

**Yukio Okutsu State Veterans Home
1180 Waiianuenu Avenue
Hilo, HI 96720**

Mission Assignment 1509-330043

Onsite Assessment Team Briefing



Department of Veterans Affairs

Onsite Assessment Team

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Background

The Department of Veterans Affairs (VA) commenced support to the state of Hawaii on September 10, 2020 at 21:34 via Mission Assignment 1509-330043. The mission supports the formulation of recommendations for interventions, processes, and procedures to assist and support outbreak control of COVID-19. Additionally, the team will provide education and training on infection control, processes, protocols, and best practices.

On September 11, 2020, the VA team traveled to the Yukio Okutsu State Veterans Home on the Island of Hawaii to conduct a one-day onsite assessment. The team consisted of a Nurse Executive Team Leader, Chief Safety and Security Services, Infectious Disease Specialist, and Chief Facilities Management Engineering Service. The visit began with a brief introductory meeting including the team listed above, the

SVH Administrator, Director of Nursing, and Avalon Health Group corporate representative. The meeting was followed by a tour of the facility led by the Director of Nursing. Real time education and mitigation recommendations were presented with each observation/finding. At the conclusion of the visit, a meeting was held with Mayor Harry Kim that included the VA Onsite Assessment Team, K. Albert Yazawa, MD, and Juan Babiak.

Facility Information

- 95 licensed beds
- 67 current in house census
- 4 absent sick in hospital (COVID positive)
- 35 residents currently COVID positive
- 17 residents currently recovered
- 8 persons under investigation (PUI)
- 63 cumulative residents COVID positive
- 10 deaths related to COVID
- 143 total staff members
- 24 staff members COVID positive
- 5 staff members recovered
- 8/22/20 first SVH employee tests COVID positive
- 8/27/20 first SVH resident tests COVID positive
- 8/29/20 first SVH COVID positive resident expires
- Report certified Nursing Assistant staffing ratio as 1:8 or 9 (unable to confirm)
- Report current nurse staffing as 2 nurses and 1 supervisor (unable to confirm)
- Staff work 8-hour shifts

Promising/Best Practices

- Touchless door entry in several areas throughout the facility.
- Entry points with extensive active screening and documentation on first both levels to distance assigned employees. Clean mask issued prior to entry. Screeners utilized proper PPE.
- Hand washing sinks at both entrances and part of active screening process.
- Reuse of face shields. Clean face shields were placed in one container and made available to staff entering. Used container for face shields supplied at the exit. Staff placed used face shields in the used container and housekeeping sanitizes the face shields each day using a submersion method with a bleach solution.

Observations

- Facility reports 3 residents with current/active nebulizing treatments (1-3 times/day, 2 as needed).
- Hand sanitizers not readily accessible in all areas throughout.

- Breakrooms are small with chairs spaced for social distancing.
- Disinfecting high touch surfaces—unable to define exact surfaces expected, unable to verify completion, no visual cues that cleaned every 2 hours as verbalized (ex: timeclock)
- Paper copies of information attached to high touch items making impossible to clean correctly (resident room doors, time clock, walls).
- Scrubs currently worn home after working an entire shift.
- Isolation gowns are plastic and do not fit over face shields.
- Gowns donned upon entrance to unit and worn until staff have a break. Example, one gown worn for all resident care and then continued in same gown while working at nurse's station.
- Staff crossing from wing to wing wearing the same PPE (except gloves).
- Signage on bedroom doors not clear, not consistent with practice or no sign designating isolation status.
- Cloth chairs in hallways of PUI or positive areas (unable to properly clean).
- Resident room curtains—DON unable to articulate how often or if process for cleaning.
- Refreshment cart with juice and coffee in large containers. CNA pours, enters rooms, coming back out and prepares for next room. Creates possible cross contamination.
- Corrugated boxes on floor and on sink in medication room. Large stacks of papers on shelf in medication room.
- Staff not consistently caring for residents only on one hall. Floating among 2 or more halls.
- Residents not cohorted based on COVID status.
- Some residents wandering throughout unit/floor into other hallways.
- Residents wearing masks outside of bedrooms not consistent.
- Fire doors were closed between the main nursing station and the halls of the unit, but resident bedroom doors were open.
- Fit test kit was available for N95 respirator fit testing. N95 respirators were available in various models but sizes were limited. Select staff were trained in July 2020 by National Guard Medical Task Force to conduct fit tests. Most of the records reviewed for staff respirator program were dated in May and June of 2020. Medical clearance documents were not reviewed.
- Powered Air Purifying Respirator (PAPRs) are not used and have not been requested.
- Ultraviolet sanitation boxes for handheld items not available in the facility.
- HVAC system (Petra system) contains two main Air Handling Units (AHU). One AHU services each floor. Individual rooms on each floor would “share” some of the recirculated air by design. Each dual occupancy room has two supply ducts and one

