



FREE WEBINAR
April 17, 2020
9:30 - 11:30 am

Handouts:
mngero.org
mngwep.umn.edu

Type your
questions during
the webinar

COVID-19 and Living with Dementia: Maintaining Well-Being and Purpose



Facilitator: Joe Gaugler, PhD, University of Minnesota

Panelists:

Teresa McCarthy, MD, University of Minnesota
Kenneth Hepburn, PhD, Emory University
Lauren J. Parker, PhD, MPH, Johns Hopkins
Edward Ratner, MD, University of Minnesota

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OF MINNESOTA
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Introduction to COVID-19

Edward Ratner, MD

University of Minnesota and Minneapolis VA GRECC

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Outline

- Explain COVID-19
- Why are we told to?

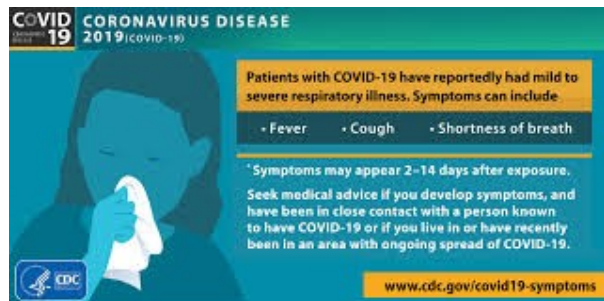
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Terminology

Novel Coronavirus

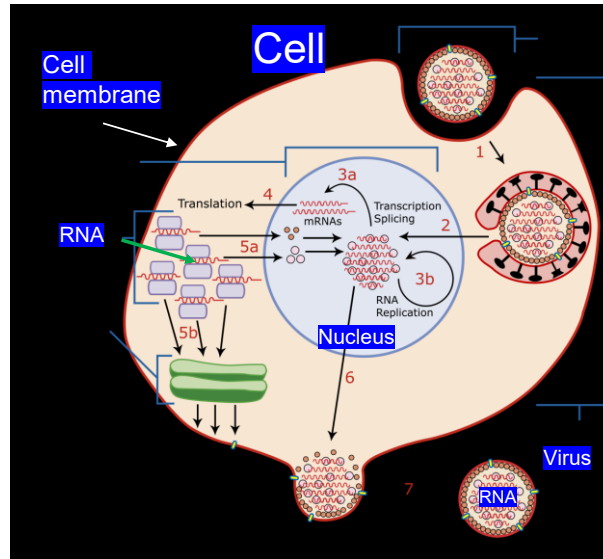


COVID-19



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Cell vs. Virus



https://en.wikipedia.org/wiki/Viral_replication

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COVID-19 Pneumonia

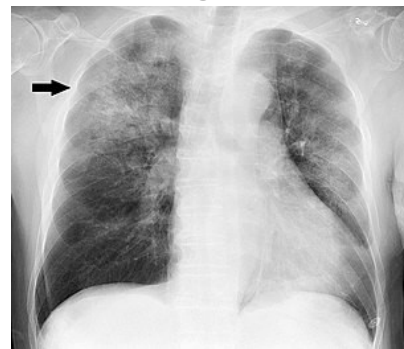
Normal Chest X-ray



https://en.wikipedia.org/wiki/Chest_radiograph

Viral Infection-

Both Lungs Inflamed



<https://en.wikipedia.org/wiki/Pneumonia>

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Destroying Coronavirus

Outside the Body

- Soap and Water
- Alcohol (>60%)
- Bleach
- Hydrogen Peroxide (>.5%)
- U/V light
- Heat
- Time (hours-days)

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Drugs



wikimedia.org

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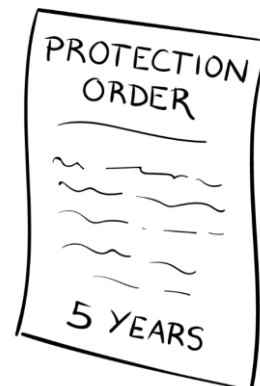
Natural Defenses - Immunity

