Optimizing Dementia Care in the Era of COVID-19

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Disclosures

• Dr. Gieseke does not have business conflicts
COVID-19 has radically changed how we provide care in our homes.

Our patients with dementia & their caregivers are adversely effected by these added stressors.

Non-pharmacologic COVID contextualized training resources have been developed to assist with managing these their effect.
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 Life Care Center NH outbreak on March 9
  - 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.
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 6/26/20, NY Times reported

- 43% of all U.S. Deaths occurred in NH and Long Term Care facilities
- 54,000 deaths
- 282,000 cases spread out over 12,000 facilities
- 11% of all U.S. cases occur in these settings

CDC reported 6/25 on Racial and Ethnic Minority Hospitalization Rates

- Five x the rate of Caucasians in Non-Hispanic American or Alaska Indian & Non-Hispanic Black persons
- Four x rate of Caucasians in Latinex persons

Seventy x > mortality of NH residents with COVID than with Influenza
Radical Changes in Priorities & Work Flow

Flood of evolving infection prevention guidance from CDC, State & Local Public Health, Licensing, Politicians, and Medical organizations

Discordant guidance not uncommon

No visitors (unless actively dying)

Most residents quarantined in their room & paper products abound

Masks & BID vital signs/SaO2 sats are the new norm

Public reports of overwhelmed health systems common
Intense Isolation

• All SNFs must prepare for 4 potential segregated special care units (Red, Orange, Yellow, & Green)
• All Staff masked, social distanced, & the briefest of encounters with residents
• Telemedicine to minimize provider visits.
• Virtual visits with friends & family if feasible
• No end in site to the “Lockdown”
Intense IP/C Training & Implementation

• Scramble to obtain PPE & stretch the use of what you have – PPE Calculators for “burn rate
• New mandates for masking, full face shields, RT-PCR testing with reporting in < 48 hrs, but test turn-around times commonly 8-10 days for our HCWs.
• New protocols for managing the COVID risk of multi-site workers, which are common in NHs
• Email, COVID literature, AFLs, and virtual meetings abound
Second Surge in CA is Scary

• In Sonoma County in past 20 days,
  • Tripled # of COVID cases
  • 14/20 NH now has + HCW vs 4 the prior 3 months
  • 12 deaths (10 in NHs) vs 4 outside NH in prior 3 months

• Most transmission to residents has occurred from asymptomatic + HCWs despite use of medical masks & fomite control measures

• Five Star facilities had outbreaks & one has had 38+ residents and 15 staff
Predictable Adverse Resident Problems

- Weight loss & Dehydration
- Deconditioning
- Falls
- ER visits / Exposure / Quarantine
- Loneliness & Boredom
- Wandering
- BPSD & PTSD Exacerbations
- New meds hoping to reduce BPSD
- But adverse effects are common
Caring for your Staff

• Hear me
• Protect me
• Prepare me
• Support me
  • home life stresses
  • child care-safety
  • See *Coping Skills and Resilience Training* video in this series

• Care for me
  • Sick leave policies
Helpful Options

Free coaching for nurses and physicians from CMA’s Care4Caregivers program at:
www.cmadocs.org/wellness/care4caregivers

Shift Huddles and buddy system to monitor IP/C practices

Virtual Town Hall meetings & Family Councils (Ombudsman may assist)

Free Apps for IOS or DROIDs:
1. MoodFit for nurses.
2. COVID Coach.
3. CBT-I – helpful for insomnia
COVID Contextualized Training Videos have been developed

<table>
<thead>
<tr>
<th>1. Enhance Independent Activities and Event Scheduling</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Reducing Emotional Distress in Patients with Dementia</td>
</tr>
<tr>
<td>3. Strategies to Reduce Wandering to Improve Infection Control</td>
</tr>
<tr>
<td>4. Support Family &amp; Caregivers During the Pandemic</td>
</tr>
<tr>
<td>5. Cultivating Coping and Resiliency During a Pandemic: Resources for Staff</td>
</tr>
</tbody>
</table>
THANK YOU

CA Partnership to Improve Dementia Care