



Greenwood
Court

A Division of
Tri-County Mennonite Homes

Making Every Day Matter

Lessons Learned through a COVID-19 Outbreak

MaryAnne Weller, Director of Care
Wendy Dunn, Nurse Practitioner

We were able to
control the
spread.....



Summary of outbreak at Greenwood Court*

Mar 30 - 1st resident tested due to high temp (retirement home)

Mar 31

- confirmed COVID-19 and second resident on another area also positive (dementia care unit- Heritage)
- high risk contacts isolated
- started universal masking for all staff and staff cohorted to individual units

April 1

- decision made to isolate all resident on dementia care unit as if they were positive for COVID- 19
- Also retirement home area that had first COVID-19 +ve, all staff wore full PPE when working, residents all isolated to their rooms

April 2-5

- 4 residents swabbed and tested positive on dementia care unit

April 21

- Aggressive screening done on all staff and residents on dementia care unit, (all residents negative, 2 asymptomatic staff found)

April 23

- Testing done throughout entire organization, staff and residents

As of April 27, 2020

- 6 positive residents, 3 have passed away and 1 continues to be palliative
- total of 9 staff COVID +ve since outbreak began

*Information gathered from original slide deck April 27, 2020

Facility design...

- Small units
- All private rooms
- Downfall – was on dementia unit with high wandering risk - likely high original spread



Teamwork...

- Draw on strengths within organization
- Be more than flexible with work flow/processes within the Home
- Ensure clear roles are defined – even at management level (ie. Identify one person to be communication, one to manage PPE, one to manage staffing, one to manage surveys and communication to multiple bodies)
- Respect that all are under high levels of anxiety – all deal with anxiety in different ways
- NP role – shared with another facility

Communication...

- With staff – got better at this....didn't do well at the beginning
- With families/residents – phone call to all POA's on the Heritage unit - started daily communication emails on day 1
- Special phone line/number for families to leave questions – helped front line staff manage workload
- Positive comments posted for all to see
- Virtually met with Public Health daily
- Started to meet with local hospital when directive came through for them to deploy staff

Staffing...

- Surprised with the number of staff that were not able to come to work for multiple reasons through this outbreak
 - 18 nursing – regular full time/part time staff
 - 4 laundry/housekeeping
 - 7 kitchen staff
 - TOTAL 29 staff – from approx. 100 staff (30% drop off....)
- Staff need to have a plan prior to going into outbreak on how to manage home life and COMMUNICATE this with manager
- Need to be supportive of all roles and pitch in where needed
- Mental health support/education for staff in first days and with every ongoing positive result was more than expected – for all levels of staff

Do not let
your
guard
down...

- Truly screen staff – don't come to work if you are sick
- Listen to PSW's when they report changes in residents and isolate, assess and monitor
- Be aware of atypical presentations – have seen staff with just olfactory/taste changes, scratchy throat, afebrile – our residents can't tell us...
- Don and doff PPE like it's the first time –don't get sloppy
- Wash your hands!



#TogetherWeCanDoIt

Long Term Care is good at managing outbreaks ...