

## Transcript

Welcome to today's webinar. How to stay connected and keep seniors safe during COVID-19 my name is Courtney Johnson and I'm a senior marketing manager at Magellan healthcare and your host today. Please note today's webinar is for educational purposes only and not a substitute for speaking with your doctor. You can find Magellan contact [information@Magellanhealthcare.com](mailto:information@Magellanhealthcare.com) \contact . If you are in an emergency situation you should do one of the following, call 911, go directly to an emergency room, call your doctor or therapist for help or let's move on to the main event .

I would like to introduce our speaker director Edith Calamia. Dr. Calamia is the chief medical officer of Magellan Complete Care .Dr. Calamia has over 20 years of healthcare experience with a commitment to public health and serving our most vulnerable population. Her areas of expertise include managed-care, federally qualified health centers establishments, nursing and adult homes and medical direction, large medical practice management with ITA and ACO integration and she is a specialist in both internal medicine, geriatrics and palliative care and additional certifications in quality assurance and utilization management and certified by the board of post-acute and long-term care. Prior to her time at Magellan she spent nine years with United healthcare leading local teams in New Jersey and nationally with [Indiscernible] . Dr. Trotter one has dedicated her career to serving the elderly and disabled and disenfranchised with the community. She has returned, worked tirelessly with hospital systems to disease management programs and has been a well-respected mentor to students and residents and colleagues during a diverse career and a variety of medical models and I will turn the presentation over to Dr. Calamia.

Thank you so much and what a pleasure to be able to speak to you all today and as I started to put together the presentation I was thinking what we're talking about can be, a difficult topic. Many of the things we will be covering today include things like end-of-life care and planning for end-of-life care and the more difficult complications of COVID-19 in what we see in the elderly and I want to start off by saying it is so important to make sure we are meeting with compassion only deal with the elderly and loved ones that are again dealing with this terrible illness. Some of the objectives we hope to accomplish include, we would like you to learn some strategies communicating with loved ones living either at home settings or any long-term care facilities. We would also like you to be able to recognize when the loved one may need professional help or other services which are critically important in this and again in this difficult time of the pandemic. We would also like you to be able to understand end-of-life care and preparing for loss and what end-of-life care may look like and again very critical during the pandemic and we will leave some time for questions and answers and dialogue and I think we mentioned housekeeping issues being able to click the Q&A and we will be happy to take the questions at the end and again this is meant to be interactive and we want to make sure this is a value for you and please let us know if the questions or sessions are helpful. We will stop periodically for poll questions and ask you to be prepared for those in the poll questions are so we can understand who is in the audience and what they would like to get out of this so we can pivot the conversation if needed to topics of interest to those out there and again I thank you so much for giving your valuable time today and being able to spend this time with us and we very much appreciate it .

My first slide is actually a quote by the Dalai Lama and I love great quotations and this, to me, it really summarizes what we have to think about when we think about how we're going to deal with the elderly and loved ones during this pandemic. It is about love and compassion. These are not luxuries this is what humanity survives on. I thought this quote was a very beautiful quote because again, it embodies what

we have to think about and as we think about those who are very afraid and often going through isolation, again fear, we have elderly and loved ones may be watching the news, they may be concerned about their children and their loss of income or other things that have been side effects so to speak or common things going on during this COVID-19 crisis. They may have many worries we may not realize and a lot of what we will discuss today is getting what wants to open up about the worries they have and prepare and make sure they are again staying safe and and are more dire circumstance, if they are struck ill prepare for that as well and what it could look like.

Again I want to start off with that very important comment leading with compassion .

Again, some of these statistics may be very sobering and eight out of 10 have the U.S. COVID-19 death they are occurring in the elderly over 65 years of age and 43% of the deaths are linked to nursing homes, the residents in nursing homes and so obviously there are many challenges that can occur in the nursing home setting and we have many nursing homes overwhelmed and I will stop for a moment and talk a little about that but we will pull over one of the poll questions we were talking about and I will let them read that to you and we will have you weigh in on that so we can take the poll for a moment .

Thank you . The poll question is I have a loved one who is a senior 65 years or older and to answer this click on the radio button next to your response were not broadcasting the response so you will not be able to see the results but I will let you know, I will give you a few seconds to finish that up and click the radio button next to your response that is broadcasting the result .

It's about 92% that have a loved one over 65.

