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**Senate Aging & Youth Committee
Virtual Hearing**

**Testimony on Reopening Strategies for Long-term
Care from the Perspective of a Professional who is
both a Daughter and a Provider**

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June 25, 2020

Good morning Chairs Ward and Collett and members of the Senate Aging and Youth Committee. Thank you for your commitment to older adults across Pennsylvania we as daughters, sons, and providers have robust, caring, and safe options for ourselves, our families, and our staff.

My name is Dr. Carol McKinley, President/CEO of Simpson. Simpson is a non-for-profit retirement system consisting of three retirement communities, two affordable housing communities, and one home care company. We are located within the Philadelphia Region serving in the following counties: Chester, Montgomery, and Philadelphia. We have a 155-year history of serving elders. Currently Simpson has approximately 625 employees attending to approximately 1000 seniors with various levels of care needs. Our service lines include independent living, assisted living, personal care, memory care, nursing home care, rehabilitation, and home care. Our organization, throughout this pandemic, has followed the CDC, CMS, and the Pennsylvania Department of Health guidelines regarding the COVID 19 Pandemic Response. This has included shutting our doors to visitors in mid-March 2020.

Simpson knows firsthand the effects of COVID on elders. Early on, Simpson House, our oldest Continuing Care Retirement Community (CCRC), opened a COVID Center on site. Of our 1000 residents, we have served 71 residents who tested positive for COVID, treated 55 successfully, and lost 25 over the last four months. Those who lost their lives were those who were very ill with multiple comorbidities. Our staff have worked above and beyond their typical job responsibilities. This included not only the typical care and service needs of this population but they also became the bridge to connecting our residents with family. Connection has been through email, texting, phone calls, letters, and virtual capability. The high level of connection has provided comfort at a time when there has been much fear and uncertainty. Our residents and families have been very appreciative of these efforts. Four months later, Simpson House COVID Center is now only serving 1 resident recovering from COVID. Active universal testing of both employees and residents are demonstrating “negative” results so we know our infection control practices are working (i.e. social distancing, the wearing of masks, the ongoing handwashing, enhanced cleaning protocols, and no communal dining or activities) Simpson House has also been through three infection control focused surveys and has had no deficiencies. Our families are aware of this success. Now, as the state is gradually opening up, our residents and their families are asking when they will physically be allowed to resume normal visitation. There is a longing to see loved ones in person.

I understand this well. I am a daughter of parents who are 92 and 94 years old. They live in the personal care section of a CCRC. My siblings and I have not been allowed to visit them since March. Our communication has been solely virtual through an Amazon product called an Echo Show. My dad has advanced Parkinson’s Disease and my mother has memory impairment. Initially, we all tolerated the virtual communication. Additionally, we had to figure out how to execute power of attorney on behalf of my folks, obtain their car that was sitting on the CCRC property, and work through the selling of their family home – all through virtual contact. We all struggled to complete these important tasks with major family decisions. Sadly, both my parents have deteriorated over the last few months from their disease processes. As a professional in this field, I intellectually understand the need for their protection from COVID but as a daughter, I, too am anxious to see my parents in person – to reassure them of our love and that we are here. The staff cannot tell me when I might get to see my parents or even let me know if a strategy has been considered for reopening their community.

Families and residents need to know there is hope in the near future for reconnecting. They need to know we are working towards a plan for some form of physical visitation. Simpson has taken time to strategize as to what this might look like. We have outlined a phase I procedure that provides this physical reconnection but also continues to protect their loved ones. Our Phase I provides the following structure:

- Determining overall how many visitors can we accommodate safely based on the census in each community and the space available for visitation
- Establishing daily visitation time frames such that employees are available to monitor and support the process
- Finalizing that each resident can safely receive 1-2 visitors at a time, no children under the age of 14 initially, and that visits will be managed in 30 minute intervals
- Creating social distance spaces in which a visit can occur safely with the resident. The utilization of signage, duct tape, plexus glass structures (rolling and table top), seating arrangements, and the identification of specific spaces of the community that can be used for a safe visit.
- Maintaining COVID cleaning protocols after each visit.
- Educating all employees on the visitation protocols
- Communicating to visitors ahead of time the mechanics of the visit.
 - Visitors will need to call and reserve a time for their visit; when they arrive on site, to call and relate they have arrived. The employee will provide direction on entering the community at that time.
 - Visitors will be asked to leave their purses and other personal items in their cars. If they have packages for the resident, to provide them to the staff member for infection control purposes.
 - Employees will greet the visitor(s) at the entrance to the community.
 - Visitors are requested to bring a face mask to their visit but will be provided with one if they do not have one. They are to wear their masks for the duration of the visit.
 - Visitor will have a temperature check; COVID 19 symptom assessment; education regarding the social distancing practices they will experience and need to adhere to during their visit; and will be instructed to wash their hands.
 - Each visitor will review and signature that they understand the directions provided to decrease the risk of COVID to their loved one.
 - Staff will be available to help support the visit but not interfere with the visit.
 - Visitor will be instructed to talk with the staff member if the resident needs assistance or the visitor has a need. Visitor should be instructed not to try and assist resident
 - Visitors will be escorted to and from the visit.

To accommodate a family with young children or others who would struggle with walking into the community, we have created a “drive-in” experience. In this situation, an area is created outside where a vehicle can safely park and a resident can safely sit. The same requirements occur with this type of visit as with an in-house visit other than the fact that family will remain in their vehicle during the visit. The resident will be brought to the established “drive-In” visitor’s area. The resident will sit behind a plexus glass structure and will be wearing a mask. A staff member will support the visit. Family members will need to call for a reservation and call when they have arrive on site. At that time, the employee will then bring the resident to the visiting area. When the visit has concluded the employee will escort the resident back to his or her home.

We know our residents, staff, and families are anxious for us to implement our visitation plans. The guidance issued by the state will not allow visitations for at lease 28 days after a county transitions to the green phase of reopening. Further guidance from DOH would be very helpful as we continue to plan and assess community risk.

None of what I just described is easy – particularly the inability to give a hug or hold your loved ones hands. Through these intentional visitation guidelines, preparation, communication of expectations to families, friends, residents, and employees we do believe we can promote an environment of togetherness; an environment that is safe and comforting for all involved. Our residents need their families more than ever at this time in their life. And some like me, are losing the personal connection because of our loved ones physical decline. My father will not be the man that I said good bye to in March and I can only hope he shows some sign of knowing me when we meet in person again.

Thank you for the opportunity to offer comments on the importance of discussing reopening strategies and safe visitation opportunities. Thank you for the work you do to support and protect seniors and senior service providers across Pennsylvania. I look forward to being a resource for the committee and am happy to answer any questions the committee may have.