

DOING OUR BEST
TO PREVENT MORTALITY
BY COVID



if you keep a margarita in one hand
and some tacos in the other hand
you will never touch your face...



Follow me for more tips on how to
stay safe during the pandemic.

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Knowledge is power!

The image features a blue gradient background. In the bottom right corner, there are several white, parallel diagonal lines of varying lengths, creating a sense of motion or a modern design element.

What is the coronavirus and COVID-19?

Coronavirus – family of viruses – CoV

Severe Acute Respiratory Syndrome – SARS-CoV –
2003

Middle East Respiratory Syndrome – MERS-CoV –
2012

COronaVirus Disease-19 – or COVID-19 – SARS-
CoV-2 – 2019

Primary Symptoms:

Fever

Cough

Shortness of breath

A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the blue background.

Other less common symptoms:

Fatigue

Muscle or body aches

Headache

New loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

As always,

ANY Change

in our clients

needs to be taken seriously!




Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing**
- Persistent pain or pressure in the chest**
- New confusion**
- Inability to wake or stay awake**
- Bluish lips or face**

150+ vaccines in process globally.....

They all still need:

- trials,
 - approvals,
 - production,
 - allocation,
 - distribution,
 - administration, and
 -then, how long is it effective?
- 

Protections for ALL of us:

“Protection is not gained by washing down everything in the environment. It’s the behaviors you do to **make sure that nothing in the environment, including your own hands, gets into your mouth, nose or eyes.**”

You could even go into a restaurant and touch objects there — the chair, the menu — without wiping them down first, and “if the very last thing you touch is soap and water or hand sanitizer ... you’re okay,”

Morens, advisor to Fauci @ NIA&ID



Protections for ALL of us: “make sure that nothing in the environment, including your own hands, gets into your mouth, nose or eyes.”

- handwashing,
- no face touching, https://www.youtube.com/watch?v=Bv_CqOIATC4
- masks,
- social distancing,
- cover cough or sneeze,
- frequent cleaning AND disinfecting
- (Flu has arrived in NM – everybody had their shots?)

And

Don't be a
hero!


Sick people stay home!

Exposed people stay home!

Avoid getting the virus– at work, at home, in community! Once you have it, you take it with you EVERYWHERE you go!

“All people seem to be at higher risk of severe illness from COVID-19 if they have serious underlying chronic medical conditions like chronic lung disease, a serious heart condition, or a weakened immune system.” CDC

“Adults with disabilities are 3x more likely than adults w/o disabilities to have serious underlying medical conditions.” CDC

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against the dark blue background.

i. Persons with these disability types might be at increased risk:

- a) People who have **limited mobility** or who cannot avoid coming into close contact with others who may be infected, such as DSPs and family members;
 - b) People who have **trouble understanding** information or practicing preventive measures, such as hand washing, masking, and social distancing;
 - c) People who are **not able to communicate** symptoms of illness;
 - d) People who are **blind** or have low vision and rely on touch or tactile information;
 - e) People who need **alternative communication methods**, such as sign language or braille, and may not have access to information;
- CDC

We should be ready to "change our behaviors for the foreseeable future."

WHO Monday - 10/26/2020

Have we changed? Is New Mexico ready to change for the long haul? We should.....

New Mexico DDSD newsletter reported on our COVID cases up to September 1, 2020. To that date, of the **41 positive waiver cases** identified, **8 died of the virus** and its complications.

Region Total of 41 (+)

a) Metro – 10

b) NE – 1

c) NW – 14

d) SE – 4

e) SW – 12

Waiver Totals

a) DD Waiver – 33

b) Mi Via Waiver – 8

DD Waiver Totals


a) Supported Living and IMLS – 20

b) Customized In-Home Supports – 1

c) Family Living - 12



Who and what's had to make some
changes in 2020?



Which of the three is able to change most easily?

- The client?
- The team?
- The environment?
 - Policy and procedures?
 - Funding?
 - Routines?
 - Medical care?
 - Our knowledge about the virus?

Before discussing effects of changes on clients, for a moment imagine the varying degrees of need in our clients, eg.:

- My Friend, Bertha in Las Cruces, who pre-pandemic, just needed a few hours of support per day, but is now out of work, and hates being isolated in her own home; her reaction: “behaviors”
- To Mark who is totally dependent, but very sensitive to changes in his life, and doesn’t understand why changes keep happening, and he needs to know when he can get back to his routine, and his friends.