Great. B good to see and hopefully directly you will find this helpful and at least we hope so and again you can put questions and answers in the chat box so we can make sure we are going to get to those as well if there are things we are not covering during this call.

The next set of statistics are about the hospitalization rate and before I get to that and for talk about nursing homes I wanted to talk about some the challenges and nursing homes and we'll talk about that later in the conversation as well and for many of you that may have a loved one in the nursing home facility or adult living facility we know they have it struck very hard and some you may consider transferring them to an at-home living situation support that can be stressful on families and again having them in the facility and trying to make sure the communication is still there and the ability to be there for your loved one it is very challenging so we'll address those things as we move on and I will touch on that before we move to the next slide .

On this light it speaks to the hospitalization rates and when we look at how the seniors have been hospitalized, again these were 620 of 20 and you can find this is the data source with the CDC website but you can see there is an overwhelming percentage that were hospitalized or in the senior group and again it speaks to why there is obviously increased vulnerability and we know many that have the COVID-19 virus that have to be hospitalized have common illnesses or elderly and again something to think about, I also think about when we look at the hospitalization rates the fact that my father died at 95 about two years ago and one of his famous things and I don't know if he stole this from Jack Bettinger who but he said the hospital is no place to be when you are sick and I used to jokingly say that but we know in the elderly population the hospitalization in and of itself take out the fact they are there for a

racers problem and they can cause a lot of issues for elderly patient and things like infections if you're in the hospital for periods of time and what we call son Downing which disorientation that can occur in older patients and as they draw toward the, as you can imagine when you're in a hospital bed if you're not by a window you may not even know if it is day or not so confusion can occur in the confusion can occur in younger people but we certainly see this in a much higher rate in an elderly patient. Just laying in the bed they can have atrophy in the muscle and lose the ability to walk and be able to do things they were doing before they were hospitalized and we note there is a step back and patients one hospitalized in the older age group we really think about the prolonged hospitalization putting them at risk so think the hospitalization rate again becomes very important in understanding this to the course .

So, I would like to pivot back a little bit to the strategy and how we communicate with our loved ones. Again, I can't underemphasized or I should say I can't over emphasize the importance of hope and the importance of communication because again as we look at the outcomes in older patients and even for myself and my own practice I can tell you that my older patients who had the connection with family and the connection with their friends and loved ones always seemed to fare better and again I think that is how we deal with things and how we are able to overcome things because we know we have a support system behind us. Let's talk about some of the communication strategies. I think before we dive into that is to understand what we actually or what are we trying to accomplish with communication strategies and what is the barrier or the problem our loved one is dealing with. Is it isolation or is it fear and what exactly are they dealing with?

As we think about that, I think it helps map out the communication strategy and so here are some the things I think are nice on the slide talking about how you can communicate in one thing I would emphasize is, there was a thing called [Indiscernible] like a long way baby and I would have to say I see seniors often times can video chat and I think my husband's parents are probably on face time more than we are and they are in their late 80s and it is a great vehicle to see their grandkids, my children, and I think it's a great vehicle to see one another and their friends and now they are isolated from so checking and by telephone or by email, if that is a way in which your loved one likes to communicate, text messaging, again we are saying more and more come up and be very popular and ways to do check in during the daytime. As I mentioned the video chat, even old-fashioned letters and cards, I have a three-year-old daughter and we are getting her in the habit of sending out things and really getting the discipline of writing out letters and it is amazing and I think seniors will say this, getting something in the mail, because we don't often get anything in the mail anymore is a lovely, lovely thing and can really make someone day and help their mood. Again we mentioned leading with kindness and I think being clear and at the, upbeat when there's murkiness in confusion and multiple types of messaging being clear and concise with your loved ones because your message of hope is very important. Leading them through questions with again knowledge and again leading them through correct information. Structuring your conversations with activities, I think it is very important if you are able to again incorporate activities and we have playing games online together or creating a book club, these are things to keep the mind young and agile and really keeping you in the game and it does change your mood and it does change the way in which you perceive the world. Here is one of my favorite quotes from Abe Lincoln at the end of the day it is not the years of your life that count it is the life in your year and when I saw this the book club and the photo book, these are types of things I think that are truly meaningful and many seniors may be disconnected from their grandchildren and even great-grandchildren and making photo books and sending them out and having them have the ability to see those things can be very helpful and I think that is why I believe very much in the face time and the ability to video chat because that is a great vehicle for seniors to feel as if they are there even if they can't beat there. The last bullet is in a facility, again the difficulty is in a nursing home facility many

