



DEPARTMENT OF VETERANS AFFAIRS  
Birmingham VA Medical Center  
700 S. 19<sup>th</sup> Street  
Birmingham, AL 35233

APR 27 2020

In Reply Refer To: 521/00

Bill Nichols State Veterans Home  
1784 Elkahatchee Road  
Alexander City, AL 35010

Dear Ms. Case:

On April 20, 2020, a team from the Birmingham VA Healthcare System had the opportunity to review the care and infection control practices at the Bill Nichols State Veterans Home (BNSVH). Everyone the team met with was helpful, informative and forthright. Even more apparent than their helpfulness was the staff's commitment to taking care of their patients. Many employees have taken on additional duties and responsibilities and they have risen to the challenge. Several strong practices were observed in the facility and are mentioned below. There are opportunities for improvement and considering the staff's obvious commitment to their patients, the team is optimistic that the suggestions can be implemented effectively. The team identified a few high yield recommendations but have also provided some specific suggestions to consider. This pandemic is a rapidly changing situation and it is understood that the suggestions may need to be adapted as the situation at BNSVH changes.

Birmingham VA Healthcare System Review Team:  
Andrew Sellers, MD, Associate Chief of Staff for Medicine, Team Lead  
Josh Stripling, MD, Infectious Disease Specialist  
Cindy Baker, MD, Palliative Care Director  
Alicia Farley, RN, Quality Manager  
Jann Haley, RN, Home Based Primary Care  
Miracle Reese, RN, Infection Control

Findings from the review are as follows:

### **INFECTION CONTROL**

The single most important area to focus attention is consistent hand hygiene.

- ◆ Frequent hand hygiene, with the use of soap and water or alcohol-based hand sanitizer if soap and water is not available, is one of the best methods of prevention of spread of COVID-19 and other infectious pathogens.
- ◆ Hand hygiene should be performed in between the care of individual patients in a semi-private room and in between all rooms. Hand hygiene needs to continue between all other activities outlined by the [CDC](#). (click for link)
- ◆ Staff need to be reminded and monitored on hand hygiene continuously.

- ◆ Plans for strategic placement of hand sanitizer were in process prior to our departure and should be implemented.
- ◆ Assess direct care staff for artificial nails and nail length, to comply with CDC recommendations.
- ◆ Recommend visual aids such as posters to remind staff of proper hand hygiene.

The second area to focus attention is appropriate use of PPE.

- ◆ The availability and general use of PPE in the facility is to be commended; however, the specifics and education surrounding appropriate use appeared lacking. At this time, all residents should be considered as potentially having COVID-19 and appropriate PPE should be worn as recommended by the CDC and CMS. Standard, contact, and droplet or airborne precautions should continue to be followed by appropriate doffing of PPE when indicated in the care of these patients.
  - i. PPE should be changed when leaving a COVID unit and not worn through common areas. Patients with COVID-19 should be under contact precautions; therefore, PPE should be removed and discarded or disinfected, if possible. This applies to all PPE, but specifically gowns and gloves. There are extended and limited use recommendations for N-95 respirators provided by the CDC that can be followed to help offset usage rates in a time of shortage.
  - ii. Supplies of PPE need to be tracked carefully and compared to CDC guidance so staff can be educated on appropriate PPE use. The ability to assess daily burn rate and usage will help identify PPE supply count and alter PPE usage and recommendations if shortages are identified.
  - iii. Shoe covers and head coverings are not recommended for use as PPE in the care of COVID patients.
  - iv. Procedural masks (surgical masks) are appropriate for general use. Staff not in direct contact with patients do not need to wear N-95 respirators. This will assist in staff comfort as well as PPE shortage and usage rates.
  - v. If N-95 respirators are available, staff should be fit tested and respirators should be worn on COVID units. N-95 respirators are specifically recommended for patients undergoing aerosol generating procedures such as intubations and bronchoscopy. At BNSVH, the most likely aerosol generating procedure would be the use of nebulizers.
- ◆ Consideration should be given to use of a "buddy system" so staff are observed by a coworker when donning and doffing PPE to ensure compliance with recommendations. Hand hygiene should be performed prior to donning and after doffing and an observer can assist in being sure this occurs.
- ◆ Ideally, there should be specific areas for donning and doffing PPE upon entrance and exit of COVID units.

