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Stay Prepared  
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CALTCM.org**

**CALTCM**  
**COVID-19 Webinar Series**

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May 3, 2021

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Ashkan Javaheri, MD  
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Tina Meyer, DHSc, MS, PA-C  
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*Upcoming Webinars*

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**May 17**

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**UNLOCK YOUR LEADERSHIP POTENTIAL**  
July 30 – 31, 2021



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Save the Date!

**CALTCM**

*Summit for Excellence*

October 7-9, 2021  
A Virtual Event

*Promoting quality patient care through medical leadership and education*

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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  
Chair, CALTCM Wellness Committee



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**Webinar Faculty**

**Timothy L. Gieseke, MD, CMD**  
Retired Medical Director  
Member, California Partnership for Improving  
Dementia Care  
CALTCM Leadership Award Recipient



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**Webinar Faculty**

**Anne-Marie Louissaint, LNHA, RCFE, MHA**  
Administrator  
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**Webinar Faculty**

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



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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**

**KJ Page, RN-BC, LNHA**  
Administrator  
Chaparral House  
2017 CALTCM Leadership Award Recipient



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**COVID-19 Updates:**

**A Mother's Day Special**



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**With COVID-19, It's Personal**

- Both my parents and my father-in-law are deceased
- Six years ago, my mother-in-law was becoming too isolated living alone in an apartment setting & was tired of cooking
- Moved into a moderate size Brookdale facility with mainly IL, but also an AL and Memory unit
- She made new friends and enjoyed community dining as well as some of the social activities, which my wife supplemented with community outings

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**The Pandemic Changed Everything**

- Late last March, CDSS and Local Public Health implemented restrictive living guidance
- Canceled community dining, facility activities and facility/personal outings
- Meals delivered on paper plates
- Doorway masked exercise option, but participation rapidly declined
- No testing of staff or residents, but no dx of symptomatic COVID

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### Adverse Consequences

- Boredom
- Lost interest in reading
- Restlessness and negativity
- By her 91<sup>st</sup> birthday in June, she declared she would rather die than continue to live like this
- Unbeknownst to my wife, she had convinced her out of town son to open an account at the liquor store for delivery of "Titos" vodka



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### Interventions

- My wife began sneaking her out a back door for brief community outings
- Her PCP increased her Citalopram from 20 to 40 mg daily
- My wife encouraged resumption of reading by checking out books from the community library, but she quickly lost interest in most of them
- Hallway walks encouraged, but likely didn't occur



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### Summer Surge

- In July and August, the pandemic became real in Sonoma County with about 80% of the 150 deaths in Senior living facilities
- In August, she became aware through friends of several facility residents who had died of COVID
- Resident COVID testing began and continued into early October when staff cases ceased



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### Visible Decline Continued

- By late Fall, she was no longer safe to live alone.
- She was vegetating, getting weaker, more restless, and sleeping poorly
- We suspected medication errors, but she continued to refuse our assistance.
- She appeared high risk for falling with serious injury
- She became aware she was running out of money to pay the \$5,200 monthly rent and was now ready to access her long term care insurance



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### In December, Moved to a B&C Home

- Significant med errors were discovered on admission
- Impaired mobility confirmed, therefore ambulation only with assistance
- Assistance for bathing was necessary
- Significant cognitive impairment documented on formal testing
- Now qualified for her long term care insurance policy



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### Healthier Setting

- Quickly became friends with some of the residents
- Became stronger with assisted walking by staff outside the facility
- With other residents reading and not watching TV, she began to read again
- Sleep and restlessness improved
- Able to taper off her Citalopram
- PCP approved 1/3 glass wine with dinner



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### Vaccinations Changed Everything

- Frustrated she no longer had "back door" option for outing with my wife
- Appointment with hair dresser and dentist on hold as too risky
- My wife visited as an "essential" caregiver
- By early March, both were fully vaccinated
- Outings, haircuts, face wax, dental care now possible



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### Sonoma County Stats Improved

