



## Lessons Learned: Our COVID-19 Experience – December 2020 (Revised 5/25/2021)

Through our particular experience with COVID-19 over the last year, we have learned more about how community-wide outbreaks affect our facility and have enhanced our ability to respond to them to protect our residents and staff. Here are a few comments on what we have learned and subsequent actions we have implemented.

### Communication

When it comes to communication, there is often a need to over-communicate.

- ◆ Daily briefings **are** held with the leadership team to share information on new CDC/CMS/NJDOH guidance, clinical updates, resident and family concerns, staff and resident COVID-19 status and PPE usage and inventory. Frequently a summary was posted and distributed to staff containing the highlights of the briefing meetings.
- ◆ A weekly e-mail is distributed to families, **residents and staff** containing news about important topics, such as the visiting, safety, activities, testing, social services and business office issues. Copies are also distributed to residents and staff. When necessary, the COVID-19 status within the facility is communicated promptly to all.
- ◆ A weekly live conference call is held for families. This **Family Circle** time allows administration to inform resident families and POAs about what is happening at BCHCC. Electronic invitations are sent out weekly so all know about these scheduled calls and families are able to share their concerns and questions.
- ◆ We have expanded the contents of our website to include copies of the weekly facility newsletter, copies of menus and activities, as well as how to contact administration to discuss resident conditions.
- ◆ **Weekly live Family Circle conference time with the administration and Business Office staff has continued. We have learned of the great benefit for all to have the scheduled time for dialogue and conversation. Families' questions and suggestions have covered a variety of topics that are on their minds. It gives us a glimpse into what issues are important to them, many of which are then incorporated into the next weekly newsletter so all families, residents and staff are informed. Additionally, we have learned how participation by business staff is so important. The opportunity for families to ask about PNA, Medicaid and other financial matters serves as a forum for clarification and information.**

### Personal Protective Equipment (PPE)

We now keenly understand the importance of monitoring our PPE use, as well as maintaining an accurate inventory and an adequate emergency stockpile. To help us accomplish this, we have added several new vendors that will be reliable sources of PPE going forward.

Our Infection Preventionist provides continuous staff education about proper wearing and use of PPE, especially donning and doffing of gowns, gloves, masks, etc. Additionally, staff continually demonstrate competencies in proper hand-washing technique. We have learned to use the prevalence of COVID-19 in Bergen County as a guide to what PPE our staff should be using, as well as a guide to our operational response.

**We have learned that we need to take additional measures to assure that we have an adequate supply. We have purchased reusable gowns, which we wash here and provide for our staff. Additionally, we have established an arrangement with an additional vendor who provides us with a reliable monthly supply of gowns.**



## **Resident Observation Areas**

We have learned about the need to plan for the possibility of our residents testing positive for COVID-19. To that end, we have set aside one corridor on each of our resident cottages as an *unoccupied* resident area. This space has its own medical equipment and a zip-wall to separate it from the rest of the cottage. Residents who may need to be observed until their infectious status is known can be moved to this area without any change to their medical care.

**We have learned that residents who are moved to corridor C are in need of additional stimulation to offset any feelings of isolation. They have access to a television and additional activity department materials and visits.**

## **Environmental Engineering**

Bergen County Administration arranged for an engineering firm to visit BCHCC and conduct a survey of our environment to determine what changes needed to be implemented for us to be better prepared to manage COVID-19 risks. Improvements made include hands-free sink and toilet use in administration areas, floor decals to reinforce social distancing and installation of Plexiglas barriers to protect staff throughout the facility.

**Additionally, we are all learning more about the important rule that the airflow system plays in keeping residents safe. We are installing Aera Max PRO air quality systems in resident and communal rooms which reduce the presence of airborne germs, allergens and odors.**

## **Dietary Services**

- ◆ Proper hand-washing became more essential than ever, so additional hand sanitizing stations were installed throughout the kitchen areas.
- ◆ Continuous reminders about the seriousness of COVID-19 are posted to a new communications board in the kitchen, along with other important bulletins and information to educate staff.
- ◆ A sanitizing agent is used on the wheels of all the food delivery carts before and after each meal service to the resident areas.
- ◆ Food and beverages for holiday celebrations must be contact free, so all snacks (e.g. cookies, donuts) are only distributed in individual containers.
- ◆ We ensure that dietary staff is wearing appropriate PPE in the kitchen areas and when they are tasked with entering the resident cottages.
- ◆ We ensure that supply delivery services are in compliance with our COVID-19 protocols. Verbal screenings are routinely done and, on-site rapid testing is performed prior to a vendor entering the building.

## **Recreation/Activities Program**

We have realized how important it is to provide activities to residents during times of quarantine. Based on resident's abilities, each is provided daily with individualized packets for them to do activities on their own, such as simple art projects, craft materials and word or intellectual games that will support their cognition. When one-to-one activities are possible, the residents are provided with various sensory stimulation, such as soft music, reading, and props that will provide a path for them to reminisce or bring a smile.

We have also found alternate ways for residents to stay connected with families using technology (e.g. Skype, Zoom, etc.) which helps keep up morale for both resident and family members.



## **COVID-19 Testing Results**

We have learned the importance of having access to a laboratory that has the capability of providing test results within a rapid turnaround time. The sooner we get the results, the sooner we can determine the COVID-19 status of a resident or staff member. We began using on-site rapid testing equipment/materials as soon as they were available to us, and we added additional laboratory vendors to manage the volume of testing done in the facility.

Although this has certainly been a challenging time, we are grateful to all of our staff who are able to 'think outside the box' and improve our operations by being flexible to adapt rapidly to the changes needed and caring so much for the safety of our residents.

We have learned of the importance of weekly monitoring of the COVID-19 positivity rate in our area as it impacts the frequency the testing of our staff.

## **Vaccination**

We have arranged for 3 COVID-19 vaccination clinics, via CVS to be held here for residents and staff. As the percentage of fully vaccinated staff and residents has grown, we have modified our family visiting protocol so that touching, hugging and kissing are permitted.

Additionally, we have learned that fully vaccinated residents can participate in communal and dining activities and visits, without the need for masks and social distancing.

Scheduled family in person visitations have resumed. As for the NJDOH directive, vaccinated residents can have in person visits, without wearing a mask.

## **Emotional Support**

We have worked hard to continue to provide emotional and mental support to residents and staff. For residents, our recreation department continues to provide individual and small group activities that help provide mental and cognitive stimulation. Our Social Worker has regular and ongoing meetings with residents to provide professional support and conversation. Our Psychologist and Psychiatrist visit residents regularly and focus on counseling and when necessary, medication to help with the impact of this time of isolation and loneliness.

For staff, we offer the opportunity to be in touch with a trained staff in a confidential manner, to share their concerns and fears. We have brought an expert to offer guidance in dealing with the trauma of working in this long-term care setting. Weekly dance and exercise opportunities with a trainer are offered.

Our **Therapy department** has learned to continue to provide physical, occupational and speech therapy to residents in a modified fashion. They have learned to work in these areas on our cottages, maintaining a residents' physical and cognitive abilities. Being creative, they have learned to use alternative techniques and materials.