exhaust/return air vent. Each single occupancy room has one supply duct and one exhaust/return air vent.

- Random air flow readings were taken. At the time of readings, the resident rooms were positive pressure in relation to the adjoining hallway.
- There were no anterooms, negative pressure rooms or isolation rooms present (as designed nor temporary/make-shift).
- The AHU filter minimum efficiency reporting value (MERV) ratings could not be visually confirmed and no maintenance personnel was present. Two new filters XTREME +Plus 24x24x2 Self Supported Pleated Filters were seen, however, no marking of actual MERV rating was discovered. SVH Administrator provided information stating that the filters were MERV 8. That brand of filters in that size comes in MERV 6, 8, 11, and 13.
- The overall condition of HVAC system seemed to be in good operational condition with no visible deficiencies. Unable to determine automated control system settings or monitoring as no HVAC or maintenance personnel available.
- One housekeeper was observed cleaning a resident room (COVID Negative). Wearing adequate PPE including face shield. The general cleaner/disinfectant used (ECOLAB Multi-surface cleaner) is on the List N – EPA COVID Disinfectants list. The SVH switched to this product about a week and a half ago from a product that required a 10-min wet time.
- Administrator not aware of specific housekeeping procedures (especially for terminal cleaning). Provided a guide VA developed to provide to housekeeping staff.
- Administrator stated there were no current processes in place to limit housekeeping staff or maintenance personnel from intermixing from the COVID unit to other areas.
- Social Worker expressed exhaustion with working extended hours and covering for maintenance, feeding, and other duties due to shortage of staff. Stated the shortage was not only due to staff being out due to being positive, but also due to staff “quitting”. The leadership did not appear to share the same feeling of a staff shortage or need for additional staffing.
- There was very little evidence of proactive preparation/planning for COVID. Many practices observed seemed as if they were a result of recent changes. Even though these are improvements, these are things that should have been in place from the pandemic onset and a major contributing factor towards the rapid spread. A basic understanding of segregation and workflow seemed to be lacking even approximately 3 weeks after first positive.

Recommendations/Opportunities for SVH

- Work with physician/provider to discontinue nebulizing treatments and explore alternatives.
- Place additional hand sanitizers throughout the units to ensure readily accessible from all locations.

