

POST-ACUTE CARE COLLABORATIVE OFFICE HOURS – OKLAHOMA, APRIL 29, 2020  
SPEAKERS – SAMMYE VALENZUELA, RN, MBA, ROSE THOMAS, MBA, CSW and LAUREN THOMPSON,  
M. Ed, LPC

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00:01:34.200 --> 00:01:38.370

Sherry Longacre: You today please and just share with us,

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00:01:40.110 --> 00:01:53.370

Sherry Longacre: You know, the one thing that you might have missed during this whole quarantine. I'd have to admit that I kind of missed going out to dinner with my family and quite possibly not doing the dishes every night. I have to play might be what it is.

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00:01:55.530 --> 00:02:08.490

Sherry Longacre: So thank you for joining that post acute care collaborative office hours today will begin here in just one second, please go ahead and share your name, organization, and if your facility is rural or urban in chat.

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00:02:09.630 --> 00:02:12.960

Sherry Longacre: And then, like I said, go ahead and share the one thing that you might have missed

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00:02:12.990 --> 00:02:14.160

Sherry Longacre: During quarantine.

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00:02:15.000 --> 00:02:16.410

Sherry Longacre: Can everyone hear me okay

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00:02:18.750 --> 00:02:19.020

Sherry Longacre: Yes.

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00:02:20.520 --> 00:02:21.210

19186258528: Perfect.

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00:02:21.630 --> 00:02:22.650

Sherry Longacre: Okay, next slide.

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00:02:27.540 --> 00:02:31.110

Sherry Longacre: So welcome to our post acute care office hours.

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00:02:32.760 --> 00:02:34.140

Sherry Longacre: Thank you so much for joining.

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00:02:34.680 --> 00:02:40.350

Sherry Longacre: Us today. My name is Sherry long anchor and I'm a senior quality improvement facilitator at elegant

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00:02:41.010 --> 00:02:42.060

Rose Thomas: And I will serve as your

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00:02:42.060 --> 00:02:44.310

Sherry Longacre: facilitator today for this webinar.

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00:02:44.490 --> 00:02:48.630

Rose Thomas: Will be joined by our Medical Director, Dr. Christine maraca

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00:02:50.070 --> 00:02:56.700

Sherry Longacre: Our guest speaker today we'll be speaking about their experiences at urban and rural hospitals during the pandemic.

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00:02:57.960 --> 00:02:59.250

Sherry Longacre: And we have also have

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00:02:59.280 --> 00:03:16.260

Sherry Longacre: A licensed mental health professionals to guide us managing emotions and how to maintain health care during a pandemic. So as we proceed this call is interactive and so please ask questions or make comments utilizing the chat function during the presentation.

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00:03:17.220 --> 00:03:17.880

Rose Thomas: So I will

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00:03:19.410 --> 00:03:22.200

Rose Thomas: Be introducing our speakers shortly, but I have a few

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00:03:22.200 --> 00:03:24.990

Sherry Longacre: Items to cover. First, the next slide.

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00:03:28.500 --> 00:03:29.580

Sherry Longacre: Next slide. Mary

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00:03:32.760 --> 00:03:42.120

Sherry Longacre: So with all of our rapidly changing information neon are giving this just our best shot. Mary. Next slide.

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00:03:44.640 --> 00:03:56.070

Sherry Longacre: IN OUR TODAY'S content and answers will reflect poet and best understanding based on the information at the moment, however, Proverbs 19 is emerging and a rabbit rapidly.

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00:03:57.690 --> 00:03:59.220

Sherry Longacre: evolving situation and

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00:03:59.220 --> 00:04:04.980

Sherry Longacre: Therefore, it remains critically important to consume only sex that he needs new to most up to date information.

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00:04:06.810 --> 00:04:08.580

Rose Thomas: Oh, I'm hearing some static on the line.

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00:04:08.580 --> 00:04:10.350

Sherry Longacre: If everyone could just please

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00:04:12.960 --> 00:04:13.590

19187439041: Mute

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00:04:13.650 --> 00:04:15.120

And Mary. Next slide.

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00:04:19.950 --> 00:04:26.160

Sherry Longacre: So it's very important that you check your CDC information. And just to make sure that you're all up to date.

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00:04:27.750 --> 00:04:29.100

Sherry Longacre: Mary. Next slide.

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00:04:34.800 --> 00:04:49.530

Sherry Longacre: We are giving it our best shot today in this video conference utilizes links to other websites or other third party content and we are going to take all available steps to provide secure use of this video conference.

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00:04:50.190 --> 00:05:05.190

Sherry Longacre: Hot farm we share this disclaimer regarding the links to other websites or third party content and there is no need clearing you please advance the slides, I'm sorry. So you know how it is in our new virtual world that

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00:05:06.780 --> 00:05:08.760

Sherry Longacre: Sounds great. Can you please advance

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00:05:09.990 --> 00:05:10.710

Sherry Longacre: We need what

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00:05:13.140 --> 00:05:19.770

Mary Tisl-Endres: I'm seeing I see the joy intelligent. Q I connect by email which slide. Are you seeing

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00:05:20.820 --> 00:05:24.300

Sherry Longacre: We're seeing that post acute care collaborative office hours.

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00:05:24.960 --> 00:05:25.650

Huh.

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00:05:27.540 --> 00:05:28.260

Sherry Longacre: Okay.

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00:05:28.350 --> 00:05:29.190

What we

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00:05:30.900 --> 00:05:32.640

Mary Tisl-Endres: Say we're just going to keep on

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00:05:32.670 --> 00:05:33.300

Going

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00:05:34.650 --> 00:05:35.070

Sherry Longacre: So,

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00:05:35.160 --> 00:05:36.720

Sherry Longacre: Tell us some q i connect

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00:05:37.440 --> 00:05:44.400

Sherry Longacre: As you know, as intelligent is the q i. Oh, she went in for this thing to Oklahoma, Illinois, Colorado.

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00:05:45.030 --> 00:05:52.710

Sherry Longacre: And Oklahoma. And so if you value are up to date and timely presentations and a network of peer support.

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00:05:53.400 --> 00:06:05.970

Sherry Longacre: Please join us. That is what we're here for. We are a no cost. Regional Health Care Quality improvement collaborative that is built to improve care aid to help you. We are shifting focus and we are giving

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00:06:07.800 --> 00:06:24.570

Sherry Longacre: information and details regarding infection prevention is our all of our healthcare entities as well. And we really encourage you to join in and also about you will get information regarding our upcoming educational and offering both well. Next slide.

