


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

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

June 15, 2020

1




**CALTCM is a non-profit association.
 Please consider supporting our efforts with
 a donation to CALTCM and/or
 by joining/renewing your membership today.
 Visit: caltcm.org**

Non-Profit Status
 The California Association of Long Term Care Medicine (CALTCM) is currently exempt under section 501(c)(3) of the Internal Revenue Code. Contributions or charitable donations made to our non-profit organization are tax-deductible under section 170 of the Code.
 To request a copy of our 501(c)(3) status letter or current Form W-9, please contact the CALTCM Executive Office at (888) 332-3299 or e-mail: info@caltcm.org

2

Thank you to our Planning Committee!

*Patricia Latham Bach, PsyD, RN
 Flora Bessey, PharmD, BCGP
 Heather D'Adamo
 Michelle Eslami, MD, FACP, CMD
 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*



June 15, 2020

3

Thank you to our Sponsors!

Platinum Donor



Silver Donor



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



June 15, 2020

4

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**




June 15, 2020

5

Webinar Moderator



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



June 15, 2020

6



Webinar Faculty

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



June 15, 2020

7



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



June 15, 2020

8



Webinar Faculty

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



June 15, 2020

9



Webinar Faculty



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




June 15, 2020

10


Dementia Care During COVID-19

Tim Gieseke M.D., CMD



Jennifer Birdsall, Ph.D.




June 15, 2020


11

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

12



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.

June 15, 2020

13

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

June 15, 2020

14

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

June 15, 2020

15



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

June 15, 2020

16

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




June 15, 2020

17

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?



June 15, 2020

18



Town Hall Meeting

“Virtual Forums” facilitate vital communication

- Management
- Providers
- Staff
- Family
- Residents

CALTCM June 15, 2020

19



20

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.)
- Triggers for past trauma/s
- Change in emotional atmosphere (e.g. staff moods and facial expressions)
- Staff wearing PPE (cannot see face/cues)

CALTCM June 15, 2020

21

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

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

CALTCM June 15, 2020

22


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**

CALTCM June 15, 2020

23

Nonpharmacological Interventions to Reduce Emotional Distress in Patients with Dementia





CALTCM June 15, 2020

24

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

25

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)?







26

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

June 15, 2020

27

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)




28




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.

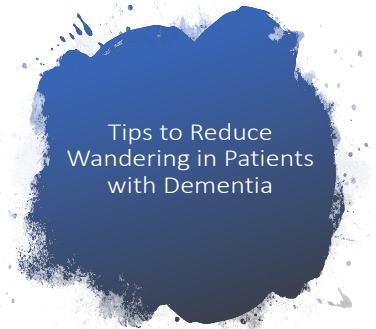

- *Emotional Dial:* have the patient imagine (visualize) turning down the volume on his or her emotions
- "Clenching Fists:"
 - Have the patient clench her fists
 - Guide the patient to imagine the emotional energy moving into her fists
 - Then guide the client to open her hands and "release" the emotional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

June 15, 2020

29

Tips to Reduce Wandering in Patients with Dementia

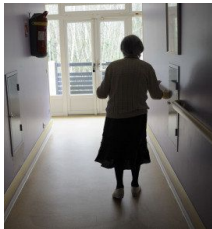



June 15, 2020

30

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



31

Common Reasons for Wandering

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

June 15, 2020

32

Loss of Memory/Searching for the Past

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

33

Change in Environment

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

34

Anxiety/Agitation/Excess Energy

Cause	Behavioral Interventions
<ul style="list-style-type: none"> •Agitation and anxiety can cause some people to pace up and down or to wander •Patients may wander and pace to relieve excess anxious energy 	<ul style="list-style-type: none"> •Use nonpharmacological interventions to reduce anxiety •Can the person go outside? Provide safe opportunities to walk. Provide PPE for the patient (mask and gloves) •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

35


Boredom

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

36

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

37




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

June 15, 2020


38



Resources:

- COVID – 19 National CDC NH Data: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/hkxz-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>

39



Resources:

- Teepa Snow Nine Dementia Training Videos: <https://m.youtube.com/playlist?list=PLV18vTLie8HxR6CioJ8zrh8EIfz5badE>
- 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>

40



Thank You!

CA Partnership to Improve Dementia Care



Tim Gieseke M.D. CMD
timothygieseke@gmail.com



Jennifer Birdsall, Ph.D.
jbirdsall@cheservices.com

CALTCM

41



Q & A

CALTCM June 15, 2020

42



Join us
June 29th
COVID-19 Best Practices:
Real Stories, Real Solutions

 CALTCM.org @CALTCM #CALTCM June 15, 2020

43

**BE PREPARED
SAVE A LIFE!**

 June 15, 2020

44