



▶ **Taking on the Triple
Pandemic Through Therapy
& Nursing Interventions**

Presented by

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Objectives

- ▶ Participants will learn how, by combining forces in nursing and therapy, residents can be given comprehensive treatment during and post COVID-19
- ▶ Participants will discuss how, by increasing activity, we can also combat the unspoken after effect of quarantine on loneliness and isolation
- ▶ Participants will take away hands-on, practical tips for effective restorative programs for post COVID-19 patients
- ▶ Participants will learn how to care for themselves through activity and exercise while caring for those who count on us

On 3/11/2020, Coronavirus Disease 2019 (COVID-19) was declared a pandemic by the World Health Organization. This declaration was primarily due to the speed and scale of the transmission of the disease.

The NIH reports the virus began in mainland China, but there are many other theories relative to the origin of the virus. The COVID-19 virus genome was sequenced and found to be genetically related to the coronavirus responsible for the SARS outbreak of 2003.

Regardless of origin or genetic relationships, COVID-19 has swept the globe with a significant and serious impact on every country's health, financial and societal well-being on the planet.

COVID-19: A short history

Global Pandemic / Local impact: COVID-19 in Missouri

COVID-19 was confirmed in Missouri in March 2020

- ▶ The first Missourian tested positive in St. Louis on 3/06/2020 after traveling to Italy
- ▶ A second case was reported in Springfield, MO, after the individual had traveled to Austria
- ▶ On March 18, a Boone County man in his 60s was the first coronavirus-related death in the state
- ▶ On March 19, the Missouri Department of Health and Senior Services reported 28 total positive cases in the state
- ▶ Fast forward to currently reported cases by Google: 486K cases in Missouri and 7082 deaths – all in 11 months

COVID-19 in Missouri https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Missouri

COVID-19 in Skilled Nursing Facilities

There are currently 25.5M cases of COVID-19 in the US, with 425K deaths

- ▶ At last report on 1/10/2021, there were 549,842 SNF *resident* cases and 107,107 SNF *resident* deaths (25% of all deaths were sustained in SNF)
- ▶ Also reported on 1/10/2021; there were 472,445 SNF *staff* cases and 1340 *staff* deaths

In Missouri

- ▶ 486K cases in MO with 7082 deaths
- ▶ There are 19,538 SNF resident cases and 3071 SNF resident deaths due to COVID-19 (43% all deaths)**

**High margin of error secondary to differing sources and reporting dates of data.

What we do know without question - nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19. As the COVID-19 pandemic has demonstrated, a strong infection prevention and control program is critical to protect both residents and healthcare personnel.

We also know that this same strong infection prevention and control program may place our residents at risk for the other negative consequences of the COVID-19 pandemic.



▶ The Viral Pandemic

Short and long-term effects of COVID-19

Post-acute recovery for COVID-19

An article in JAMA (July 13, 2020) described a survey of ~ 150 patients with hospital discharge after being diagnosed and treated for COVID-19. Sixty days after symptom onset, only 13% were completely free of COVID-19 symptoms (fatigue, respiratory problems, muscle pain and weakness, blood clots, and decreased quality of life). (1)

Of course, we know the long-term impact varies by individual - some recover quickly, while others suffer from long-lasting effects after initial recovery.

The Mayo Clinic reports: “Older people and people with many serious medical conditions are the most likely to experience lingering COVID-19 symptoms.”

These symptoms may include: (2)

- Fatigue
- Cough
- Shortness of breath
- Headache
- Pain

(1) <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-long-term-effects/art-20490351>

(2) <https://aegitherapies.com/resources/take-on-the-long-term-effects-of-covid-19-with-therapy/>

“Take on the Long-Term Effects of Covid-19 with Therapy” Barker, Trisha, MA CCC-SLP 9.24.2020

COVID-19 Long Term Effects

The long-term effects of COVID-19 are wide-ranging and may include:

