



COVID-19 Impact: Creating and Managing a COVID-19 Designated Unit

This meeting will be recorded and will be available at www.fmda.org/journalclub.php



FMDA Journal Club

September 9, 2020

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Diane Sanders-Cepeda, DO, CMD – Host



MORSELIFE

H E A L T H S Y S T E M



SHORT-TERM
REHABILITATION
AT MORSELIFE HEALTH SYSTEM



MEMORY CARE
AT MORSELIFE HEALTH SYSTEM



MORSELIFE

H E A L T H S Y S T E M

The Joseph L. Morse Health Center, Inc.

Presented by

Connie Cheren, Regulatory Specialist- LeadingAge Florida

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Karl M. Dhana, SVP Medical Affairs

Robert Morin, Director of Facilities

Stephen Christopher Shell, Risk Manager

COVID Impact: Creating and Managing a COVID-19 Designated Unit



Should you open COVID-19 UNIT?



Is there a NEED for a COVID-19 Unit ?

- MorseLife Health System:
 - 310 bed SNF
 - 52 bed Memory Care ALF
 - 150 unit ALF
 - 180 unit ILF
 - PACE program with 700 clients

OVER 1,400 clients under our direct care!

Is there a need for a COVID-19 Unit ?

Community factors.....

- What is the percent positive in your community?
- Which direction are cases trending?
- What is the capacity of the local hospitals?
- Is there a designated COVID-19 facility in close proximity?

Can You Open a COVID-19 Unit ? Facility factors.....

- Do you have the physical layout /location in your building to create an isolated unit?
- What are the Facility resources - staff, money?
- What is your PPE inventory, burn rate and supply line?
- What is your liability exposure?
- What is the PR exposure?

A Brief History of Our Unit

INITIALLY: “HOTZONE”

- GOAL: ONLY admit asymptomatic COVID-19 MorseLife clients
- 13 bed unit
- Limited tests were available to facility & in the community
- PACE clients (no prior COVID test) from the community were admitted to the Unit to be quarantined for 14days
 - Unique opportunity to review or processes/procedures
- DISCHARGE CRITERIA: transferred to regular SNF floor after 14days

A Brief History of Our Unit

OUR FIRST POSITIVE SNF PATIENT:

- Early May we had our first pt test positive in SNF
- Once we had a positive COVID-19 patient we had to stop all PACE admissions

A Brief History of Our Unit

COVID+ UNIT:

- GOAL: ONLY asymptomatic COVID-19 MorseLife clients
- Increased testing availability in SNF and community
- 20-30% occupancy
- DISCHARGE CRITERIA: 2 negative tests >24h apart

A Brief History of Our Unit

COVID+ UNIT “Lite”:

- GOAL: 1) Admit Stable Asymptomatic COVID-19 MorseLife clients
2) Admit stable COVID-19 non-ML clients with one neg test
- Increased testing availability in SNF and community
- Pts could not be d/c from hospital because they needed 2 neg tests
- Back up of pts in the hospital
- DISCHARGE CRITERIA: 2 negative tests >24h apart

A Brief History of Our Unit

COVID+ UNIT “Full”:

- GOAL: 1) Admit Stable Asymptomatic COVID-19 MorseLife clients
2) Admit stable COVID-19 non-ML clients with NO neg test
- Surge after 4th of July
- Significant increase in admission and back-up of pts in all local hospitals
- Worked with local hospitals – site visits/tours
- DISCHARGE CRITERIA: 2 negative tests >24h apart

Admission Criteria

- Medically stable (Hemodynamically stable)
- O2 sat > or equal to 94% on RA (this was based on CDC classifying pts' w/O2 <94% as severe and needing hospitalization)
- No wandering behavior (we kept all pts isolated in their rooms even though they were in the COVID unit)
- DISCHARGE CRITERIA: 2 negative tests >24h apart