General



Cityofwfs.gov

Specific



www.Navocado.org

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Catching Corona Virus

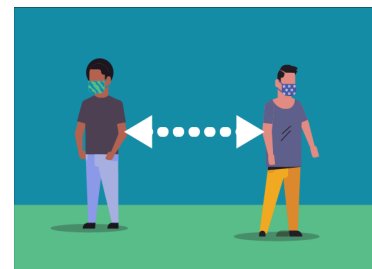


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Protect Yourself



cdc



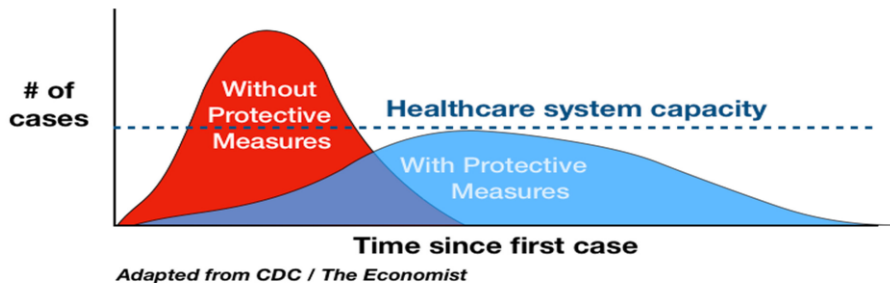
cdc



Seattletimes.com

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Flattening the Curve



NYTimes

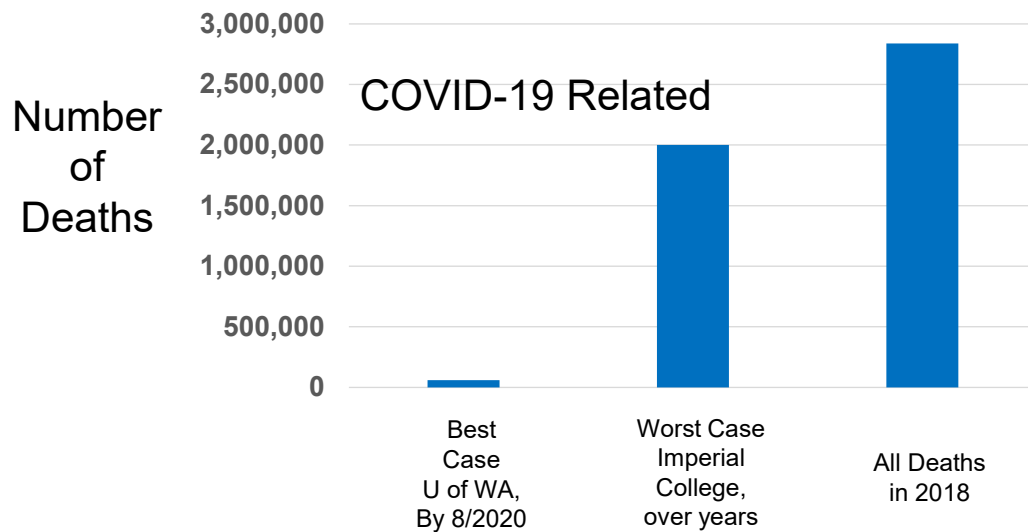
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Theories Why Older People Get Sicker

- Lower natural defenses
- Excessive Inflammation
- More of Fewer Receptors for Virus
- Pre-existing Lung Disease

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Expected Deaths in US



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Vera – COVID Survivor Age 104



Star Tribune April 11, 2020

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Summary


- COVID-19 is complex, with much to learn
- We can reduce our risk of contracting a spreading it
- The vast majority of people, even older individuals, will recover from a COVID-19 infection.