things we talked about are very open and very possible and they are also trying to do things that are creative and a bit cutting edge and one of them is the window visit which I am sure you have seen a lot online and anyone who has seen YouTube can see some of the visits that occur were seniors in the window and people during a drop off for a birthday or occasion, it is amazing how uplifting this can be and it is lovely to see the seniors that are dancing and they have the ability to do that and they have their loved one on the other side of the glass being able to do that and you'll understand this is suboptimal and everyone wants to be able to hug that senior and you want to be able to hold them and we understand this is a very, very difficult time and not being able to do that, because we can't does not mean we should not have any contact so we take the small blessings we can get them and I think the windows are really a wonderful idea even working for folks and I highly recommend if you have a loved one in a facility in they have these creative ways having the ability to visit I would absolutely take advantage of that and we'll talk later about some of the things that I think since we're on the topic of those who have loved ones in the facility I will talk for a moment if I could about some of the rights then the citizens and loved ones and long-term care facilities and back in 1987 there was a patient civil rights involved in nursing home which is the Nursing Home Reform Act of 1987 and it include some of these very important residents bills of rights and those who cannot see I will read these off and talk about importance of these different aspects of the Bill of Rights. The right to be treated with dignity and certainly in this time of COVID-19 it remains important for those that are with the loved ones in the nursing home to understand dignity is equally them important as it ever could be and again we are in a stressful time and treating a loved one with dignity is paramount to us and to those on the call I am sure it is extremely important to you. The right to a social contact and interaction with fellow residents and family members. This is a right and so again very challenging for the nursing home to be able to balance the right with the safety of the member and again with social-distancing and the importance of keeping your loved one safe there are certainly the second bulletin on the Bill of Rights it becomes a much more difficult thing to bring to reality. They are absolutely doing that on a daily basis and I think that is really critically important you understand exactly what their plan is to make that happen. The right to exercise self-determination and this is extremely important. It basically means the resident has a right to decide their own care plan, their right to interact in their care plan and again it is extremely important the rights are heard and acted upon. The right to receive personal care that accommodates physical, medical, emotional and social needs and it speaks to some of the things we spoke about in self-determination and it really means the care plan is made toward you and not to cover, you know, if you're like myself, years will not be the same as Linda or Steve or anyone else, your care plan really is to make, you know, to take into account the physical and medical and emotional and social needs that you have specifically and understand for your loved ones and you should have the ability as long as you have their consent to be able to look at that care plan. The right to exercise freedom of speech and communicate freely. This is extremely important and your loved one should understand that and many of them may have fears or things they wish to communicate and they have the ability to do that. There should be no retribution for that. The right to participate in the creation and review of one's own care plan and we talked a little about that and the right to be fully informed in advance of any changes in the care plan or status of the nursing home, and again, this is extremely important because you want your loved one in the nursing home to feel safe and feel secure and one of the things that tends to ensue, especially when there's isolation is the fear of things happening you did not have knowledge of. It is extremely important that we are able to make that happen.

Again, I will stop for a moment and we have another poll question and we will, if you don't mind, take that poll.

I want to let everyone know the poll question is, what have you done to stay connected with your seniors and the poll question, type your answer here and be sure to click on the icon to the right, and I will be reading some of your answers as they start to come in .

I see a lot of zoom and face time, frequent calls, mainly phone calls that people are saying .

Great .

I call my dad every day and go shopping to pick up groceries, pharmaceutical items, wave at the door, stop by more often. Direct I was going to say I hope this will help others and these are great, they are terrific .

This says I, dad every day and go shopping for him so call, handwritten cards, they really like the handwritten card so that is a good one.

I love that one .

Texting and often times people will text so that is a great one, calling them daily and visiting and calling frequently, it looks like a lot of people picking up visits to our at home so lots and lots of extra phone calls and visits and face time and Jim calls and thank you for ensuring that .

