

Transcript
Coronavirus Q & A – Episode 43
May 14, 2021



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, May 14, 2021. Welcome to you and welcome to Ed Brubaker, our President/CEO, for another edition of our coronavirus talk time.

Edward Brubaker: Hello again, Alex. It's good to be here today. How many of these have we done?

AM: I think this is 43 or 44.

EB: Wow.

AM: So quite a bit. Let's start with our case counts. Thankfully there's not much to talk about. There is just one person still testing positive and that is a staff person at Souderton Mennonite Homes. We've done our first round of testing in her level of care and everyone else was negative. So that's good news. Maybe that's a good segue. There's been a lot of change recently in guidance, so many we should spend time going through that.

EB: There is change and I was just talking to another colleague in the industry this morning and saying, "What are you doing with the recent CDC guidelines?" And that is kind of the whiplash we've had all year. What's changing? What's changing today? What changed yesterday? How do we make sense of all of this? What applies to us? What doesn't? What is different in Health Care vs. Residential Living? So it can get fairly complicated but we need to pay attention and we feel we do a good job at it, but it's because of the group coming together. And some people saying, "I see this," and others saying, "I see that." And coming to the place that we think is best for Living Branches.

AM: The CDC announcement yesterday got the widest press, but actually what happened a week or two ago had more of an impact on us than the CDC announcement did. So maybe if we just back up for a second – the Pennsylvania Department of Health and CDC introduced an interpretation of some guidelines and made some differences for persons who are vaccinated. So what has happened for us in the last couple of weeks, is if you are a fully vaccinated resident in Health Care or Personal Care, you can now dine at a table with other fully vaccinated residents. And that sounds simple or little, but it has made a world of difference.

EB: That's right. I think it was actually just last week perhaps that we started implementing that. And there was some confusion in interpretation and what was coming from CDC or CMS and how the state was looking at it. I would say that was one we pushed pretty hard against what we thought was a too conservative view point. It was around who could be in the room at that period of the time, was it staff, was it residents, how do they all relate to each other? We were able to get a positive interpretation from that to allow that to happen. But I think even at Souderton we had to backtrack on an email that had already gone out. So we needed to backtrack a bit until it we could work it out and get sign off on it. But that was an example of the benefit of having multiple viewpoints in mind. Because some people were saying, "I think it's this way," which was a more conservative view point. And others saying, "No it looks like this can happen." And it ended up that we did go in the direction of yes, this can happen. Meaning vaccinated persons in Health Care and Personal Care could eat together. We needed to segregate the persons who are not vaccinated, but those numbers are really very small, so we're not talking about a lot of people in those levels of care. So that's a positive that we're able to do that. But we did advocate for that and part of the reason for the advocacy was because when you're six feet apart – it's hard enough for people that don't have hearing issues to make that work well, but if you introduce any hearing issues or other things it just becomes more challenging. So it was a good outcome and it made such a difference. I was at Souderton earlier this week and the dining room looks more attractive, too, because it's regular dining tables and chairs instead of six foot tables for the separation. So it makes such a difference. Our residents – this has been a long time. This is the first time they've been able to sit that close together dining since last March. That's a very long time. We're pleased to be at this place and certainly the vaccination rates make a difference – the vaccination rates of our residents, the vaccination rates of our staff. The vaccine has made a difference in our ability to do these things.

AM: That incident was a good reminder, too, for me – the guidance that comes out is not clear cut. In that particular case we had all of these questions about interpretation. Merry Sheeran, our infection control nurse, and I drafted an email that went to the Montgomery County Department of Health that basically said, "This is our interpretation of the state's guidance. Is that correct?" They can't even send back an email that says yes or no. It's more guidance for you to interpret. So it is challenging sometimes to figure out what direction are we taking, because it's not cut and dry.