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Cultural issues for people living with dementia and COVID-19

Lauren J. Parker, PhD, MPH
Johns Hopkins Bloomberg School of Public Health

Contact:  **Dr_LJParker** and iparke27@jhmi.edu
4/17/2020

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Overview

- COVID-19 risk for communities of color
- Underlying causes for risk
- Action plan
- Life after COVID-19



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COVID-19 risk for communities of color

- Nationally, data show that Black and Hispanic Americans have higher rates of being infected with COVID-19
- Higher risk for COVID-19 related hospitalization and deaths among Black and Hispanic Americans



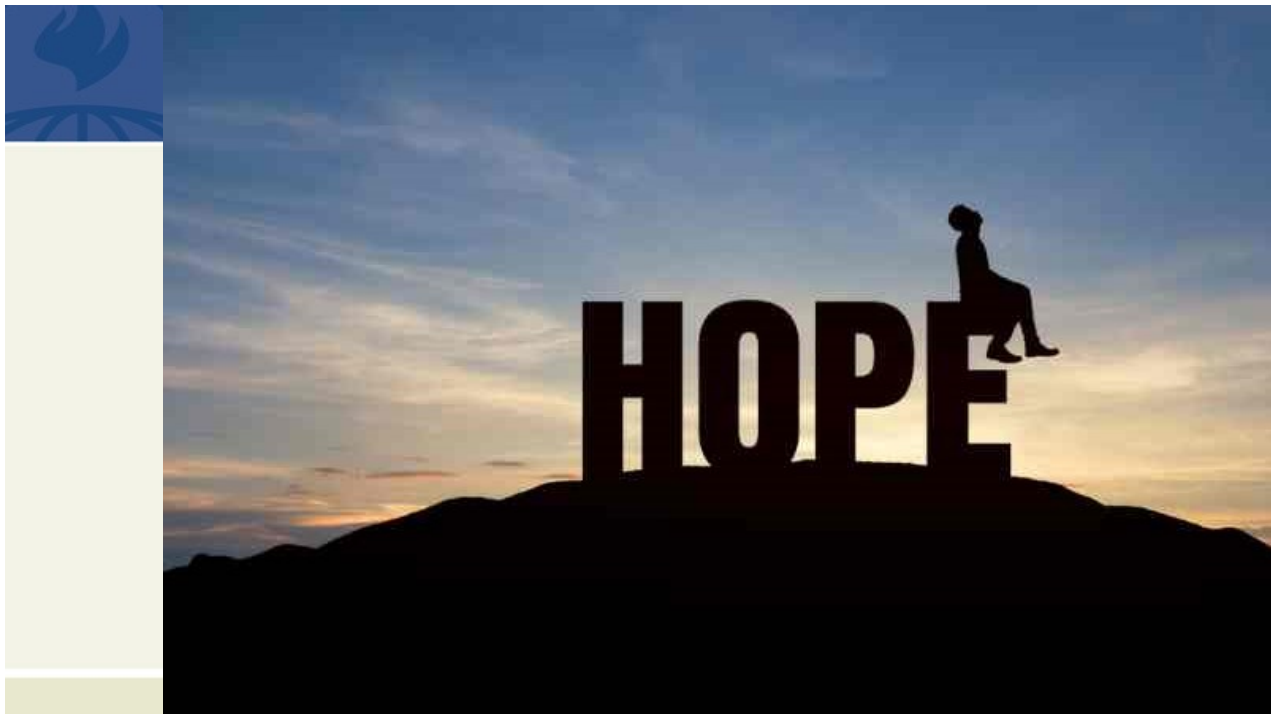
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Underlying causes for risk

Race/ethnicity is not the risk factor, other systemic issues are the drivers

- Health factors
 - Black and Hispanic Americans have high rates of chronic conditions like heart disease, diabetes, and asthma
- Socioeconomic factors
 - Many Black and Hispanic Americans less likely to be able to telework
- Disparities in testing
 - Black Americans are less likely to be tested for COVID-19 when presented at healthcare sites with symptoms

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Action Plan: Caregivers

- Limit trips outside of the home
 - Plan to have at least 2 weeks of meals
 - Contact insurance provider for advance or mailed prescriptions
- Try healthy promoting behaviors
 - In-home exercise routines
 - Trying out health-conscious recipes
 - Mediation, journaling
- Create a “just-in-case” plan
 - *If symptoms appear contact your health provider*
 - Make care arrangements