But is helpful for me if we can pause because this brought a couple of things into my mind and many people who said they are calling nightly or they are calling in the morning, I think it is really interesting, I think consistency calling, if they know to expect your call at 5:00 each day, if there is a way to have consistency I don't think there should be a crisis on top of consistency but especially with my elderly patients with dementia my dad's past but my mom is still with us and has dementia at 91 and being understand when each of her four kids were calling that was an important thing for her at the time and the ability to know the phones are ringing at a certain time and being able to count on that was terrific and a couple of folks wrote about a great deal of distance away from a loved one and many of these ways are really helpful because of the distance and it's interesting because what it brought to mind is even when you are a mile away from the nursing home you might as well be 1000 miles away, especially if some of the facilities don't have the window drive-bys and the ability to do that. We all kind of become distant but those are really great responses and thank you and hopefully it helps others as well being able to see what people are doing creatively and especially those who do the shopping, I can empathize with that and I am always picking up something for my mom and again difficult whether they are at home or at a facility there are things they need or want and being able to do those things and make their burden easier I know it is very much appreciated.

Great, great comments and thank you so much.

This is one of the things I put in the gaps of things to think about if you have a loved one who is in a facility and I am not sure if all of you are familiar with the term ombudsman and I remember my job in a nursing home many years ago I had never heard of that before and so an ombudsman basically is like an advocate in many ways and so in the difficult times, you're having trouble communicating with the leadership in a nursing home or the nurse in your loved one, and ombudsman can be a great person to come in and be able to resolve those issues and it can be for more serious things as well and the nursing home but also in this time can be about figuring out how to get there communication. I threw that in for those of you who have that situation you may want to stop and jot that down although it will probably

explain to you when your loved one is into the nursing home there so many papers and some the things that you sign and at that point in time, it is very difficult to keep track of those things and hopefully that can be helpful.

Next I would like to move on to how do you recognize when you have a loved one who may need professional help or may need more help him again we talk about the fact during COVID folks are fighting and they have fear, they have depression and they are going through many things and we know it's important to have communicated the communication having your loved one can be helpful but there may be a time when you also need a neutral party or someone else to speak or a professional who can provide a little different or deeper, then say you would get from a loved one or family member or even someone in the support system or even the community. I want to give some signs but I want to pause for a moment because I have you on the line and say an extremely important part is understand you are not alone. You have a loved one you care about who is elderly and there are resources and there are folks that really want to help you. Whether it is primary care, whether it is a senior living facility with lots of resources, and a facility, at home and others in the community, the church, many different resources that are geared to help seniors today, you are not the only one who helps your loved one so seeking out folks who can be helpful can really take a burden off of you and I know at least I talked to a lot of caregivers and they say it's not a burden and my mom did so much for me or my did a lot for me, and perhaps a burden is the wrong word but it is a stress, a stress on all of you and a stress having someone who needs extra help and care can be a stress I want to take a second to recognize that and again sometimes it's about navigating and figuring out where the resources are and who they are.

Let's talk a little about a loved one, an elderly person who may need extra help. How do you figure this out? The symptoms of stress, and the symptom of stress as we get older may look different from when we are younger so think about when you had a test and you are stressed out as a kid you had different types of feelings than nervousness and stressfulness and it was different in an older person than a younger person of feeling stressed. In order patients sometimes was a confusion or forgetfulness come again because everything causes things like dementia in the elderly can cause this, sometimes it is important to have a professional with you to see common part of aging or whether or not it's an early sign of dementia or whether it is truly a stressful situation that can be hopefully mitigated and get better. Sometimes you need a professional to assure that navigate. Not seeing or staying connected to friends and family or loved ones can be a sign of a stress or depression. All of a sudden you're reaching out and they don't want to reach back or they don't have a desire can be assigned. Having a hard time sleeping and we see this regularly and it is not unusual and again trying to figure out when it leads to discretion, depression or stress. Eating less, or more by the weight we see this a stress. Daytime somnolence can be from lack of sleep or another sign or symptom of depression. Being irritable, fine edge, having a lack of energy, slow thinking which goes with some of the confusion and all of those things again can be very important signs of stress or depression the last is an extremely huge flag to me to get help and that is if anyone has expressed suicidal thoughts or ideation or ideas and this is nothing to be brushed off. Oh they were just feeling bad, this is something to speak to someone about and say this is something critical, this is something extremely important. So what can you do, what is it you can do that can make a difference? You can talk to the loved one, you can see if there are things in which, which you are able to do and again it can connect them with those resources it's important not to get upset. Some may have a first reaction to be so upset when it seems like you're going out of your way and doing all you can for a loved one and then they are so negative, it's important to take steps back or count to 10 or whatever it is and try not so hard to get upset because you may be the only person they expressly depression or symptom to or you may be the only door to help them get better and so trying to take the feedback is hard, it's not easy and realize the reason why you are the branch of some of the