- PICS (Post Intensive Care Syndrome) which can cause weakness, poor nutrition, infection, wounds or post-traumatic stress disorder
- Muscle pain
- Headache
- Intermittent fever
- Cardiovascular: Inflammation of the heart muscle / heart palpitations
- Abnormalities in lung function
- Kidney injury
- Skin rash, hair loss
- Issues with smell and taste, sleep issues, difficulty with concentration, memory problems
- Depression, anxiety, mood changes, negative behaviors and increase in cognitive impairment in those affected by dementia



▶ The Isolation Pandemic

The unintended effect of the battle on COVID-19

How COVID-19 resulted in an Isolation Epidemic

- Policies have necessarily emphasized infection control.
- Activity Directors often rely on external vendors and partners, such as clergy and volunteers, to engage residents. When COVID-19 hit, these partners were lost.
- The ability to group people together for activities is limited or eliminated.
- Staff are pulled in different directions – dining changes, talking to families, cleaning, etc. – with activities and wellness programs sometimes taking a back seat.
- Noble efforts to use technology are limited in some areas, such as those in memory care, who are unable to use technology or fully understand what is happening.

Survey Reveals Emotional Toll of COVID-19

The Survey: 365 nursing home residents in 36 states

The Result: A drastic reduction in social activities and a steep increase in loneliness:

- 64% of residents indicated that they no longer leave their rooms to socialize with other residents.
- 54% said they were not participating in organized activities such as art classes, resident meetings and religious services compared with 14% before the outbreak.
- Only 28% reported going outside to enjoy fresh air one or more times/week compared with 83% before the outbreak.

Emotional Toll of COVID-19 (continued)

- 93% of residents reported they did not leave the facility for routine activities such as shopping and visiting family, compared with 42% before the outbreak.
- 76% of respondents reported they felt lonelier during COVID-19 restrictions.
- Coping responses included statements such as,
 “If the virus doesn’t kill me, the loneliness will.”
- Some respondents reported losing weight or requiring new prescriptions of antidepressants.



▶ Deconditioning Pandemic

The functional impact of COVID-19

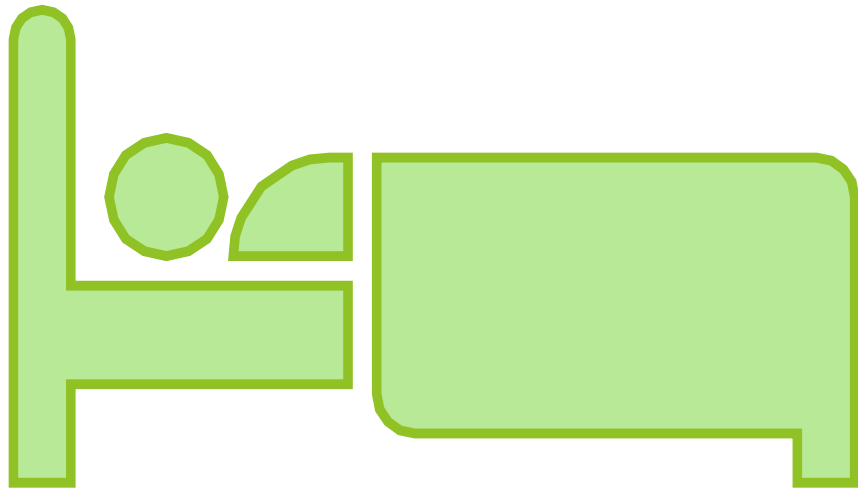
Sarcopenia

Sarcopenia: a progressive and generalized loss of skeletal muscle mass and strength strictly correlated with physical disability, poor quality of life and death. Risk factors for developing sarcopenia include age, gender and level of physical activity.

- ▶ The onset of sarcopenia is insidious but is accelerated by physical inactivity and poor nutrition.
- ▶ After the age of 30, adults lose 3-8% of their muscle mass per decade.
- ▶ Over time, the loss of lean tissue contributes to a decrease in muscle strength and power - **important predictors of balance, the occurrence of falls and mortality.**
- ▶ Inactivity is directly correlated with loss of muscle mass and strength.
- ▶ Lean muscle mass is lost while fat mass is preserved.
- ▶ The loss of lean muscle mass is often associated with increased body fat.
 - ▶ Despite normal weight, there is marked weakness.
- ▶ Sarcopenia is highly prevalent in America as approximately 20% of community-dwelling adults < 70 years old and more than 50% of those over 80 years of age can be characterized as sarcopenic.
- ▶ Diseases can stem from changes in body composition - cardiovascular disease, diabetes, osteoporosis, frailty, cognitive decline and depression, for example.
- ▶ The presence of these underlying illnesses is also a risk factor for severe symptomology with COVID-19 – setting up a very frightening impact circle.

