

Transcript
Coronavirus Q & A – Episode 27
October 30, 2020



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, October 30, 2020. I'm here with Ed Brubaker, Living Branches President/CEO, for another of our weekly chats. It's nice to see you.

Edward Brubaker: Good to see you, Alex. It's been a couple of weeks but it's good to be back and give some updates to people on what's been happening.

AM: Absolutely. Let's start with the good basic news that there are no residents or staff at Living Branches right now that are currently testing positive for COVID. And we're very grateful for that.

EB: Yes that's good news. And it's been that way for a period of time now, and we did have some blips along the way, but it feels good to be at that point. We also know we're one case away from that changing. So we count our blessings for today and hope for a positive – well a positive tomorrow in the sense of what the term used to mean. We'll keep working at it.

AM: I feel like any time I mention we don't have any positive cases right now, I want to follow that up with a 'but' because I know there are some local communities and some of our sister communities in the Lancaster area who are experiencing an increase in cases. And this mirrors what we're seeing with positivity rates in our local area.

EB: That's right. And that's a key thing to pay attention to. I was emailing a friend of mine who is the CEO of a retirement community in eastern Indiana and they really didn't have much COVID at all until now. And I think they had one, and so they had to test everyone. Fifteen residents were positive, etc. I'm not sure that people got bad meaning that the disease got pretty serious, but they had a fair number of positive cases and so, yes, it's really connected to the community positivity rate.

AM: And what is the positivity rate? Maybe we should start with basically what that means. Because you hear it more and you didn't used to hear it at all.

EB: Yes basically that is the percentage of positive cases based on the tests given. And so that's something we watch closely. Because right now in Montgomery County, and we just checked before the meeting, we're at 3.1% at the latest data. Montgomery County has been as

low as 2.3% in the last few weeks. So it is creeping upwards. It's something that we need to pay attention to for a few reasons. One being as the community positivity rate goes, the potential and even likelihood of something showing up in our communities is greater. But also, if that community positivity rate goes above 5% than we need to test our health care staff members on a weekly basis. And that is a very arduous task. And not only that, from a logistical standpoint, it's very costly as well. Currently we've not been using the rapid test, so it can be anywhere from \$20,000-25,000 per month for the PCR test. And so it's a challenge. So we really hope Montgomery County stays below the 5% because it's a very important thing to look at.

AM: And that \$25,000 for testing, or up to \$25,000, is if we're testing everybody one time?

EB: Yes. That would be once a month.

AM: So we definitely do not want to test weekly. I do think it's important to note the positivity rate as well because there have been suggestions that perhaps the reason we're hearing more about COVID right now is because we're testing more people, and so when you do more tests you do have more people who test positive. But the positivity rate basically takes that out of the equation.

EB: Yeah that's right. And I know that's what happens sometimes. People say if we tested fewer people we wouldn't have as many cases. Well that's maybe kind of a duh answer, in my opinion, because if you test no one there will be no positives. But the reality is the more you test, it helps you understand what the real underlying spread is. And so it's not so much that we're testing more, but you also want to watch is the rate of positive results going up as well. And so as I said it was as low as 2.2-2.3% in Montgomery County. Now it's 3.1%. We watch it because if it goes above 5% that's a problem. So it's really important to look at those things. Now that other thing that sometimes are honed in on with people is the numbers – the real numbers. So oh my goodness, we're now at 40,000 cases! And that is something to pay attention to, but I would suggest it's not the only number to pay attention to. You need to look at what is the community spread? What's the positivity rate? What's the hospitalization rate? What is the ICU rate? What are all of those kinds of things? What is the death rate? There's a lot of things to pay attention to. So when they talk about the numbers, the real sheer numbers, on the news, the next thing I listen for is: what are the hospitalization numbers? Do they have ICU beds left in that particular county? Those kinds of things. So we all would like to have a simple story that "oh this is the thing that tells us everything." The reality is it's a – as Paul Harvey used to say – you need to look at the rest of the story. You need to look at the whole picture to look at the whole picture.

AM: And it is good news at least for us at least in this area that hospital beds and ICU beds are still available. I know in other parts of the country they are running out of them.

EB: That's right and that would be based on the positivity rates in those communities.

AM: Well as far as questions from residents this week, we had one prominent theme. Would you care to guess what that theme is?

EB: Well let's see – November. Is it something about the election? No just kidding, I know it's not that. November, Thanksgiving, December, Christmas.

AM: Correct. The question is, of course, what is my opportunity to take my loved one in Personal Care or a higher level of care home for a holiday visit. And so we better talk a little bit about that.