negativity may be because you're the one they trust, you are the one they believe they can go to. Encourage them to seek help, encouraging them to stay active, you may be the portal to do that and again making sure they're taking care of medications correctly, they have medications, this may be your job, it may not be your job and you may work with a nurse or someone else to do that but again getting involved in these types of healthy procedures is critical and having someone else and their corner is very important. The last find out what is available to them via their insurance or long-term care facility or other community resources. It is so difficult for a young person who is very tech savvy to navigate healthcare which can be complicated and having a loved one who is elderly and being there advocate is one of the most critical important jobs you can ever have because again as much as those of us in the healthcare industry want to make things simple or want to make things easier, we know we are dealing with a complicated system. I remember when I was practicing I was giving out to patients we had eight phone tree that was complicated and to circumvent some of that, all of the best intentions you're so going to be dealing with things that are complicated and very complex so helping them through that whether it is yourself helping them or navigator is an extremely important way to be useful. Let's move on and talk a little about one of the most difficult topics and at the beginning there is nothing a substitute for hope and a matter what situation we are in it is critically important to well-being.

We want to talk about preparedness and what is end-of-life care like and what experience with loss can do to our seniors and this is one of the more difficult topics we talk about and hopefully, maybe it will bring value to you or maybe at least I hope so.

Talking about end-of-life care, one of the things that is critically important is thinking about what is it or what is the support system that is around when you think about an important end-of-life care or experience end-of-life care that will be a positive experience. We know older patients may be have chronic illnesses and this may occur for months or longer before they pass and dealing with all of the illnesses as I mentioned in navigating the healthcare system can be difficult. There is two ways and for some the body weekends in the mind stays alert and when the mind is not alert in the body remain strong, really understanding that process at the end of life is very important. And there are four areas I think about when you think about what is someone who is at the end of their life. One is again the physical comfort and I can tell you patients say I don't want to be in pain I want a peaceful death so just being able to speak to a loved one about understanding you know they want comfort and you know that is important to them is extremely, again, important especially with COVID-19 were part of physical comfort is hugs and being able to be there for someone and you may not be able to do that. Again what can you do to substitute for some of that. The mental and emotional needs and as we age and as we think about end-of-life, again, there can be depression that ensues and emotional needs, worry about those we leave behind and having someone to express those needs to can be critically important. The spiritual issues and many people who really did not consider spirituality during life come to end of life and start to grapple with spiritual things they maybe have not thought about what 30 or 40 or 50 years and they think about those things and connecting them with the right spiritual resource can be very helpful. And then there are practicalities, things that happen once they have passed and what we leave our loved ones whether the burden of a funeral, the burden of bills or other things that have been left undone or and plan for and what does that look like and again talking to someone so they have the piece knowing they are leaving their loved ones in a way where they are not being a burden.

I think we mentioned in the beginning of the talk and they mentioned I studied hospice and palliative care and worked with that and I worked with folks during my career as a geriatrician and this is kind of a diagram of things that we think about in the palliative care world and we say palliative care it is really about what is the goal of the care and is the goal to restore you and for instance when you break a leg

and want the leg to heal and you're getting better, palliative care the goal is to make sure and when I mentioned in the previous slide folks that have a fear they will die in pain or going to die in a way that is not something they wanted and is difficult, a difficult death, that is not the reality. All of these things you see around this the decision-making, the pain and symptom management, communication, it is difficult during COVID-19, the goals of care as I mentioned, restorative care versus comfort care, hospice itself, actually hospice which hospice the definition or the ability to have hospices have a terminal diagnosis that puts you in a six month window of being at the end of your life within six months and so often times people wait until the very end of their life to take advantage of being in hospice care and frankly, at that point sometimes they are not getting the full advantage of hospice, which can be things that can up the family to also make things much easier and it is a benefit not a lot of people take advantage of and really again a shame that some people go to hospice within days of their passing when again they would have the ability to do it much sooner and much more comfortable and can plan things better. Again I want to pause for a moment and just say, these are again, I know very difficult subjects and not things that are necessarily easy to speak about, advanced directives, you may not have ever spoken about what are their wishes but especially in the time of COVID-19 where we know there are people that are thinking about and grappling with what end-of-life care could look like, this could be a time to say to a loved one would you like us to sit down and have a conversation, I would love to know you have someone in mind you would want to be your healthcare proxy and if you have someone in mind have you spoken to them about what your wishes are and again it can be difficult decisions but I will tell you being a geriatrician I have seen many conversations occur in the hospital in ICU and acute settings and it is a much more difficult conversation at that point because often times your loved one does not know what your wishes are or even if they know what the wishes are, they are making the decision rather than decisions being made ahead of time and I will say it can be very difficult on the family and can be very difficult on the loved one and when you are left with that, after the decisions are made you may grapple with them and it is a much easier course if at least the person has weighed things ahead of time and told you how they felt about things.

