

# WELCOME

**BRIAN KRAMER** 

**President & CIO** 



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## Asking a question is easy!

- About the topic being presented
  - Click on the Q&A icon at the bottom of your screen
  - Type your question & hit Enter
  - Questions will be answered at the program's end, or offline if time runs out
- About technical issues or CE credit
  - Click on the Chat icon at the bottom of your screen
  - Type your question & hit Enter
  - Our team will reply to your question right away



## Housekeeping notes

- This webinar is being recorded for on-demand access later, after the series' conclusion
- To earn CE, you must attend the <u>entire</u> session
- For those sharing a computer
  - Complete a manual sign-in sheet before the program ends
  - Go to Chat to access the link for the sign-in sheet
  - Each participant must complete an evaluation to obtain CE credit
  - Instructions will also be emailed to the program registrant



## **About CE credit**

#### **Nursing credit**

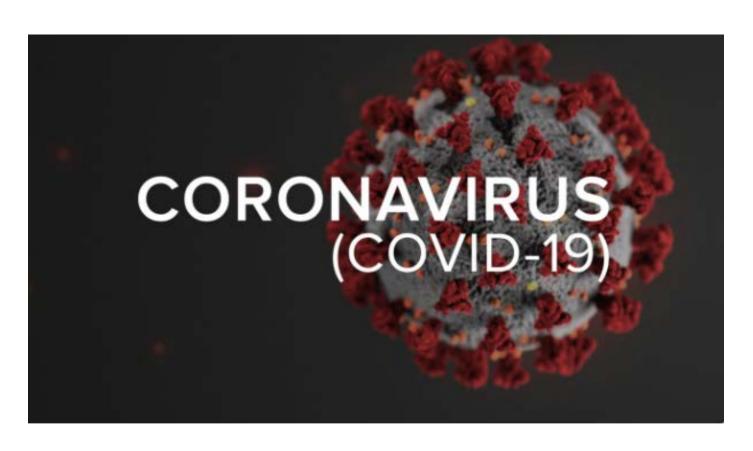
Each activity has been approved for 1.0 clock hours continuing education credit for nurses by The Illinois Health Care Association, an approved sponsor of continuing education by the Illinois Department of Professional Regulation. Participants must be present for the entire duration of the activity and complete a post-event evaluation to receive credits. There is no conflict of interest for any planner or presenter.

#### **Administrator credit**

This program has been approved for Continuing Education for one total participant hour by NAB/NCERS. Approval #20210604-1-A66886-DL



## Impact on LTC & Assisted Living Facilities

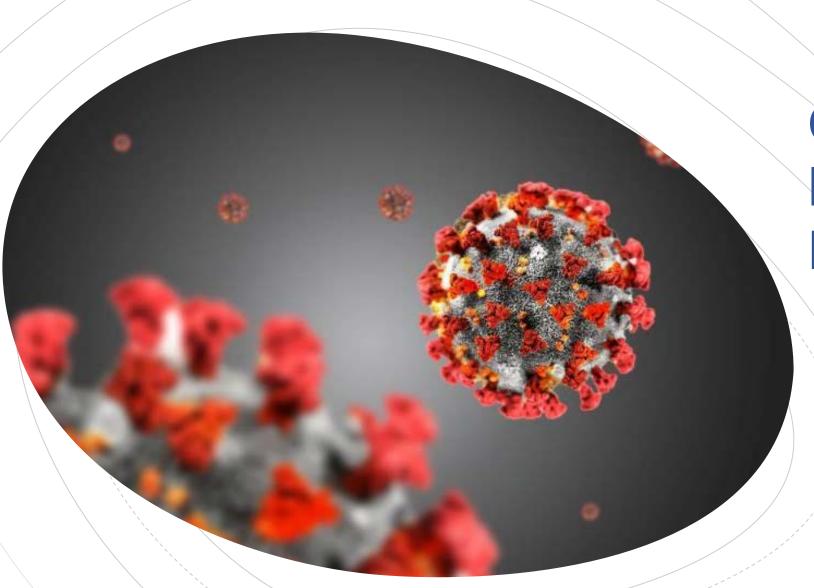


#### **Moderator**

Johnson Abraham, PharmD, BCGP
Director of Clinical Services

FORUM EXTENDED CARE SERVICES, INC.





# COVID-19 Impact on Long Term Care

Thomas Annarella, LNHA

VALLEY HI NURSING AND REHAB JORDAN HEALTHCARE GROUP



**Devastation Caused By COVID-19** 

- COVID-19 The perfect storm and the wrong time
  - Chronic underfunding
  - Chronic unfunded mandates
  - Already fragile system
- Early COVID-19
  - Confusion, panic, information overload
    - Rapidly changing guidelines
    - What is "recommended" and the impact
  - Who's in charge?
    - CDC, CMS, IDPH, local health department
  - What a difference a word makes
    - ❖ Guideline, Recommendation, Requirement
  - Where do we go for help? Where is the State stockpile?





