

Transcript
Coronavirus Q & A – Episode 53
February 18, 2022



Alex Metricarti: Hello! I'm Alex Metricarti, chief marketing and public relations officer for Living Branches. Today is Thursday, February 17. Welcome to you, and welcome to Ed Brubaker, our Living Branches President/CEO. Nice to see you again!

Edward Brubaker: Nice to see you too, Alex. It's a Thursday.

AM: It's a Thursday, and we have good news to report from the Covid front! We are down to only one person – one resident – in Personal Care at Souderton, and one resident in Health Care at Souderton testing positive. Other than that we are Covid-free! Of course we also have managed to clear, if you will, our norovirus outbreak in Personal Care and Health Care in Souderton. But it has theoretically or probably made its way to Dock Woods instead; we're not out of the woods yet.

EB: Yeah I guess it's under the rule of, "there's always something to deal with," when you're serving so many people, and I think that's part of the reality. So that would be clarifying no staff, as well, at the moment?

AM: As of this moment in time, yeah.

EB: So when you think about those numbers – I mean we obviously track them on a weekly basis to look at where things are going – and say where we were last fall...well let's begin with the summer. At times we were below 1% positivity rate, and September came – and part of the reason I remember that well is our daughter was supposed to have her wedding celebration, but she got Covid. Even with being as careful as she is, and vaccinated, etc; that's the reality of our life, right? But that's when it was creeping up: late August into September, and we kept watching it go from 5-6% to 7% in November, and then in January of this year: it just went crazy for Montgomery and Bucks counties. At one point it was up to 30%, but interestingly enough, going into this we had a fair degree of confidence that it was going to drop precipitously on the other side because that's what they were experiencing – other places with Omicron. That's been our experience. We don't quite know now where this is going in the coming months: are we going to have more surges? It felt like before we thought it was gone then Delta came and Delta left, and Omicron came and fortunately it doesn't feel like there's anything right now. But the precipitous decline was just really off the charts, so we aren't knocked down to September numbers yet, but somewhere in between 7-8% this week. It's always a lagging indicator too for Montgomery and Bucks County, but that is so much better than what it was. As we regularly

say, our numbers reflect the community; the community is down, and we're down as you just said.

AM: Yeah. It's nice to see that decline, and at least for us in the Coronavirus response team, it's now made us even remotely considering: how does this end? What does this look like? Because clearly what we went through in January can't keep happening again. So how do we think we're going to be able to live like this in the long run?

EB: Right, and I think it's something we'll be learning over time. No one really fully knows, and we still want to be careful and kind of roll back the restrictions, if you will carefully, because we do serve a population that is in a more vulnerable category. It's easy to read the reduction of mask and vaccine mandates like in the newspaper about Philadelphia, for instance, and then say: well when's our time? Well the reality is we have a nursing center that has Department of Health regulations; we have Personal Care which has Department of Human Services regulations. So there are those kind of realities that we need to deal with, but it's good to be at this place. The goal and the hope really is that this will continue to be at a lower level, but we don't know what the future is going to be. We've learned that the last two years, and we'll have to be ready for whatever it is. But we'll be addressing things at the moment, and certainly Residential Living is one of those areas where we have more flexibility because it's less regulated.

AM: Yeah. It's interesting to think over the next couple of years if this will start to follow sort of that pattern of flu, where summertime the cases are really down and then as the weather gets colder and everybody goes indoor, it starts creeping up again. It kind of seems like it will, but of course it's too early to have an idea.

