



**Stay Calm  
Stay Prepared  
Stay Informed  
CALTCM.org**

**Webinar Series  
COVID-19: CALTCM Weekly Rounds**

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**June 15, 2020**

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**Thank you to our Planning Committee!**

*Patricia Latham Bach, PsyD, RN  
Flora Bessey, PharmD, BCGP  
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Janice Hoffman-Simen, Pharm.D., EdD, APH, BCGP, FASCP  
Ashkan Javaheri, MD  
Albert Lam, MD  
Jay Luxenberg, MD  
Karl Steinberg, MD, CMD, HMDC  
Michael Wasserman, MD, CMD*



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**We're all in this together.**  
ACADIA is honored to support front line providers caring for our long-term care communities.



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**Upcoming CALTCM CME/CEU events:**

**Leadership & Management in Geriatrics: July 31 & August 1**  
\*\*\*VIRTUAL EVENT\*\*\*



**46th Annual Meeting:  
2020 CALTCM Summit for Excellence: October 8-10**



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**Webinar Moderator**

**Patricia Bach, PsyD, RN, MS**  
Clinical Psychologist; Assistant Professor Eastern VA Med School; Chaplain, Placer County Law Enforcement Chaplaincy



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### Webinar Faculty

**Timothy L. Gieseke, MD, CMD**  
Member, California Partnership for Improving  
Dementia Care; Recipient 2018 CALTCM  
Leadership Award; CALTCM BOD Member



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### Webinar Faculty

**Jennifer Birdsall, Ph.D.**  
Clinical Director; CHE Behavioral Health  
Services; Member APA's Society of Clinical  
Geropsychology, Psychologists in Long-Term  
Care (PLTC), and the CA Partnership to  
Improve Dementia Care



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### Webinar Faculty

**Michael Wasserman, MD, CMD**  
Geriatrician, President, CALTCM,  
Medical Director, Eisenberg Village,  
Los Angeles Jewish Home



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### Webinar Faculty

**Jay Luxenberg, MD**  
Chief Medical Officer, On Lok  
CALTCM, Wave Editor-in-Chief



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## Dementia Care During COVID-19



Tim Gieseke M.D., CMD



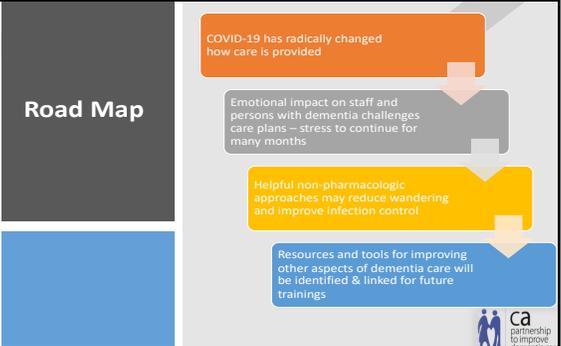
Jennifer Birdsall, Ph.D.



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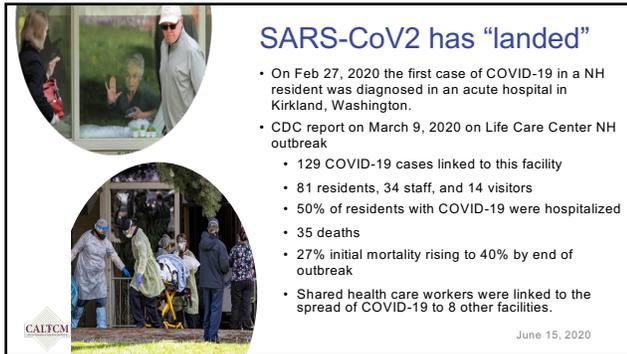
## Road Map



- COVID-19 has radically changed how care is provided
- Emotional impact on staff and persons with dementia challenges care plans – stress to continue for many months
- Helpful non-pharmacologic approaches may reduce wandering and improve infection control
- Resources and tools for improving other aspects of dementia care will be identified & linked for future trainings



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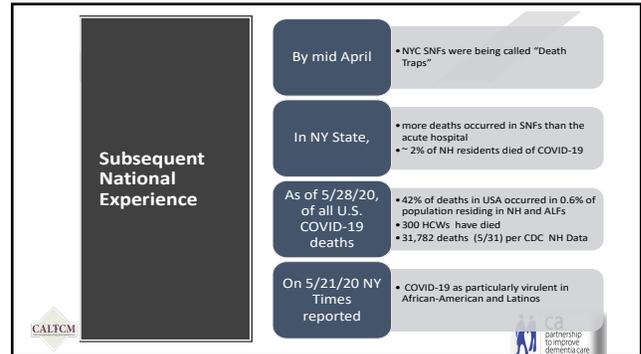