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Action Plan: Healthcare Professionals

- Be mindful of historic trauma or distrust
 - Many Black and Hispanic American communities have a distrust in the government and healthcare system
- Use appropriate messaging
 - Provide cultural relevant methods to communicate the risks of COVID-19
 - Partner with community organizations to identify those in need



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Life after COVID-19

- Keep healthy behaviors tried during quarantined
 - Stay active and maintain stressors
 - Know your numbers (Blood pressure, blood sugar, body mass index)
- Keep the voices of Black and Hispanic communities at risk for COVID-19 at the center of the conversation

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Summary



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COVID-19

Medical care in people with dementia

Teresa McCarthy MD,MS,CMD
University of Minnesota
Department of Family Medicine and Community Health
Geriatric Work Force Enhancement Program
4/17/20

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Medical care - Dementia and COVID

- Sites of care
- Recognize and manage illness
- Transitions

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Living at home

- Isolate
- Sick patient or caregiver
 - Contact your care provider
 - Telehealth visits
 - Plan B for caregiving
 - Who and where



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Congregate living settings at high risk

Nursing home and Assisted living

- Very high risk population
- Cognitive impairment
- Exposure to many people
- Staffing



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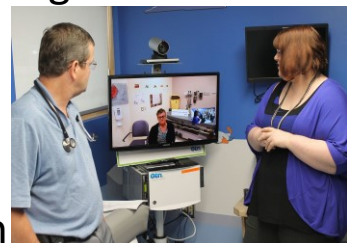
Ideal state vs current reality

- Know who is contagious
 - (asymptomatic and presymptomatic infections)
- Test
- Quarantine
- Adequate PPE (personal protective equipment)

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How are care sites dealing with these issues?

- Limiting people coming into the building – NO VISITORS
- Screening staff daily
- Residents stay in rooms
- Medical providers utilizing telehealth
 - Doctors, nurse practitioners, hospice staff
- Discussing plan of care for severe illness



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Unknown
Author is
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[BY-SA](#)

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How are care sites dealing with these issues?

- Minimizing contact with staff
- Masks on everyone
 - “SOURCE CONTROL” – PROTECT OTHERS
 - Surgical masks and N-95 masks – PROTECT SELF
 - Full PPE (if available) for working with sick



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Assisted Living/Housing additional considerations

- Fewer resources
- Acutely ill resident management - ???
 - Transition to nursing home, hospital, COVID facility, hospital-at-home?
- **Many sectors** working to address



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Acute illness presentation

- Delirium!
- Cough/shortness of breath
- Fever
- Body aches
- Headache
- Loss of smell/taste
- Diarrhea/abdominal pain

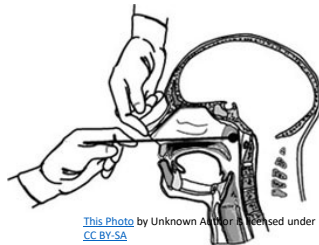


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Acute illness

- Test – IE available (nasopharyngeal swab)



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- Assume illness is COVID if several + in the building

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For sick resident – COVID+ or unknown

(PUI – persons under investigation)

- Quarantine
 - Strict isolation (room/unit/wing/building)
 - Staff will (hopefully!!!) wear full protective gear – to protect THEMSELVES
 - Close monitoring of status, vital signs, breathing, “oxygen saturation”



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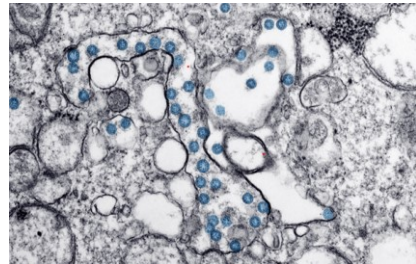
Symptom management

- No “cure”
- Symptom Management
 - Oxygen
 - Fever medication
 - Anti-anxiety and sedating medications for shortness of breath
 - “Comfort care/palliative care/hospice” to avoid hospital if desired