EB: Yeah, it's hard to know what the long-term of this is going to be. The interesting thing, too, is there's a lot of thing we call "vaccines," but it feels like maybe there was some lack of clarity, perhaps, or assumptions perhaps even, because I was thinking about last night again. You know I would suspect a lot of people that even would be persons who would not be wanting to get the vaccine wouldn't think twice about getting the polio vaccine. I don't think anyone would want polio, or small pox, or rheumatic fever – whatever those things may be, but with some of those vaccines, the efficacy was pretty much: if you got the vaccine, you would not get the illness. So there was kind of a direct cause and effect. I believe 100% that the vaccine for Covid is very important, but because of the fact that it's more like the flu shot, where it's going to tamp it down or help you not get the strain, but there's still flu in that flu season. And so it's kind of this odd place we're in because it doesn't fully eradicate it, but it's really, really helpful, and there's no question. I mean we've said this before: the people who've passed away recently at Living Branches were the unvaccinated. So among the population we serve, no question in my mind that the vaccine is very important. I think because of the fact that it's not this 100% thing, it's too easy to take potshots perhaps, and say, "See!"

AM: It doesn't work.

EB: Yeah, whereas you wouldn't say the same thing about the polio vaccine, for instance. But I think that doesn't for me – or hopefully for all of us – that it still isn't very, very important. It still has made such a difference, and I for one am thankful for it.

AM: Yeah. Well our questions from residents this week; dining is a popular question, so let's go back to that again. People are asking, of course, when are we going to be able to have guests join us again in the dining rooms?

EB: Yeah, and we had had guests that could come in last year when the rates were lower. Then as we were anticipating the predicted Omicron surge for January, we felt that we really needed to close that off. So we did, and we were essentially looking at it two weeks at a time. Last week we had Coronavirus response team, and we decided to keep it closed again. We want to work out of this, if you will, slowly and intelligently so we don't go too quickly and then have a problem. It's always going to be trying to find that balance. This will definitely be looked at again next week, and if the rates continue to drop as they have been the last few weeks, I would anticipate the reopening somewhere in the near future for guests again. We're watching the numbers; that's really what we're doing, and if they continue in the direction they're going, I'm confident we'll be able to work at the guest meal policy as well.

AM: People will be very excited to hear that! We also had a little bit of feedback this last week on our last video, and what we were saying about empathy in society. Maybe we should talk just a bit about that.

EB: Yeah, there were some comments going back and forth from me and you, I think, around empathy and just the need for that in society. I think in some of our passion for talking about it and strong feelings about it, connected it a little too much about the vaccine, and some of those comments were really more intended for our society in general. It feels like we're in this place – you know - where we're missing an empathy gene for each other. When you read things on Twitter and some other places, you know the attack mode that people go into so quickly is really unfortunate. So here we are in Covid in the midst of that, and we want to redevelop that ability to be empathetic for people, and empathetic for people who are coming at things differently from us, too, and have different opinions. Yeah; I think some of the comments could have been interpreted a bit differently than what we had intended. Our intent was to speak to society in general, and just the need for respect for each other, for empathy for each other, and be respectful of people with different opinions. That has been so important in the pandemic and will continue to be so important as we move forward.

AM: Absolutely. Another thing that happened for us in this past couple of weeks is the CDC had updated some of their guidance around who's vaccinated, who's boosted; what does that mean

for nursing homes? This past week the Pennsylvania Department of Health clarified some of that information based on what the CDC had. I want us just to talk real briefly about this because this has impact on our residents – both residents who are in Health Care centers right now and residents who might need to be in Health Care centers right now. As you know essentially what the state has done now has divided persons into categories of up-to-date or not up-to-date. So if you are an “up-to-date person” you either have had Covid in the last 90 days or you are vaccinated and boosted, if you are eligible for a booster. If you’re not “up-to-date,” you either haven’t had Covid, haven’t been vaccinated, or are behind on your booster shot. So the big difference in this for us now is that if you are not up-to-date and you are in a skilled nursing center, and you are off campus for 24 hours or you’re just being admitted to that skilled nursing center, you have to quarantine for 10 days. You also have to quarantine for 10 days if you are not up-to-date if anyone in that nursing center tests positive, and that’s a big change for people who maybe have had their first doses of the vaccine, and haven’t had their second. Or haven’t been boosted.

