





Managing COVID in the Nursing Facilities

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Re-envisioning Elder Care

Outbreak



- Date of Onset 10/19/2020
 - 6 people in 3 units
 - Developed a COVID unit
 - No empty beds
 - 10/22/2020 7 more positive in the unit where people were moved
 - By 10/30/2020 45 residents were positive Now in both units where the outbreak originated and where the COVID unit was created
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Outbreak



- On 11/2/2020, 23 more residents tested positive
- By 11/16/2020, 114 of the 146 residents were positive
- The unit where no one was moved into or out of was spared



What Happened?

Dementia building

1. Wanderers
2. Cognitive impairment
3. Isolation impossible
4. Multiple residents needed assistance with feeding
5. Several dependent for all ADL's
6. Staffing shortage

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What Happened?

- Building at capacity-no empty beds
- Had to make a COVID unit to be in compliance
- Moved COVID positive residents to a unit where the rest were negative because of logistics of having a clean/dirty room
- Moved COVID negative residents into rooms vacated by COVID positive residents

Challenges



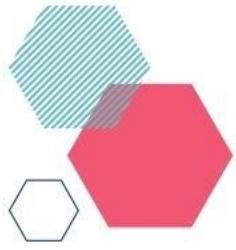
- Staffing or lack thereof
 - 30 staff diagnosed with COVID during the same time frame
 - Other staff scared and called off or took PTO
 - Agency staff (hired from companies who provide staff as needed) in the building for the first time in the 20 years that I have been the Medical Director of the building
 - No one to train the agency nurses
 - Ran out of IV poles
 - Ran out of O2 Concentrators
 - Ran out of IVF



Our Protocol

- DVT prophylaxis dose of rivaroxaban
- Vitamin C
- Vitamin D
- Famotidine
- Use of dexamethasone at the earliest sign of respiratory decline
- TLC
 - Hand feeding
 - IV fluids
 - Monitoring of labs frequently

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Heroes

- DON
- 1 unit manager
- 1 floor nurse who developed COVID
- Medical director/attending and APP

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Outcomes



- Out of 114 residents who tested positive 15 were sent to the hospital
- 10 residents died
- My DON was a casualty of corporate policies
- Medical Director of 21 years was a casualty as well for strongly supporting the DON



Lessons learned

- Supportive care is paramount
- Frequent monitoring of labs CXR essential
- Need a staff that is willing to work the long hours required
- Need clinicians willing to do the same
- Anticoagulation helped prevent deaths
- Dexamethasone in house prevented hospitalizations
- Corporate nursing homes lack understanding of individual nursing home specialties and requirements There is no cookie cutter approach

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Vaccinations



- Started an outbreak in my second facility
- Individual rooms
- Minimal wanderers
- Residents ate in their rooms
- Still had about 30 residents with Covid
- Vaccination came 12/21/21
- The outbreak ended abruptly 12/30/21



Questions?

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