Aggressive defense

When leaders at the Oklahoma-based Diakonos Group first heard about something called the novel coronavirus near the beginning of the year, they sprang into action. Supplies were stockpiled, test capacity was secured and, once COVID-19 became fully apparent, hazard pay was provided. Diakonos COO Kimberly Green spoke recently with *McKnight's* Executive Editor James M. Berklan about decisions that saved the 21-facility group (spanning skilled nursing to intermediate care) from a lot of pain and suffering — and became a model for others around the country.

Q: What first compelled you to take action?

A: We really studied everything about the first outbreak in Washington. We ordered three months of personal protective equipment way before everybody else and put it in storage, just in case. If it doesn't hit and you're overprepared, that's fantastic.

We were watching what was happening in China, and once it hit our shores, we just knew. We seemed to be three to six weeks ahead in lots of the things we did.

We created eldercare screening. We screened three times a day, noticing things were often different from what was in the public, like loss of sense of smell or taste. Red rings would appear around the eyes, almost 100%. Those went immediately to a nurse for assessment.

We caught so many and would send them to the hospital for testing. This was way, way early, and we actually got into a debate with the hospital, which would say they're not showing fever or other symptoms.

Q: But you still had some cases?

A: Once we had our first positive case — we had contracted with a private lab to check — we immediately had our whole facility tested. We felt the only way was to hit this head-on. So we tested 100%. From there, we opened a COVID unit. We had two wings and the capacity to hold 40. Anybody who tested positive went into a COVID wing, and we had isolation for new people, way before others starting doing it, for the most part.

Q: Did you fill the COVID units?

A: We went down to zero positives, and now they're coming from the hospital and other buildings.

Photo: Leslie Hoyt

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Q: How did top management respond?

A: We met every day to make sure things were on track. Our owner, Scott Pilgrim, had to approve anything money-wise, and he was constantly researching. Shellie Conley is a nurse who was recently promoted to lead everything clinical. They are both amazing. I led our operations team.

We have a phenomenal overall team. You never really know how great [they are] until you have a crisis.

We got things done and sent things out to other owners, both in-state and out-of-state, and many of our policies circulated around.

Q: What did you do about environmental concerns?

A: Even though it was not recommended, we installed negative-pressure units so we would be certain it would not pass through the air. We bought air purifiers for all rooms. We also spent $100,000 on UV [disinfection] robots. They go in and flood the whole room with ultraviolet light for so many minutes.

We also hired a company to mist the entire building with a virucide. Then we created our own misters and sprayed virucide at least once a day in every building, more in the COVID units.

Q: How did you rationalize the spending, especially before relief funding?

A: We spent $100,000 on the UV robots and easily spent $600,000 on just the PPE, and then we also paid for all of our testing. At that time, we didn't think there would be any reimbursement. We just thought it was the right thing to do. We didn't know how we were going to survive after it was all done, but we knew that we could not have our residents, patients, clients and staff at risk.

> *We had over 2,000 [job] applications from the news interviews that night.*

Q: What did you learn along the way?

A: The negative pressure units were a huge cost and nobody recommends it, but if [the virus] were to spread, there's just no way it would have NOT been worth it.

They also helped us with our referrals and with families and residents. They're scared to death of COVID. When you explain you have a negative air unit and all these other things, they are comfortable and fine with that. I do not believe they would be without [the unit]. There's also no evidence the air purifiers are necessary, but we just felt we had to be able to look at everyone and say we did everything we could, and any infection we got was not from our systems and not having everything in place that we can do.

Q: How did you handle employee issues?

A: We implemented hazard pay. Anybody on a COVID unit gets one-and-a-half times overtime pay. Anybody in a skilled unit got 20% increases for three months, through June. Hazard pay for COVID units is ongoing. We didn't know how rare hazard pay was. The hazard pay has been painful, but we knew to retain staff, we had to do it.

The other interesting thing we did was we saw other places shutting down and losing jobs, so I actually contacted news organizations and had them come out and do an interview. I told the public: "You need a job? We have jobs. Call me. We will train you."

We also went to the state and asked for CNA training to be modified so we could do on-the-job training and they approved that. We had over 2,000 applications from the news interviews that night.

We thought it would give us the opportunity to introduce a new career to people that they could fall in love with, whether it was culinary, housekeeping or maintenance, or we could send someone to nursing school. We did get a lot of really great people.

I said to overhire, though, because we knew some people wouldn't stay and others would go back to previous jobs.

Q: Any hard lessons learned along the way?

A: I wish we would have known — and there was no way at the time — about labs and how unprepared they might be. We got stung on our first one. You pay for all that testing and then results go up in 14 days. That did facilitate the spread. We also were really banking on antibody testing. We thought it would be a fast thing for our staff, but that didn't work out because of the accuracy rate.

Another lesson we learned was a hit-your-head moment. We had one unit with multiple infections and brought in an epidemiologist and the state and everyone couldn't figure it out.

We finally realized we were not deep-cleaning the shower heads with virucide, and everything else in the shower, after every single person. You have moist heat and steam. Once we did that deep clean, we didn't have any more cases on that unit.

Q: What's your main takeaway from the pandemic?

A: The biggest advice we have is you must have regular COVID testing. Don't be afraid to test and find out [the results]. It's not going to go away until we do testing. Test even before COVID gets in a building. Your control of it is only as good as your knowledge of what you have in your building. It's imperative to know and be proactive.

The key then is what you do once it hits, because it might be unavoidable. It moves like the wind. What knowledge are you giving? Have you planned ahead for a staffing crisis? Are you willing to test 100%? Have you put aside a fund for that kind of emergency?

Make sure you think of every detail, including the ones no one wants to talk or think about, like temporary morgues, ordering body bags and developing succession plans for every leader in case the worst were to occur.

Those are the things that can bring you to your knees as a leader and as a team, but you must plan for the worst and hope for the best to survive through storms like these. We were determined to survive. ■