

**Transcript**  
**Coronavirus Q & A – Episode 37**  
**February 19, 2021**



Alex Metricarti: Hello. I'm Alex Metricarti, chief marketing and public relations officer for Living Branches, and today is Friday, February 19. Welcome to you and welcome to Ed Brubaker, our Living Branches president/CEO. Hi!

Edward Brubaker: Good afternoon, or I guess it's good morning technically as we're filming in the morning. Time moves on. March is very soon – soon will be here and that's – I think that's the infamous date last March – March 12 when we were in a meeting and Governor Wolf was shutting the state down for what we thought would be about two weeks.

AM: And here we are. Well let's start with around up of Covid cases on our campuses. And happily we have only one to report and that is a staff person at Souderton Mennonite Homes. And fortunately this person knew they had been exposed at home and so they had not been to work. So the fact that they are testing positive does not impact our campuses. At this point, all Health Care, Memory Care, and Personal Care is considered green.

EB: That's an excellent place to be. It could change again in the future but we're pleased that we're in that place now.

AM: Let's give a vaccine update. We've been doing a lot of clinics lately. We've got our official vaccine t-shirts on.

EB: We have numbers for staff members and we've been tracking that weekly during the clinics. And Human Resources is going to track it going forward, but we have right around – a tad over 74% - we can call it 74% of our staff that have gotten the vaccine, or gotten one dose, or committed to getting it. It doesn't mean that they're all two weeks past the second dose. Our goal is to get above 80%, which is a lofty goal compared to what we're seeing in the industry. There are places in the industry that I was hearing 30%, 50%, 60% - so to be at 74% with a goal of 80% I think is good. So we need to celebrate that but we also have challenges, particularly in the caregiving areas where we want staff to get up to 74%. So we have some work to do but we're pleased with where we're at currently. Residents on the other hand are probably anywhere from 90-100% depending on the facility. We're still working on getting that exact data, but that's the range that we're in. So that is tracking with – we are higher than most across the country, but it's tracking with more residents typically in facilities getting the vaccine than staff. We won't get into all of the details, but when you look at what residents have experienced over their lifetime, some of the questions about vaccines today – it kind of makes sense that there is a generational difference. It doesn't change the fact that we are strongly encouraging,

recommending, and looking to our staff to do that. At some point after it is out of the EUA, depending where we're at, it may well become required.

AM: Our question today from a resident is actually about vaccines and the question is: "If I am vaccinated, does my vaccine protect me, or does it also protect my friends who are unvaccinated?"

EB: That's a very interesting question and we were talking before filming – it can come back to the masks – your mask protects you, their mask protects them – or vice versa, whatever it is. That's where it comes from. The challenge is we don't fully know because things we've read, things I've read indicate that the vaccines have shown to have excellent efficacy. The two we're using in the United States: Pfizer and Moderna. To be at 95% is really unheard of. And we should celebrate that fact and be ecstatic that's where it's at. I'm really pleased with that. Having said that, my understanding is their testing of the efficacy was more about what did it do for the person vaccinated? Like did it reduce the severity of the illness? Did it reduce hospitalizations? Did it reduce the fact of whether they got Covid or not? So that's what they were studying. My understanding is they don't know as much about – did it prevent that person from being infections to others? And that will continue to be studied. We would love to have an answer today, but that's the only reason people are hedging, because it wasn't part of the testing that was done about the spread to others. Having said that, other things I've read, too, is we are underselling the success of the vaccine because of the hedging of the bets we're doing. We know why we're doing it. But all things so far would point to the fact that the vaccine is excellent and the ones we're using are excellent. And we need to get people vaccinated. The best way to get this reduced is to get people vaccinated so they're not susceptible to the virus and then the virus doesn't have people it can affect. It can't live out there on its own. It needs a host. And if we can eliminate the hosts that are available – that's the point of the vaccine, that's what herd immunity is all about. So we need to keep working at that. Because it also – if there's reduction in hosts, it also reduces the variants as well. So we need to get ahead of this. Very important for us to get vaccinated when we can. I realize the supply is a challenge, too. That's not something we can do anything about. But we do something about getting it when we can. So it's very important to do that.

AM: There is always a temptation to take one small set of information and small set of data and extrapolate out to larger circumstances. Which I know we shouldn't do, but I do all the time. I know we had a situation recently in Oakwood Court at the Dock Woods campus where we had just given residents the day before their second shot, and then had someone test positive. But no one else got it. And so I think it may be easy for residents to look at that and say "I'm protected from spreading it to anyone else, so I can go be with friends who are unvaccinated in any way that we want to." But we shouldn't make that jump.

