

Lucas: Welcome to Bridge the Gap podcast, the senior living podcast with Josh and Lucas special series dedicated to COVID-19 bringing an up to date information about our current new normal. And today we have a very important discussion that needs to be had because it's one that affects everybody, not only around the globe but specifically in senior living. We have on Mike Williams, he's the CEO and founder of English Meadows. Welcome to the program.

Mike: Thank you very much for having me.

Lucas: Mike, you reached out to us. You've been listening to our program, been one of our loyal followers for a while. We really appreciate that. But you guys have really been hit and been experiencing what it's like to have both staff and residents affected with COVID-19. It's been challenging for everybody in the industry to be able to navigate this. And you really wanted to come on today and share your story and the lessons that you guys have learned through this process. Why don't you just start by giving us some context about the journey that you guys went through over the past couple of months coming through flu season up until to the point where you started to see some positive tests.

Mike: Sure. And I appreciate you having us, having me on. And thanks for what you guys do in the industry of sharing information and stories like this. I thought it was important that if someone could hear what we went through, unfortunately, that it could help them if this hits their community. We have eight campuses across Virginia that are English Meadows Steve Orndorff and I started 11 years ago. And we now have eight campuses, about 500 residents, about 370 caregivers around the Commonwealth. And unfortunately, our Abingdon campus was struck with a positive case back on April 3rd. And up to that point, we felt that we were actually ahead of the curve in the planning and the preparation and everything we had put into place.

That was some blind luck that when I came back from new years we, we had had such a great flu season compared to the horrible one we had the previous year. And we wanted to really end it in a special way. So we started, we put in some new procedures, we ordered a lot of products that my crew made fun of me for ordering and we had more pure and new dispensers everywhere than you could imagine. And, and so that, that was a little just, just luck in that case.

But we really, we saw this brewing and I had a personal interest as well because my daughter was in Switzerland, my youngest daughter studying abroad. And we were actually over there visiting her. And during that time I saw what was taking place next door in Italy, which we all did, but being there kind of firsthand. I started communicating with Steve our president, my business partner, and Trista Wilson, our COO, and really laying out the plans for let's, let's get ahead of this because this looks like it's going to be something. And by March 1st we had our policies, we had three levels of alertness that we had in place. And we moved immediately to the second level. And we were, we were checking temperatures and monitoring visitors that came in and were starting to test all of the residents each day and, and doing a few other things and just doing that prep work.

And by the middle of March, we decided to go ahead and go to our level three, which is a complete lockdown. And we were about a week ahead of the mandated on that, but we shut off all visitors, including families. That was tough. Some families just, you know, and that's tough. As a family, we, I've

learned to put myself in the shoes of everyone involved in this and it really helps the understanding. But the residents as well, you know, not only were we then saying, you've got to stay inside your home now we were saying, now you've got to stay in your bedroom. And that's something else I worry about as longer it goes on that depression or you know, separation that they're facing.

But we did that and we locked it down and then we obviously did away with activities and then we went to in room dining only, which was a whole other process. And if that was the last thing we took away, because as we all know, our residents love, like we all do to eat, but mealtimes are special. So we had all that in place and we were over two weeks. We were about 17 days of that and we felt great. And then, you know, like everyone, we were hoping this didn't hit one of our campuses and then it did. And our Abingdon campus, which was, was hard to take because you know, for any of them. But this campus is where our COO, Trista Wilson is still the administrator EDF and Tina Jones who was our, the DON there is also a head of our, all of our clinical operations. They're both there. But I truly think it was a blessing and a reason that it happened.

But we kept saying up to that point I kept using the Mike Tyson quote of "Everybody's got a plan until I come out and hit him in the face." And that's exact- on April 3rd we had a resident go out that Tuesday before and for what were stroke like symptoms. And that was the big, one of the big takeaways we've already learned is that the dry cough and the fever and all of those things weren't the first symptoms for, for, for any of the ones that we've really tested. It was for resident-wise it was you know, confusion and incontinence, extreme incontinence, unusual incontinence and things like that. So they thought maybe it had a stroke. They sent him over for some reason in the hospital. Still didn't know why they tested him outside before they took him in. This was back when the tests were still seven or five to seven days.

