We're still going to do the right things for our residents. It's not going to change what we're doing. But I can understand people saying, "Oh this seems to be a big deal. How does it impact us?" And the reality is it really doesn't impact us a whole lot.

AM: And I've heard you say before when it comes to the number of persons in a room – the limit could be 10, the limit could be 25 – if one person has it, that's too many.

EB: Yes. If my wife and I are together, and she has COVID, that's one person too many that I'm interacting with. You know what I'm saying? So it really has more to do with trying to find some way of allowing social human beings to come together. It may or may not be technically safe, if you're totally about managing risk, but it's really about managing that reality so that people don't go absolutely stir crazy, but have some balance in there. That's really what it's all about. It doesn't necessarily mean it's safe.

AM: Another question I had this week was from a resident who watched my video last week where I was talking about face masks. She was saying to me that it sounds like you're recommending that people wear face masks all of the time. And that certainly can't be safe. People need to breathe. So maybe you want to touch just a little bit on how much we learned about face masks since this started.

EB: Yeah. It's an interesting observation because people talk about, "Oh I can't breathe through a face mask." It is maybe a little bit more difficult because it does restrict the air flow a bit. I'll be honest with you, for me personally, it's not a problem at all. Having said that, there may be people that have particular breathing issues that an N-95 – I know we have some staff that the N-95 is not recommended for them – but a face mask has been proven over and over and over again to be really, really important. So I would not change my opinion on that one bit. Having said that, I can't speak for all persons and issues with their breathing. They need to work that out with their own personal physician. I would say though that the vast, vast majority of people have no problem wearing a face mask. I have my surgical mask here. For most people that's not a problem at all. I would say the idea that you can't get air – it allows air through. I would never consider spray painting without a mask on, but I'm going to be able to breathe. It prevents the larger particles from getting through. That's all. The air particles can still get through. It does restrict it some, so for some people that have a real problem breathing – they need to talk with

their doctor, but that's a very small percentage of the population. So it's still very important. Having said that, when you say "all the time" – if you're at home by yourself or with a spouse or with a safe group that you've committed to each other – you don't have to be wearing a mask in your house. If I'm working outside and there's no one around, I'm not wearing a mask. If I'm outside walking, when Lucy and I bike on the Perkiomen Trail, even passing other people – it's not long enough to have interaction. I do know though when we've been on the trail riding, which we've been doing regularly now, she has paid attention to how close we are to people in front of us because they're breathing and it's coming back. She's like let's back off a little bit. That may or may not be of critical importance, but it is showing that we're thinking about that. Masks are not required in every situation, but certainly when you're with people that you don't know where they've been, when you're in larger groups of people, grocery stores, wherever – absolutely wear a mask in those public spaces. Absolutely it makes a difference and we obviously aren't wearing masks here. We're appropriately socially distanced. But when I'm in my office by myself, I'm not wearing a mask. When I exit my office door, my mask goes on even if it's just to go around the hall to the bathroom. So it's those kinds of ideas that are important to keep in mind.

AM: This particular resident was reflecting that it's difficult because she's watching the news and there's a panel. One doctor is saying you need to wear a mask when you're in public and the other doctor is saying no, don't do that because you want to be able to breathe better. So it does seem like there's conflicting information, but I was sharing with her that even based on our personal experience here at Living Branches, we've seen the benefit of face masks in preventing the spread.

EB: Oh absolutely. Absolutely. There's no question about it. And I would never argue with – and I'll call a legitimate doctor – because there are doctors out there saying things that are not appropriate to say and who knows what their motivation is – but if there's a doctor that says my patient has breathing difficulties and they should not wear a mask or should not wear an N-95 – if that is a trustworthy doctor and acting on their behalf, absolutely. But that's, again, going to be such a small portion of the population.

AM: And that's information about a patient that that doctor knows. Not a general statement. The other question that I've gotten a lot – a lot – this week has to do with voting. As we come closer to the general election, there certainly seems to be an interest among our residents to make sure they can get out and vote. So maybe let's share a little bit of information, especially for Dock Woods residents because it's different this year than last year.

EB: That's right. We have a polling place at Dock Woods and so that is different. As much as I'd love to tell people who to vote for, I'm not going to do that obviously. That's not part of this program or anything that's appropriate for me to do. Having said that, we do want people to be able to go out and vote for who they feel are the best persons to represent us. Unfortunately we are not able to have an on campus at Dock Woods this year, so that will be in another local

polling place and the staff at Dock Woods will be communicating that. So we're going to try to work with people, particularly in Personal Care and Health Care to be sure people have the ability to vote if they're not able to get off campus. So we're working at those things. But the polling place at Dock Woods will not be able to happen again this November.

AM: It will be a challenge for our residents in Personal Care, Memory Care, or Health Care, because at least right now the information we have coming from DOH and DHS is the only reasons they're able to leave campus are for medical or health appointments, so this does not fall under that category. So their families need to help them and plan ahead.

EB: And there are ways you can do that. And we want to make it available for people. So there will be communication coming out on the campuses.

AM: Absolutely. I think that's it. Anything else you want to share?

EB: Well the only other thing is on the Souderton campus there's been Out and About with George. Those at Souderton probably know who this guy is – this happens to be a flat George – the real George is almost as big as I am. George makes his way around and someone on the Souderton campus, Amy Doerr, takes care of this. She has Out and About with George. He has gotten acupuncture, he may have been on a firetruck one time, I can't remember. And now the joke is people are taking flat George out and about. So today, George is out and about in the video with Ed and Alex. So flat George is making his debut today. So welcome George, nice to have you here!

AM: Very nice to see you George! He is coming with me. We are going on college visits. So he's heading off to higher education for the weekend.

EB: So he's going to check out colleges and see who gives monkeys the best scholarships. So we'll be interested to hear that.

AM: I will report back! Thank you all for tuning in. If you have any questions, feel free to send them to [coronavirusquestions@livingbranches.org](mailto:coronavirusquestions@livingbranches.org) and you can always check our website which is where we have the most up to date information. Thank you very much and we'll talk to you next week.