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00:06:26.910 --> 00:06:36.450

Sherry Longacre: So in order to join intelligent you I connect we've kind of made it easy for you and another option and you can join us and play by shooting me and Linda and eat well

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00:06:36.660 --> 00:06:54.060

Sherry Longacre: We are your Oklahoma girls and we are here to help. So shoot us an email and if you are corporate and you're wanting to add your staff, let us know. We have an easy express Excel spreadsheets that we can share with you as well. This and make it really easy. Next slide.

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00:06:56.250 --> 00:07:04.710

Sherry Longacre: So our objectives when we have our office hours is really to identify collaborative opportunities with other partners and stakeholders.

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00:07:05.220 --> 00:07:17.220

Sherry Longacre: Interfere will say facilitate the flow of information and also strengthening our local community networks by sharing emerging practices amid covered 19. Next slide.

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00:07:19.140 --> 00:07:30.060

Sherry Longacre: So it's my pleasure to introduce Today our guest speakers we have Sammy balance sheet, Sammy is a registered nurse and has her MBA.

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00:07:30.870 --> 00:07:37.800

Sherry Longacre: Danny is the director of case management and transitional care clinics at decision thank john health and Tulsa, Oklahoma.

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00:07:38.340 --> 00:07:42.120

Sherry Longacre: And she has worked at a surgeon ST. JOHN for over 40 years

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00:07:42.720 --> 00:07:55.440

Sherry Longacre: Having been the director of case management for the past 16 and the majority of families career has been related to case management, which has been her passion advocating for patients as I transition through the continuum of care.

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00:07:56.220 --> 00:08:02.550

Sherry Longacre: And we also have Rose, who is a clinical social worker and hold her MBA and healthcare management.

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00:08:02.970 --> 00:08:15.540

Sherry Longacre: She is the manager of case management and transitional care clinic for a decision ST. JOHN Philips Medical Center and Bartels bill and she has been in this position for four years at least a strong case management team.

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00:08:15.960 --> 00:08:31.950

Sherry Longacre: Rose has been in the field of social work for 28 years and has been in the healthcare realm for the past 21 years rose is a firm believer and empowering others and strives to lead by example and we want to thank you both for being here with us today.

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00:08:33.270 --> 00:08:41.610

Sherry Longacre: And giving us a perspective on both urban and rural populations and how your hospitals are dealing with these different

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00:08:42.210 --> 00:08:57.570

Sherry Longacre: Trying time. So I'm going to first start with me and just have you introduce yourself and provide a high level overview of your organization and your patient population as well see me okay thank you very

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00:08:58.740 --> 00:09:04.290

19186258528: Well on Jeremy bones, where I was director of case management at Ascension tank john health system.

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00:09:05.160 --> 00:09:05.760

Rose Thomas: We have

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00:09:07.020 --> 00:09:07.230

Rose Thomas: I

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00:09:07.770 --> 00:09:25.800

19186258528: Mainly work at the medical center which is in Tulsa and that's our largest facility. We do have six hospitals in our health care system and rose that was just introduced as the manager at jack Ascension type john Phillips and Bartels bill.

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00:09:27.330 --> 00:09:30.330

19186258528: And that would be our second largest facility.

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00:09:33.510 --> 00:09:38.610

Sherry Longacre: Now I know Sammy and you have more urban and then road.

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00:09:40.470 --> 00:09:41.880

Sherry Longacre: Thank you Sherry, I'm

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00:09:41.940 --> 00:10:00.960

Rose Thomas: Rose Thomas and I am the Manager at essential ST. JOHN Jane Phillips and I manage both the case management department and the transitional care clinic here at the hospital and we are a provider for rural health care, mainly in the Northeast Oklahoma southeast Kansas areas.

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00:10:05.160 --> 00:10:15.060

Sherry Longacre: So as your kind of give us just a little overview. So how has covered 19 impacted your community and your hospital, both in the urban and the rural aspects.

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00:10:17.340 --> 00:10:22.380

Rose Thomas: Well, here at Jane Phillips being more rural area are our

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00:10:24.930 --> 00:10:39.810

Rose Thomas: Availability for continuation is is more limited than it is in the urban areas, we have had a high admission rate for coven 19 patients from both the homesteading as well as from Long Term Care skilled facilities.

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00:10:41.160 --> 00:10:49.200

Rose Thomas: Here at Jane Phillips. We have one unit that is designated specifically for coven positive patients. And then we have one unit for

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00:10:50.130 --> 00:11:01.290

Rose Thomas: Suspected or unconfirmed patients as well. And then if they end up testing positive, then we move them into the code with positive unit for the duration of their hospitalization.

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00:11:04.410 --> 00:11:08.310

19186258528: And for the Medical Center in Folsom

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00:11:09.390 --> 00:11:09.810

Rose Thomas: We've

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00:11:10.050 --> 00:11:13.050

19186258528: We've been able to accept some of the patients that needed a higher

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00:11:13.050 --> 00:11:14.430

19186258528: Level of care from Jane.

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00:11:14.910 --> 00:11:15.690

19186258528: Jane Silla

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00:11:17.790 --> 00:11:19.500

Rose Thomas: But we haven't been as good as

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00:11:19.560 --> 00:11:21.750

19186258528: Quite as hard as Jane Phillips has

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00:11:22.920 --> 00:11:26.820

19186258528: So there's been a lot of effort put into helping

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00:11:27.450 --> 00:11:28.800

Sherry Longacre: The staff there and

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00:11:29.130 --> 00:11:33.900

19186258528: Working with rose to help transition those patients to the next level of care.

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00:11:36.180 --> 00:11:50.970

Sherry Longacre: So you've had a caddy have changed your communication as you went through the process. So when changing your communication has between acute care and post acute care in the care transition process for patients recovered from stable.

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00:11:52.080 --> 00:11:58.440

Sherry Longacre: Or there or stable from covert 19 so you can you give us some examples of how your communication has changed.

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00:12:00.090 --> 00:12:00.570

Sherry Longacre: Yes.

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00:12:02.280 --> 00:12:10.410

19186258528: Our inpatient facilities have I feel like we've had much improved communication with our post acute care providers.