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Hospitalization

- For very ill
- Access to the intensive care unit
- Ventilator
- No visitors — some exceptions



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Hospitalization

- Hospital risks
 - Delirium
 - Falls
 - Restraints
 - Loss of function



- Risk/benefit assessment - ICU mortality 50%

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Scarce resources –ethical issues



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- Healthcare systems preparing triage protocols if needed

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Recommendations for caregivers

- Know visitor policy
- Send LABELED electronic connection (phone, pad) with LABELED charger.
- Ensure contact information is correct and up to date
- Identify single family contact
- Ask for daily update if concerned and be available
- Be appreciative of care – staff at high risk
- Know who to call to get help
- AND,...



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Wash your hands

Teresa McCarthy MD

mccar056@umn.edu



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Strategies to Enhance Family Care for Persons Living with Dementia in a Time of COVID-19

Ken Hepburn, PhD

Professor, School of Nursing

Director, Roybal Center for Dementia Family Caregiving Mastery

Core Director, Alzheimer's Disease Research Center

Emory University



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Outline

- Acknowledge the New Normal
- Reasonable Caregiving Goals
- Self-Care
- Facing the Worst Case



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The New Normal

Overprotecting
But not
Overreacting

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The New Normal

- More Time; More Work
 - You and your person in one place, likely by yourselves
 - The person alone – with you as a visitor
 - The person moved in with you
- No day or respite programs
- No congregating
 - No going to places of worship
 - Or stores
- Walks, yes, but with distancing



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AND

- You may feel both pressure and isolation
- And the person may sense your feelings

So

- The care environment may feel supercharged

Acknowledge this as part of the New Normal



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Reasonable COVID Caregiving Goals: “Dancing backwards and in heels”

- **Guide your person through days that are as**

- **Safe**

- **Calm and Pleasant**

- **As Possible**

While Recognizing that these are days in the New Normal



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Safety

- **Sanitizing – covered above**

- **Environmental Scan – no falls**

- **No ER visits**

- **Entry Strategies**

- **Yours**

- **Others**

- **Deliveries**

- **Avoid Healthcare Environments**

- **Telemedicine**



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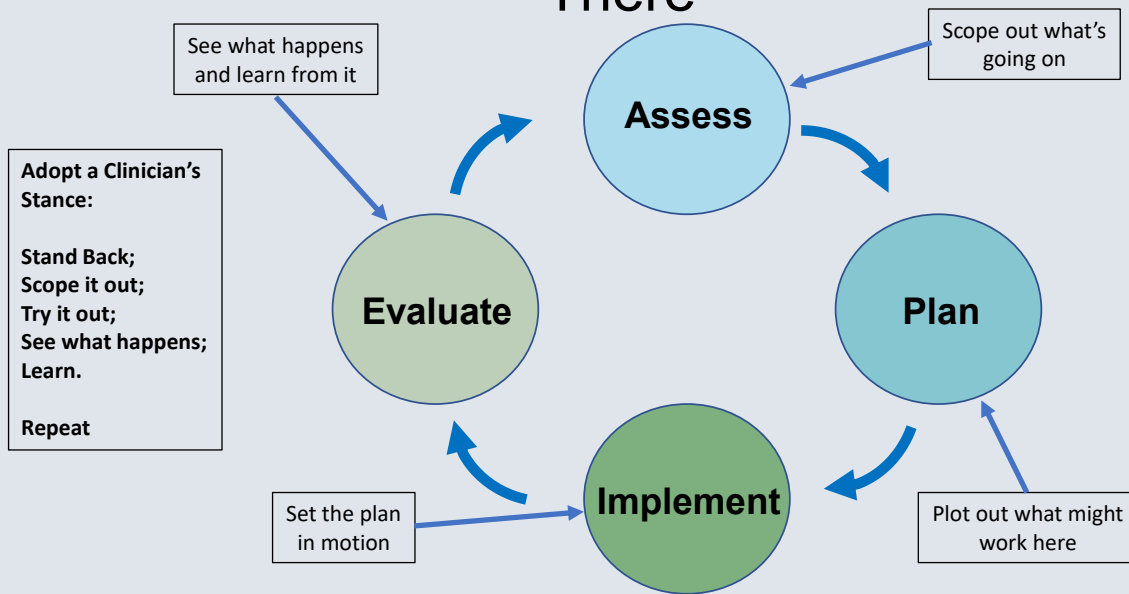
Guiding Principles for Guiding the Person