EB: Yeah we need to. And it is a challenging thing, because I totally understand the desire of families to be together at the holidays. And yeah, I just get it. And it's sad to think that it may not happen in the way it has happened in the past. For me, it's thinking about my needs as an individual, what are the needs of the community – because it's not an either, or – it's a both, and – how do we work through that? And I think the experts would say in some ways those big events, particularly if people are physically distanced and masked, particularly outside events, if they monitor those things, are not as dangerous, perhaps, as that more intimate – and when I say intimate, 20 or 30 people, at a family gathering. Unless you know where everyone came from and everyone had a rapid test that morning, you really don't know where everyone has been and who is positive and who is not. Eating is one of the most dangerous things you can do. The reason for that is you don't have your mask on. So it stands to reason. And so that's really the reason the experts are talking about it. And I'll be honest with you, just thinking about my own family, my wife's extended family. My wife, Lucy, was responsible to plan the event for her her siblings and extended family this year and I believe we were doing it at Thanksgiving – it rotates between Thanksgiving and Christmas – but the point is, a week or two ago she made the call to send out the email to say, I'm sorry but we're not doing it this year, and we hope to celebrate big next year. And so I say that not to try to gain sympathy, but to say we really are in this together. We all need to make good decisions, perhaps even sacrifices. One of the things she said in her email was mom and dad like notes and phone calls, maybe individual visits from people who know they haven't been exposed. So having other ways of doing those things that we love to do is the reality we need to think long and hard about. Now having said that, we are looking at what are the options that we can allow to happen. But one of the realities is that we are likely looking to people to quarantine when they come back, particularly in Personal Care, if they go out to a family gathering. Because again, it's the balancing of, you have the freedom to go to the gathering, but you also have the responsibility to protect your fellow residents, and also the staff that care for you. So yeah, it's hard. It's hard. And we need to find that right balance. And I'm old enough to know that good well-meaning people come out at different places on this, but I think it's also important to hear some perspectives.

AM: As you well know, on our Coronavirus Response Team (CRT), I'm generally the person saying, Why do we have to quarantine? Why can't we shorten it? Why can't replace it with testing? I see other people doing that, why can't we do that? And I feel like every time I get a really good argument for why we ought to be able to do that, we experience someone within Living Branches who is quarantining and ends up testing positive on day 11 of their quarantine. And so I am slowly – and not maybe, forever – but slowly coming to the realization that when the experts are telling us it can take up to fourteen days for this virus to get enough virus in your body to register on a test, that really is true.

EB: Yeah that's right. And like you said we had that exact situation at The Willows. So certainly when we raise the possibilities of change, it's the infection control preventionist who will raise that issue. And it's legitimate. And we need to continue to discuss and review and figure out a way forward. And I'm still hopeful, and I push at almost every CRT meeting to say how can we utilize rapid tests to be part of this and we want to make sure we have the opportunity for accurate rapid tests. So we're thinking about these things and trying to discover what may be, not the magic bullet, but what are those magic bullets so to speak, those multiple things that we need to do, because it's not going to be one thing.

AM: And within CRT, there are two or three subgroups working on different components of that because, as you well know, we believe we're going to be dealing with this well into 2021 and we have to figure out how to increase the ability of residents and their family members to be together.

EB: That's right. And that's an important point. Because I think sometimes when we're the "bad guys" perhaps, and someone comes and wants a favor, and we can't do that, and they're understandably upset. It can be easy to think – instead of getting to yes - one of our Living Branches Experience principles - that we want to get to no. And that's not the case. We want to get to yes, but we want to do it with that balance between the needs of the individual and the needs of the community. And how does that come together. It's a debate and a conversation and something we think about all of the time. We really do take that seriously. Hopefully people understand that, and generally I think that they do. But I also recognize that we're all tired of this. I mean I've about had it, too. But it's still here. And it's still agonizing at times. And it's still kind of that underlying anxiety, if you will, when is that next case that we're going to have to shut down a facility? When is that going to happen? And so maybe that helps describe what some of us deal with on a regular basis. That underlying tension and anxiety that creates the challenges in continuing to manage these campuses and to think strategically for the future, even within this reality. Finding that right balance is - I don't think you ever find it. But you need to keep asking the question and need to keep saying how do we work at that?

AM: Yes, absolutely. Final thoughts?

EB: I don't have anything more on those topics. Hopefully that was enough. But I would say, I hope that through this process we can continue to find way of creatively caring for each other. Not just caring for our residents – frankly, that's our job – but also caring for each other as staff and recognizing what the needs are. Also I guess I would be remiss to not say anything about the election. I made a comment comically about it earlier, but it is next week, November 3rd. It is a time for this democracy, the United States of America, where we can exercise our opinion in who we believe is best suited to lead. That's an opportunity for all of us. That came up at Coronavirus Response Team, too, because we had some residents in Personal Care who had not gotten their ballots yet. So we're going to try to find a way to get them to the polling place if they want to vote. It's great to see. I voted a week and a half or two ago already. There were a lot of people there doing early voting. And frankly it was nice to see that people are concerned. I have no idea who they were voting for. But they were saying, I want my voice to be heard. And I think that's important. My hope, my prayer would be, that regardless of the outcome, and we're not going to have an outcome I don't believe on Tuesday, but whatever that outcome is over time, that we will treat each other with respect. That we will treat each other with care. That we will treat each other as human beings. That we will not get caught up in the rhetoric that takes us apart, regardless of who the President is. That we will find ways to bring ourselves together, so that together we can work at Coronavirus, together we can work at race relations in this country, together we can work at climate change. We need to be unified in our work. That's my hope and my prayer. That we can be at that point and say it's not just about me. It's about us, together, and who we are at our core. So I guess those would be my ending thoughts for the Friday before Election Day, 2020.

AM: I echo and completely support them. So thank you, very much. We'll be back in two weeks. In the meantime, if you have questions please feel free to email them to coronavirusquestions@livingbranches.org. Thank you!