Lucas: So, he went to the hospital and before he went into the hospital, they gave him a nose swab?

Mike: Yeah. Tuesday morning in the parking lot. And so that Friday he started showing the symptoms, the dry cough, the fever. And then that's also when the test came back positive. So they called-

Lucas: -after he'd already come back to your community?

Mike: No, no. He never came back. So that was one positive thing there at the hospital there we have a, we have a skilled building directly behind us in Abingdon and the newer hospital in that area is right next door too. So they actually took him and kept him, kept him there. Which is kind of unusual now for what we're seeing elsewhere. But they kept him. He's had the symptoms. So that was a true kind of hitting the face and Trista called me and alerted me and you know, it was for me as well. We got everyone in the corporate office together and the other administrators and, well first we got on the phone with her and they, they truly were, were like deer in headlights. They were, even though we've prepared and planned for this, it was a hundred different things that were needing to be done.

I think there was one, while we were prepared, there were some things that we were lacking and this has been a learning experience and our other seven campuses have been learning every day. We immediately started a 3:00 PM call every day with all of our management team, which we've been doing everyday since in sharing what's going on.

But what we learned were few things: communications. We had to immediately alert all of the residents and their families and our caregivers in the campus. So we all jumped on board and we realized, well, a couple of those things were in different places and we didn't have, while we, you know, you never have everyone's email addresses either, which was the quickest way to do it, or text message, a group texting. So we all jumped on board and piecemealed that and, and got that taken care of immediately. We worked with the Virginia department of health and did a co-press release to everyone. And we alerted everyone on our inside. We use a great system that we communicate with all of our caregivers and our campuses and we alerted everyone on that too what had happened. So we wanted to communicate as much as possible, but in those first few days, we weren't great at it.

So by Sunday, Monday morning we'd come up with a plan to where every morning I'd do an email update after talking with Trista and Tina and we sent out an email every morning to all the family members of what's going on. This is what has changed from the previous day. They know our numbers to call in and talk to us. We've actually now created an 800 number, a kind of a virus hotline for a case that happens anywhere else as well. But we just wanted to over communicate as much as possible because those first few days we weren't great at it and we weren't organized enough to do it. So that was our first takeaway that we had was making sure those communications were in place.

And I can't urge other providers enough that, you know, those first few hours, you know, interested told me and I was sitting there like, you know, great, what do we, you know, what do we do? The first thing was, you know, how is this going to look? I think you have to get past that. I don't think, not alerting people or you know, just keeping it quiet is the best path. I don't think we'll know right now how the widespread spread breakouts have happened. I'm very happy with our numbers now. While, I would love for it to be zero, I think it could have been a lot worse in Abbington if we weren't already preparing, but then if we didn't let everyone know what was going on.

And so the over-communication is something we're doing now regularly. We've, if the media has called, we've talked to them, we've answered questions. We've told our caregivers, this is not a secret, you know, you know, there's no gag rule on talking. And we've had a lot of tough conversations with families. The first things that happen to families wanted the entire campus to be tested all 120 something people. And I think I was one of those big proponents of that. Yeah. Let's test everyone. And now fast forward a few weeks, we know that if you don't have a symptom, most likely that test is going to be a negative. So a false negative. And the Virginia department of health, thankfully, immediately they were talking, we were talking to them two or three times a day. They were saying, this is, it's not a good idea and here's why.

And finally, after talking to families and the caregivers and their families enough, we realized, you know, that's when, when their symptoms come up, we isolate you from the building and that, and then we'll do the test. And if it comes back negative, great. But if it comes back positive, we'll deal with it. But we, we, we've kept them away from the building in these cases.

Lucas: So let's go back to that first case and talk to us about how that transpired out at that moment and how you found out about other cases and then were able to isolate that to just a very small number.

Mike: Okay. Like I said, so that gentleman went out on Tuesday morning. We found out Friday right after lunch. He was, he had been in the hospital the whole time, so he had not been back in the community. So we started the process with notifying everyone. About that same time we had another resident who started showing the symptoms, the traditional symptoms. So that resident was sent over to the hospital immediately and was tested. The following Saturday afternoon, another resident had the same symptoms. It was sent over. So at that point, all three of our positive residents to date were sent out of the building by that next day, by that Saturday. From that point we started having some of our caregivers that we tested. And those that actually were spread across through basically last Thursday was the last person, so far of our caregivers that was tested positive.