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00:12:11.490 --> 00:12:12.840

19186258528: We, we are getting

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00:12:13.920 --> 00:12:15.630

19186258528: daily updates from

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00:12:16.650 --> 00:12:30.330

19186258528: Our providers in the community from nursing homes skill facilities inpatient rehab L tasks so forth. And we've had and again with our attention at home, St.

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00:12:30.900 --> 00:12:45.000

19186258528: Essentially at home. Home Health Care director we we've had several meetings with her to collaborate with you know best, and how we can transition. Our patient through the system.

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00:12:48.150 --> 00:12:53.250

19186258528: We feel like it's really been a collaborative effort effort on both parts and

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00:12:54.750 --> 00:12:57.420

19186258528: And I'm actually very pleased with

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00:12:58.920 --> 00:13:06.480

19186258528: The collaboration and communication that we've had with our post acute care providers those, do you have anything else to add to that.

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00:13:07.890 --> 00:13:08.700

19186258528: Now, I don't

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00:13:08.730 --> 00:13:09.990

Rose Thomas: Think so. I think that

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00:13:10.800 --> 00:13:20.130

Rose Thomas: Just, just having what we've kind of developed in that communication effort is just kind of making a point person on the

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00:13:21.060 --> 00:13:36.030

Rose Thomas: Acute side and the post acute side, just so that there's not like multiple people call them for availability or calling for status updates and that type things. So it kind of enhances in and streamlines that that process better

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00:13:38.670 --> 00:13:44.160

19186258528: And one other thing I might add on that is in Bartels will I know the

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00:13:45.180 --> 00:13:47.250

19186258528: Gentle. It says, been able to

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00:13:48.480 --> 00:13:49.980

19186258528: Not only you know

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00:13:52.110 --> 00:13:52.980

19186258528: Collaborate with

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00:13:53.070 --> 00:14:06.030



19186258528: The long term care facilities there, but even, you know, maybe help out with, you know, what things they might need supplies or whatever in order to be able to continue providing for that patient population.

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00:14:08.670 --> 00:14:09.180

Alright.

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00:14:10.260 --> 00:14:12.990

Sherry Longacre: So as we're talking about communication and

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00:14:13.560 --> 00:14:25.680

Sherry Longacre: Have you developed or identified a avid my case specific checklist or process redesign tools because we kind of just touched upon your communication methods and how that's changed because they're trying to streamline that process.

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00:14:26.130 --> 00:14:30.900

Sherry Longacre: Or any other resources that you will have health care as with care transitions.

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00:14:32.850 --> 00:14:39.870

19186258528: Know Ascension has developed and shared across the health systems of screening tool that we're utilizing

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00:14:40.920 --> 00:14:47.670

19186258528: For all all of our patients requiring post acute care of services after discharge and that's been

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00:14:48.960 --> 00:15:03.750

19186258528: That's very been very helpful to have that tool within our department as a system, case management system we've developed a spreadsheet that's available to all the case managers and the social workers that includes

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00:15:05.130 --> 00:15:13.800

19186258528: Our medicare medicaid and insurance waivers facility requirements for admission and availability.

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00:15:15.090 --> 00:15:35.430

19186258528: Of resources for our homeless population that may require isolation and that's I'm sure there's probably more to this, but this has been updated, you know, as we receive additional information that's been very helpful to the case managers.

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00:15:36.840 --> 00:15:37.260

19186258528: Right.

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00:15:37.590 --> 00:15:39.720

Sherry Longacre: I love the fact that you shared your

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00:15:41.010 --> 00:15:50.850

Sherry Longacre: post acute care facilities transfer sheet as a tool for all the hospitals and for anyone on this call that they can use that as well. And also we

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00:15:52.560 --> 00:16:01.770

Sherry Longacre: Had because just kind of had a conversation yesterday about how quickly CDC is releasing information updates and that's there. Are they just

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00:16:02.130 --> 00:16:12.600

Sherry Longacre: Released information just in the past couple of days about adding a specific signs and symptoms that you know you'll want to kind of tweak and add to your

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00:16:13.500 --> 00:16:29.370

Sherry Longacre: Your assessment sheet as well. So we'll put that information in the chat so that and you'll have the latest CDC information on that as well because we know just kind of giving the disclosure early on, things are just changing at such a rapid rate these days and

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00:16:30.960 --> 00:16:31.440

So,

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00:16:32.640 --> 00:16:49.530

Sherry Longacre: I just kind of a just your if you could just give us your perspective at that some long term care facilities are identifying wings or buildings, a step down unit for pro but not contagion. And what has been your experience and with this at both of your facilities.

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00:16:52.440 --> 00:17:00.090

Rose Thomas: Yeah, we have a few facilities that have been that have notified us have designated areas within their facilities.

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00:17:00.480 --> 00:17:03.750

Rose Thomas: To be able to accommodate kind of a positive patient

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00:17:06.120 --> 00:17:07.230

Rose Thomas: And the Oklahoma.

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00:17:08.850 --> 00:17:22.830

Rose Thomas: Health alert network is also issued out a guidance for facilities to be able to follow that for accepting neither cover positives were recovered cover positive patients in those facilities.

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00:17:25.650 --> 00:17:37.020

Rose Thomas: We won a lot of times they if the, if it's long term care residents that are coming in the facilities will accept those back sometimes they

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00:17:38.100 --> 00:17:41.940

Rose Thomas: Are only able to accommodate a certain number on those positive units.

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00:17:42.540 --> 00:17:47.850

Rose Thomas: Or wings and so they have to kind of limit how many new referrals. They're, they're accepting

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00:17:49.260 --> 00:17:52.590

Rose Thomas: To be able to care for their actual own patients or residents.

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00:17:55.890 --> 00:18:03.840

Sherry Longacre: And based upon your experiences. What changes have you or will you implement moving forward into your future processes.

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00:18:08.580 --> 00:18:08.910

Rose Thomas: Well,

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00:18:10.320 --> 00:18:16.770

19186258528: We'd like to continue with this great communication and collaboration that we have with the post acute care providers.