- i. Consider closing the first patient room on the COVID units and converting to a doffing station for use prior to exiting the unit.
  - ii. Consider utilizing the central common areas as a potential location for donning. Alternatively, a donning station could be assembled in the empty dining room spaces.
  - iii. Doffing should occur prior to exiting the COVID units so as not to be worn in the central common area. A disposal area should be created at the exits to assist in staff compliance with this recommendation.
- ◆ Recommend visual aids such as posters be displayed in donning and doffing areas to remind staff of proper donning and doffing techniques.
  - ◆ Consider stocking PPE carts strategically between patient rooms.
  - ◆ Review CDC and OSHA recommendations for waste segregation. Doffed PPE is not considered biohazard unless blood or body fluid contamination has occurred.

## **PATIENT CARE**

- ◆ All patients that are symptomatic, Person Under Investigation (PUI) or known to be COVID positive, should be grouped together (cohorted). It is the team's understanding that this was difficult initially given the high occupancy rate, but vigilant cohorting of patients is necessary and should be done consistently.
- ◆ BVHCS will continue to accept patients needing higher levels of care at the request of BNSVH.
- ◆ BVHCS can assist with palliative care for patients or other specialty care as needed. Telehealth and video modalities are available for this purpose.

## **STAFFING/EMPLOYEE EDUCATION**

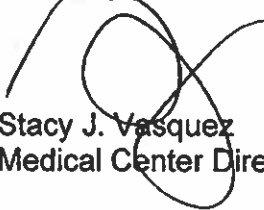
- ◆ The staffing in patient care areas is only adequate due to pulling administrative staff to patient areas. Nursing Hours Per Resident Day (NHPRD) were 3.9, 3.7, and 3.5 for the days requested.
- ◆ BNSVH has worked with local and regional staffing agencies and are making requests through State and Federal channels.
  - i. Additional staff were orienting during the visit.
  - ii. Consider shifting staff from other SVH's to meet increased demands at BNSVH.
- ◆ The facility sends out communication regularly via text messages and e-mail, but given the rapidly changing situation, staff likely have trouble keeping up.
- ◆ Once staffing is stabilized, consider identifying a few staff to regularly review CDC and CMS guidance and distribute that information to the facility.
- ◆ Once staffing is stabilized, consider assigning staff to, educate, review, and monitor PPE use and donning/doffing technique.

## **STRONG PRACTICES**

- ◆ An outside infection control consultant was onsite during our visit. The team's understanding is that she would be there for several days. We anticipate that our recommendations are complementary.
  - i. Consideration should be given to similar consultations at other SVH's as appropriate.
- ◆ The screening process on entry into the facility is very thorough and complete.
- ◆ There is a good system for tracking patients who are tested and of the results of the tests, including dates of testing and results.
- ◆ Staff are continuing to keep families informed about their loved ones.
- ◆ The environmental management processes were solid, and employees were knowledgeable.
- ◆ The dietary process for food preparation and delivery was quite good.
- ◆ The effort, care, and concern that the staff give to their jobs and their patients is commendable.

If you should have any questions regarding this review, please contact Kelli Puhnaty, MSN, RN, PMH-BC, Chief of Geriatrics and Extended Care, at (205) 933-8101, extension 7028.

Sincerely yours,



Stacy J. Vasquez  
Medical Center Director



Scott Harris, M.D., M.P.H.  
STATE HEALTH OFFICER

April 30, 2020

Ms. Trylene Case, Administrator  
Bill Nichols State Veterans Home  
1784 Elkahatchee Road  
Alexander City, AL 35010

Dear Ms. Case:

At the request of the Alabama Department of Veterans Affairs, an onsite visit was made by staff of the Bureau of Health Provider Standards on April 21, 2020 for an assessment of infection control processes and procedures at the Bill Nichols State Veterans Home located in Alexander City, Alabama.

During this abbreviated visit, the surveyor made observations and interviewed staff on three floors of the facility regarding the practices in place and the availability of supplies for the current Covid-19 pandemic. Based on this abbreviated visit, the surveyor did not identify any issues that would warrant immediate correction.

We appreciate the Alabama Department of Veterans Affairs for the continued care of Alabama's Veterans.

Sincerely,

Lisa Pezent, RN, BSN  
Director, Long Term Care  
Bureau of Health Provider Standards