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Stay Prepared  
Stay Informed  
CALTCM.org


**Webinar Series**

**COVID-19: CALTCM Weekly Rounds**

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May 4, 2020

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**Thank you to our Planning Committee!**

*Patricia Latham Bach, PsyD, RN*

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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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**Webinar Faculty & Moderator**

**Albert Lam, MD**

Geriatrician, Chair, Dept of Geriatric Medicine,  
Palo Alto Foundation Medical Group,  
CALTCM BOD member and President-Elect



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**Webinar Faculty**

**Tracie E. Murray, JD, NHA**

Administrator  
Cedar Crest Nursing and Rehabilitation Center



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### Webinar Faculty

**Janice Hoffman-Simen, Pharm.D., EdD, APH, BCGP, FASCP**  
Director, Postgraduate Residency Program, Jewish Home for the Aging; Associate Professor of Pharmacy Practice and Administration; Western University of Health Sciences

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### Webinar Faculty

**Noah Marco, MD**  
Chief Medical Officer, Los Angeles Jewish Home; Executive Director, Brandman Research Institute; Medical Director, IPA LAJH Medical Associates

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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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## Opening the Front Door



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### Key Goals

- Life is going to be different
- As the world reopens, PA/LTC at greater risk
- Prioritizing safety while...
  - Finding ways to increase social stimulation, health and wellness
  - Finding ways to educate staff and train the next generation
  - Finding ways to return to full services
- Visitors Must Add Value
  - Patients/Residents
  - Community



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### Understand What is Safe?

- Completely Safe
  - Complete isolation, clean room type procedures
- Unsafe
  - Just open the door
- Middle Road
  - Patients need social stimulation, facilities rely on partners to deliver excellent care
  - Must Add Value to justify risk
  - Maintain Strict infection control



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### Suggestions

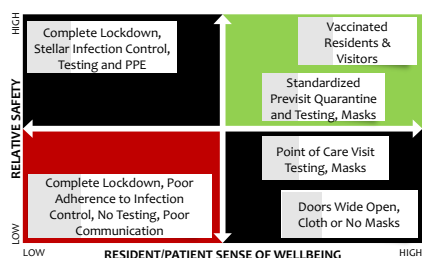
- Self Monitoring Program/ Verified Limited Outside Contacts
  - Don't go jogging with that buddy
  - Don't have secret get together meals
    - Stay home
    - Wear a mask over nose and mouth when outside
    - Alcohol gel in and out
- Testing Requirements
  - 2 negative swabs 24 hours apart within the past 2 weeks?



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### Locked to Unlocked



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### That Was Then.... This Is Now.... Where Do We Go From Here?

Tracie Murray, JD, NHA  
Cedar Crest Nursing and  
Rehabilitation Center

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### That Was Then...

- Half way through March, I averaged 2-4 hours on conference calls a day dealing with COVID.
- In anticipation, we had designed our "COVID+ Unit" on paper, and had policies & procedures ready / all staff trained on PPE/Infection Control procedures
- I was helping to design Units, create policies & procedures for other SNFs in my company
- One of the weekly conference calls was with SNFs across the US, including providers in New York
  - On one of those calls, a SNF provider from New York said, "That's so cute, you think you are not going to have COVID+ Residents...."



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### Let's start at the beginning... So, remember when.....

- We didn't wear masks...we were actually told not to?
- They told us we would have to restrict visitors and we could not have community dining?
- We thought having a PUI was a big deal?
- We thought that we would not have a COVID+ Resident.....



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## How Did This Happen?

- One really great/helpful C.N.A. got it on PMs
- The Resident group he helped when he was asymptomatic then got it
- The C.N.A.s on day shift, who worked with that group, then got it
- The Residents who were in the groups belonging to those C.N.A.s then got it



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## That Was Then, This Is Now!