And so we learned over time. And this is another kind of strange thing that was happening with the residents. You know, they went to the hospital. This hospital kept them. And that has not been the case that we're seeing and I'm not sure why they kept the residents from that point, but what we've been trying to push is please keep the resident until we get a test back. If we send them with symptoms and if they're positive, please keep them and please wait until the test is done. And that's been a struggle with the other campuses.

But with Abingdon we, you know, those three residents went out. They all started decreasing. And I'll tell you two of the three residents where some of our, out of the 82 were some that Trista and Tina considered were in best physical shape in the building. So there was no rhyme or reason. There was one memory care and two AL and so there wasn't, these weren't people who were our most frail or are physically unable to handle this. But they progressively got worse. They were put on ventilators. But I'm pretty confident, two out of the three were getting better. One of them, they were actually even had taken off the ventilator and said they were going to discharge them back to the rehab. And, but all three ended up passing unfortunately, by the following Friday. And so, we out of the three positive residents, we did lose all three of them. And that was another to our team, our family down in Abingdon was that happening?

Josh: So talk to us a little bit about from the team perspective, you've had some positive team tests. Sounds like it's been almost a week past from us having this conversation today. How has the team responded to that? How have you guys responded? What's different now?

Mike: On that day we had about 53 or 54 caregivers that worked in that campus. From that first day, unfortunately about 20% left that day. That was something we weren't prepared for, but it happened. And so they had about 11 or 12 that left and did not come back for personal reasons. But the ones that remained we already knew who we had, the family we had down there. We, our whole management team down there consisting of five, six people have been with us since day one, well over four and a half years or the turnover has been almost zero there. So we knew what we had and the rest of the team stood up in ways, you know, you hope what happened in your family as we call ourselves. And especially in that immediate family. But they did. And they all of a sudden said, I'm, you know, gonna work 80 hours a week, a hundred hours a week. I'll do whatever it takes. I'm going to come in the building. No matter what we've had. We said, if, if you want to be, several asked, can we be separate from our family? So we've had them in hotels ever since.

Up to that point another little thing we did before this, we implemented we gave a \$2 an hour raise to all hourly caregivers across the company. We tried to do everything else. We actually have two kind of make shift daycare centers working where, because the school's closed and the daycare centers closed. We had several, we were taking care of several kids there kind of on the side. And so, you know, that had to stop. So these people found other ways for, for their kids to be taken care of, even though we kind of had to stop that because we had run out of staff and they couldn't be anywhere near the building. So, they found ways to do that. They just, they changed their whole lives around and they were willing to stay in here cause they, they were first and foremost, they were dedicated to the residents. That's why we're all in this industry. And, and so they, they really stood up and, and and I've been down there quite a bit, but have not been in the building and cause we don't want anyone in the building that doesn't have to be there. So just standing out back from 20 feet away, talking to whoever's out back and, you know, taking them PPE and all this stuff and they're just, you know, how we're going to thank these people personally and as an industry is going to be a question that we're all going to have to answer down the road. I think they already knew we cared about them, but you know, that we were going to owe them. They're the ones carrying us through this.

Then that Sunday night we were realizing, you know, we've lost 20% of our staff. Another 10% are over that week. We had another probably about, we've tested 29 people, residents and staff combined and we've had 20 negatives. So but during that time, those people had to stay out of the building, the caregivers. So we had even more that we had lost. So Sunday night I was talking to Greg, our head of culture and Kim, our HR, and Cari in our HR department said, let's come up with a traveling, we ended up calling him our travelling heroes and over the next two days, let's see who in the other campuses would want to come volunteer to go into a positive building. The, you know, the crazy thing was by that lunch Monday, I had already had six people reach out to me asking if they could volunteer to go before they knew we were doing this. So, you know, things happen for a reason and you know, you never underestimate people. And so right now we have six young caregivers that volunteer. They left their families you know, and are staying at the hotel now, working 70, 80 hours a week in that building.