Admission Order Set

- COVID-19 POSITIVE (U07.1) :
- transfer pt. to COVID unit on Mack1 with droplet & contact precautions
- nursing staff to complete contact tracing
- obtain CBC w Diff, CMP, CPK, LDH, Troponin, Ferritin, CRP
- Add Blood Cultures if temp > 100 F
- Procalcitonin (PCT) Level if Bacterial infection suspected
- obtain D-Dimer
- check baseline EKG
- check CXR
- monitor VS TID
- symptom control for fever and cough with Tylenol
- monitor for progression of sx /labs to severe COVID requiring hospital (if not DNH/Hospice) i.e. RR>30, O2 Sat <94%, HR >125bpm
- EMPIRIC ABX:
- consider starting Ceftx & Doxy x 5days (consider discontinue if PCT < 0.2)

Admission Order Set

- VTE Prophylaxis:
 - Start Lovenox 40 mg SQ QD (Dose adjust renal insuff/weight extremes) unless contraindication to anticoagulant OR if pt is already on other anticoagulant eg Eliquis
 - Consider therapeutic dose anticoagulant if D-Dimer > 6 x ULN.
 - cont anticoagulant for up to 45 Days (if started just for COVID Diagnosis)
- ** NO nebulizers to be ordered... Order MDI w Spacer

MEDICAL STAFF VISITS

- Majority of visits were done via telemedicine
- F2F visit only if clinician felt it was necessary
- Nurse assisted with iPad/Telephone

Latest Change In TBP Discontinuation

- Mid July, CDC changed to a symptom based strategy and no longer recommended a test-based strategy
- DISCHARGE CRITERIA:
 - 10d for asx/mild/mod infection (must also have improving symptoms and >24h afebrile without antipyretic)
 - 20d for pts with severe infection / immunocompromised (must also have improving symptoms and >24h afebrile without antipyretic)

Mack 1 Unit-

- 40 bed unit and converted 13 beds into our “Hot Zone”



Critical Features

1. Space
 - a. Isolated
 - b. Separated
2. Areas
 - a. DON
 - b. DOFF
3. Proper PPE
4. Break area for staff
5. Proper ventilation
6. Competent, committed staff
7. Cleaning protocols- using EPA products for COVID-19
8. Physician/ARNP support
9. Ability to test patients/residents and staff
10. Traffic flow- people, supplies, trash



COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator

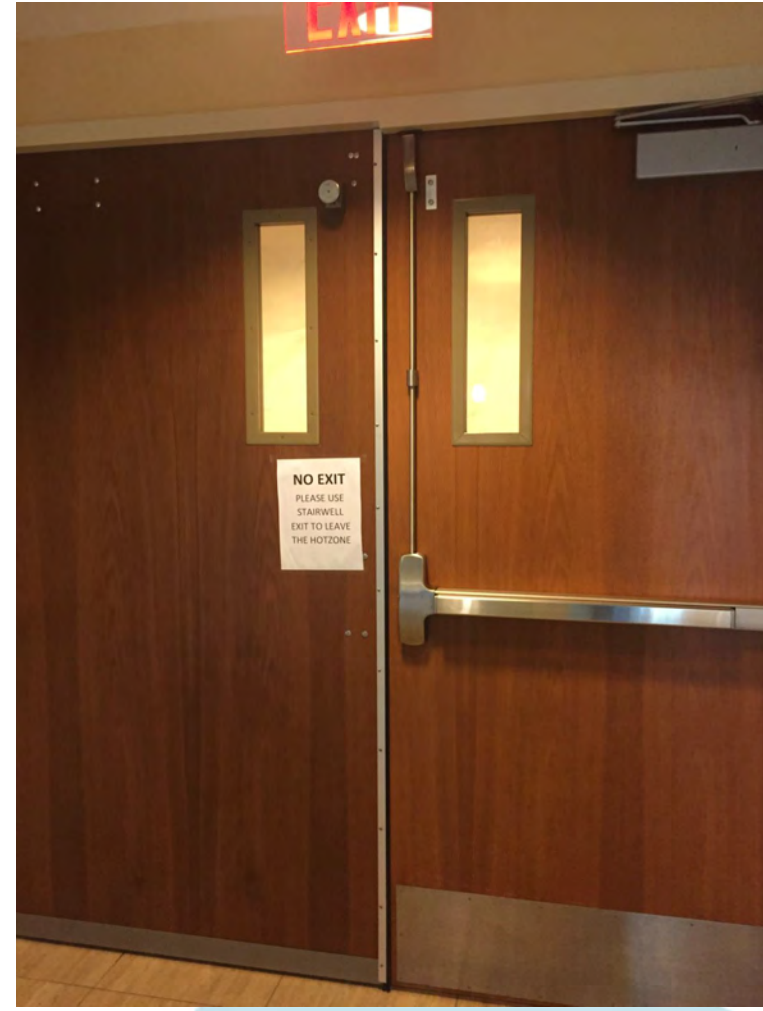


Acceptable Alternative PPE – Use Facemask



CS11283-C 05/20/08

[cdc.gov/COVID19](https://www.cdc.gov/COVID19)







COVID-19 Unit Engineering Measures

Resident Room Fan Coil Unit

- Each resident room has an individual Fan Coil Unit with a MERV 13 air filter installed, that supplies conditioned air to each individual resident room and re-circulates the air within the room.
- The air within the room DOES NOT return to the main air handler unit that supplies conditioned air to the corridors



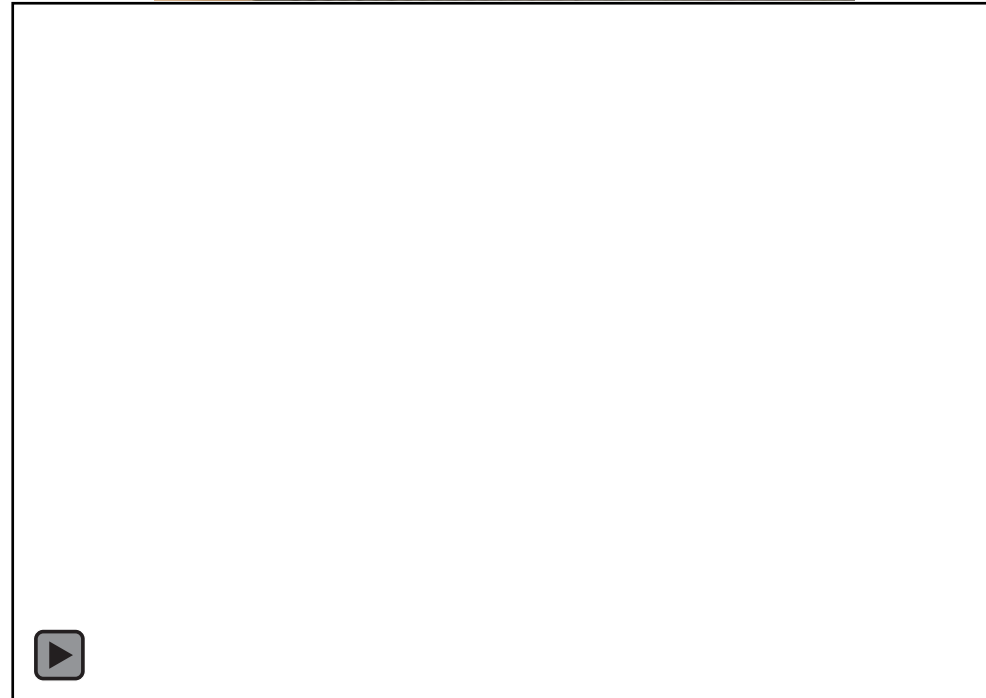
Resident Room HEPA Filter

- A HEPA filter is placed next to the resident's bed
- Filters up to 3 microns and 99.5% of viruses and bacteria within the room and performs 12 air changes per hour (meeting CDC guidelines)