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00:18:18.240 --> 00:18:18.750

19186258528: And

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00:18:20.340 --> 00:18:21.960

Sherry Longacre: The spreadsheet that I spoke about

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00:18:21.990 --> 00:18:22.860

19186258528: Earlier has

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00:18:24.210 --> 00:18:28.620

19186258528: Been very beneficial and and we're going to continue on with that, to be able to

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00:18:29.850 --> 00:18:30.840

Sherry Longacre: You know update

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00:18:31.110 --> 00:18:38.490

19186258528: Any changes and in the community or whatever so that we're, we have the latest information going forward.

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00:18:39.600 --> 00:18:41.100

19186258528: Because this is not, you know,

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00:18:41.970 --> 00:18:44.940

Sherry Longacre: I've heard some people say that this is this is the new norm.

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00:18:44.970 --> 00:18:46.500

19186258528: This could be the new normal.

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00:18:47.460 --> 00:18:49.470

Sherry Longacre: You know, so we're going to continue on.

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00:18:49.500 --> 00:18:49.770

With

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00:18:51.090 --> 00:19:07.950

19186258528: Needing as much information as possible to help transition our patients. I do just want to put something out there about the testing guidance that rose just spoke about from the health alert network that's been very helpful to

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00:19:08.520 --> 00:19:10.980

19186258528: Give us some guidance on you know

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00:19:12.180 --> 00:19:21.060

19186258528: What testing needs to be done when a patient's going to go to one of our post acute providers in and being able to anticipate that early

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00:19:21.450 --> 00:19:31.350

19186258528: early enough on that we don't delay any discharges from that. So we've been, we were very thankful. When that came through and that's been shared with all of our stuff.

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00:19:32.940 --> 00:19:33.540

19186258528: Right.

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00:19:34.200 --> 00:19:48.450

Sherry Longacre: Well, thank you, Sammy and road and we appreciate you sharing your experiences and and it's nice to see the perspective from an urban and rural perspective as well to kind of see, you know, the different changes that you've implemented and

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00:19:48.510 --> 00:19:50.040

Rose Thomas: I love your communication.

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00:19:50.070 --> 00:19:59.490

Sherry Longacre: I love the fact that you shared your tool with us with everyone as well and we will be sharing that with so that everyone will have access to that. Thank you so much.

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00:19:59.970 --> 00:20:07.710

Sherry Longacre: When you're presenting today we're going to move forward. But then we'll be back for questions here in just a moment. So

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00:20:08.310 --> 00:20:08.880

19186258528: You know,

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00:20:08.940 --> 00:20:11.790

Sherry Longacre: We love to end everything on a positive note.

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00:20:12.060 --> 00:20:27.360

Sherry Longacre: Because we have so much heavy information coming at us at a fast rapid Ses. Ses. Ses. And so our next guest speaker will talk to us about managing emotions and how to make new things healthcare during the pandemic. Next slide.

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00:20:29.010 --> 00:20:32.820

Rose Thomas: So it's my pleasure to introduce our next guest speaker who

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00:20:32.820 --> 00:20:40.800

Sherry Longacre: Happens to be one of my friends. Lauren pounces and Lori as licensed professional counselor in private practice in Oklahoma.

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00:20:40.800 --> 00:20:49.830

Sherry Longacre: City previously worked in community mental health and has undergone extensive training and training trauma and working with complex family system.

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00:20:50.310 --> 00:21:07.560

Sherry Longacre: More and provides tumbling through all ages and works primarily with individuals suffering from chronic health conditions, including cancer patients and their families. Additionally, Lauren, provide a vision to life insurer candidates. So please welcome Dr. Thompson.

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00:21:09.570 --> 00:21:25.320

Lauren Thompson: Hi, everyone. Thank you so much for having me on this call. Can you all hear me. Yeah, okay, good. And so I'm just going to share with you a couple a few things about managing emotions and coping during this situation that we're all and

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00:21:25.950 --> 00:21:26.880

Lauren Thompson: A couple

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00:21:27.180 --> 00:21:30.300

Lauren Thompson: A couple kind of psycho educational pieces first

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00:21:30.690 --> 00:21:37.230

Lauren Thompson: What what we're all going through right now universally is basically it's a universal traumatic.

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00:21:37.230 --> 00:21:44.460

Lauren Thompson: Experience so trauma is kind of defined as too much too soon. And that's definitely what happened here is

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00:21:44.490 --> 00:21:51.600

Lauren Thompson: One day, life was normal. And then next. It was not this is potentially one of those moments in life where

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00:21:51.810 --> 00:21:54.690

Lauren Thompson: There's life before coven and there's life after co bed.

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00:21:54.810 --> 00:22:01.590

Lauren Thompson: Just like there was life before 911 and now there's life after 911 where massive changes have occurred.

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00:22:02.250 --> 00:22:03.660

Sherry Longacre: That may or may not be permanent.

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00:22:04.290 --> 00:22:06.870

Lauren Thompson: So lots of people right now.

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00:22:06.900 --> 00:22:08.370

Lauren Thompson: Are experiencing all sorts of

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00:22:08.370 --> 00:22:10.710

Lauren Thompson: Emotions sometimes that changes.

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00:22:10.710 --> 00:22:12.000

Lauren Thompson: daily, hourly

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00:22:12.300 --> 00:22:13.590

Lauren Thompson: You know by the minute.

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00:22:14.130 --> 00:22:17.040

Lauren Thompson: And and what I found is that for

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00:22:17.250 --> 00:22:28.350

Lauren Thompson: A lot of people these emotions can kind of be summed up as going through stages of grief. So grief happens in five stages and the first is denial

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00:22:28.590 --> 00:22:36.540

Lauren Thompson: So the thoughts that like this won't affect us. This isn't going to impact Oklahoma. That was denial that was quite a few

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00:22:36.900 --> 00:22:41.880

Lauren Thompson: Weeks ago I think for most of us, but. Next we move into anger.

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00:22:42.210 --> 00:22:48.360

Lauren Thompson: Where you're mad because this situation is making you miss out on things that you wanted to do.

180

00:22:48.720 --> 00:22:53.430

Lauren Thompson: Whether it be personal, professional it's changing your life in a way that you're not happy about.

181

00:22:54.390 --> 00:22:56.760

Lauren Thompson: Then you enter bargaining where

182

00:22:56.970 --> 00:23:01.800

Lauren Thompson: You kind of think like if I social distance for just two weeks. It's all going to be okay.

183

00:23:02.100 --> 00:23:05.580

Lauren Thompson: If I stay in my house until Easter, we can go back to normal.