- Encourage staff to take breaks outdoors when possible to decrease exposure. Ensure gatherings are not occurring in the breakrooms.
- Determine “high use areas” list. Assign specific staff to clean high use areas. Do not designate clinical staff to have additional task of wiping including their daily obligation. Create visual cue to ensure accountability and safety.
- Remove paper signage in areas that must be cleaned/disinfected regularly.
- Issue scrubs that are used only in the building. Explore scrub exchange program with Hilo Medical Center.
- Explore options and obtain isolation gowns that are breathable (no plastic) and allow donning and doffing without removing reusable PPE such as face shield or mask.
- Create ante room outside of each hallway and establishing nurse’s station as clean area with assigned seats to eliminate cross contamination. Remove PPE when leaving the hallway/wing. Improve segregation of the individual wards by installing physical barriers (non-flammable plastic with zipper entries) at each entrance to the hallways.
- Consistent staff assignments to hallway/wing to reduce cross contamination.
- Ensure isolation signage is clear, consistent, and maintained. Create and consistently post proper signage at each bedroom door (not paper). Clearly identify what PPE to wear upon entering rooms.
- Remove cloth chairs or any furniture that cannot be properly cleaned and disinfected.
- Clean all bedroom curtains. Establish a reoccurring cycle that is easily understood and implemented.
- Recommend individual containers or pre-made individual portions for drinks before going to unit.
- Create and implement diversional activities for wandering residents.
- Ensure daily screening of residents (vital signs) and create triggers for physician notification and/or admission to hospital.
- Cohort residents according to COVID status not based on resident preference.
- Re-evaluate staffing to ensure time for proper use of PPE, COVID and other infection control processes.
- Consider creation of negative pressure wings/bedrooms on COVID floor.
- Consider purchase of ultraviolet sanitation boxes.
- Place higher emphasis on administrative controls and engineering controls. Close doors to bedrooms and create physical barriers entering each ward to create negative pressure areas.
- Reduce the amount of traffic entering the COVID unit including (housekeeping and maintenance).
- Conduct regular risk mitigation training for all staff. Request a dedicated staff member (IH (preferred) or Safety) to assist with employee exposure risk

assessments, audits of PPE and training. This person can also look at PPE being brought in through logistics or supply for NIOSH/OSHA/FDA compliance.

- Continue to fit test and train staff on multiple respirators to anticipate shifts in respirator type availability.
- Consider use of PAPR which will require funding procurement, frequent education, maintenance, storage and sanitation. Request PAPRs (2x number of personnel on shift in COVID unit) and associated accessories (hoods, tubes, filters, spare batteries).
- Replace existing filters with the highest MERV rating that the system can handle. MERV 13 or higher is recommended for Health Care inpatient.
- Adjust HVAC settings to intake as much “outside air” as possible. Too much outside air will introduce condensation and moisture issues so this needs to be monitored closely.
- Instill a process to assign housekeeping and maintenance staff to certain areas. If not possible, have personnel enter the COVID positive area at the end of their shift so they don’t have to enter the other areas of the facility after that.
- Provide education to both leadership and staff on basic infection control practices and COVID/CDC practices.
- Have a physician on site or on call 2-3 days/week preferably someone of GREC training or at least understanding in care of residents.
- Review DNR and end of life care
- Review or create procedures regarding:
 - PUI residents: quarantine practices
 - COVID residents: Isolation practices
 - Emergent/Urgent transfer to hospital
 - Universal COVID testing and notification process
- Conduct leadership rounding during all shifts to ensure/verify compliance, accountability, to identify risk, issues, barriers, and to provide education.
- Conduct socially distanced staff meetings and/or huddles in all areas on all shifts to ensure open communication.
- Ensure regular and transparent communication with residents, as well as family members, to inform of changes that ensure the safety of the staff and residents.
- Recognize deaths and consider offering Employee Assistance Program (EAP) and compassion fatigue sessions for staff.

Recommendations for the State of Hawaii

- Immediately provide a “Tiger Team” to help implement recommendations, provide training and oversight, and to provide needed staffing support and respite.
 - Nurse Leader—Team Lead (1)
 - Infection Control RN (1)

- Nurse RN (1)
- Nurse Educator RN (1)
- Employee Health RN (1)
- Safety and/or Industrial Hygiene (1)
- Housekeeping Supervisor (1)
- Logistics Supervisor (1)
- Maintenance Worker (2)
- Food Service Worker (1)
- Licensed Practical Nurses (5)
- Nursing Assistants (4)

*Individual position time requirements/needs will vary.

- Consider a revisit of this Onsite Assessment Team within the week, while obtaining Tiger Team, to assess progress toward implementation of recommendations.

Conclusion

This mission was successfully completed with an onsite visit as charged. The above recommendations are listed for immediate action by both the State Veterans Home and the State of Hawaii. Thank you for this opportunity to assist the State of Hawaii and to continue to serve our Veterans.

Report prepared by

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September 12, 2020