Josh: Wow. That's powerful. That's a cool story. Couple of questions here. You know, we've heard, and obviously we've seen a lot of hotels have closed, but it seems like there's a little bit of a partnership here where there is at least a hotel open and your team are there. What is that relationship been like for that hotel knowing that they have team members that work in a senior care community that that's kind of their respite area for them to stay safe?

Mike: Well, that, that's a great question because immediately when I told Corey in the office, we in Shannon, we need, you need to book hotels. I gave them my list that were Steven. I've stayed in Abingdon when we were starting that building up. It's like a, okay, call the the Martha Washington, which is the Grand, well, they were closed, so, okay. We'll call the Hilton cause I'm a Hilton guy. The Hampton Inn was closed. So there was a Marriott that's literally right at that exit and ammunition and they were open and they're only open for frontline people working at the hospital or the rehab or any of the assisted livings. So they are now housing 10 of our people. We have 10 rooms there and they are doing everything. So I showed up there Sunday morning, we had those six caregivers go that were there and they had left their families.

They were three days in being away from their families. So my wife and kids went and made Easter baskets and I delivered them, you know, Sunday morning to the hotel for them. So they would have something there since they were away. And I went there and talked to the manager and they were cleaning, everything was shut down and she told me we're open for these people. So they knew right away. And then later in the week we found out we had our last so far, a caregiver who tested positive, which is our sixth caregiver. She is staying at the hotel to be away from her family. So we in the health department notified the hotel, but they were fine because they said, Hey, we're doing the proper cleaning. They're giving cleaning supplies to the people staying there. They don't go in their rooms to clean. And they said, Hey, your people are all doing what we've asked. They walk in and out of the building with masks on so there's no interaction. They go outside doors. So that's been a great partnership with that Marriott there in Abingdon. There, they, if they weren't open, I don't know where we would be or if they had thrown us out because there was one positive in the building. Just said, you guys aren't going to go. The options were dwindling on hotels.

Josh: Well, you know, what a positive story there of the partnership between hospitality and healthcare. What encouraging stories that your team has shared and gosh, you know, what what an eye opener for I think so many that will be listening to this too with all the things that you've been so gracious to share your time and your stories of what you've learned even though you guys were so prepared but nothing really kind of quite prepares you for when it happens. And you know, all I can think of is for those communities that are out there that don't have a case yet on the team member side or anywhere in their community. From a resonance side, it sounds like a really good idea is to take much of what you've shared and what you've learned and actually do a scenario of, hey, we have a situation and let's just create a scenario where we are being notified just like English Meadows that we have a case. What are we going to do on communication? What are we going to do? What are we going to ask of our staff? How are they going to respond? What are we going to tell our team members? What are we going to tell the media? And just pretend if you don't have that case now, pretend that you do and run through those scenarios with your team. It seems like that would be a great exercise. Wouldn't you say, Mike?

Mike: Yeah, Josh. Yeah, that's, that's exactly right. And exactly what we've been doing with our other seven campuses. As I mentioned, we do that three o'clock call every day, but there are nine of us here in our corporate office. We all have our own duties, but we immediately took up one person and made them a buddy with that campus and said everything we're learning from Abingdon, like you said, create a scenario if it had, if it happens in that campus. So the communication, we have phone list ready, email, a secondary email list created like we have for Abingdon so we can communicate, press release available. We've actually already reached out to our, we've actually had just had the communication. We went ahead and had these conversations with the caregivers in those campuses. Hey, are you going to stay? Are you going to go?

No judgment. We all need to do what we think is best for ourselves, but hopefully they're staying and they're focused on care for the residents. Same thing with our providers that come in the building, hospice rehabs, home-health labs. Are you going to keep coming into the building if we have a positive case and what are the plans there? We've communicated with all the hospitals around because not all hospitals are willing to take a case and a positive or if they're waiting for a test, unless it's a severe respiratory situation. So are you going to send someone who you think might be positive to the hospital then what happens if they come back or what if they're just positive and they send them back? Are you going to be able to separate them? Because we have a 220 licensed bed community campus and we have a 22 bed licensed campus.

