



## Senior Living 100 Coronavirus Task Force Executive Summary – Call #5

### *The Balancing Act: Keeping Residents Safe While Growing Your Pipeline*

*April 13, 2020*

Through weekly **Senior Living 100 Coronavirus Task Force** conference calls with top experts and operators on the front lines, we aim to provide you with **best practices in crisis management** and **valuable business-scenario planning**.

This week, operators shared how they are keeping residents safe by implementing aggressive infection control protocols, building isolation zones for COVID-positive residents, and creating detailed care plans.

#### **Featured Contributors:**

**Thomas Wellner**, President & CEO, Revera Living

**Denise McQuaide**, President & COO, Wellness Management, Benchmark Senior Living

**Sandra Petersen, MD**, Partner of Health & Wellness, Pegasus Senior Living

**Dan Williams**, President & COO, Seasons Living

**Kevin O'Neil, MD**, CMO, Affinity Living Group

#### **Key Learnings:**

##### **Overview**

Senior living executives from the U.S. and abroad discussed the crisis management protocols needed for controlling COVID-19, including communication, testing, physical plant reconfiguration, isolation protocols and care plans. Aggressive infection control continues to be essential in keeping the virus out of communities, especially with asymptomatic individuals, staff and vendors; of equal importance is the need for frequent testing, masks, screening, tracing and good hand hygiene.

##### **Communication & Education**

Controlling and maintaining communication is critical. **Thomas Wellner** (Revera) explained how daily messaging to staff and families is streamlined through their CMO, who can deliver information with a human touch and the right cadence. **Denise McQuaide** (Benchmark) added that they are in daily contact with local politicians to provide updates on outbreaks. It is paramount to keep staff educated on regulations, as they may vary between states. **Sandra Petersen, MD** (Pegasus) described how they created a COVID-19 playbook that tracks all state-specific guidance and gets updated daily.

##### **Staff & PPE**

The workforce shortage (fear and illness) and infection control have made staffing a challenge. After



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experiencing an 80% reduction in staff at one community, **Dan Williams** (Seasons) said they implemented a three-pronged critical staffing plan that includes a bonus per shift, supplementing shifts through agencies, and family/community volunteers. All our contributors mentioned the importance of limiting staff to a single site (zone staffing), identifying where else the staff has worked (employee tracing), working with HR to get people who have tested positive back to work quickly ([view CDC guidelines](#)), re-teaching [PPE donning and doffing](#), and observing the PPE process every shift to avoid cross contamination.

### Isolation

A few contributors are creating isolation zones for memory care units by re-configuring their physical plant once an outbreak occurs. **Denise McQuaide** cited the utilization of temporary plastic wall dividers to slow transmission of the infection. These “zip walls” create an impermeable barrier and allow for cohorting COVID-19 positive residents within memory care/assisted living. Benchmark has proactively pulled blueprints for each community to know where the barriers should go if an outbreak occurs.

### Testing

Infection control is dependent on widespread and rapid testing. **Denise McQuaide** described how Benchmark partnered with two local labs that typically supply to skilled nursing facilities to systematically test residents. With no local lab to partner with, **Dan Williams** discussed the difficulty in identifying and segregating positive residents due to their reliance on the health department, which has limited testing.

### Care Plans

Operators emphasized the importance of documenting advanced care plans for residents (including DNRs) and working with hospitals, home health, and hospice to treat residents in the community. Most residents do not want to go to the hospital, and only one percent of intubated patients have meaningful outcomes.

**Kevin O’Neil, MD** (Affinity) shared tangible action steps they are finding successful, including: creating a census of patients organized by room to identify who tested positive; posting test result notices on doors; identifying resident status with wristbands; documenting baseline symptoms; monitoring oxygen saturation and respiratory rates; and utilizing audio/video consultations (now being reimbursed by CMS). He also mentioned their cautious usage of hydroxychloroquine, azithromycin (Z-Pak) and zinc gluconate for therapeutic treatments, but expressed some co-morbidity concerns related to dosage and referenced the [ORCHID Study](#).



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Pinkeye/watery eyes is another symptom presenting in many positive patients. There was also mention of spreading the virus with aerosol-powered nebulizers and hand/hair dryers.

### **Lead Generation**

Selling and promoting move-ins to new prospects has been challenging, but **Thomas Wellner** noted his sales team is leveraging residents' connections to seniors still at home. In Canada, Revera launched "porch drops" to seniors in need of food or other necessities. If they are tech-savvy, they can take virtual tours or participate in other virtual offerings. There is also a major shift in buying/selling towards outdoor lease signings.

### ■ [Senior Living 100 COVID-19 Business Planning & Crisis Management Resources](#)

To receive an invitation to participate in task force calls, please contact:  
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