## **Devastation Caused by COVID-19**

- The Residents
  - EVERYTHING changed overnight it happened so fast
  - Cases in the building or staff positive cases confusion / panic
  - Outbreak status and impact
  - Constant newsfeed focusing on the long-term care facilities with outbreak
  - Lock downs / loss of congregate life
  - Not being able to see loved ones
    - Digital is great, but not the same thing
    - Challenges with the impact of declining condition
    - Not knowing when they will be able to again
  - Psychosocial, trauma informed care, LIVING
    - Dementia and the COVID example
  - NOTE: We have to be as concerned about the resident's spirit as we do the virus, your facility approach needs to take that into consideration as you navigate the risk and response. Remember, words matter and only you and your team truly know what is best for your residents.





## **Devastation Caused by COVID-19**

- The Team
  - Work life balance (not in the traditional sense)
    - \* Kids out of school vs. essential worker status
    - Long hard days
    - Worry about catching the virus
    - Worry about bringing virus home to family
    - Worry about supplies
  - The war front lines
    - Caregivers
  - The war behind the scenes
    - Purchasing
    - \* Responding to changing guidelines in real time
    - Response plan and policy development





## **Devastation Caused by COVID-19**

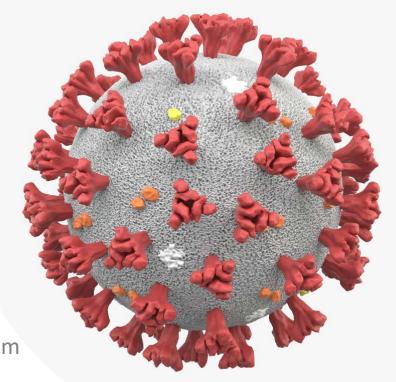
- The Organization
  - Economic impact
    - Loss of census
    - Increased labor costs
    - Cost of testing
    - Cost of supplies
  - Budget impact
    - How do you plan for tomorrow?
  - Operational impact
    - Everything changes / the new normal
    - Liability and insurance landscape
    - Regulatory
  - WHAT DOES TOMORROW BRING
  - DON'T EVER SAY NOW I HAVE SEEN IT ALL





## **Lessons Learned**

- ► We have learned a lot about ourselves
  - Importance of paying attention to the world outside your facility
    - Early signs of trouble
    - Supply chain
  - What truly being prepared means
    - Supplies on hand
    - Having an honest, flexible and comprehensive battle plan
      - Overthink it
      - Break it
      - Build it
      - Repeat
    - Conducting meaningful training and discussions with entire team
  - Importance of having a culture of infection control
    - APIC or other certification
    - Ongoing surveillance
  - Your team no longer consists of those you employ
  - It's okay to be first
  - It's okay to be different





## **Preparing for Tomorrow – Second Wave?**

#### GET AHEAD OF THE STORM

- Trending what is happening in your area
- Go back and revise your battle plans
  - ❖ Be honest with yourself
- PURCHASE spending now saves later
  - ❖ Build your stockpile 4 months worth at outbreak level (FIFO / rotate)
  - Watch for global supply chain trends, stay ahead
    - PPE especially gloves and masks
- React early, hypervigilance and rapid response
  - It is okay to precautionary isolate





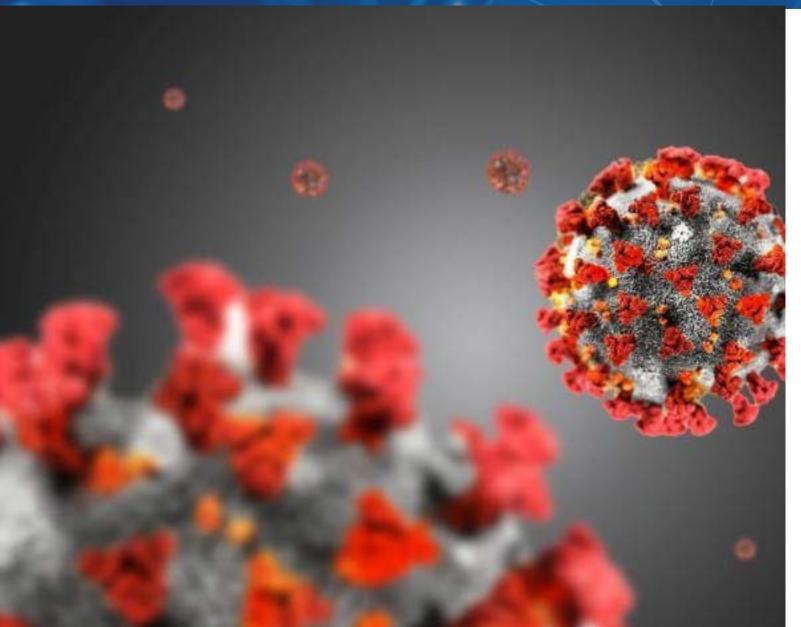
## **Challenges that Remain**

► What does tomorrow hold – no one knows – <u>no one</u>

What does long term care look like in 3 years / 5-years?