184

00:23:05.850 --> 00:23:10.620

Lauren Thompson: If I stay in my home until May 1 we can return to normal THAT WOULD BE BARGAINING

185

00:23:11.460 --> 00:23:16.290

Lauren Thompson: sadness is just experiencing sadness. You don't know when this is going to end.

186

00:23:17.790 --> 00:23:21.000

Sherry Longacre: And what that will look like. And then the final stages.

187

00:23:21.000 --> 00:23:27.210

Lauren Thompson: Acceptance which you accept that this is happening and you figure out how to adjust and proceed forward in your life.

188

00:23:27.780 --> 00:23:29.760

Lauren Thompson: Acceptance is really the most important

189

00:23:29.880 --> 00:23:39.180

Lauren Thompson: Stage, because that's where people gain regain power and control over their emotions and their life so ways to regain control are

190

00:23:39.900 --> 00:23:43.140

Sherry Longacre: Focusing on things you can control instead of things you can't

191

00:23:43.140 --> 00:23:43.800

Control.

192

00:23:44.880 --> 00:23:47.910

Lauren Thompson: Like if you're out either in public.

193

00:23:47.940 --> 00:23:48.660

Sherry Longacre: When you're

194

00:23:48.900 --> 00:23:54.090

Lauren Thompson: at your place of business and there's people who are not wearing appropriate p p

195

00:23:54.630 --> 00:23:55.920

Lauren Thompson: You can focus on

196

00:23:55.920 --> 00:23:59.100

Lauren Thompson: That and become extremely anxious or you can focus on

197

00:23:59.100 --> 00:24:01.110

Lauren Thompson: The fact that you're wearing a mask. You're wearing

198

00:24:01.110 --> 00:24:02.850

Lauren Thompson: Gloves your social distancing

199

00:24:03.120 --> 00:24:05.790

Lauren Thompson: That is going to keep you safe, regardless of what

200

00:24:06.720 --> 00:24:16.950

Lauren Thompson: JOHN. JOHN or Jane Doe is doing across the room and thinking about how to be a an intentionally positive mindset.

201

00:24:17.220 --> 00:24:18.810

Lauren Thompson: So not focusing on of

202

00:24:18.900 --> 00:24:21.360

Lauren Thompson: All of the worst case scenarios, all of the time.

203

00:24:21.720 --> 00:24:22.860

Lauren Thompson: Because that's not actually

204

00:24:22.860 --> 00:24:26.730

Lauren Thompson: Helping you more than likely it's making you more anxious more scared.

205

00:24:26.820 --> 00:24:27.870

Lauren Thompson: More frustrated

206

00:24:28.350 --> 00:24:30.870

Lauren Thompson: So trying to tell yourself something positive, like

207

00:24:31.110 --> 00:24:33.720

Lauren Thompson: This situation is incredibly unpleasant.

208

00:24:33.900 --> 00:24:36.930

Lauren Thompson: But I'm going to handle it. And I'm going to come out on the other side.

209

00:24:37.380 --> 00:24:38.850

Lauren Thompson: That is a universal

210

00:24:38.940 --> 00:24:49.530

Lauren Thompson: Truth. You don't know how you're going to handle it. You don't know what the other side will look like. But you know that you can get there and that it will be okay. And when it comes to feelings.

211

00:24:49.980 --> 00:24:51.150



Lauren Thompson: Thinking about

212

00:24:53.430 --> 00:25:01.440

Lauren Thompson: Making the feelings that you're feeling okay because they are okay, regardless of what they are. So, name your feelings and claim them.

213

00:25:01.710 --> 00:25:04.530

Lauren Thompson: I'm feeling angry and that's okay.

214

00:25:05.580 --> 00:25:15.030

Lauren Thompson: Trying to put a limitation on how long you're feeling your feelings can be helpful, especially if you're at work and you're busy and you don't have time to get upset.

215

00:25:15.090 --> 00:25:16.830

Lauren Thompson: Or you know that if you start thinking

216

00:25:16.830 --> 00:25:17.430

Lauren Thompson: About it.

217

00:25:17.850 --> 00:25:21.000

Lauren Thompson: It could potentially snowball and then you'll get really upset.

218

00:25:21.480 --> 00:25:22.740

Lauren Thompson: So I encourage people

219

00:25:22.950 --> 00:25:24.540

Lauren Thompson: Give yourself five minutes.

220

00:25:24.930 --> 00:25:28.020

Lauren Thompson: And then after five minutes, you have to go back to what you are doing.

221

00:25:28.380 --> 00:25:30.930

Lauren Thompson: That doesn't mean that in five minutes. You're going to be over it.

222

00:25:31.200 --> 00:25:39.120

Lauren Thompson: But it means that you're going to feel it in a controlled amount of time and then continue BACK WITH WHATEVER IT WAS YOU WERE DOING.

223

00:25:39.420 --> 00:25:40.440

Lauren Thompson: That will prevent

224

00:25:40.800 --> 00:25:42.810

Lauren Thompson: Like complete and total

225

00:25:43.200 --> 00:25:44.790

Lauren Thompson: Unplanned meltdowns

226

00:25:45.090 --> 00:25:48.030

Lauren Thompson: That everyone has experienced at some point in life.

227

00:25:50.310 --> 00:25:54.060

Lauren Thompson: I also have encouraging people don't invalidate your emotions.

228

00:25:54.210 --> 00:26:00.300

Lauren Thompson: Don't tell yourself that you shouldn't feel this way. It's ridiculous to feel this way. There's no reason for you to feel this way.

229

00:26:00.630 --> 00:26:02.970

Lauren Thompson: Because that doesn't prevent you from feeling it. It

230

00:26:03.150 --> 00:26:05.070

Lauren Thompson: Usually just magnifies it and

231

00:26:05.070 --> 00:26:07.110

Lauren Thompson: Then you feel stupid for feeling the way that you

232

00:26:07.110 --> 00:26:10.440

Lauren Thompson: Feel and it's in, in addition to now feeling

233

00:26:10.680 --> 00:26:13.740

Lauren Thompson: Angry and Sad. So now you feel stupid angry and sad.

234

00:26:13.920 --> 00:26:17.400

Lauren Thompson: So that's not doing you any good. So don't invalidate how you feel.