EB: Yeah. That’s an important thing to keep in mind, too, because as people may be watching this video – our people in the community, our residents, our staff – our positions that we need to take are also partly based on the regulatory bodies that tell us what we need to be looking at. You’re absolutely right. The old days of “fully vaccinated”...well that meant you had your sequence of two shots, or one shot depending on which vaccine you got, and now with the booster: up-to-date is the qualifier. As opposed to the term “fully vaccinated,” so maybe we should have invited Aaron Rodgers to explain all that. Ha! But you know because words matter, right? They’re important to be clear as to what we mean, and so that’s the new terminology: up-to-date. So if you are – and I think we might have talked about this a bit in the last video as well but – you need to be up-to-date in order to not have to quarantine. That is a pretty big deal. The question in my mind is: is that going to stick for long term or depending on where Covid goes in the coming months or year or two...? Because that has a big impact on our residents, on admissions to the nursing home, all those kinds of things. So my sense is that’s where we are now; that may need to evolve over time, but you’re absolutely right: that’s where it is now. And that does have some implications, so what it means really is, we want to encourage people to be fully up-to-date, and that means vaccinated, or boosted, or having had Covid in the last 90 days. Now that would be the least desirable way to get to up-to-date, okay, in my opinion, but it is a classification that would be there. It means we want to continue to encourage residents to be boosted, because if you think about it too, if you’re in Personal Care and are not boosted, and you go to the hospital and need Health Care, you’re going to need to be quarantined, as you noted. But if you’re boosted, that eliminates that reality. So it does get confusing, and we need to continue to get information out so people understand it, but at the end of the day, for our residents: the ideal would be that they’re vaccinated and boosted, and that qualifies them as being fully up-to-date, and eliminates what we just talked about.

AM: Yeah, and what happens in Personal Care regulations often follows what happens in Health Care regulation. I think the thing that’s maybe most concerning for me about the possible application of this in Personal Care, is if you’re not up-to-date and you want to go home with your family overnight – you know if you’re having a party or celebrating somebody’s birthday

and you want to stay overnight – you’re going to have to quarantine for 10 days when you come back. That has more of an impact in Personal Care than it will in Health Care.

EB: That’s right. The interesting thing with that is too, you know a lot of the things you reading as we’ll keep evaluating this to see where case counts go – you know I was reading about that in the article in Philly and the mask mandates and vaccination mandates to go into restaurants, those kinds of things – so that...it would seem to me that that will need to continue to be evaluated because if, depending where this goes, the case counts really continue to drop and it’s not happening a whole lot, to have that level of restriction – from my perspective in the long-term – is probably not ideal, or helpful, or needed. But that’s what it is now; we need to follow those regulations and so we need to also make our voices known and give feedback, too, as to how these things are impacting us. At the end of the day, it seems to me over the long term the case counts in the local community are going to have a big impact on how some of these things play out.

AM: Yeah, and I think that hopefully at least, summertime comes and this will resolve. But it does seem that DHS regulations and DOH regulations...they’re definitely a lagging indicator.

EB: That’s true.

AM: So it’s going to take a while for them to change that guidance.

EB: Yeah. That makes sense, too, because it’s always easier to put a mandate in place. You know you think about it, and you might be late in getting it in place in the first place because you have to evaluate things. The same thing applies when you’re – you know – unwrapping things as well, and so it’s just part of the reality. We’ll continue to work with that.

AM: Maybe we should just mention, as a reminder at that: if you’re not vaccinated or you’re not up-to-date, we are doing vaccine clinics at Living Branches. You can check the website; the information is there, or you could talk to your nurse or social worker – they’ll help you sign up. That’s available for anybody! At this point come one, come all. Ha! Maybe to close – maybe we should talk about something not Covid-related just for a moment or two.