Clients at many levels are going to have to figure out things such as:

- What is going on and why?
- How, when, where do I wear a mask? When is it not necessary?
- What is “6 feet”? What is “social distancing”? How do you measure it, and when is it not necessary?
- When 6 feet is not feasible, what are my options?
- When do I call for help? Who do I call?
- How and when do I quarantine or isolate....and why is this happening to me when I’m kept in my room alone?
- What to do with my time...why can’t I go to work, DayHab, my family, my friends, the store, church, etc?
- How to use this technology?
- What else can I do? I’m scared. I’m bored. I’m lonely. I’m depressed.
- ETC

DSPs are already buckled in for the long haul, but may be needing support in some areas, such as:

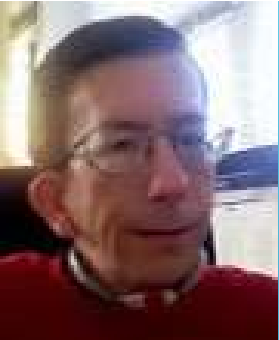
- How exactly does coronavirus spread?
- What are the risk factors?
- What are the preventative actions I should be taking?
- What if one of the other DSPs isn't consistent with the rules?
- What if one of the clients isn't consistent with the rules?
- Why do the rules keep changing?
- How do I keep my family at home safe?
- Why are we always so short-staffed?
- I hate staying home when I just have a cold. Why is that a rule?
- With all of the extra cleaning I don't have time for all of the "meaningful day" things that the team wants me to do.
- I'm exhausted.
- Oops, forgot to get my flu shot; and what about my clients?
- ETC.

Environment is changing too – sometimes for the better, other times making life more difficult, but safer. Obviously, these changes impact all of us, most intensely Clients and DSPs. Here are some examples:

- **Masking:** While many of us are quarantined at home, masks are still required in certain situations. Does your Client recognize and/or understand you in a mask or does she need additional cues?

We are responsible for training Clients to wear a mask, but also plan for areas and times when Clients can safely be mask free, find the right mask for each client, and help Clients recognize that masks keep them and others safer.

- **Hospitals:** If the presence of a patient's DSP is necessary for his or her physical or emotional well-being, the hospital must modify its visitor policy to accommodate.
- **Community:** The zoo in Seattle is reserving time during the pandemic for visitors with disabilities who can't wear masks. Other accommodations like this are beginning to open up. Good? Yes, but this creates another risk:benefit consideration for our teams.



Andrew Pulrang is a contributing writer on Diversity and Inclusion for Forbes magazine.

He has arthrogryposis, a rare disease characterized by multiple joint contractures and muscle weakness throughout the body from birth.

In a recent article he noted that “the risks of COVID-19 for disabled people don’t run only in one direction, or take only one form. And **the greater risks** may not be from actual disease, but from **the disruptions in services and routines** it can cause.”

NOT EVERYTHING IS CANCELLED

sunshine is not cancelled
spring is not cancelled
love is not cancelled
relationships are not cancelled
reading is not cancelled
naps are not cancelled
devotion is not cancelled
music is not cancelled
dancing is not cancelled
imagination is not cancelled
kindness is not cancelled
conversations are not cancelled
hope is not cancelled



#keeplookingup
SimpleStencils.com

AND NOW:

A Case of Covid here in NM

How did we do?

Meet Asdzani!



Asdzani was a 50 y/o Dine originally from Twin Lakes, NM. She was born prematurely at Gallup Indian Medical Center, diagnosed with Infant Respiratory Distress Syndrome, and hospitalized for 6 weeks before her discharge home. She was in and out of the hospital until she was 15 months old with diagnoses of pneumonia, FTT, battered child syndrome, and cortical blindness.



At 15 months of age, Asdzani was placed in foster care, and at age 4 she was transferred to Los Lunas Hospital and Training School, where she lived until she was 30 years old. During that time, she was diagnosed with osteoporotic fractures. In 1998 she moved to Gallup with her 2 housemates. In Gallup she was able to participate in her Church, and in her Dine culture. She also worked with DVR, selling local music.



Asdzani required 24^o supervision and support. She was incontinent of B&B, blind, had 4-limb contractures requiring 2 person transfers, no functional communication other than yelling, GERD with aspiration risk, and pituitary insufficiency.

Her staff had been with her for years, and knew her well. Her guardian was involved actively with her life and her death.

Now we are going to have you break out in small groups. You will receive a summary of the “Events Leading to Asdzani’s Death” from her Mortality Review.

It’s a Mortality Review, so we already know that it was NOT a good outcome.

That doesn’t necessarily mean that we did anything wrong to cause the death. Nor does it mean that there are not things that we and/or the system could improve.

Please brainstorm on ideas to do things even BETTER!

We are analyzing the case for quality improvement:

- Was there a better way to RECOGNIZE the issue(s)?
- Was there a better way to PLAN?
- Was there a better way to ACT?
- Was there a better way to COMMUNICATE?

Start by listing the issues as you see them.

Then analyze the issues using those 4 questions.
Come up with ideas for that BETTER way!

Let's find things throughout the system that will make it
EASIER to do the RIGHT thing, and
HARDER to do the WRONG thing!

(Take it away, Juan!)