US National Library of Medicine National Institutes of Health "[Clinical definition of sarcopenia](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7528158/) Valter Santilli, Andrea Bernetti, Massimiliano Mangone and Marco Paoloni 12/10/2014

US National Library of Medicine National Institutes of Health; "Sarcopenia during COVID-19 lockdown restrictions; long term health effects of short term muscle loss" Richard Kirwan, Deaglan Mc Cullough, Tom Butler, Fatima Perex de Heredia, Ian G. Davies and Claire Stewart <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7528158/>



Deconditioning

A study: Healthy, young males were subjected to 7 days of strict bed rest with the following result:

- 3.1 lb. lean muscle loss
- 3.2% decline in quadriceps mass
- 29% decrease in whole-body insulin sensitivity.

Just three days in an intensive care unit resulted in a loss of up to 9% muscle mass in a recent study.

Older adults can lose 1% of muscle mass per day in bed rest, according to other studies.

Even low levels of exercise intensity have been shown to be beneficial – especially in the frail and elderly

- ▶ Illness, social isolation, loss of smell/taste, functional decline, cognitive impairments and depression can all place a resident at risk for malnutrition leading to a compromised immune system and greater risk for contracting COVID-19 and/or other disease processes.
- ▶ Approximately two-thirds of older adults are either at risk of becoming or are malnourished – even in a non-COVID environment.
- ▶ Hospital stays secondary to protein-calorie malnutrition are responsible for longer hospital stays and higher medical costs and are five times more likely to result in death.
- ▶ A diet low in protein can also contribute to the progression of sarcopenia.

Malnutrition

KNOW YOUR OPPONENT AND
YOU WILL NEVER LOSE

KNOW YOURSELF AND YOU
WILL ALWAYS WIN

Sun Tzu: Art of War

Know Your opponent

Virus:

| | | |
|-------------|-----------------------|--|
| PICS | Cardiovascular issues | Sensory issues (taste/smell) |
| Muscle Pain | Lung Function issues | Concentration issues |
| Headache | Kidney injury | Memory problems |
| Fever | Skin rash / hair loss | Depression / anxiety / cognitive impairment / behaviors / mood changes |

Isolation:

| | | |
|--------------|--------------|------------------|
| Anxiety | Incontinence | Anorexia/Obesity |
| Malnutrition | Hopelessness | Fear / Insomnia |

Deconditioning:

| | | |
|----------------|--------------------------------|-------------------|
| Muscle Loss | Whole-body insulin sensitivity | Weakness |
| Balance Issues | Muscle power | Cognitive decline |

Know yourself, your policies and your vision

Think about

Not getting stuck focusing only on preventing the spread of the virus
Consider the fear and panic that can result from an entire community stuck only managing prevention

Think about

Suffering from the virus, the isolation, from deconditioning

Think about

Whole-person care

Think about

The universe of negative effects of COVID-19

Think about

The potential impact of your own “COVID fatigue” on compliance, compassion and your interactions with residents and peers

Nursing and Therapy vs. The Pandemic

**Stronger Together to overcome the impact of
The Virus, The Isolation, The Deconditioning**

Nursing—What We Know About Post-COVID (the long-haulers)

- ▶ After-effects and physical symptoms are still being discovered
- ▶ The side effects affect everyone differently, on a different severity level
- ▶ Every system in the body can be affected!
- ▶ Relapses are common!
- ▶ Symptoms may come and go
- ▶ It's not only physical, it's psychological

Your Job??

Be AWARE, be vigilant, be sympathetic
ASSESS!

Nursing—What Do We Do?

