

Optimizing Dementia Care in the Era of COVID-19

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Disclosures

- Dr. Gieseke does not have business conflicts

Learning Objectives

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
- 54,00 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.cmadoes.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

1. Enhance Independent Activities and Event Scheduling

2. Reducing Emotional Distress in Patients with Dementia

3. Strategies to Reduce Wandering to Improve Infection Control

4. Support Family & Caregivers During the Pandemic

5. Cultivating Coping and Resiliency During a Pandemic: Resources for Staff

THANK YOU



CA Partnership to Improve Dementia Care