235

00:26:18.180 --> 00:26:23.190

Lauren Thompson: A couple quick tips for kind of coping with this situation.

236

00:26:23.670 --> 00:26:25.800

Sherry Longacre: As far as managing emotions and self.

237

00:26:25.800 --> 00:26:26.340

Care.

238

00:26:27.420 --> 00:26:36.930

Lauren Thompson: In addition to focusing on what you can control and allowing yourself to feel your feelings, but in a intentional controlled way, you know, trying to

239

00:26:37.260 --> 00:26:39.390

Lauren Thompson: Make a schedule and stick to a schedule.

240

00:26:39.600 --> 00:26:43.200

Lauren Thompson: Trying to get exercise, even if that's just going on a walk.

241

00:26:43.560 --> 00:26:48.600

Lauren Thompson: Opening the windows going to stand outside for a few minutes, whether it's at your place of business.

242

00:26:48.840 --> 00:26:53.310

Lauren Thompson: Or your home taking a quick break trying to get away from

243

00:26:53.340 --> 00:26:55.770

Lauren Thompson: People noise stimulation

244

00:26:56.040 --> 00:27:02.970

Lauren Thompson: Whether that is sitting in your car for an extra five minutes before you drive home from work or sitting in your car for an extra five minutes.

245

00:27:02.970 --> 00:27:03.600

Lauren Thompson: Before you get

246

00:27:03.660 --> 00:27:04.980

Lauren Thompson: Out of your car at home.

247

00:27:06.660 --> 00:27:11.250

Lauren Thompson: Listening to something soothing trying not to talk on the phone on the way home.

248

00:27:11.850 --> 00:27:21.780

Lauren Thompson: Just giving yourself time to decompress after you're leaving at work scenario and going into a home scenario. Some other things are we've all encountered stress and

249

00:27:22.290 --> 00:27:24.960

Lauren Thompson: Unpleasant situations in life before

250

00:27:25.050 --> 00:27:27.990

Lauren Thompson: So trying to think about what you did for those

251

00:27:28.200 --> 00:27:33.960

Lauren Thompson: And doing that for this situation, you may have to be creative, because obviously life looks a little different.

252

00:27:34.170 --> 00:27:36.540

Lauren Thompson: But a lot of those things can still be adapted

253

00:27:38.940 --> 00:27:43.260

Lauren Thompson: That is really all that I have for today. So just let me know if you have any questions.

254

00:27:44.880 --> 00:27:59.010

Sherry Longacre: Perfect, thank you so much. Lauren out. Now we are, we'll go ahead and open up the chat for questions and have our medical doctor Christine LOVES TO JOIN US FOR Q AMP. A. So during this time we really want it to be interactive and we wanted

255

00:27:59.010 --> 00:28:04.350

Sherry Longacre: To for it to be beneficial to everyone, so please share your questions but us in the chat.

256

00:28:04.920 --> 00:28:20.850

Sherry Longacre: And also we will have just in just a minute. Where you can also verbally ask a question by pressing star six on your keypad to open up your phone line for once, and then once done speaking to mute your line again. So, Belinda. Are there any questions in chat.

257

00:28:21.960 --> 00:28:35.220

Belinda Rogers: There are. Thank you. Cheri. So this question is for Rosen sent me in your best estimate how many Kobe patient each of your hospitals had so far. And are you doing your own in house spittle

258

00:28:36.240 --> 00:28:41.280

Belinda Rogers: lab testing or outside lab testing and what is time to get the results.

259

00:28:45.690 --> 00:28:50.850

19186258528: Okay, we have our own lab we have regional medical laboratory as our lab.

260

00:28:53.220 --> 00:28:55.110

Belinda Rogers: And when it's your turn. Right.

261

00:28:56.340 --> 00:28:56.520

Belinda Rogers: Or

262

00:28:57.570 --> 00:28:58.800

Belinda Rogers: Your turnaround time

263

00:29:02.280 --> 00:29:08.700

19186258528: I'm sorry, I can't answer that. I don't know if it's pretty quick rose can race.

264

00:29:08.880 --> 00:29:09.840

Christine LaRocca: Can you speak to that.

265

00:29:19.050 --> 00:29:27.060

Belinda Rogers: That's okay. And how about in the best estimate how many code patients have a severe hat hospitals had so far. Do you have an edge.



266

00:29:28.020 --> 00:29:28.650

Sherry Longacre: On at

267

00:29:29.250 --> 00:29:30.030

Our ballpark.

268

00:29:31.770 --> 00:29:34.440

19186258528: I'm sorry you're cutting out. Can you repeat that clean

269

00:29:35.790 --> 00:29:41.130

Belinda Rogers: Show how many in your best at MIT have many code have interview hospitals, how are

270

00:29:43.170 --> 00:29:52.860

19186258528: You know, I don't know, total how many we've had. I know just based on volume for the side size of James Phillips.

271

00:29:52.890 --> 00:29:53.670

Sherry Longacre: You know those

272

00:29:55.710 --> 00:30:02.010

19186258528: And and that comparison, you know, they've had quite a few because there's been three nursing home facilities affected.

273

00:30:04.020 --> 00:30:08.070

Sherry Longacre: At the Medical Center. I could tell you a total I just

274

00:30:08.610 --> 00:30:10.140

19186258528: We did open up one

275

00:30:10.410 --> 00:30:20.100

Sherry Longacre: Would we dedicate a one on one of our intensive care unit for Koba positive patients and then one medical floor.

276

00:30:20.130 --> 00:30:22.950

19186258528: And our observation unit at one point. So,

277

00:30:24.870 --> 00:30:27.120

Belinda Rogers: Great. Well, this question comes from

278

00:30:27.360 --> 00:30:28.470

Belinda Rogers: Carol, and this is

279

00:30:29.160 --> 00:30:31.740

Belinda Rogers: A bit building on that. What in your challenge.

280

00:30:32.070 --> 00:30:33.840

Belinda Rogers: With care transition during club and

281

00:30:34.770 --> 00:30:35.250

Endemic

282

00:30:38.310 --> 00:30:40.740

19186258528: Well, the challenge has

283

00:30:40.770 --> 00:30:41.790

19186258528: Been you know

284

00:30:42.360 --> 00:30:45.060

19186258528: Mainly with the now I'll just speak for the medical

285

00:30:45.060 --> 00:30:46.890

19186258528: Center right now for the medical center.