EB: That's right and there is some room for interpretation. We took that interpretation which is why we stated it that way. And it was purposeful to word it that way because if there is a particular way that we want to interpret it, we want to state that and in some way, force the other party to live with it or not. Instead of asking a question which may be interpreted in a way that we don't agree with or may even be more conservative and impact our residents negatively. So it's that kind of thing. I would also reflect on the emails and the HANs and the guidance that comes from the Department of Health and Department of Human Services – these are large documents – 10-14 page documents. And so from my perspective, it's also in the cutting them a break category – I've sent emails already that are three sentences or a paragraph that I thought was crystal clear, ok? And then people came back with multiple interpretations. When you say 10-12 pages that people are perusing through and looking at each jot and tittle in what's written

– you start to understand that communication is difficult, particularly when you’re looking at technical elements. So it is difficult sometimes to know what is going on, so we then need to create our own interpretation. And our bias is to say we want to do absolutely what’s safe – absolutely – but we also want to make sure safety considers both physical safety and mental health needs and emotional needs. So bringing them all together is so critically important. I’ve said this before – we’ve really focused on the physical needs and I think later in the pandemic, we’re all realizing – including federal and state regulators – that the mental health and emotional needs are really important, too. So it’s really trying to find the right balance. Have we been perfect? Absolutely not. But I can say that is our goal, unequivocally.

AM: And we are here to advocate for our residents. That’s always been our philosophy.

EB: That’s right.

AM: As we are speaking, Health Care at Souderton Mennonite Homes is the only area within Living Branches considered Yellow-Exposed, because that’s where we have the one person who is testing positive right now. It also might be worth mentioning to our viewers that there has been a change in the guidance interpretation from DOH that is now saying if a staff person or resident tests positive, and has had any time whatsoever with residents, that is considered exposure. Before they were going by a 15-minute rule. That seems to have gone by the wayside now. So in some ways they’re loosening up all of these things, but tightening back up on this other end.

EB: Yeah. On the exposure end of things. And that’s an interesting point to, because that reduction in time and exposure, that’s where we’re going to have issues and need to shut down areas. That has a big impact on us. For us at Souderton – the heartbreaking thing was this: we were just opening up dining, meaning people could sit closer together, we had already opened the dining rooms before that - the process was that we needed to shut down right before Mother’s Day weekend. And frankly, we both got the same email – a very heartfelt and appropriate email from a family member kind of lamenting that here it is, two Mother’s Days in a row. And they’re exactly right. I didn’t get it done yet, but I do want to advocate a little bit more on that with the county and potentially the state to say – even as we’re opening up things, and loosening things, we also still need to continue to trust the vaccine. I’m sure part of the reason they did that is because of the variants that are more easily transmissible. So I’m sure that’s part of it, if not the sole reason. And so we need to understand that piece of it too, but it really did create a very unfortunate situation at Souderton.

AM: Yes, it really did. I supposed the other change that came out is we now have new guidance on who has to do weekly testing. If you are a staff person who is fully vaccinated you no longer have to do routine weekly testing. So I assume that they really are trying to make sure that if anyone has symptoms, that they’re getting that quickly and there won’t be a long exposure.

EB: Right. And that actually starts next week for our staff – next Monday is when we're able to implement it. Because as you can imagine, there are technicalities to work through to make sure you're working that process right, so we needed some time to do that. So we'll start that next week. And again, I'd say that's another reason to get vaccinated. Certainly keeping yourself healthy, keeping your loved ones healthy, keeping our residents healthy, keeping our community and country healthy – all those things are absolutely critical and legitimate reasons for getting the vaccine. But this is yet another in the long list of reasons to get vaccinated. And we'll probably talk here in a minute or two about our vaccine rates and what we want to continue to do in that regard.

AM: To finish this topic, the information that came out yesterday was - I think yesterday I had three alerts on my phone that said, "The CDC says get rid of your face masks." Well it's not quite that simple for us.

EB: No it's not quite that simple because the fine print says it does not apply to healthcare facilities and personal care and health care/skilled nursing are healthcare facilities. Part of it is – not so fast here! But also we are dealing with a population that is more susceptible to this disease – or has been. With the vaccination it has really made that a lot better, so we are seeing younger persons in the hospital today because of the vaccine rates. There was a statistic I read that 99 point some percent of people who are in the hospital now in the US with Covid were not vaccinated. 99 point some percent – that's astounding. Yet again another reason – go out and get that shot, get that vaccine if you haven't done so already.