### SARS-CoV2 has "landed"

- On Feb 27, 2020 the first case of COVID-19 in a NH resident was diagnosed in an acute hospital in Kirkland, Washington.
- CDC report on March 9, 2020 on Life Care Center NH outbreak
  - 129 COVID-19 cases linked to this facility
  - 81 residents, 34 staff, and 14 visitors
  - 50% of residents with COVID-19 were hospitalized
  - 35 deaths
  - 27% initial mortality rising to 40% by end of outbreak
- Shared health care workers were linked to the spread of COVID-19 to 8 other facilities.

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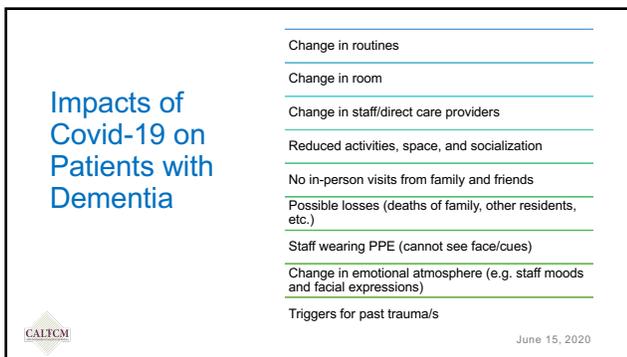


### Subsequent National Experience

- By mid April
  - NYC SNFs were being called "Death Traps"
- In NY State,
  - more deaths occurred in SNFs than the acute hospital
  - ~ 2% of NH residents died of COVID-19
- As of 5/28/20, of all U.S. COVID-19 deaths
  - 42% of deaths in USA occurred in 0.6% of population residing in NH and ALFs
  - 300 HCWs have died
  - 31,782 deaths (5/31) per CDC NH Data
- On 5/21/20 NY Times reported
  - COVID-19 as particularly virulent in African-American and Latinos

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### Impacts of Covid-19 on Patients with Dementia

- Change in routines
- Change in room
- Change in staff/direct care providers
- Reduced activities, space, and socialization
- No in-person visits from family and friends
- Possible losses (deaths of family, other residents, etc.)
- Staff wearing PPE (cannot see face/cues)
- Change in emotional atmosphere (e.g. staff moods and facial expressions)
- Triggers for past trauma/s

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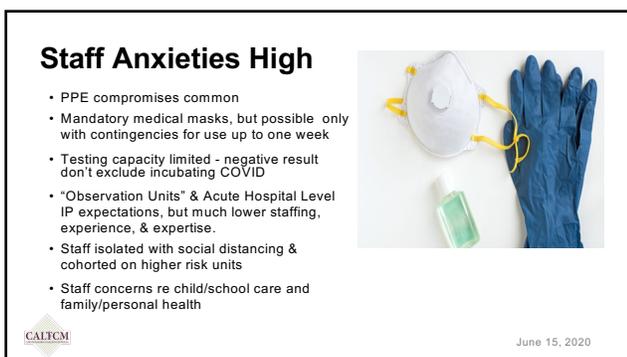


### Predictable adverse consequences when cognitively impaired

- Weight loss
- Falls
- ER visits
- Quarantine
- Wandering
- Quarantine failures
- Masking failures
- BPSD worsens
- Staff injuries
- More staff/sitters
- Risky meds

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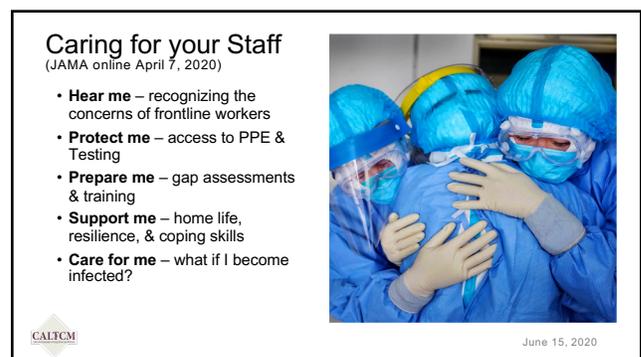


### Staff Anxieties High

- PPE compromises common
- Mandatory medical masks, but possible only with contingencies for use up to one week
- Testing capacity limited - negative result don't exclude incubating COVID
- "Observation Units" & Acute Hospital Level IP expectations, but much lower staffing, experience, & expertise.
- Staff isolated with social distancing & cohorted on higher risk units
- Staff concerns re child/school care and family/personal health

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### Caring for your Staff

(JAMA online April 7, 2020)

- Hear me** – recognizing the concerns of frontline workers
- Protect me** – access to PPE & Testing
- Prepare me** – gap assessments & training
- Support me** – home life, resilience, & coping skills
- Care for me** – what if I become infected?