286

00:30:46.920 --> 00:30:49.140

19186258528: And you know there may have been a day or

287

00:30:49.140 --> 00:30:53.460

19186258528: Two delays and getting patient to a skilled nursing facility or whatever.

288

00:30:54.360 --> 00:30:57.960

19186258528: Because a lot of the facilities were in the process of either trying to

289

00:30:59.550 --> 00:31:04.410

19186258528: You know dedicate one wing of their facility for these patients.

290

00:31:05.730 --> 00:31:06.300

19186258528: And

291

00:31:06.930 --> 00:31:10.890

19186258528: The, the child. The big challenge and the burtonsville area.

292

00:31:10.920 --> 00:31:11.970

19186258528: Was because

293

00:31:12.300 --> 00:31:19.020

19186258528: There were a lot of long term care residents that were affected and then trying to get those patients.

294

00:31:19.050 --> 00:31:20.070

19186258528: Back to

295

00:31:20.250 --> 00:31:23.400

19186258528: Those facilities where they live and

296

00:31:24.660 --> 00:31:31.080

19186258528: And also they had staffing issues secondary to this because the staff some, you know, some of the staff became ill.

297

00:31:33.090 --> 00:31:33.390

Christine LaRocca: So,

298

00:31:34.410 --> 00:31:38.220

19186258528: It's probably more of a challenge and Jane. So in the bottles will area.

299

00:31:39.570 --> 00:31:47.310

Rose Thomas: Yeah, and and earlier on. One of the challenges was just the facilities are, you know, requiring negative code and test.

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00:31:48.000 --> 00:32:08.400

Rose Thomas: Before they can admit anybody into their facilities so early on, you know, we were happened to extend a hospitalization waiting on that negative test result to come back. But now we are anticipating that so we're more on top of who's going to require those tests for a placement purpose.

301

00:32:09.750 --> 00:32:11.310

Rose Thomas: And then for backside.

302

00:32:11.820 --> 00:32:18.840

19186258528: That that's where that guidance came in to be helpful. And we just received it, you know, I believe it was this week, or

303

00:32:19.320 --> 00:32:31.770

19186258528: At the end of last week, but that's really given us some guidelines on on how the facilities, you know, some facilities were saying that they wanted to negative test or for those who accept the patient and

304

00:32:34.290 --> 00:32:36.150

19186258528: So it's helped to have

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00:32:36.150 --> 00:32:43.350

19186258528: That clarification and guide for the nursing home facilities and when they should be able to accept patients.

306

00:32:44.580 --> 00:32:47.970

Sherry Longacre: For a that actually answers our question that was different as chat.

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00:32:48.360 --> 00:32:48.990

Belinda Rogers: And this

308

00:32:50.340 --> 00:32:50.940

Christine LaRocca: Rose.

309

00:32:51.210 --> 00:33:01.620

Belinda Rogers: What has been your experience in your emergency department for non emergency are pasted Stoli sector because SO BIG NIGHT. Chances are,

310

00:33:03.900 --> 00:33:05.550

Rose Thomas: I'm sorry, the last part of that cut out

311

00:33:06.720 --> 00:33:10.770

Belinda Rogers: Are the patient showing it sicker, because at midnight assert

312

00:33:12.780 --> 00:33:13.410

Belinda Rogers: Um,

313

00:33:15.240 --> 00:33:35.010

Rose Thomas: I think that our emergency room usage has definitely decreased with this you know people that would kind of use the emergency room for less emergent reasons that has declined since the pandemic has begun.

314

00:33:36.750 --> 00:33:39.000

Sherry Longacre: But I mean, we're still we're still

315

00:33:39.150 --> 00:33:40.980

Rose Thomas: Moving forward business as usual.

316

00:33:40.980 --> 00:33:42.180

Rose Thomas: Within the Department

317

00:33:44.070 --> 00:33:44.460

Rose Thomas: Great.

318

00:33:44.700 --> 00:33:55.980

Belinda Rogers: Thank you. This question comes from Jennifer. How are we going to combat the anti psychotic medication problems when our resident behaviors are going to increase or are increasing.

319

00:34:00.870 --> 00:34:02.220

Rose Thomas: Did you repeat them.

320



00:34:04.200 --> 00:34:08.400

Belinda Rogers: So how are we going to combat the anti psychotic medication.

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00:34:08.730 --> 00:34:09.330

Belinda Rogers: Problem.

322

00:34:09.630 --> 00:34:13.860

Belinda Rogers: When our resident behaviors are going to increase our increase

323

00:34:15.810 --> 00:34:20.370

Christine LaRocca: Hey, Sherry. This is so Christine maraca I'd be happy to take that question, if that helps.

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00:34:21.840 --> 00:34:22.980

Christine LaRocca: We realize that

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00:34:22.980 --> 00:34:24.990

Christine LaRocca: This is a really tough time and people are

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00:34:24.990 --> 00:34:26.250

Christine LaRocca: Trapped in their rooms.

327

00:34:27.690 --> 00:34:38.910

Christine LaRocca: It's still important to to pull out your full toolbox of non pharmacological approaches because patients now more than ever, are vulnerable to

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00:34:39.750 --> 00:34:49.920

Christine LaRocca: To having falls and we know that the anti psychotic and anti anxiety medications definitely contribute to falls. I think people are spending more time in bed.

329

00:34:50.370 --> 00:35:03.930

Christine LaRocca: And getting the condition, then we would not want to see that happen so we can hear intelligent, we can send you resources evidence based resources for some of those non pharmacological approaches, if that's helpful. Jennifer

330

00:35:06.150 --> 00:35:19.950

Belinda Rogers: Great. Thank you, Doctor, like that. We have another question. Will you be doing extra testing on Staff General patient population like the mayor governor President indicate indicated that is the key more testing.

331

00:35:22.890 --> 00:35:23.940

Belinda Rogers: Will you be doing more

332

00:35:25.590 --> 00:35:28.710

Rose Thomas: I don't know the answer to that question. Okay. Okay.

333

00:35:30.570 --> 00:35:34.650

Sherry Longacre: Any more questions, Belinda. Yep. A couple more and

334

00:35:34.740 --> 00:35:45.840

Belinda Rogers: This comes from with Don, I don't see acute care facilities practicing net negative test, they seem to be using non test based strategy majority of the time.