- ▶ Coordinate with therapy, dietary, and social services—it's taking all of us to get through the outbreaks and it's going to take all of us to get through the recovery process.
- ▶ Get a baseline—everyone has a different resting heart rate; level of conditioning; level of endurance; psychological willpower; cognitive functioning ability *if you don't know where you're starting, you won't know when to be concerned.*
- ▶ Set up SOME kind of therapy—PT/OT would be great but at the least EVERY resident would benefit from a restorative program of some kind after 9-12 months of isolation.
- ▶ Talk to a respiratory therapist—make breathing exercises part of the restorative program.
- ▶ Recognize that relapses are just that—don't stop, just go slower, easier, take a short break and hit it again.
- ▶ Care for the psychological as much as the physical...music, Facetime, companionship with essential caregivers, brownies!

Nursing–TOTS (Tricks of the Trade)

1. Identify those most at risk for physical deconditioning, including muscle loss, weight loss, and possible severe respiratory and cardiac issues.
2. Get that baseline and be a little more studious and frequent about assessing them.
3. DOCUMENT!! CAREPLAN! Talk to their physician and create an individualized plan of care.
4. Continue to focus on hydration and nutrition—this goes for the whole house!
5. Implement special “mental wellness” programs—go beyond “activities”
6. Make “activities” more than crafts—include physical activity in the fun—playing ball, bowling, passive ROM, dance and chair dance, tai chi, passive yoga

Physical Therapy

- Address muscle weakness to prevent falls/improve the ability to sit, stand and walk, and addressing weakness in muscles of respiration
- Address balance issues/identify and mitigate fall risk
- Help to prevent frailty or pre-frailty related declines
- Provide wound care for pressure ulcers as a result of poor nutrition or immobilization
- Assess respiratory status along with techniques for lung-clearance and respiratory strength training
- Address pain through non-pharmacological techniques
- Develop an exercise program to address cardiovascular limitations while building/sustaining muscle strength
- Create an exercise program to relieve stress/anxiety and maximize functional independence
- Restore community activities with compensatory techniques or adaptations as needed

Occupational Therapy

- Assess needs and provide appropriate equipment to improve safety, increase function, avoid pressure points and compensate for weakness
- Restore strength to weakened muscles to improve the ability to perform Activities of Daily Living (ADLs)
- Identify low vision issues and develop compensatory/adaptive strategies
- Deliver a cognitive assessment, develop a functional cognitive stimulation program, recommend environmental modifications to improve safety
- Provide a psycho-social assessment and create an individualized activity program to improve psycho-social well-being
- Train on energy conservation techniques
- Address negative behaviors related to cognitive declines and mental health issues

Speech Therapy

- Address respiratory and swallow coordination that can be affected by breathing issues
- Provide voice assessment and treatment for improved communication as a result of being intubated or on mechanical ventilation
- Analyze causes of and treatments for nutritional decline and weight loss
- Assess and treat for cognitive deficits impacting communication, including the ability to follow directions, expressing wants and needs, problem solving and communicating virtually with loved ones
- Evaluate mental health issues and develop strategies to improve communication – such as the ability to communicate pain, anxiety or depression – and decrease negative behaviors
- When therapy is included in the care plan for long-term COVID-19 recovery, it can lead to improved strength, increased safety and better quality of life.

Stronger Together: Skilled Care

- ▶ Effective interdisciplinary team meetings with a focus on transitional care, risk management, discharge goals and clinical outcomes
- ▶ Same-day evaluations / interdisciplinary team communication on risk mitigation
- ▶ Integrated plan of care with referrals to restorative, activities, wellness, educational classes and spiritual support
- ▶ Maintain the patient's busy schedule promoting patient engagement, increase therapeutic practice and reduce opportunity for impulsive behaviors
- ▶ Cognitive Assessments, communicated with IDT along with compensatory strategies aligned with capabilities.
 - ▶ Environmental modifications aligned with residents' capabilities
- ▶ Align discharges with nursing staffing patterns, home health availability, LTC unit capability

Restorative programs can enhance current therapy programs by offering functional practice and accelerate progress toward goals, and may maintain functional gains when continued after the course of therapy has been discharged.