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**Town Hall Meeting**

“Virtual Forums” facilitate vital communication

- Management
- Providers
- Staff
- Family
- Residents

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**Impacts of Covid-19 on Patients with Dementia**

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**How Might Dementia Symptoms Exacerbate the Impact of Covid-19?**

- Memory
- Orientation
- Executive functioning
- Language processing (receptive and expressive)
- Visual-spatial processing
- Emotional regulation

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**Indicators of Emotional Distress in Patients with Dementia**

- Emotional indicators:** crying/tearfulness, apathy, increased irritability, increased attention/support seeking
- Verbal indicators:** yelling, cursing, noises
- Behavioral indicators:** physical aggression (striking out), pacing, restlessness, fidgeting, increased withdrawal, perseverative behaviors
- Somatic/physical indicators:** headaches, muscle tension, fast or irregular heartbeats (palpitations), shortness of breath, dizziness, nausea or diarrhea
- Cognitive indicators:** increased disorientation, confusion, forgetfulness, concentration difficulties
- Changes in sleep and appetite**

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**Nonpharmacological Interventions to Reduce Emotional Distress in Patients with Dementia**

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### Identify the Trigger (Root-Cause Analysis)

- Try to figure out what is causing/contributing to the patient's anxiety so you can try to address it
- Think carefully about what happened right before he seemed anxious
- Look for possible reasons and patterns
- Consider if there is an unmet need




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### Identify the Trigger

- Are they not able to understand what is being said or what is happening?
- Could they have too much or too little activity? Are they bored?
- Could they be upset because of a recent change in routine?
- Have they been around many people whom they don't know?
- Are they frightened or confused by the PPE?
- Could they feel that people are treating them differently, or like a child?
- Could they be responding to your emotions (i.e. Mirroring)?





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### Remove/Address the Trigger

- Turn off/limit Covid-19 News
- Avoid relocating patients if able
- Avoid conversing with colleagues about distressing information in front of patients
- Avoid yelling, arguing in patient/public settings
- Monitor nonverbals and facial expressions
- Introduce yourself and explain what you will be doing (especially important when wearing PPE)
- Keep to a new, simple routine



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### Nonpharmacological Interventions

- Stay (appear) calm
- Listen, reassure, validate, remind
- Communicate clearly, simply
- Redirect
- Engage in pleasant activities
  - Be creative and supportive
  - Past sporting events
  - See activities training video (CA PIDC)




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### Grounding Techniques

**Ask the patient to describe what he or she observes.**

- What do you see out of your window

**Help the resident decrease the intensity of their affect.**

- *Emotional Dial:* have the patient imagine (visualize) turning down the volume on his or her emotions
- "Clenching Fists:"
  - Have the patient clench her fists
  - Guide the patient to imagine the emotional energy moving into her fists
  - Then guide the client to open her hands and "release" the emotional energy




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### Tips to Reduce Wandering in Patients with Dementia



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### Wandering in Patients with Dementia

- Definition: "Syndrome of dementia related locomotion behavior having a frequent, repetitive, temporally-disordered and/or spatially-disoriented nature that is manifested in lapping, random, and/or pacing patterns, some of which are associated with eloping, eloping attempts, or getting lost unless accompanied (*Alagase, D.L.et al, 2009*)."
- 6/10 people with dementia will wander (Alzheimer's Association).
- More common in middle or later stages of dementia



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### Common Reasons for Wandering

- Loss of Memory/Searching for the Past
- Change in Environment
- Anxiety/Agitation/Excess Energy
- Expressing Boredom
- Discomfort or Pain

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### Loss of Memory/Searching for the Past

Cause	Behavioral Interventions
<ul style="list-style-type: none"> <li>•A person may set off to go to somewhere, and then forget where they were going or why</li> <li>•The person could also be searching for something that they have lost or think is lost</li> <li>•This could be someone/something from their past; they may believe they need to go to work</li> </ul>	<ul style="list-style-type: none"> <li>•Gently reorient and redirect</li> <li>•Keeping personal possessions in view</li> <li>•Use memory compensatory interventions (calendars, white boards, etc. with orienting information)</li> <li>•Try to meet the need of the patient – e.g. Facetime call with family</li> <li>•Try to help find an activity that gives the patient a sense of purpose (e.g. folding towels)</li> </ul>