Corridor HEPA Filter

- A large HEPA filter is placed in the corridor to filter the air within the corridor 12 times per hour (meeting the CDC guidelines)
- Uses UV light as well as a 2 HEPA filters that filter 99.5% of bacteria and viruses up to 3 microns



Air Handler Unit HEPA Filters



- Each of the air handler units that supply air to the corridors are equipped with primary filters (MERV 13) and secondary filters (HEPA filters)



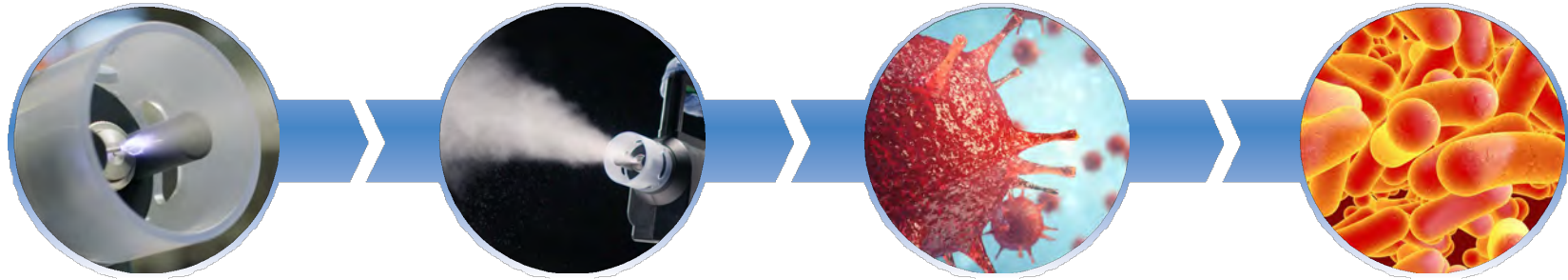
Global Plasma System

- Global Plasma System is installed in all air handler units
- Treats all conditioned air, duct work and coils with harmless and odorless plasma gas to kill 99.4% of SARS-COV-2 (COVID) within 30 minutes of contact





The iHP™ Process (ionized Hydrogen Peroxide)

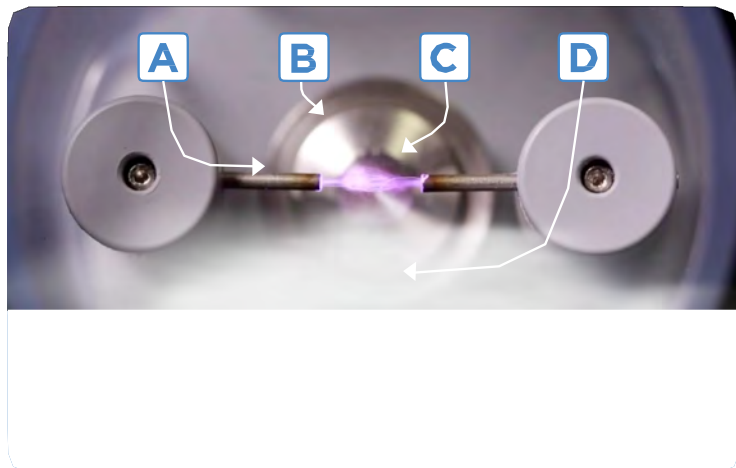


The EPA registered 7.8% Hydrogen Peroxide BIT™ Solution converts to iHP™ after passing through an atmospheric cold plasma arc.

iHP™ is carried throughout the mist, moving like a gas throughout the treated area.

iHP™ damages pathogenic organisms through oxidation of proteins, carbohydrates, and lipids.

This leads to cellular disruptions and/or dysfunction and allows for disinfection/decontamination in the targeted areas and large spaces.



Atmospheric Chemistry **BROUGHT INDOORS**

The atmospheric cold plasma arc converts the H₂O₂ molecules into iHP™. As one of the most powerful oxidizing agents in nature, the iHP™ kills the pathogens achieving high efficacy and leaves behind only oxygen and humidity in treated spaces.

Lessons Learned

Further Questions

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