And the fortunate thing for us is most of our campuses were at 100% or near 100%. So we don't have, if that small campus has a case as positives coming back, we don't have a separate wing or unit that we can block off and say, this is our positive. So that juggling act of, this is their home, they need to come back here. But what about everyone else? It's that, I think that's a tough thing. And then just keeping everyone motivated cause every day there, this is everyone's on high alert every day. I think another plan that we implement, a few other things besides the communication and the conversations. We had a cleaning, like one of the high, they call them a level three that came in and spent three days doing things to the common areas that prevent the surfaces from being reinfected and cleaning anything we did that, you know, that's a big expense.

The PPE, which I think we're all, I think we've spent about a quarter million dollars on PPE that we were ahead of the game there. We have a group purchasing organization, HPSI and Christie immediately stepped up for us and we have so many masks. We actually had a competitor sell us mask at the beginning too, which we thank them for that. We've given some mass to a competitor that needed some, but we have a lot of masks. We have a lot of the things, gowns are kind of the tough one right now to find. But we're right next door to Virginia Tech and we went to them. They sold us, it costs about 1,500 of the ponchos with the hoods you would wear to a football game if it was raining. So we distributed those as backups, which was great. The people at Abingdon complained that Tennessee wasn't on it and the people, in crowd's a complained UVA wasn't on it. But you know, there was you know, we, we were fortunate enough to be able to have a lot of those things, but I know some communities don't or don't have a way to get those now, but we've just been buying anything. And everything we can to make sure our crew's protected. Cause you start going through that stuff very quickly.

Josh: You know some great information. Some great stories from you guys as healthcare heroes at English Meadows community that you refer to as family. And we're hearing so many positive stories coming out of senior living where teams are rallying together just like yours are. And demonstrating the heart and the passion and the compassion that we've always said is so prevalent in our industry. So what would you say to your family at English Meadows right now and to all those in the senior living industry that are working hard on the front lines?

Mike: Well, I think before this happened I was saying, and these are things you guys know because I've heard these things on your show about how senior living is poised to be the true primary caregiver for seniors. And the bigger role we're going to take in their health and a lot of the guests you had on have said that. And so we've been pushing that. But since this has happened in the preparation and, and, and seeing what our crew, because even before this, they were all, when I would say, you know what guys, we should do this. And they're like, we're already doing that. Our cleaning crew, our restaurant crew. They've already decided to do that. Those were the moments that were like, you know, wow, we're not having to push people. They're there, they're pulling us in certain spots.

But on our, what we use our work, the workplace app that we use, which has really brought us together, we've been using that for over two years now. They hear me saying a lot, you know, I love you guys, you know your family. And we do say that. And the biggest thing that I've said is a secret. People said, well how have you guys grown and how are you doing so well? And it's like I've always heard that you should separate family and business. And I'm glad that I never did that. I think because we have people who are truly family to Steve and I and to each other and to these residents and that's the way we treat them. It's not a tagline or anything. They're family to us and I think that makes a difference now more than ever.

And we owe English Meadow owes everything, you know, to the caregivers who are truly with the residents every day. And we all do. And I think senior living when we come out of this, we're going to see there's been a lot of negative headlines, but if we go out there and keep sharing what we're experiencing, you know, our residents, we've had families come and say you know, I don't want to, you know, should I take my resident out? And the residents are like, this is my home. I love these people. I'm going to stay here. I feel safer here than anywhere. And I think that's going to show for senior living as a whole.

Lucas: Powerful

Josh: Absolutely. Well Mike, we so appreciate your leadership. We appreciate you taking time to share your story. With us, appreciate what all of your team is doing to care for each other, to care for the industry, to care for the elders and the families that you all serve. And Lucas, I know that we're going to want to connect Mike and his team to our listeners. And I know they're going to want to bend your ear, Mike on a lot of points for sure.

Mike: We're here to help. Absolutely. We'd love to share anything we can. We're definitely all in this together.

Lucas: We greatly appreciate that Mike, a very brave and courageous team there and a brave story. So to our listeners that are out there, we hope that this is a great learning conversation for you. We would love to continue the conversation with you. Please reach out to us. Because it's sharing stories like this. It's gonna help us all get better. So know that we are thinking of you, we are praying for you and thank you for listening to Bridge the Gap.