AM: I was working with Kathy Shott, our chief human resource officer, on some communication around vaccines and saying we've seen it make a huge difference on our campuses. We were talking yesterday in our coronavirus response team meeting about where we are with our vaccination rates, so let's talk a little bit about that.

EB: That's right. We've been reporting a vaccination rate of 74%. I think Kathy reported yesterday we're now at 75%. When we say fully vaccinated – meaning through the second dose, if a second dose is needed. Now when we report this...

AM: That's staff.

EB: Yes, that's correct. That's staff. Because it's between 90-100% across facilities for residents. But yes, so we're in that range for staff and that's overall because it gets too complicated to report all of the details from different levels of care or different departments, etc. although we do have that data. With that in mind though, when you look at that, when you report

to the state, you're reporting for a particular area – so Health Care – nurses or people who work in environmental services in Health Care. What we're finding is those rates, when you factor that in, those rates for Personal Care and Health Care are actually lower than 75%. So we want to keep working at that, keep encouraging people, keep expecting people, keep pushing people to get the vaccine. Particularly in Personal Care and Health Care. I believe it's our responsibilities as staff. I would say one of the reasons we don't require it yet is because it's still under an emergency use authorization, but that's being worked at particularly with Pfizer to change that. So those things may change in the future. But in the meantime we want to educate, to encourage, and cajole, and do whatever we need to do. I heard Governor Murphy of New Jersey say the other day, "If your parent is in a nursing home, you should ask the administrator what is the level of percentage of vaccinated staff. And if it's not high enough, ask them what are you going to do to get it higher?" Now maybe I shouldn't be saying that on this video – maybe I'll be getting phone calls and emails. But this is real. That's real folks. Just as we were transparent about other things in the pandemic, we want to be transparent about this as well. We really want to encourage and push the vaccine, because it's really, really important.

AM: We have seen the difference it has made.

EB: A huge, huge difference.

AM: And if we're going to continue to work in this world where we have restrictions when someone tests positive, we've got to figure out how to get as few people as possible testing positive. Because it makes all the difference in the world.

EB: I mean as travel and things begin to open up. I mean I'm planning to be on a plane in June. There is no way I would have even considered that if I didn't have the vaccine. And I wouldn't be doing it if our policies as an organization didn't allow it. But with that in mind, it's really important. We've even seen some staff persons get the vaccine because of that impact of vacation or coming back and quarantining. It's just – it's the right thing to do. It's safe. It's the right thing to do.

AM: We also have staff persons who have made the decision to get vaccinated, because they have family members who were in the hospital with Covid recently.

EB: Oh absolutely. There are situations exactly like that – a grandchild or a son or daughter was sick in the hospital with Covid. And they're like ok – maybe it's time for me now. I guess from my perspective I would say it's unfortunate that it has to touch us so closely to keep moving, but I understand we're all impacted in different ways. It's just really important to get the vaccine if you haven't gotten it.

AM: I see you brought a piece of paper with you – that maybe in light of the fact that we're not going to be able to shed our face masks like I read we were after the CDC announcement – maybe you care to share what you have there.

EB: These face masks – they're kind of a pain to wear. But honestly, I've gotten so used to it – Lowe's, Home Depot, stores, a restaurant to pick up take out or whatever. You know, I do walk in sometimes and think oh shoot! I don't have my mask on. But once it's on I really don't find it that objectionable. If it helps me and it helps someone else, why not? Why not? That's the part that's so confusing to me to be honest with you. It's such an easy thing to do but yet people think it's infringing on their liberty. I think our founding fathers would roll over at the things we do in the name of liberty, when it's really about caring for each other. And caring for ourselves. So that's my soapbox for the day. My joke of the day is this – if you have to wear glasses and a mask at the same time, you may be at risk for condensation.

AM: I will say that my son who works temporarily in the dish room at Dock Woods, and wears glasses, experiences a lot of condensation with his glasses and mask on while washing dishes.

EB: For our viewers who like puns, there is a pun of the week for you.

AM: Thank you! If you have questions, please send them to coronavirusquestions@livingbranches.org or visit our website at livingbranches.org/coronavirus for more information.