EB: Well and actually before we get to that, though, there were some other reflection I was thinking about just because of a phone call I had today. That was this whole idea that we’ve been talking about, executively or sheep team and otherwise too: we’ve been through this really difficult time – emotionally, physically, and spiritually you know. The last two years has just really been difficult, and I was talking to a clinical social worker today because I’m going to be bringing them in to do work with our more senior-level managers – at least a few of them as a

pilot to see how it goes and how it's received. But the idea that was reflected on was, you know, when you go through these kinds of crises, and then it feels better – like it feels like we're getting into a better place – and then these other feelings of anger, or resentment, or other things come up...and you say: wait a second, I should be feeling better, but where is this coming from? Those are natural occurrences he described in terms of his own situation, at times in his life where he was coming out of a hard time, and these feelings you think, "I shouldn't be having them because it's getting better."

AM: Right.

EB: But it's that whole idea of: how do we respond to crises, and constant crises? The idea is you have to be on; you have to be on, right? You can't let your guard down; you need all the energy you can, but then if it's getting better you relax a bit, and you don't need to be as wound...but then you start experiencing those other feelings that maybe you didn't allow in before. So "getting out" of this crisis will need some attention as well for our staff, for our residents, and for our society frankly as we think about: how do we make sense of this new reality? Whatever that looks like.

AM: That's really interesting especially when you think about it in relationship to this type of event, where just when you start to relax and say, "Okay maybe I can get back to normal," it can come back again. It's not like a tornado or something that destroys your town, and you know is going to be a one-time-only event; it seems like it's always there in the back of your mind. We're definitely going to have to spend some time thinking about that.

EB: Right. Yeah the emotional element is sometimes forgotten in some of these kinds of things.

AM: Yeah, definitely. Well now should we talk about non Covid-related things?

EB: Sure! Absolutely.

AM: We have some construction projects that are going to be starting hopefully very soon. Haha! I can't imagine how complicated it must be to try to work on construction things – I mean I'm working on it a little bit, but – in this market for getting resources and getting builders, and suppliers and everything. It must just be terrible.

EB: Yeah it's a little challenging, but we have a lot of good people working at it. But yeah that alone can be a full-time job and then Covid is an overlay, so it's been interesting in that regard. We've been planning this for a long time and certainly Covid things slowed things a lot –

particularly at the front end – but over the last year or so we've been trying to move these projects forward. Essentially what it is: Health Care at Dock Woods will be expanding the building because we need more square footage to have more private rooms; so we'll end up – I think it's – at 45 private rooms in total out of the 72 nursing beds. At Souderton it's actually a Health Care project; again an expansion to the building to create a Memory Care unit – 18 bed Memory Care unit. We'll create more private rooms; again I think it's 43, and then modified private another six, so total of 49. And then also a new Parkview, if you will; we haven't determined if we'll continue to call it that or not, but a new Personal Care Memory Care unit. It will be larger in size, but also all private rooms. So yeah, these projects – Souderton is a bit later than Dock Woods – are in late spring/early summer; we haven't assigned an exact date yet, but late spring/early summer for Dock Woods and late summer/early fall for Souderton. We're at different stages in approval processes even with townships, financing, board approvals, you know all those kinds of things. It's going to be very exciting; it's going to be a lot of work. It's kind of – they reference sometimes – “you stress” meaning that it's stress, but it's positive stress because you know it's going to be a good outcome at the end. So it will be a very good outcome at the end! We won't have all private rooms, but certainly the vast majority will be private, and that will be a very good thing. So that's coming! This year Todd Detweiler was recently moved into a new role. He's not quite in it yet because his previous role needed to be back filled, but Todd will be our director of construction – really being the construction liaison for Living Branches for these projects. We're very excited, and this is really just a preview of future communications that will be coming out to really help people understand what these are all about, and what they can expect.

AM: Yeah. That will be nice to talk about this and I think especially for residents, obviously, in Health Care and in Parkview: it's going to be a big change, and so I'm very excited about it. People can expect more coming this year certainly about construction! And then we can all start complaining about there's no place to park, and everything is a mess. Haha!

EB: That's right. There's always something to complain about, right? That's just part of being human.

AM: Exactly right. Well I'll look forward to those complaints. Thank you! Thank you to our audience. If you have questions, please feel free to email me at CoronavirusQuestions@livingbrnaches.org, and we will see you in a later video! Thank you.