



## Senior Living 100 Coronavirus Task Force Executive Summary – Call #2

*When COVID-19 Is in Your Community: What to Do, How to Prepare*  
*March 25, 2020*

Senior Living 100 conducted the second in a recurring weekly series of Task Force conference calls on the topic of the global coronavirus pandemic and its implications for U.S. healthcare providers.

The following summarizes the findings from our March 25 call focused on managing COVID-19 patients and campuses, and proactively securing test kits.

### ■ Part I: Coronavirus - Basic Math & The Likelihood of Spread

There has been major, tenfold growth in the number of U.S. cases – varied by geography – with a tidal wave of cases erupting in New York City. Try to get a sense of what is happening in your communities to get ahead of what is coming.

### ■ Part II: Westminster Canterbury (Richmond, VA): Managing a COVID 19 Patient and Campus

#### Speakers:

- Glen Kemp, Security Manager, Westminster Canterbury
- Tracey Powell, Infection Control Nurse, Westminster Canterbury

Westminster Canterbury is a 900-resident CCRC in Richmond, VA. After a positive case was confirmed in their county (and subsequently in their facility), the CCRC activated their emergency response plan.

#### Actions Taken:

- Created an incident command center and team that meets twice a day.
- Communicated immediately to staff, residents and family through multiple channels.
  - Facility television channel briefed residents about the case
  - Facebook Live; App-based instant messaging; social media; email; traditional paper
- Closed main gates to restrict visitors and created two tented entrances where people could be screened.



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- Patients and staff members had their temperatures taken before they stepped onto the property.
- Staff dropped notes at the entrance of every apartment, informing residents they couldn't leave their units. AL residents asked to quarantine in their rooms.
- Staff worked with the Richmond City Health District to identify every known contact with the confirmed COVID-19 resident.
- Residents can go out and get some exercise, but no group activities.
- Closed dining rooms; residents eat in their units with room service dining or are given access to groceries to cook their own food.
- Working with other hospitality organizations/restaurants; going through the regulation process.
- Put protocol in place to access PPE (currently have enough to last 30 days); purchaser has worked around the clock to obtain more through creative sources – schools, clubs, etc.; and use UV boxes to extend the life of PPE.
- Administrative group is self-quarantining and social distancing; only two days before we got hit; all administrative staff has made sacrifices.

#### **Takeaways:**

- Quick response is key to slowing/containing the spread of COVID-19.
- Detailed preparations, intensive effort and communication need to be in place.
- Residents want engagement/connection but many understand the need for self-preservation.



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### ■ Part III: Atlas Senior Living (Birmingham, AL): Securing COVID-19 Test Kits

#### Speaker:

- Wyman Hamilton, President & COO, Atlas Senior Living

Atlas Senior Living, based in Birmingham, Alabama, has 23 senior living communities in the southeast. They expanded their partnership with Assurance Scientific Laboratories, a small Birmingham lab, to ensure a steady supply of test kits for their residents, staff and new/potential residents before admission. Once the test is administered, the resident is fully isolated until the results come back (within 24 hours). There are 25 other labs that have the ability to test for COVID-19.

#### Takeaways:

- Be proactive and innovative by reaching out to companies that might be able to provide your community with a new way to prevent/slow the transmission.

### ■ Part IV: Open Discussion

#### Massachusetts Overview:

- Almost 1,200 cases and the surge is still three weeks away.
- Lack of coordination at the state level on how to address the need; state leaders do not understand resources available (empty SNF right next to teaching hospital – 125 bed-side oxygen unit; and a lot of hospice care).
- Working with local teaching hospitals.
- Haven't gotten regulatory agencies on board with what they are doing because they can't disrupt that many resources.



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- Creating availability to increase capacity.
- Management control increases longevity in your management team.
- Not enough ventilators, so they will have to make difficult decisions.

### **Staff:**

- Provider of post-acute continuum has leveraged VNA and telehealth to handle staffing without bringing COVID-19 into the community.
- Re-inventing how to interview people; conducting new staff orientation/HR through Zoom to be more efficient and keep new hires in their home.
- Changing the work shift – not the normal 9 to 5 – and screening staff multiple times during their shift.
- Converting some of the unemployed restaurant/hospitality workers and training them to be hospitality aides.

### **Residents:**

- Seniors will continue to be vulnerable – can we keep our seniors safer in our communities than outside?
- Silver lining – learn and control it in our buildings; certain markets – hospitals – can hold off in communities.
- More control in AL, MC, SNF; harder to control IL.



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### Admissions:

- State-by-state difference – some communities have more admissions than others.
- Have not been able to screen.
- We cannot get to our families regarding move-in decisions, so we are training our outreach coordinator to visit remotely with the family and resident.
- Pipelines are slow moving, but much more engaged as people crave connections that the community can provide. Will have a long-term impact on industry and communities.

### Takeaways:

- Communication is important.
- Be prepared and understand the magnitude, as well as onsite operations/clinical needs.
- Ensure adequate resources (PPE).
- How to come out of this? How will the long-term perception of the industry change?

### ■ [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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