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June 1, 2020



My friends, clients, and colleagues:

I am absolutely amazed at the efforts across the country during these times by countless numbers of healthcare organizations and their coworkers. The stories of overcoming unbelievable challenges is truly an inspiration. I have never seen anything like this.

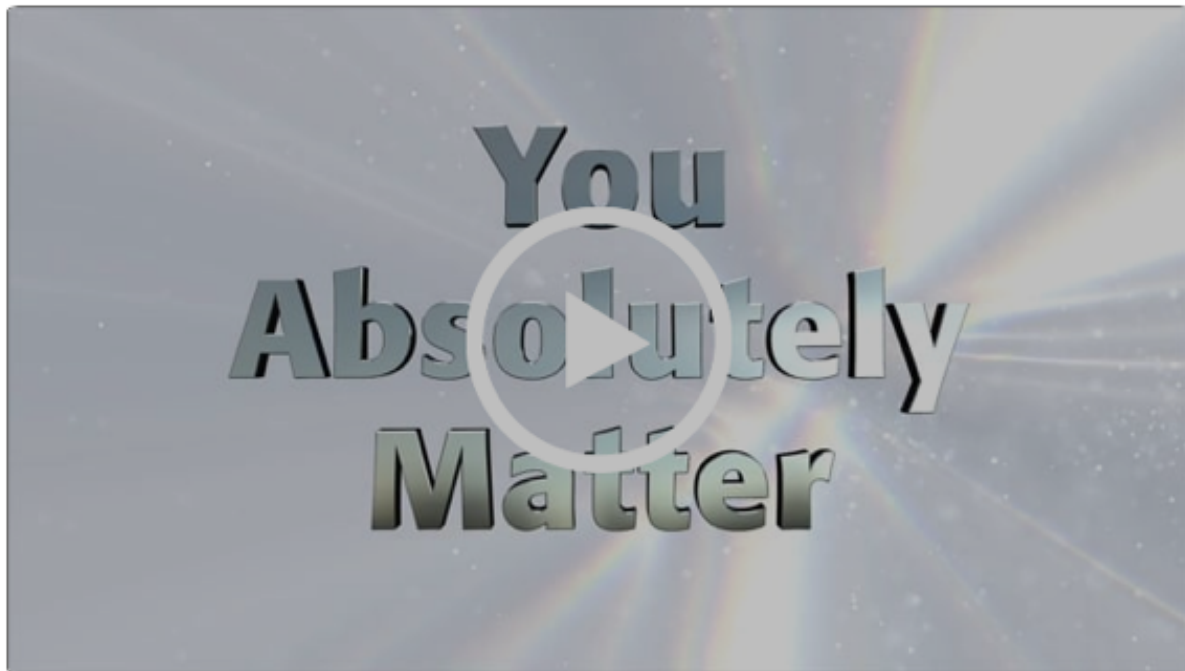
With terrific loss and suffering there is also, every day, so many outcomes of success.

In fact, many of our clients are already implementing strategies for stabilizing, refreshing, and restarting their operational success.

The adaptation to change, movement toward growth, and the ability to thrive is what is happening, as I have always seen throughout my career. Stunning but not unanticipated.

Way to go!

-Clint Maun



The Leading Edge

Caring for Dementia Residents during the Pandemic: 4 Solid Strategies

As you're likely well aware, the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) have released specific guidelines for workers and residents in long-term care in order to minimize the risk of COVID-19 exposure. These guidelines include no-visitation policies and cessation of communal dining and group activities.

Although these guidelines have thrown normal, daily living upside-down, most residents now understand the risk and reason behind the restrictions. However, residents with dementia often lack the cognitive capacity to report COVID-19 symptoms, remain in their rooms, eat independently, or maintain appropriate 6-foot social distance from others. Without a doubt, care staff face challenges in maintaining

recommendations among this population.

Although there is still much research and many best practices to emerge as a result of this crisis, the following suggestions can serve as a solid starting point for implementation of COVID-19 restrictions in residents with dementia.

1. **Control and leverage the environment**

Controlling and maintaining dementia resident's environment is key when it comes to fighting and living through the pandemic. Consider positioning of all seating (chairs, benches, tables in dining room, lounge areas, outside patios etc.) to ensure that they are spaced at least 6 feet apart. Place only one chair per table in the dining room.

You can also still encourage residents to go outside as much as possible. With social restrictions, fresh air and a little exercise can help provide residents with appropriate activity and stimulation.

Another key strategy includes implementing *hallway* therapy, where restorative care staff can provide direction from the hallway to residents who are seated in the doorways of their rooms. Ensure that social distancing parameters of 6 to 8 feet between residents are maintained. Avoid using things that will be passed between residents/staff (balls, balloons) as this may spread any infection/viral particles.

2. **Focus on prevention and containment**

Proper hygiene and infection prevention can prove extra challenging among dementia residents. For successful hand-hygiene, consider providing hand massage during hand-washing to make it a more comforting and accepted task. You can also encourage/assist residents to use lotion whenever possible, as dry or cracked skin is more likely to harbor bacteria.