- **Personhood persists**
 - Illness interferes with ability to connect with self and others
- **Think Like a Clinician**
- **Appreciate the progressive losses of dementia**
- **Think like a designer**

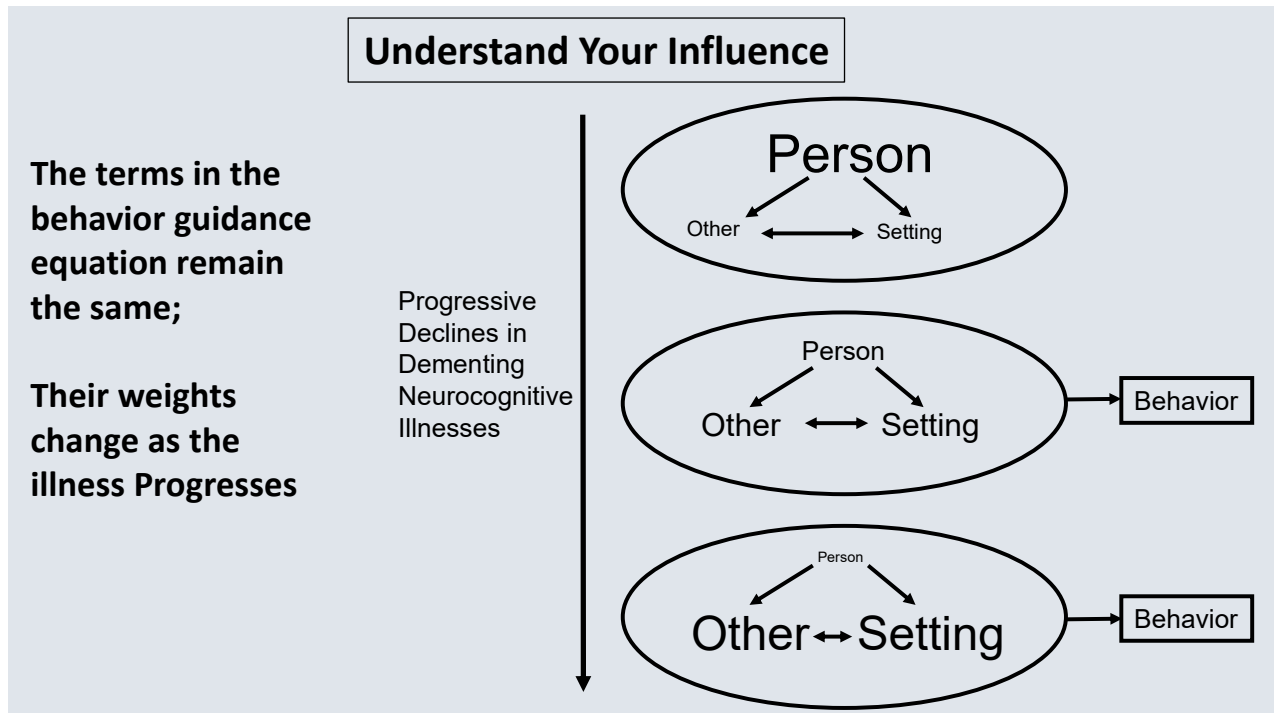


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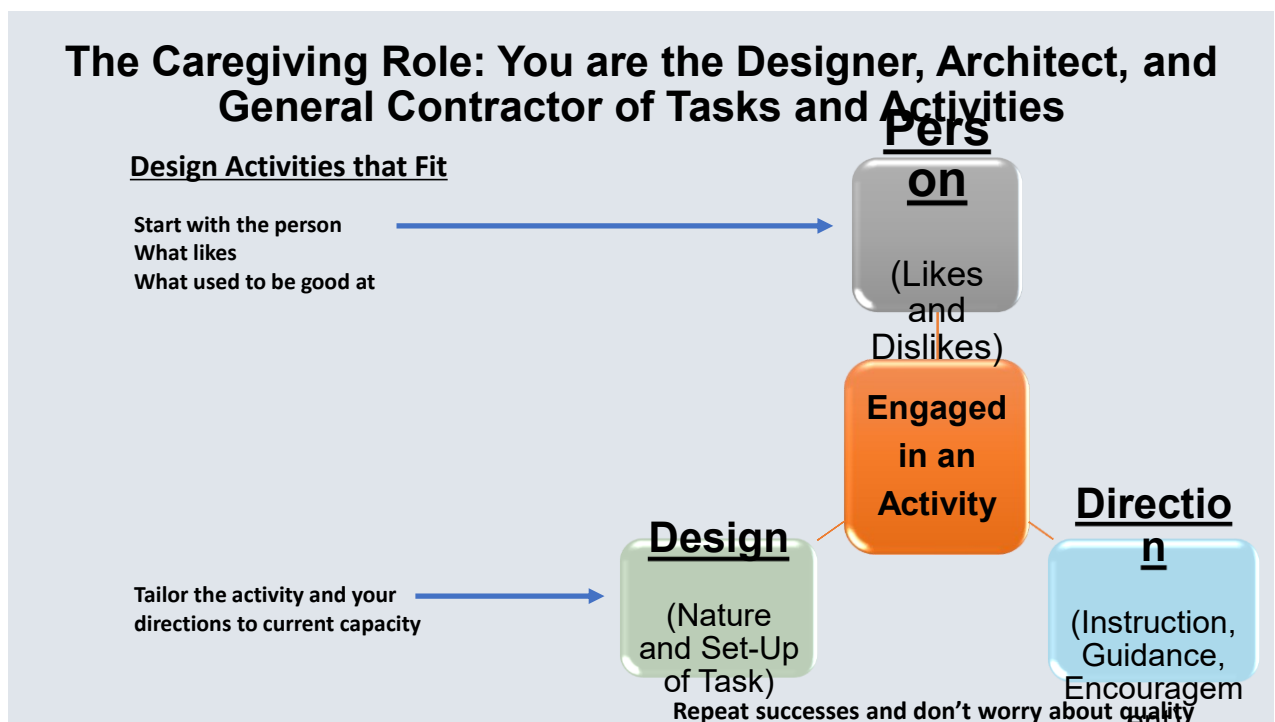
Don't Just Do Something: Stand There



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“Don’t Die; Everyone’s Counting on You.”

You are the Instrument of Your Person’s Well-Being: Take Care of the Instrument

- **Recognize: caregiving and isolation are hard**
- **Establish and commit to a deliberate plan for your own well-being**
- **Plan for social connectedness**
- **Use distance means (Phone; FaceTime; Skype; Zoom)**
- **Continue personal physical, emotional, intellectual, artistic, spiritual commitments**



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Have a Worst-Case Plan

Your person is hospitalized

- **Prepare instructions for staff**
- **Prepare an emergency bag**
 - **Favorite things and comfort items**
- **Strategies for communication**

You get sick

- **What’s the backup plan?**
- **Transfer surrogate powers**
- **Put them in place if you don’t have them**



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DECISIONS IN THE ERA OF COVID-19