Restorative services can include:

Urinary/Bowel Toileting Program

Bed Mobility and/or Walking

Amputation/Prosthesis Care

Eating and/or Swallowing

Active and/or PROM

Transfer Training

Dressing and/or Grooming

Communication Training

Splint and Brace Care

Restorative nursing programs can have a significant impact on the maintenance of function for the long-term care patient.

Providing restorative programs concurrent with therapy services during a skilled stay may reduce the incidence of falls, enhance patient engagement, increase patient satisfaction, accelerate progress toward goals, reduce risk of rehospitalization and improve durability of clinical outcome.

EnerG by AegisTherapies Restorative Care Program

<https://aegistherapies.com/wp-content/uploads/2020/05/AegisTherapies-RestorativeCareHowItWorks-1.pdf>

**Stronger
Together:
Restorative**

Stronger Together

Activities / Wellness

- ▶ Activity packets: including word games, crafts, journaling prompts
- ▶ Partner with local schools for pen pals
- ▶ Hallway activities: scheduling activities and wellness classes for each hallway
- ▶ Hall dances / entertainment by staff / COVID-19 compliant hospitality carts
- ▶ One-on-one visits for each resident / dialogue on resident's specific interest
- ▶ Game time
- ▶ Zoom exercise and educational classes / use CCTV / virtual book club
- ▶ Intercom guided meditation / current events / team trivia
- ▶ Competitions and virtual travels / wellness bingo (eat a piece of fruit / call a family member / tell a joke / read a chapter of a book (instead of B14))

Benefits of Team Collaboration

Interdisciplinary team communication results in:

- Improved Patient Satisfaction and Outcomes
- A more personalized level of care
- A more thorough evaluation of the patient
- An ability to identify even small changes in a patient's condition or behavior that otherwise might be missed
- Maintained awareness of patient goals and treatment plans
- The entire team being able to monitor patient's progress accurately and consistently
- The opportunity for nurses and therapists to ask critical questions and make insightful suggestions about the best way to manage patient care

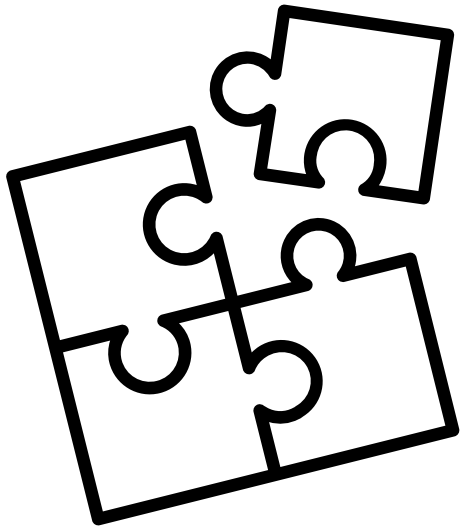
Benefits of Team Collaboration: Improved Team Accountability

- Daily huddles enhance team accountability by keeping nurses in the loop and therapy/nursing on the same page.
- Organized communication within the interdisciplinary team help communicate patient complaints or incidents to those able to resolve.
- Communication and accountability are critical in the healthcare field, where lack of communication and/or miscommunication can have a dramatic and sometimes dangerous impact on patient safety and outcomes.
 - Patient safety errors that result from the inability to communicate effectively put hospitals and other healthcare providers at great risk for legal ramifications.
 - In recognition of this, communication strategies are often included in the professional curriculum for healthcare providers.
 - Educational institutions are emphasizing the importance of teamwork and communication early to build a stronger foundation for successful healthcare outcomes.

[Top 5 benefits of teamwork in nursing](https://online.maryville.edu/nursing-degrees/top-5-benefits-of-teamwork-in-nursing/). Maryville University St. Louis, MO

<https://online.maryville.edu/nursing-degrees/top-5-benefits-of-teamwork-in-nursing/>

Stronger Together



Nurses, CNAs, RNAs, dieticians, social workers, housekeeping, physicians, PAs, and therapists are all important pieces of the SNF jigsaw puzzle. Together we create the whole-patient care picture surrounding the patient with our knowledge, skills and support.