Given that dementia residents may not be able to report their symptoms, you should aim for routine screenings every eight hours. Additionally, staff may have to phrase screening questions in different ways to get accurate and useful responses so that important symptoms are not missed. For example, instead of asking if the resident has chills, one might have to ask, "Do you feel shaky and cold no matter how warm the room is or even if you have a blanket?"

Given that dementia residents often wander, you may also want to consider installing plastic barriers (wall-to-wall, floor-to-ceiling, zippered in center), sectioning off the part of the hallway as a containment area. This can help prevent residents from wandering into other resident rooms.

3. **Change up menu items**

Your traditional meal service might need to be altered. Focus on foods that can be eaten more independently and without much assistance. Finger foods like sandwiches, wraps, crepes, crescent rolls, and muffins are good examples.

4. **Communicate, and communicate often**

Have early conversations with the residents' families about the challenges of infection prevention among the dementia and/or memory support population.

Provide reassurance and explanation of infection prevention in the facility (such as no visitors, no group meals, no group activities, PPE standards, and so forth). It's also critical to explain that these precautions can be difficult to implement due to wandering tendencies, cognitive impairment, and limited ability to maintain independent activity. Families will be better prepared to cope with these challenges if discussed early on versus at time of crisis.

It's also important to note that by no means do these strategies encompass all the recommended guidelines for limiting the spread of COVID-19. These are some simple, yet effective suggestions for patients and residents with dementia.

*"Good, better, best. Never let it rest.
Til your good is better and your better is best."
-St. Jerome*



Communication Corner

Positive, Long-Term Opportunities Arising from the Crisis

The COVID-19 crisis has brought forward extremely challenging times around the globe. Those of us in healthcare are experiencing these challenges on a daily basis and are particularly vulnerable. And although it may be very difficult to find any *silver linings* at the moment, there will certainly be opportunities and learnings that will benefit us all in the long run. Online learning and education have emerged as one of those opportunities. Here's a closer look.

Online Learning and Advancement

Online education is now the norm and reality for almost all learning from elementary schools to universities to corporations. Full 24/7 virtual CNA *online* training is still only approved in a handful of states (many federal and state laws were written prior to the online era). Expanding online CNA training would require regulatory and legislative modifications, and this is likely to happen given the current climate.

Universal nationwide approval of online CNA training will most likely increase candidates. With services businesses being shut down resulting in significant unemployment, there is a potential labor pool of new candidates that may value a career in healthcare with benefits if completing their qualifications were streamlined. Related to expanding clinical workforce and CNAs, the following ideas have also been proposed and are being discussed among leaders and policy makers across the country as we continue to navigate through the restrictions of the pandemic:

- Allowing online CNA pre-licensure/certification training nationwide in all states.
- Allowing CNAs who were in good standing with licenses that lapsed to be reinstated and waive temporarily the additional training requirement.

- Allowing nurse instructors to assist with training based on their professional experience and waive the requirement to complete a Method of Instruction course.
- Allowing clinical skills training to occur onsite at provider locations that are now in good standing, but their two-year restriction from training onsite due to a prior regulatory issue may not have expired.
- Allowing organizations to employ caregivers that complete a temporary nurse aide or personal care assistant training course to support existing clinical staff during the crisis period. These caregivers would be required to complete approved state training programs and pass licensing testing post-crisis.

Again, although this pandemic has presented significant challenges and hard times, there are opportunities and new, positive ideas emerging. Do your best to focus on and find these opportunities, as they can benefit you and your staff going forward.

*"Be kind whenever possible. It is always possible."
-Dalai Lama*



News You Can Use

Experts Caution Against Faster, Cheaper COVID-19 Test Kits

In a recent webinar hosted by the Diagnostic Testing Committee for the National Association for the Support of Long Term Care (NASL), experts cautioned that nursing homes and long-term care facilities should not use test kits that provide results in just several minutes to detect the presence of the novel coronavirus among residents and staff.

Some kits now available on the market provide tab-based testing materials that rely on blood samples and give results in a half hour or less. Such tests are cheaper and foreseeably much faster. However, experts warned that these kits appear to have a likelihood for inaccuracy and when it comes to making decisions about reintroducing patients to the general population, it could become risky to rely on the results of those test kits.

Clinical labs like American Health Associates have chosen "the highest-caliber, most precise instrumentation on the market to make sure they are not using unproven analyzers with a new unproven test on a new virus." The protocol for COVID-19 testing at a nursing home begins with a doctor who orders the tests. A lab phlebotomist then comes to the facility and takes blood in the case of the serum-antibody test. The lab then drops off the nasopharyngeal swabs and later picks up the specimens.

*"With the new day comes new strength and new thoughts."
-Eleanor Roosevelt*



Just For Fun

Jokes Guaranteed to Make You Crack a Smile!

What did the traffic light say to the car?

Don't look! I'm about to change.

Why was the little strawberry crying?

His mom was in a jam.

What do you call a nosy pepper?

Jalapeño business.

Why did the jaguar eat the tightrope walker?

It was craving a well-balanced meal.

What did one hat say to the other?

You stay here. I'll go on ahead.



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