Edward Ratner, MD
University of Minnesota and Minneapolis VA GRECC

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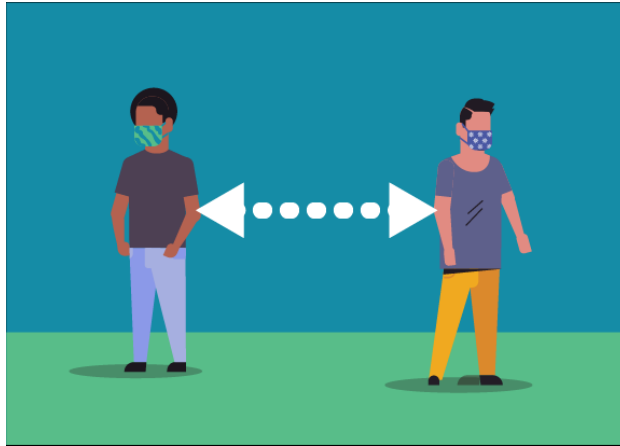
Types of Decisions



www.18884mydivorce.com

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Day to Day Decisions



cdc.gov

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Where to Shelter-in-Place

NH or Senior Housing



NIH.nia.gov

With Family



Cdsa.ca.gov

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<https://www.nia.nih.gov/health/advance-care-planning-healthcare-directives>

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Setting Goals

Longevity



<https://www.mprnews.org/>

Activity



<https://keck.usc.edu/student-reaches-highest-goal-in-climbing-mt-everest/>

Comfort



<https://health.gov/>

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Who Should Decide?

You



Wikipedia.org

A Proxy



Health.ny.gov

A Judge



Library of Congress

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Preferences



Odh.ohio.gov



ICU

Medlineplus.gov



Ventilator

cdc.gov

CPR



CPR.hear.org

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Tasks

Name a Proxy in:

- Health Care Directive
- Durable Power of Attorney for Health Care

Communicate Preferences:

- To your proxy
- To your doctors
- In writing

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How To Complete a HCD

- Talk with your doctor and proxy
- Get a Health Care Directive Form
- Name a Proxy
- Document preferences (optional)
- Witness/notarize
- Copy to health care team(s) and proxy

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Where to Get Help with ACP

- www.NIH.gov
- Senior Linkage 800-333-2433
- www.Minnesotahelp.info
- www.Honoringchoices.org
- Your hospital system/medical office
- ? Estate attorneys

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Minnesota POLST

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT

MINNESOTA
Provider Orders for Life-Sustaining Treatment (POLST)

Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written. Patients should always be treated with dignity and respect.

LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH		
PRIMARY MEDICAL CARE PROVIDER NAME		PRIMARY MEDICAL CARE PROVIDER PHONE (WITH AREA CODE)

A
CHECK
ONE

CARDIOPULMONARY RESUSCITATION (CPR) *Patient has no pulse and is not breathing.*

☐ Attempt Resuscitation / CPR (Note: selecting this requires selecting "Full Treatment" in Section B).

☐ Do Not Attempt Resuscitation / DNR (Allow Natural Death).

When not in cardiopulmonary arrest, follow orders in B.

B
CHECK
ONE
(NOTE
REQUIRE-
MENTS)

MEDICAL TREATMENTS *Patient has pulse and/or is breathing.*

☐ **Full Treatment.** Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments.

TREATMENT PLAN: Full treatment including life support measures in the intensive care unit.

☐ **Selective Treatment.** Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments.

TREATMENT PLAN: Provide basic medical treatments aimed at treating new or reversible illness.

☐ **Comfort-Focused Treatment (Allow Natural Death).** Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.

TREATMENT PLAN: Maximize comfort through symptom management.

www.polstmn.org

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Hospice for COVID-19

- Only for those with severe, life-limiting other illness
- Hospice team can assist with symptoms in patient's home or in nursing home.
- Can often be started with a day of referral

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Summary

- COVID-19 may require decisions
- Consider preferences and communicate them in advance of infection
- Tools and help are available for such advance care planning

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COVID-19 Resources

- Please go to: <https://mngwep.umn.edu/education/webcast-covid-19-and-living-dementia> for a full list of available resources
- If you are not comfortable using the internet to access these resources, please contact **Ann Emery**, carl0219@umn.edu or **612-626-9515** and we will email these resources to you
- **THANK YOU!**



Division of Health Policy & Management