EB: That's right. And we just don't fully know that. But that is a very, very positive thing that we were talking about in CRT. Early on in this when we had one person – our hearts would just sink

to the floor and we sprang into action. We still spring into action, but we feel way more confident that we can control it. Having said that, it has also changed and so it may not be quite as deadly in the beginning. There are so many – we have the monoclonal antibody treatment – so many more ways we can combat this. So just like with anything in life, when you deal with something for a while you become more knowledgeable, more comfortable, and more confident that you can move this thing forward. So that was great news – we have this persons that is positive, she was quarantined, but nobody else turned up positive – which is really great news.

AM: The challenge is we still have to do the 14-day quarantine, and we still have do test residents and staff. One person still brings life to a halt, if you will, in that area. But if doesn't keep cascading, at least we can get through it in a reasonable time. I think in part because we are feeling a little bit more confident about that, we've been able to do more with opening up our restrictions. We had a meeting yesterday in the Coronavirus Response Team where we talked about residents in Health Care and Personal Care at Dock Woods and Souderton Mennonite Homes – if they've been vaccinated and want to go eat in the café or bistro on campus, that they'll be able to do that. We talked about in Residential Living, we can start doing entertainment again in larger groups of us to 25 in large areas with physical distancing – no wind instruments or singing! But still – piano will be ok. So slowly things are starting to get back to normal.

EB: That's right. And always in the back of our mind when we're opening is like wow! One person can shut this down all over again. And that is true. But it is still worthwhile to move forward in that direction. And I know we want to talk about some things we're doing at The Willows as well.

AM: Maybe to say for pandemic restrictions – the big thing that will be coming shortly is that we made the decision for Residential Living that we will reopen for visits in Residential Living, two weeks after the second clinic for vaccination. At Dock Woods that will be March 1<sup>st</sup> and at Souderton that will be March 15<sup>th</sup>, provided no one tests positive between now and then. But it's nice to be able to make that decision and we make it not only taking vaccines into consideration but also taking the declining positivity rate in Montgomery and Bucks counties.

EB: That's right. We're not just thinking about the vaccine. I think the rates are coming down partly because of the vaccine, but partly because of other things – people got the surge over Thanksgiving and Christmas out of their systems. And all evidence would point to most – maybe not most – more people are staying home in January and honestly it's easier in the month of January and with the snow in February it was easier to stay home and binge watch Netflix or whatever people do. But those things are impacting the rates as well. The rates are coming down. Not in huge increments each week, but they are coming down. Bucks county is now under 10% which is good and Montgomery is pushing toward 7% which is very good. We want to keep driving those rates down. It wasn't that long ago that we were under 5% and I remember in October we were watching those rates because of the testing impact it had on us. It's not

going to go above 5% is it!? Oh no – it's not going to go above 10% is it!? And it's been above 10% for a while now. We need to keep those things in perspective. It's much better but it's not better than it was last October.

AM: Which is hard to remember! Because it feels better right now.

EB: And I think a big part of that is the vaccine because it gives us hope for the future.

AM: Let's talk about The Willows and what we have going on there. One of the nice things about that campus is that it's smaller and it's a great laboratory to run experiments. That sounds terrible – how about: we are starting a pilot program there that we're looking to spread out to our other campuses. So why don't we talk about that.

EB: Sure. And you've been very engaged with the details and we can decide how deep we want to get in here – details will be on our website, too. Basically it allows residents to have guests – and there are certain parameters and restrictions, but it's different from the compassionate caregiver program because it doesn't have some of the restrictions that program does. But we really feel it's just so important to have those human connections with family and friends, so we are piloting this at The Willows. And if we have good success there, we'll take it to the other campuses as well. But we just feel it's important to try these things. Yes there could be failures along the way, but it's still important to try – to try to keep moving us in those directions. It's important for our existing residents and their own emotional and mental health, but it's also important so we can welcome new residents in also. Because that is very challenging right now. So yes, it's a great opportunity. And I guess I would just like to say before you say details, there was some great work that you and Monique and Jen Derstine and other persons at The Willows did to pull this together. I was reflecting on this the other day. And this has been one of the longest and shortest years in our lives in many ways, but there has been so much unbelievable work that has been done on all kinds of things. Listeners of this video I don't think have any clue as to how many details have to be thought through just to be able to do a pilot at The Willows or introduce compassionate caregiving, or whatever those things may be. You have to look at the regs, you have to look at logistics, you have to look at sign ups – what happens if someone tests positive. There are so many details. And we introduced a testing team the other month. Lori Borglum was involved with that. There's been so many people - Merry Sheeran has been so involved as infection control. So many people that are doing things – they were not part of our normal duties a year ago, let me tell you. Granted other things have been set aside, but there has been just huge, huge amounts of work that have been done. So just a shout out to you but also others that have really worked hard. Because it's about our passion for the residents, and our passion for the work, and making their lives the best they can be during the pandemic. It's just so important.