# COVID-19 Impact in Assisted Living

**Terran Salbego** 

Regional Director, Operations

SPECTRUM RETIREMENT COMMUNITIES, LLC



## **COVID Assisted Living & Memory Care**

#### Key Factors:

- Managing viral transmission in and Assisted Living Environment
- Communication and Strategic Support
- Importance of data-tracking and trending
- Special Considerations for Memory Care



#### Managing viral transmission in an Assisted Living Environment

- Transmission of COVID-19 in AL is more akin to a social spread.
  - Investigating potential transmission was more based on social networks rather than care providers and potential failures of infection control.
- Highly independent resident in assisted living is environments have less interaction with staff, limiting direct observation of potential symptoms.
  - Increased vital monitoring, more probing questions is an adjustment for the residents.
- Challenges of implementing restrictions with active seniors
  - Cannot create a "COVID Wing"



## **Communication and Strategic Support**

#### Communication:

- Clear reporting structure within the community and corporate support team.
- Establishing a support structure for the communities to meet viral response requirements (reporting of COVID cases, PPE needs, staffing needs).
- Utilization of technology to streamline communications both within your organization and to the families. (policies and procedures, family updates FAQs)
- Establish a crisis response team with a centralized communication stream for staff on the ground and a separate one for families and responsible parties.
- In-service, In-service, In-service..... (top leadership on down)
- Support, value and appreciate the frontline on a consistent basis.



## Importance of Data-Tracking and Trending

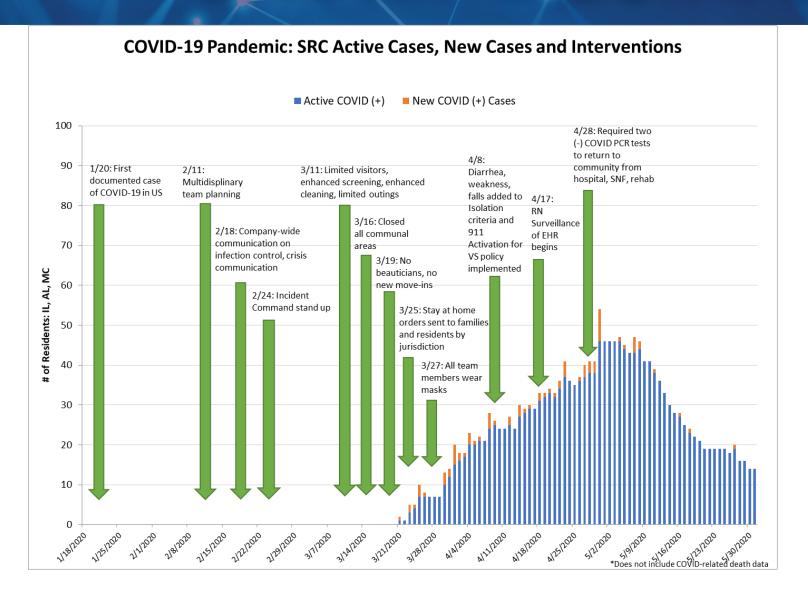
- Tracking symptoms
  - Utilizing your EMR to establish data trends in symptom presentation.
  - Early signs of symptom presentation in seniors did not display with hallmark COVID symptoms as established by early CDC standards-the list has since evolved.
  - Establishing conservative standards for implementing isolation/contact/droplet precautions. Without access to testing, isolation for any deviation from baseline is key.
  - Remaining mindful of the psychological and physical impacts of isolation.



## **Special Considerations for Memory Care**

- Memory Care population presents unique challenges for implementing precautionary measures.
  - Cognitively intact individuals change their behaviors to increase personal protection.
  - Memory care requires a reshaping and protection of the environment to protect the resident.
  - Keep staff consistent, no cross level care providers or ancillary providers (housekeeping, dietary, therapy).
  - Provide variable dining times, establish more areas to eat, spread out the dining tables.







## **Discussion**





## **Obtaining CE credit**

- Complete the evaluation at the conclusion of this program:
  - In your web browser
  - Also emailed immediately following this program
- For those sharing a computer to view the webinar:
  - Submit your sign-in sheet to the email address listed on the form
  - Each participant will then be emailed a link to the evaluation
  - Each person must complete an evaluation to receive CE credit
- Certificates should be emailed in about 30 days



Want more CE after this?

Monthly webinars are coming...

Friday, August 21st

Plants & Pills

**Barb Bancroft** 

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# THANK YOU!