The next topic is again one of the more difficult ones, how do you deal coping with grief during this time. We know we saw the statistics in the beginning we will lose seniors, and we have lost seniors and we hope very strongly to keep them as healthy as possible and grounded in hope as much as possible and if there is a tragedy that happens or something that happens, what can you do to surround those who are left behind and making things easier for them. Again, we talked about some of the coping strategies and some are really terrific and taking on small chores around the house for someone, I know challenging in the COVID time but doing things like laundry and practicing social-distancing and doing it in a way that is responsible but helping to take some of the burden can be helpful. Setting up an outgoing voicemail, I like that, a blog, something where you have an ability to stay connected and some families create a website and I love that and I think that's a really nice thing to do because again you're getting lots of different input and folks around you when you have the broader and larger community and I know for myself, I went to a Catholic grammar school and we developed blogs during COVID-19 and people I have not seen for many decades all weigh in and we see pictures of grandkids and see what is happening in their lives and it is beautiful and again it has a broader and larger community. A date and time for family to honor loved ones or reciting a poem, spiritual reading, again these can be comforting. Taking part in activities to show the significant way of helping a loved one you have lost or planting flowers, planting a tree, we did that for a loved one in my own family and it was meaningful and the ability to see that, especially in a time where maybe we cannot formally get together for a funeral that we may have but in speaking of funerals briefly talking about preplanning those types of things and making arrangements for a loved one before they pass and having the ability to weigh in and talk about some of those things



would look like. Again these are very typical difficult topics for, but they are extremely important and I want to make sure we touch a little upon that.

I will bring this to a conclusion and get some of your thoughts on this and make sure that we leave sometime behind for questions. Again, hopefully some of this was helpful and again talking about establishing purposeful pathways, discussing fears someone may have, seeking out mental health resources, both for you and your loved one. Again I really want to emphasize the importance the caregiver role and then supporting through the end-of-life planning and again some of those are the more difficult parts and if we are able to do that for the loved ones and whether loved ones I think it can be very powerful and helpful, hopefully. I will pause for a moment and take another poll question and see how we are doing so does that work?

Everyone, if you could share with us, we will share with you the answers, what are you taking weight from today's session? What may you do differently or what have you learned differently that has been helpful, could you please ensure that and again I will share your answers with everyone.

Being mindful, staying connected in many different ways, ways that you have not thought about before, reaching out for help, support, communication, I love that one. Making plans ahead of time. That was important. Listen. Creating activities to do. Compassion. Palliative care and earlier hospice care. The importance of discussing difficult topics. We really went over those well. It looks like a lot of people are talking about just wanting to get help, looking at options and how they can stay connected and how they can get additional resources for their loved ones and showing compassion and care for their aging loved one. Wonderful and thank you so much everyone for sharing.

I just want to stop here for a moment and I think we'll take some of the Q&A am I correct?

Yes and that sounds great. This is Courtney again and we want to thank you Dr. Calamia for great presentation we have a very engaged audience and thankfully we have a couple minutes to address questions but before we get to that I would like to share some helpful resources. The joint healthcare COVID-19 response page is a great resource for information including the recording from today's webinar as well as the slides and links to websites and there is a list of virtual recovery meetings and information on Magellan health products and service solutions and other updates from Magellan clients and providers. The site is updated pretty much daily and we encourage you to check back often and we also want to encourage you to check out your work Employee Assistance Program or EAP if you have one or if your spouse or partner has one. If you provide practical and expert health and can sometimes it could include financial links and resources to recharge your company and the human resource department to find out more. Another good way to seek help is contacting your current medical or therapist provider. We have a couple of moments left to take some questions and the first question we have is, do you have any tips for communicating with family members who are experiencing dementia and it is difficult to engage in normal conversation for some of the activities you suggested.

