

Grabbing the Bull by the Horns to Protect Our Seniors

The coronavirus pandemic that has swept our nation not only took a heavy toll on senior care communities across the nation, it exposed long-term safety issues, including a lack of proper infection control and prevention. Now, in order to move forward and rebuild the trust that Residential Care Facilities (RCFE's) have lost, it's vital to look at the proposed approaches to determine whether or not they truly address the weaknesses that were responsible for the spread and do they create enough separation between the hazard and the residents and caregivers to prevent harm.



Lockdowns Are Not Sustainable

Our first reaction to the Coronavirus pandemic was to go into lockdown. This response was a replica of first reactions in other industries to the emergent events, which eventually were forced to change their practices dramatically in order to remain viable in a changing world.

For example:

- Following September 11, 2001, USA commercial aviation was shut down, a complete lockdown.
- With the advent of public clouds like AWS, Azure and Google Cloud, enterprise IT departments locked down their data centers, refusing to accept that software application assets could be deployed to public clouds, thus going into lockdown.

It was a pattern that our own industry followed when faced with the new viral threat. Yet, in the matter of only a few months, we have realized that lockdowns in Nursing and Assisted Living Homes are simply not sustainable.

The impact of these extended 'shelter-in-place' orders on seniors' psychological health, with escalating feelings of loneliness and despair, even became the focus of a very eye-opening and saddening report¹.

What About Testing?

Another option that has been proposed to improve safety in our facilities is 100% testing. However, the value of this proposal, like with lockdowns, is questionable at best.

A test result only reflects the status of that resident at that point in time. This means that

even if all seniors were tested at any given instant, that metric can become meaningless the next day.

When you add in the consideration that the number of infection propagation vectors (see Part-6 of this series) is astronomical, it becomes clear that one-time testing is not the entire answer.

Even if periodic testing (for example, every week) of all residents is considered, the only value the practice will deliver on its own, is making us aware that one or more of our residents has just tested positive for Coronavirus.

So, what could we do with this information?

- Report it to DSS
- From there, we must decide whether or not to move the resident to the hospital. In practical terms, this only results in shifting the location of the infectious resident, a choice that has led to tragic tales from the hospitals in New York. Even during non-pandemic times, hospitals by definition become hotspots for infection. By just relocating all COVID-19 positive residents to hospitals, we only further contribute to the hospital overload problem.

1. For Seniors, COVID-19 Sets Off Pandemic Of Despair https://link.theepochtimes.com/mkt_app/for-seniors-covid-19-sets-off-pandemic-of-despair_3371290.html

Even worse, none of the above options have done anything to contain the spread and we still have not addressed the underlying infection spread vector in order to ensure the safety of the balance of our seniors.

What About Contact Tracing?

Contact tracing is a forensic tool that attempts to look ahead. Once a Covid-positive case is detected, 'contact tracers' try to investigate and plot a graph to determine all the people or places that the patient had been in the last several days and continue these investigative inquiries to multiple levels of depth in the graph. The attempt is to identify the possible 'blast radius' and all those who might be within it. It is reactive and attempts to execute quarantine procedures on those who might have been in the blast radius. The technique itself is inaccurate at

best because it relies on people's memory. Moreover, it is only effective when the infection has not been widespread, because once that happens, the individual contact graphs intersect and get very diffused.

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We propose a different solution that will not only inform public health authorities, but also address the need for containment of the virus in our communities and within our facilities. While public health officials can use several of the above strategies, Senior Care facilities can use a proactive strategy to contain and prevent viral spread by addressing the multiple fault points that led to such a catastrophic loss of life. This is the mission of the InfeXBloc™ architecture.



To learn more about how the InfeXBloc™ architecture can help your RCFE regain trust after the COVID-19 storm, check out www.infexbloc.com.

INFEXBLOC™ PILOT SITE

Golden Springs Ranch





About Ashish Warudkar

Ashish has worked in the software industry for 30+ years including 19+ years in the healthcare sector. He also has been an entrepreneur for over two decades and provides consultation to “Golden Springs Ranch” which is an upcoming InfeXBloc™ home in Palmdale, California which will introduce the innovations discussed in this paper to provide its precious residents with a safe happy home and their families with peace of mind.

Ashish Warudkar is trained at:

IIT Bombay	Mechanical Engineering
UCI	Predictive Analytics (7/8)
Harvard	Disruptive Innovation Strategy with Clayton Christensen
MIT	Advanced Certificate for Executives in Management, Innovation & Technology Architecture & Systems Engineering of Complex Systems Platform Strategy - Building & Thriving A Vibrant Ecosystem Business Dynamics - Diagnosing and Solving Complex Business Problems Executive Certificate in Strategy and Innovation
Product School	Product Management
BWW	Network Marketing
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Meetup: Monthly meeting (first Sunday 6pm CA time) of Senior Care Accountability Network
<https://www.meetup.com/Senior-Care-Accountability-Network-SCAN/>