But unless that puzzle is put together correctly – it never forms the entire picture. It's the together-but-separate relationship that challenges the efficiency and efficacy of patient care and success of clinical outcomes.

How can we get STRONGER TOGETHER:

- ▶ Therapists coordinating treatment interventions with routine nursing care tasks and vice versa.
- ▶ Schedule treatment sessions to incorporate self-care during a time nsg. staff would typically assist a patient with the same activities.
- ▶ Nursing staff reinforces therapy goals allowing the patient time for therapeutic practice during routine activities.
- ▶ By reinforcing the overall goals (nursing + rehab), the team collectively increases the effectiveness of the interventions, and results in neither discipline working in their own separate realm but more collectively within the same continuum of care.
- ▶ Innovation, Creativity, Safe, Compliant and Smart while implementing team initiatives including those in nursing, therapy, dining, activities and wellness.
- ▶ And, btw, teamwork is known to improve job satisfaction, decreased turnover and increased employee engagement.

Stronger Together: Activities / Wellness

- ▶ Engage the body, mind and spirit with activities that embrace the 7 Dimensions of Wellness: Physical, Intellectual, Environmental, Social, Spiritual, Occupational and Emotional
- ▶ Create opportunities for movement and engagement for all residents, infected, recovering and non-infected.
- ▶ We must be cautious, aware and understand the criteria for inclusion in programming.
 - ▶ Masking
 - ▶ Social Distancing
 - ▶ Hand Washing
 - ▶ Temperature checks
 - ▶ Full PPE / 1:1 for + testing patients

Pandemic Fatigue

Taking care of yourself while taking care of others

Pandemic Fatigue – Why?

The pandemic is around us ALL THE TIME

- ▶ Everyone knows someone who has suffered from COVID-19 / many of us have lost loved ones.
- ▶ Schools are closed, open, partially open, closed again, no wait, open.
- ▶ Our children are missing friends, sports, dances, graduations and many “firsts.”
- ▶ Weddings, funerals, holidays – all the big and small celebrations in life are changed.
- ▶ We miss our parents, grandparents, aunts, uncles who have been isolated and “staying safe” for a year.
- ▶ The news is frightening – The US has surpassed 400,00 deaths, cases are spiking, hospitals are full – and now, new strain(s).
- ▶ The vaccine is here, but it’s new, and “I’ve heard some crazy things about it on social media.”
- ▶ “Even with the vaccine, we still have to wear these awful masks?”
- ▶ Witnessing human suffering over and over again.
- ▶ The list goes on and on and on ... “SOME DAYS I DON’T THINK I CAN DO THIS ANYMORE!”
- ▶ Pandemic and compassion fatigue are real. Understanding this fatigue and overcoming it is challenging. But the result is often inconsistent use of COVID-19 precautions.

Compliance Decline

Pandemic fatigue is best understood relative to the motivation for the tasks associated with the pandemic.

In this regard, understanding the neuroscience and psychology of Cognitive Control is helpful.

The human mind and its role in motor control is amazing thing. We can conceive a new task and then plan and execute the actions needed to do it.

Wearing a mask is an example. Consistently wearing a mask was a very new behavior for most of us. But, once we understood that necessity related to the spread of COVID-19, many of us started doing so.

Our ability to plan and complete novel tasks is called cognitive control, a function supported by several interacting systems.

Cognitive control is your:

- Mind's ability to guide your behavior.
- Willpower and at the center of your self-awareness.
- Ability to determine what behaviors are appropriate and those you reject as inappropriate.
- Clarification of long-term goals and purposes, helping you change what you're doing in order to reach these goals.
- Determination of cost/benefit of choosing to do a task or not. It is human nature to avoid work unless the benefit is commiserate to the cost. It's human nature to weigh the cost/benefit of habits/tasks.

Difficult tasks come at a high mental cost, which may diminish the value of the task.

Since we can't do more than one difficult task at a time, performing a difficult task limits our ability to perform other, easier, preferable tasks. Our brain does a cost-benefit analysis – weighing the gain against the mental cost.