- 3/27 1<sup>st</sup> COVID+ staff member diagnosed
- 3/30 1<sup>st</sup> COVID symptoms in Residents
- 3/31 Told to wear mask by Santa Clara Public Health
- 4/2 First 5 Residents test COVID+  
Built first unit to house 10 Residents
- 4/2 Guidance from CDPH to wear face covering
- 4/6 Expanded unit to accommodate 22+
- 4/10 Expanded unit to accommodate 44-52
- 4/14 Given the final count of COVID+ and COVID-



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## Good, Bad and Ugly of TESTING

- Able to protect COVID- Resident and Staff
  - Cohort COVID- Residents away from COVID+ virus
  - Determine which Residents were COVID+ - 1/3 were asymptomatic
  - Gave staff and families peace of mind
- Had potential to leave facility without staff
  - Within 24 hours of testing staff began to have nursing staff pulled off of shift – asymptomatic (almost 1/2 were asymptomatic)
  - Once they found out they were negative, some did not want to come back
  - After testing positive, did not want to come back after mandatory isolation (some of this was from intimidation from their county of residence)
  - These are the numbers that get posted to the internet without reference to whether they were asymptomatic or not



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## Just the Facts

- Within 12 days....0 to 38 COVID+ Residents (19 staff)
- 3/4 of the COVID+ were long term care Residents
- With mass testing we able to identify all COVID positive and negative Residents
- We never fell below the mandatory staffing ratios
- We did it with our own staff (thanks to SCC, we were given waiver to use asymptomatic staff in the COVID+ unit)
- We kept all Resident in-house, none went to the acute (other than for brief stay and then sent back)
- 3 Residents have passed away (2 comfort measures & 1 hospice)



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## In Order to Open Back Up

- In accordance with CDPH, discontinuation of isolation to be a minimum of 10 days from symptom onset
- Santa Clara County is a double negative test before they can be moved back in to the COVID- side of the facility (we will, of course, be going with the more strict of the guidelines)
- We can take admissions now, but we are leaving the beds open so that we can move Residents over based on the double negative test
- Facilities with COVID units are being asked to take COVID+ Residents from other facilities.



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## The Immediate Future (I have no crystal ball)

- Shelter in Place through May – as the months get warmer and COVID numbers go down – visitors will be allowed in, with restrictions
- Vendors will be allowed back in based on actual need to be in the facility – not as much "cold-calling"
- Students allowed back in with a lot of oversight (single students/interns sooner than classes)
- Restrictions to continue with some variations through next year – we won't feel safe until a vaccine is invented



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## Where Do We Go From Here?

- 40 years ago, we did not wear gloves when providing care
  - Gloves were a result of HIV/AIDS
- After going through this, we will never wash our hands for less than 20 seconds again
- We will look at screening visitors much more closely than we ever did before
- We will have a better supply of PPE going forward
- Before COVID we did not wear masks
  - (Probably) will have times of the year or after certain types of indicators, where primary care givers will don masks



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## Unlocking the Doors to Academic Students

Janice Hoffman-Simen, Pharm.D, Ed.D., APh, BCGP, FASCP  
Associate Professor, Pharmacy Practice and Administration  
Western University of Health Sciences, College of Pharmacy

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## Allowing Students Into the Facility

### Advantages

- Added help, with NO Salary costs to facility
- Reduce stress/pressure of staff
- Provide extra needed care for challenging residents
- Come with own PPE, supervision and health records/HR documents
- Can provide value-added education/information to patients/residents and staff
- Training the next generation of healthcare team

### Disadvantages

- More people in facility to monitor
- Don't know their exposure to other buildings/people
- May need to train (at least supervisor) on your facility policies on PPE and patient/resident interactions and computer e-records



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## What Does Facility Need to Open the Door to Students?

- Certification in proper infection control, HIPAA?
- Negative Covid-19 test or Antibody test?
- Limited responsibilities within facility?
- Vaccine records – are usually available
- Schools to donate PPE, licensed supervisors, time and value-added education for staff?
- Consider remote access projects for students to complete (e.g. QAPI study data summaries, policy updates)
- HIPAA compliance with remote access with privacy screens and solo access



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Q & A



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### Upcoming Events:

May 8<sup>th</sup>: CALTCM Wellness Hour  
May 11<sup>th</sup> : COVID-19: Journal Review

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### Save the Date for the following CALTCM events:

**Leadership & Management in Geriatrics: July 31 & August 1**



18<sup>th</sup> ANNUAL CONFERENCE  
Leadership & Management in Geriatrics  
UNLOCK YOUR LEADERSHIP POTENTIAL  
July 31 – August 1, 2020 Omni La Costa Resort & Spa, Carlsbad, CA

**46<sup>th</sup> Annual Meeting:  
2020 CALTCM Summit for Excellence: October 8-10**



CALTCM Summit for Excellence  
Pacific Palms Resort, City of Industry, CA Oct 8-10 2020

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