- 95% of those living in Senior Living Facilities are now fully vaccinated
- Last death was February 16
- Last unvaccinated case was March 5
- Last unvaccinated staff case was March 30
- 60 cases of "Breakthrough" COVID-19 as of 4/29
  - Variant testing slowly returning -most are California variants.
  - 12 cases in staff & 7 in SNF/RCFE residents
  - Only 2 were symptomatic (both residents)
- We anticipate moving to "Yellow" tier May 12



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Los Angeles Jewish Home  
Mother's Day Celebration

Honoring Mothers During a Pandemic

Noah Marco, M.D.  
CMO  
Los Angeles Jewish Home

Notes of Love  
WRITE LETTERS, DRAW PICTURES, SEND INSPIRATION & LOVE TO THE SENIORS AT THE LOS ANGELES JEWISH HOME.  
EMAIL: DR@LAJH.ORG  
OR CALL: 310.442.1100  
VISIT: LAJH.ORG  
OR TEXT: DR@LAJH.ORG

Los Angeles Jewish Home

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### First 5 Questions We Asked Ourselves



1. **How can our Mother's Day plan best fulfill our organization's mission?**  
 LAJH Mission: "Excellence in senior care reflective of Jewish values."  
 > **Answer:** Follow the ethical principle of justice. There should be an element of fairness in all decisions. Fairness weighs not just burden vs. benefit but includes equal distribution of scarce resources while upholding applicable laws and legislation.
2. **Could we accommodate the anticipated need, even if we enlisted all available resources?**  
 > **Answer:** Even if we limited visits to 5 minutes it would take >24 hours of continuous visits to ensure all who wanted a visit had a visit.
3. **Is there a way to fairly pick who gets a visit on Mother's Day and who does not?**  
 > **Answer:** All possible solutions such as a lottery, first come first serve, random choice were all felt to not be just or fair. Residents without family visits would see their companions have visits and that could trigger suffering. Therefore, our answer was **NO**.
4. **What would be impact of not allowing any visits on Mother's Day?**  
 > **Answer:** More staff available to interact with residents, provide special programming, deliver gifts brought in from family, but increases likelihood that family will request to take resident out for the day.
5. **How do we prepare for the anticipated increased requests to take our residents out?**  
 > **Answer:** Physicians, nurses, and therapists make a list in advance of individuals that have already demonstrated safety in transfer and ambulation and those that need family trained in providing assistance or additional equipment. Requires physician order in advance. Community informed that requests require advanced warning and just showing up to take family out may not be accommodated.

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### Next 5 Questions We Asked Ourselves



1. **Could our volunteers who have not been on campus in a year be invited back to help with Mother's Day?**  
 > **Answer:** We thought Mother's Day was the ideal day to invite our fully vaccinated volunteers back onto our campuses. Required sending out advance notice, making sure volunteers supply proof of vaccination, scheduling their arrivals so they can be properly screened and observed by our staff that they are following proper infection control principles. They could be especially helpful by transporting gifts when families drop them off.
2. **Can we conduct our community activities outside and still maintain social distancing and other viral transmission reduction strategies?**  
 > **Answer:** Yes. All campuses created their plans that were consistent with best practices. Only activities that allowed those gathered to wear masks at all times and maintain 6 ft social distancing are planned. For example, we said no to request for special outdoor community lunch meal.

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### Next 5 Questions We Asked Ourselves Continued



3. **Can we invite entertainers onto campus to perform for our residents?**  
 > **Answer:** We can as long as we follow the DSS **PIW 21-17.1-ASC**. Published on 4/23/2021. "Entertainers are considered visitors and licensees must screen entertainers entering the facility and require they wear a face covering, perform hand hygiene, and maintain at least six (6) feet of physical distancing from residents and facility staff, as indicated above in the General Visitation Requirements for Licensees section. Activities with entertainers should not include singing, chanting, shouting, cheering, or physical exertion, since these actions may generate respiratory droplets and aerosols which increase the risk of spreading COVID-19."
4. **How will we handle the residents that return from outings?**  
 > **Answer:** Follow latest requirements. Staff will provide education about activities that are safe and residents will be screened for signs and symptoms of COVID-19 upon their return. If the resident had close contact with a person who is positive for COVID-19, the resident will be quarantined for 14 days and tested per requirements.
5. **What will we do if the resident reports that they did not take precautionary measures or engaged in higher risk activities when they were out?**  
 > **Answer:** We will monitor them closely for COVID-19 symptoms, and if they develop any symptoms of COVID-19 then they will be isolated and tested.