AM: The thing that has been, perhaps for me, one of the most interesting things – we don't typically wing it. We like to really think about how are we going to do this. And we've pulled this guest program together in two or three weeks. And there have been so many things like that that we've learned how to do through this pandemic. OK let's buckle down and figure out how we're going to make it work. People just come together. Melanie Koehler – our director of IT – one of the most challenging things at The Willows is how are we going to get people in the building after hours. It's such a little thing you don't even think about – but that took a lot of doing. And everyone just pulled together – ok let's figure it out. We do – we want residents to be with their families again. And so at The Willows now, what we're introducing with this guest program is that residents can designate up to two people to be their guests. Those persons have the ability to meet with them in their rooms – to visit in their rooms – it doesn't have to be in common spaces. That is still in play so anyone can have visitors there. But they will be able to have guests in their room again and that makes it feel like home again. And that's part of the reason why we're so excited about it. We've emailed this information out to family members of residents at The Willows so they have the information. People have to be tested regularly, they have to provide documentation – but speaking of Lori Borglum and the testing team – we're very pleased that we're able to offer guests the option to be testing at Living Branches so they don't have to go somewhere else.

EB: You might just want to explain how the compassionate caregiver program connects to the guest program. We're in this all of the time, but for people watching, they may ask: isn't this how the compassionate caregiver program works? They're allowed to have two people? So maybe you just want to make a comment about that.

AM: The main difference between the compassionate caregiver program and the guest program, is that per state regulations, in order to qualify for a compassionate caregiver, you have to have a health reason to do so. The regs I believe state that the residents needs to be exhibiting a significant decline. The guest program – anyone can have a guest. There's no need-base, if you will, for that. So we have those two things going, and then our standard visiting. So there are lots of opportunities for people to get back together now, which is great.

EB: Does that mean that the compassionate caregiver program would go away and be replaced by the guest program at some point?

AM: It's a possibility. Right now, one of the other differences between the two programs is that compassionate caregivers can come every day. In the guest program, guests are coming twice a week and there have to be 48 hours between visits. Merry is the one who suggested that, I believe. That will allow, if a person is infected, that would allow it to brew and not come on campus when they're infectious and we could pinpoint that.

EB: That's right. That's a helpful explanation, because there are distinctions between the two, but I'm sure the viewing audience may get confused when we talk about these things. We're dealing with it all of the time.

AM: The big thing is that we're piloting it at The Willows and then we'll bring it to the other campuses once we ascertain that it doesn't really increase the risk of infection. Of course now we have to count the guests and compassionate caregivers in our ranks for infection control. Meaning if any of them tests positive, we're shutting down again.

EB: That's right. And it makes it so important that people involved with compassionate caregiver or the guest program or whatever, help us make sure these are successful program. If you haven't been vaccinated yet, do the right thing when you're home. Don't go to places that are unsafe. I haven't eaten in a restaurant in the past year. And I'm not sure when I will be. And I'm vaccinated and two weeks past. So that would be an example of something I consider one of the most unsafe things you can do because you're unmasked, you're with multiple people, you don't know what they've done to their HVAC systems – if anything. We have halo systems and UV lighting and filters and all that kind of stuff on our buildings. So we need to ask those guest program people and compassionate caregivers to be safe. As the hill street blues used to say, "be safe out there folks," because of the power of one. If one of you has a problem and are positive as we look through contact tracing to say this impacts us, we have to shut the facility down. So these things are important to do, but they're not without risk, so it is all of us working together - together to protect each other. And we have to do that. Because we're not anywhere close to our society in the United States getting vaccinated. But it's so important for us to do these things.

AM: Couldn't agree more. Final thoughts?

EB: I think that was the final thought.

AM: I like it! Alright, thank you and thank you to our audience. We'll be back in a few weeks. Thank you!