You know what, this is so close to home for me and as I mentioned in a conversation, my mom turned 91 and she has had dementia for the last four years and it has become much more profound since the passing of my father and I think it often happens and we see the patient with dementia when they lose that very significant loved one that they were married almost 70 years so it really, they deteriorate much more quickly. With my mom, we have caregivers that are with her and she is living at home. She has been in the hospital and has also been in short-term rehab and the time she is had dementia and what we did, we asked the caregivers if they would not mind doing face time with us on their device so

they would be able to be the facilitator and since they could be there and I could not especially because my husband is a first-line surgeon who is taking care of patients with COVID on a daily basis, I did not want my mom to have exposure to that so we use that as a vehicle in the caregiver would be able to do that and we also built a bunch of memory books for my mom and again her dementia is fairly advanced now and I am not certain a lot of that is with her but they do show her the books regularly and that is a bit of a comfort. We also recorded all of our voices and some of her favorite music and again a reminder to her of some things in the past like her wedding song, our wedding song, all of her kids weddings, some of her favorites and we are Italian-American so some of her favorite Chinese music and sometimes those things can be a comfort and not necessarily the connection she knew but again a connection to things that are familiar and hopefully that is somewhat helpful.

Thank you for sharing your thoughts and especially your personal experience for the audience and I'm sure they appreciate that. The next question we have, as a family member, can you insist on seeing your loved ones care plan or be informed of any changes?

It would depend on the situation and if your loved one is cognitively intact in other words if they are able to make their own decisions and they can say yes my loved one should be able to hear that, I think they should be able to see the care plan and that is certainly it should be available to you. If for some reason they do not make that decision of course it would be within their right to do so but absolutely if your family member is not cognitively intact, and you are the healthcare proxy or someone that is deemed to be the decision-maker, you would have a right to see the care plan.

Thank you very much. We had a couple of questions and regulators some, in relation to that. The next question if one lashes out for taking a break or I think there's a spelling glitch but are there other things that we can do to try and change that behavior?

Absolutely. There is a lot in the field of attempting to change cognitive behavior and if, let's say for instance the person has degree of dementia, it can often times it is behavior that would not be there normal for heavier and something as simple, there normal behavior and something as simple as a facial cloth like a washcloth and getting them to do 20 washcloth so they can fold some type of repetitive motion, believe it or not can be calming. There are many things you can work with the primary care Dr. to your family member and to your loved one that can help them to become and hopefully create a,, her situation. If that is not the issue and something that does not have to do with dementia and they are just angry, they are in an angry situation, sometimes you have to extract yourself from the situation and let someone else that is more of a neutral party speak to your loved one and sometimes we know this between moms and daughters in between fathers and sons and often times this happens and again they are lashing out because of the comfort that you bring someone else to the situation they may have some degree of trust like a nurse or someone they have worked with and they are able to express themselves differently.

Thank you very much for that. We have time to take one more question and actually they will combine two of those because they both relate to elders that have dementia. This one says my mom lives with me but her memory is so bad she does not remember date to date what COVID is or why things are the way they are we try to limit our interactions because we don't want to get COVID and pass it to her but I find myself explaining COVID to her each day and any suggestions or ways we could remind her of COVID and how do we deal with a denial stage she may be experiencing?

That is a really, really great question. What I have found to be the case is, as many other things that we have to explain to older patients often times there is that very, the component having to be repetitive and so what we have found to be very helpful is, you can sit down, and write down many of the bullets that are important, even simple visualization like we would for younger patients, for children, we would put a picture of a germ here's a German here it's hot is transmitted and something again, here is a germ and how it is transmitted and something that can be transmitted so I would say if there is an ability to do something like that and you can work with again the primary care Dr. or a nurse that is helpful and just again memorializing all of that and so that when they have those questions you can say here mom let's look for this again or here, dad, let's take a look through this I remember this is what is going on and that is why it is so important for us to wash our hands or that is why we are not able to hug you and this is why and again I think that is extremely important.

Thank you for the very practical strategies unfortunately we are out of time and I want to thank our audience and especially Dr. Trotter one for an especially important topic and as you leave the webinar you will get a survey and we're interested in your feedback and thank you everyone for prioritizing your help and wellness by attending today's presentation and this concludes our webinar.