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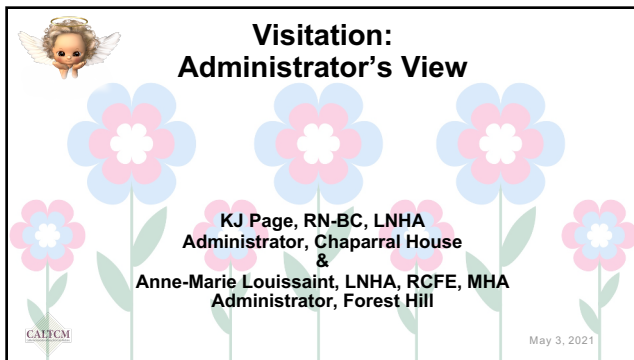
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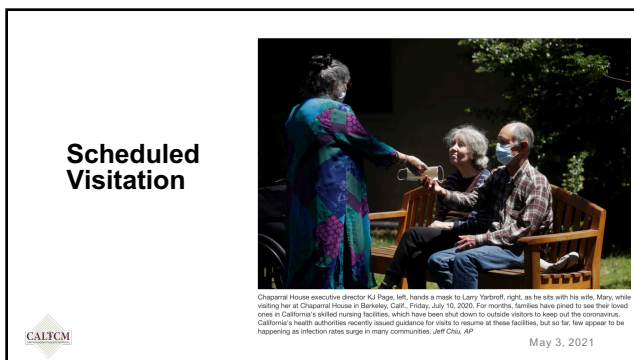
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**All Facilities Letter 20-22.7**

State of California—Health and Human Services Agency  
California Department of Public Health

April 29, 2020

**TO:** Long-Term Care Facilities

**SUBJECT:** Guidance for Limiting the Transmission of COVID-19 in Long-Term Care Facilities (This letter summarizes guidance provisions in 19-22.7.)

**All Facilities Letter (AFL) Summary**

- This AFL addresses long-term care (LTC) facilities' critical centers for infection and medical services (CIMS) and Centers for Disease Control and Prevention (CDC) guidance for long-term care facilities (LTC) and provides guidance for visitation to prevent the transmission of COVID-19, including guidance for visitation.
- This AFL addresses LTC facilities to temporarily modify their facility visitation policies in accordance with CIMS and CDC COVID-19 guidance when necessary to protect the health and safety of residents, staff, and the public.
- This AFL provides the California Department of Public Health's (CDPH) visitation guidance for residential long-term care facilities to more residents and staff and to protect a visitor's contact person for the residential facility and others.
- This notice includes additional visitation guidelines for post-care residents.

**Background**

On March 22, 2020, CDPH issued AFL 19-22.7, authorizing LTC facilities to temporarily modify their visitation policies in accordance with CIMS and CDC COVID-19 guidance when necessary to protect the health and safety of residents, staff, and the public.

While CIMS and CDPH guidance have focused on protecting residents from COVID-19, CDPH acknowledges the adverse impact of restrictions on visitation, physical contact, and group activities upon residents' physical, mental, and psychosocial well-being and quality of life during the ongoing COVID-19 pandemic. Residents may not socially interact, leading to increased risk for mental health challenges, anxiety, and other consequences of stress. Due to these factors and the progression of COVID-19 infections in California, CDPH is issuing the visitation guidance for LTC facilities to support visitation for social interaction and psychosocial well-being.

Over a period with COVID-19 containment of visitation, visitation by LTC residents and healthcare personnel (HCPs), CDPH has provided an advisory and guidance for LTC facilities, visitation, and to remaining regular for breakthrough infections and transmission in LTC through ongoing surveillance and testing.

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