

Isolation Activity of the week: Move on the Twos!

Objective: Promote pulmonary health and function as well as circulation and skin integrity for residents across the spectrum through scheduled (1) movement, (2) deep breathing and (3) hydration monitoring.

Procedures:

- Every two hours, direct care staff break to encourage and assist patient movement. From standing & 'dancing' with care partner to doing the YMCA seated to assisting bed bound residents turn in bed.
- When moved to 'Back' position, bed bound residents will be assisted with brief active or passive range of motion as outlined by therapy.
- After movement, follow up with two deep pursed lip breaths (smell the roses & blow out the candles).
- Quick check of the residents' status on hydration for the day - have they had anything to drink between meals? (check bedside water cup); assist those who cannot reach out and get a drink independently; refill cups as necessary. (Ensure orders are followed for liquid consistency and restrictions per facility communication system).

For further information and visual aids see the *Fitness at a Distance resources in Clinical Resources* → COVID 19

Clinical Update: Cohorting Residents

AHCA/NCAL have released guidelines for Cohorting residents during the ongoing pandemic. Cohorting refers to group residents with similar conditions in the same location with the goal of minimizing the spread of infection.

Options for cohorting in nursing homes include:

- Creating separate wings, units or floors that can serve as isolation units. This will likely require moving residents throughout the building which CMS allows per its recent national blanket 1135 waiver.
- Consolidating and cohorting residents into separate dedicated COVID-19 and non-COVID-19 buildings, if the opportunity exists among licensed nursing homes.
- Opening up non-licensed buildings or spaces, which will require state approval and rapid certification allowed under CMS national blanket 1135 waiver.
- Creating alternate care sites that are not licenses but done through collaboration with FEMA and the state

Cohorting residents within an assisted living community:

- ALs should consider accepting less acute, non COVID-19 patients from other medical facilities (skilled nursing centers, LTACHs, etc.) in order to create more room at higher acuity facilities currently better equipped to assist COVID-19 positive individuals being discharged from the hospital.
- Lower acuity residents who do not test positive for COVID-19 and have an option to receive care in the home could be discharged to the community to create space for COVID-19 positive cases. AL communities need to work with family members to ensure proper in-home care and consult current state regulations to see if this is feasible. Page 2 of 4 April 4, 2020
- Single occupancy rooms could become double occupancy rooms for cohorting purposes, depending on the layout and size of the room (this also may require emergency requests to your state licensing agency to increase bed capacity).
- Acuity levels may be considered if moving residents to different wings or hallways. AL residents without multiple, underlying health conditions will likely be safer to move first.

For the full recommendations and guidelines [click here](#).

Recognizing Functional Declines Related to Illness, Isolation, and Quarantine

Skilled Nursing, Long-Term Care, and Continuing Care Retirement Communities continue to implement stringent measures to keep people apart, in an attempt to slow the spread of the COVID-19 coronavirus. While this is put in place to protect our residents, it also places them at risk for **further isolation, decreasing their access to social support and physical activity, and increasing their risk of functional decline.**

Older adults thrive on activity. You may have heard the old adage, "If you don't use it, you lose it." This is certainly true in reference to our seniors' physical and cognitive activity. With less physical and social activity, our residents are at risk for changes, even subtle changes which can impact their ability to move, perform activities of daily living (ADLs), and to communicate and interact with the world around them.

What can we do, and how can TMC help?

- **Encourage Activity and Interaction!** TMC has shared weekly COVID updates to highlight activities and programs to assist our seniors in continuing to interact with the world around them. These can be shared with CNA and Activity staff to implement in your facility/community.
- **Screen for Changes:** TMC Therapists are continually screening for even subtle changes in function in the residents we serve. Our screens are risk-based and proactive, focused on not only addressing declines when they do occur, but also on preventing those declines from happening in the first place.
- **Communicate changes you may notice with your therapy team:** TMC has implemented "Hey Therapy" forms that can be completed by ANYONE in the facility to inform them of changes in functional abilities in our residents. These include: changes in the patient's ability to walk, transfer, or use the restroom, increased needs related to assisting in ADL tasks, changes in continence abilities, swallow function, increased confusion, and more, contact your therapy team using a "Hey Therapy" form.
- **Engage with the residents.** Remember that you may be the only interaction they have with the outside world. Talk to them, ask them how they're doing, and let them know that they are important to you.

**For more information on TMC's Quality Measure-focused clinical programs and risk-based screens, or to access TMC's Clinical Resources for your facility/community staff, (including the "Hey Therapy" form, talk to your TCN and Therapy team, or contact your TMC Business Development representative, or your Area Manager or Regional.*