335

00:35:47.040 --> 00:35:51.060

Belinda Rogers: I'm not sure that that was a question or more, maybe just a statement.

336

00:35:51.120 --> 00:35:53.910

Belinda Rogers: Load on if you wanted to unmute yourself and

337

00:36:01.830 --> 00:36:07.290

Belinda Rogers: Then those are really the questions in the chat. Oh, perfect.

338

00:36:07.350 --> 00:36:10.620

Sherry Longacre: Well, thank you so much for Linda. So, next slide please. Mary

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00:36:14.340 --> 00:36:31.650

Sherry Longacre: Next slide. So we have some resources that we would love to share with you, of course, we're always wanting to make sure that everyone has access to the Oklahoma State Department of Health and we have additional information. We also put the link for the latest CDC.

340

00:36:32.520 --> 00:36:33.810

19186258528: Guidelines for the

341

00:36:33.840 --> 00:36:40.140

Sherry Longacre: Simpsons of her good 19 we applied that, as well as, as well as multiple other resources.

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00:36:41.040 --> 00:36:43.860

19186258528: To help guide you as well. Next slide.

343

00:36:44.760 --> 00:36:47.490

Sherry Longacre: So we have some upcoming dates that we love to share

344

00:36:48.930 --> 00:37:03.240

Sherry Longacre: With you have different houses in based offering educational offerings that are going on that we have available here, so please check them out and we'll be sending out information also. Next slide.

345

00:37:05.880 --> 00:37:18.060

Sherry Longacre: And we want to thank you, our speakers for joining us for sharing your experiences and your expertise with us today. And a big thank you to everyone who is able to take time out of your busy day to join us. We know that you are

346

00:37:19.230 --> 00:37:21.690

Sherry Longacre: Just how much going on. Thank you. Please.

347

00:37:22.500 --> 00:37:24.510

Rose Thomas: Complete the evaluation. The link will

348

00:37:24.540 --> 00:37:36.000

Sherry Longacre: Be posted in the chat. We value your feedback. And this is kind of how we make improvements for quality improvement organization. And that's how we see how we're doing so we can bring you

349

00:37:37.200 --> 00:37:49.020

Sherry Longacre: You know, information and things that you is most needed. So please reach out to us. You can contact intelligence by connecting have questions or if you'd like to register for collision to like connect

350

00:37:49.470 --> 00:38:02.250

Sherry Longacre: So that we can have access to all of our offerings, like we have today. And please. So we're here to support you and help you any way we can. And I'm working to have a wonderful day, and please say say

351

00:38:03.090 --> 00:38:11.190

Belinda Rogers: Sherry Yes, Jerry. Do we have we have one final question coming into chat. Do we have time for a quick question.

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00:38:11.250 --> 00:38:12.900

Belinda Rogers: Sure. Sure. Okay.

353

00:38:13.050 --> 00:38:15.090

Belinda Rogers: So Andrea wanted to know once

354

00:38:15.180 --> 00:38:17.190

Belinda Rogers: A resident is admitted how

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00:38:17.190 --> 00:38:18.360

Belinda Rogers: long should we wait

356

00:38:18.480 --> 00:38:19.410

To retest

357

00:38:22.170 --> 00:38:22.800

Belinda Rogers: Actually

358

00:38:22.830 --> 00:38:24.660

Sherry Longacre: Mike, are you on the line with us today.

359

00:38:29.610 --> 00:38:30.750

Rose Thomas: We are, I have

360

00:38:31.110 --> 00:38:32.760

Michael Cook: Paula in here with me, how can

361

00:38:34.380 --> 00:38:42.480

Sherry Longacre: The Wonderful. So we have my church and Politburo with Oklahoma State Department of Health. So this is perfect. They can answer our questions.

362

00:38:43.680 --> 00:38:45.210

Sherry Longacre: So I'm going to tell you that

363

00:38:45.420 --> 00:38:46.320

Michael Cook: We are

364

00:38:48.480 --> 00:38:55.740

Michael Cook: We have looked at a number of things and we are actually looking at this question to

365

00:38:56.400 --> 00:38:57.930

Sherry Longacre: revise our previous

366

00:38:57.960 --> 00:38:58.800

Guidance.

367

00:39:02.670 --> 00:39:08.100

Michael Cook: Which may be today. We're hoping for. But here, here's what I can tell you

368

00:39:09.870 --> 00:39:11.250

Michael Cook: Will follow you tell them, go ahead.

369

00:39:12.690 --> 00:39:17.400

Michael Cook: So when we were talking about the negative tasks. We're talking about

370

00:39:18.420 --> 00:39:31.500

Michael Cook: Resident there was a little without symptoms of code for a non code reason. And so you're testing resident is just not previously known as positive. So they're kind of and and

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00:39:31.980 --> 00:39:50.760

Michael Cook: So the best practice would be to get that negative test. So, you know, there's they're not positive right now, but then you need to put them in quarantine for 14 days. So, so I know we're working on revising the guidance on kind of where we're going. Yeah. Just yes

372

00:39:53.700 --> 00:39:53.910

Sherry Longacre: Like

373

00:39:55.170 --> 00:39:55.920



Sherry Longacre: To be really

374

00:39:57.630 --> 00:39:58.080

Sherry Longacre: Yes.

375

00:39:58.230 --> 00:40:06.450

Michael Cook: And I know that we've released this a couple of times. And every time we have questions have arisen again about that.

376

00:40:10.230 --> 00:40:12.570

Michael Cook: So let's just wait till the guidance comes out.

377

00:40:13.710 --> 00:40:26.580

Sherry Longacre: Okay, sounds perfect. Now, I would encourage you all to join and accommodate Department of Health on their calls that they have everyone say because they give such valuable information and update

378

00:40:27.870 --> 00:40:32.250

Sherry Longacre: Some of it is fresh off the press and I would encourage you to enjoy.

379

00:40:33.450 --> 00:40:46.920

Sherry Longacre: Knowing their calls and it's also interactive. So you can ask questions as well and they will give you and give you the guidance that you're meeting with we appreciate you all joining us today and hope you have a wonderful day.

380

00:40:48.060 --> 00:40:49.710

Sherry Longacre: Have a great day. Thank you, everyone.

381

00:40:50.580 --> 00:40:51.270

Bye.