



Virtual Roundtable Discussion via Conference Call
Sharing Ideas & Coping Strategies for Residents During COVID-19
April 28, 2020 @ 10 a.m. EDT

The conference call began promptly at 10 a.m. There were 25 providers on the call.

Someone asked if a resident must go out and see a doctor, what is the guidance related to how they return. Bob said they should be screened for temperature, coughing, shortness of breath, chills, and other symptoms as they go out and return. After residents are screened and found to have no symptoms upon their return to the community, they're able to return as normal. Someone asked if staff needs to take them or if its ok for a family member to take them? Bob said that its better if staff takes them. If family takes them, you have no idea if the family member is sick or has been exposed, or if they'll go to other places where the resident has potential to be exposed before/after the doctor's office.

Someone asked if a staff person could take residents out for a drive one at a time. Bob said it's ok for them to walk outside one at a time. Bob said to use your own judgement for one on one drives.

Bob reported that he has a call at 11 a.m. today with Doug Sweeney, Emergency Management Director for Jefferson County and the other two associations. The purpose of the call is to discuss testing in the communities and how to best do those according to the guidelines put out by the state. Bob has been working to try to get test kits or testing capability for our communities so that we can do testing in-house. However, with Assisted Living, we'll have to have someone from home health or a nurse to do the testing. Bob talked with a gentleman yesterday about test kits, and his hesitation is that the kits must be approved by the state. If they're not, the test kits might not be legitimate. Bob's source needs to be vetted by the right people. Bob said the gentleman he spoke with will bill the resident's insurance or Medicare/Medicaid.

Buddy Hoskinson's notice from yesterday, requiring a daily report on testing results in each community, is premature because we don't have the capability to test in communities yet. So, if a community feels like someone might be infected, they need to be sent out for testing ASAP and report it to the state. There are to be no exceptions, and this requirement applies to all levels of senior living communities.

Someone asked if the testing survey is broken down into different levels of care or if it is community-wide. Others responded that it is community-wide.

Jim Britt from Bowling Green says they're getting their test kits from Genetworx. He said that they have had plenty available and the results come back in three days. Jim says they receive the results via fax and a nurse practitioner does the tests. They're the nose swap type.

Bob has three more conference calls today. The one already mentioned, the huddle with the Inspector General and the DAIL Commissioner, and a weekly on-line meeting with Argentum and their PR company Edelman.

There are several Argentum webinars coming out, which many of our people should be able to access.

Someone asked if everyone else is completing the PPE burn rate fact sheet daily. Someone else said that you're supposed to do it if you expect to receive PPE from the state. Bob asked if people are having trouble getting PPE at this time. Everyone said that their supply is ok for now. Jim Britt said that the only thing they're having trouble getting is gowns, but that he just received an order they placed about a month ago.

Someone asked where others are getting their PPE supplies. Medline and Direct Supply were mentioned. Shane Mason is our contact at Medline. Direct Supply is the recommended source through Argentum.

Someone said their community is owned by a hospital and they send their burn rate to them. The hospital reports to the state and in turn they receive PPE from the state.

Mary Nell Bovier said that the CDC does not recommend testing her entire staff and she wondered why. Someone said that if they blanket test everyone, they can be asymptomatic at the time of the test, but a few days later they could show symptoms and would have to be re-tested. Mark Lee said that he spoke with his health department and that she confirmed that testing people who are not symptomatic is no more beneficial than random testing. The results won't be reliable. As it relates to employees who go back out in the community, you could test them one day, they could leave the community and contract the virus, and need to be tested again once he/she becomes symptomatic.

Bob asked Jim Britt who he's testing. Jim said that they test any resident who has a hospital visit, returns from rehab or is a new move-in. In addition, there is a zip clinic in his area that will test employees who show symptoms. He said he'd rather pay for the test at the zip clinic than send staff home to quarantine for 14 days. Someone asked how much the tests at the zip clinic costs. Jim said he'd find out and let Bob know. Susan Matherly said she agrees with Jim's process. They've partnered with a group to get the employee testing and results quickly. They've also partnered with home health to have resident testing done in the community, rather than sending the resident to the hospital.

Kim at Bee Hive in Goshen asked if anyone has started to let families visit one at a time, in their cars, 12 feet apart. Bob says that in some cases, this is being done as long as the distance is there and with the resident being outside the building for a limited amount of time. Jim Britt says no official announcement has gone out in his community about that, but that a lot of residents are doing these types of visits, with the proper distance, from their porches anyway.

Susan Matherly asked if Bob would pass along any emergent information from his numerous calls/webinars coming up. He said that he would.

There being no further items to discuss, the meeting ended at 10:33.