<https://study.com/academy/lesson/cognitive-control-definition-processes.html>

Cognitive Control

Compliance Decline/Mental Exhaustion

- ▶ The Pandemic has filled our life with tasks requiring control and mental effort.
- ▶ We are all asked to adapt to new rules and policies constantly.
- ▶ We are also faced with ongoing cost of multi-tasking and our attention is divided between work, children, aging parents along with the ever-changing rules within our community, church, school etc.
- ▶ This high mental cost environment demands heavy engagement of our control systems.
 - ▶ If we begin to feel these efforts are not effective – the mental cost becomes harder to tolerate and compliance will decline. The value does not deserve the mental effort required.
- ▶ An example: A young person with no underlying health conditions doesn't feel he/she should have to wear a mask. "Even if I got COVID, I'm probably not going to die." The value of "doing it for others" doesn't equal the mental cost of continued mask use. While it seemed ok in the beginning, the ongoing value is declining with a result in decreased compliance.

Taking back control

Keep the situation stable / make new routines habits. This reduces the cost of the effort as behaviors fit into our daily habit and routine.

Provide the why associated with new routines – increase the cost/benefit for your teams.

Encourage staff to talk about your fears, frustration and the cost of compliance.

If your company has an EAP – make sure all staff understand how to access it.

Train your management team to identify the signs of stress and anxiety.

Provide reliable news / try to dissuade the use of social media as a news source.

Nursing the Nurses

Post-COVID Outbreak complications for caregivers:

Rashes and dermatitis reactions to N95s and other masks

- Facial itching

- Nasal bridge scarring

- Acne

- Ear pressure sores from straps

- Dry, itchy skin on the hands from gloves, alcohol sanitizers, and hand-washing/soap

Fatigue/physical and mental

Anxiety, depression, apathy

Long-hauler's Support Group

Start a long-hauler's support group within your community.

IDEA #1:

For 15 minutes every day (perhaps at the end of each shift or at a lunch break), invite staff from every department to do Moving Meditation.

Moving Meditation is a form of meditation, stretching, tai chi and yoga that allows the body to physically move and stretch and fits every fitness level.

Participants only do what they can or what they want. Everyone moves slowly and does repetitions only to their comfort level.

Physically move under the guidance of a leader for 10 minutes, then spend 5 minutes in silence—lying or sitting, whichever is more comfortable for each person—and simply breathe.

Anyone can do this! It would be best to start with someone who is familiar with the program but there are also several very good 10-15 minute videos on YouTube.

Long-hauler's Support Group

IDEA #2:

Hold a 15-minute Laugh Therapy Session.

Compile 3 or 4 links to some funny videos or TikToks (appropriate for the workplace, please) and send them out in a group text or post them in the break room. Encourage staff to watch them for a few giggles.

IDEA #3:

Invite a local chaplain or counselor to your home for a gentle group discussion. Ask them, if appropriate, to provide cards to hand out individually for those wishing further, individual conversation.

IDEA #4:

Hold a HUG day! Encourage staff to (again, appropriately and safely) hugging one another and the residents as much as possible. It's been too long since many of us have had sincere human touch.

Take Care of Yourself while you Take Care of Others

- Practice empathy and compassion for yourself and others.
- Ask for help if you need it
- Stay connected to others
- Stay healthy – eat well and exercise
- Learn to identify stress / Develop ways to cope with it
- Get plenty of sleep
- Try yoga, guided meditation
- COVID-19 compliant partner or self-massage
- Take a break from the news and social media to watch something uplifting
- Laugh, be grateful and count your blessings
- Journal - record your thoughts during the pandemic. Your grandchildren may find it fascinating!
- Dance, be silly, listen to music, play games with your kids, laugh
- Learn the art of deep breathing
- Be in touch with your spirituality, whatever that means to you
- Laugh / be kind to others / be kind to yourself

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life- coping/ managing-stress-anxiety.html>

Tips for Taking Care of Yourself. Minnesota Department of Health
<https://www.health.state.mn.us/diseases/coronavirus/hcp/mhtips.pdf>

CDC Coping with Stress <https://www.cdc.gov/coronavirus/2019-ncov/daily-life- coping/ managing-stress-anxiety.html#everyone>



Thank you!

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