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### Change in Environment

Cause	Behavioral Interventions
<ul style="list-style-type: none"> <li>•A person with dementia may feel uncertain and disoriented in a new environment such as a change in unit/room</li> <li>•The person may also want to escape from a noisy, busy, overstimulating environment</li> </ul>	<ul style="list-style-type: none"> <li>•It may help to show the person familiar items, such as photographs or clothing, in order to indicate that they belong in a new place</li> <li>•Use orienting tools, such as names and pictures on their room door, etc.</li> <li>•They may need extra help in finding their way about and the layout of their new environment</li> <li>•Reduce environmental triggers, e.g. loud noise, etc.</li> </ul>

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### Anxiety/Agitation/Excess Energy

Cause	Behavioral Interventions
<ul style="list-style-type: none"> <li>•Agitation and anxiety can cause some people to pace up and down or to wander</li> <li>•Patients may wander and pace to relieve excess anxious energy</li> </ul>	<ul style="list-style-type: none"> <li>•Use nonpharmacological interventions to reduce anxiety</li> <li>•Can the person go outside? Provide safe opportunities to walk. Provide PPE for the patient (mask and gloves)</li> <li>•If the patient is a falls risk, provide other opportunities to use up excess energy, such as stationary exercises or sitting in a rocking chair with supervision</li> </ul>

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### Boredom

Cause	Behavioral Interventions
<ul style="list-style-type: none"> <li>•Some patients with dementia may wander because they simply do not have enough to do</li> <li>•As dementia progresses people find it harder and harder to concentrate for any length of time</li> <li>•They may forget what activities are available or how to initiate them</li> <li>•With reduced activities and social events, the patient may be struggling with increased down-time and change in routine</li> </ul>	<ul style="list-style-type: none"> <li>•Try* to find ways to keep the person mentally engaged and physically active via independent activities</li> <li>•See video on Activities provided by CA PIDC</li> <li>•Identify the most likely times of day that wandering may occur. Plan activities at that time</li> </ul>

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Discomfort or Pain	
Cause	Behavioral Interventions
<ul style="list-style-type: none"> <li>•Patients with dementia may be unable to adequately communicate their concerns/discomforts</li> <li>•Wandering and walking may be due to pain and discomfort that the patient cannot communicate</li> <li>•Walking in and of itself may ease discomfort</li> </ul>	<ul style="list-style-type: none"> <li>•Ensure all basic needs are met. Thirst/hunger, toileting, temperature, etc.</li> <li>•Identify the cause of physical discomfort</li> <li>•If you think pain may be a concern, request a follow-up from the patient's PCP</li> </ul>

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### Other Interventions to Ensure Safety

- Camouflage doors by painting them the same color as the walls
- Place "Stop" screens across other patient room doors
- Increased staff supervision may be necessary
- Help patients use PPE – mask and gloves – monitor and remind frequently
- Support more frequent hand washing
- Increase cleaning and disinfection during the pandemic – i.e. more frequent cleansing of surfaces throughout the day
- Consider Face shields if medical mask is not tolerated

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### Resources:

- COVID – 19 National CDC NH Data: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/hkvwz-xpvg>
- Understanding and Addressing Sources of Anxiety Among Health Care Professionals during COVID-19 Pandemic; JAMA online April 7, 2020
- Moving PPE/Face Shields into Community; JAMA Online April 29, 2020
- Swabs Collected by Patients or HCW for SARS-CoV2 Testing; NEJM Online June 3
- Audio Interview: Diagnosis & Early Treatment of COVID-19 NEJM Editors <https://www.nejm.org/doi/full/10.1056/NEJMe2021023>

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### Resources:

- Teepa Snow Nine Dementia Training Videos: <https://m.youtube.com/playlist?list=PLV18vTLie8HxR6Cj0J8zrh8E1Fz5badE>
- CA Partnership to Improve Dementia Care Videos: COMING SOON
  - Activities for Patients with Dementia During Covid-19
  - Reducing Emotional Distress in Patient's with Dementia During Covid-19
  - Managing Wandering During a Pandemic
  - Supporting Family Members of SNF Residents During Covid-19
- Coping During a Pandemic – Building Resilience in the Face of Covid-10 – Support for SNF Staff (Dr. Birdsall)
- <https://vimeo.com/422929072/e1fe7ca354>

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## Thank You!

CA Partnership to Improve Dementia Care



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## Q & A

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*Join us*  
June 29<sup>th</sup>  
COVID-19 Best Practices:  
Real Stories, Real Solutions

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