# HOSPITALity

# LEO A DALY

Repurposing a Hotel to a Hospital

March 2020

## Why LEO A DALY?

- National expert on Infection Control
  and Biocontainment
- Best **aligned to leverage** both Healthcare and Hospitality expertise
- Partnering capabilities with national healthcare systems and Construction Management firms

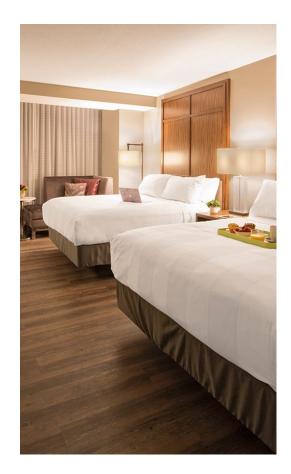




# Why a Hotel?

Aligned building typology

- Comprised of private, individual rooms with dedicated toilet
- Dedicated HVAC system per room
- Operationally and functionally compatible:
  - Food service
  - Cleaning service
  - Waste removal
  - Laundry services





# Why a Hotel?

### **Quick to market**

- Many properties relatively available due to ban on travel
- Secure and controlled access and exiting
- Can house **up to 80 patients** per average building size
- Often several are located **near** existing hospitals





## What Level of Patient Acuity?

**Re-use Model 1** COVID-19 **Quarantine** – societal **isolation** (China example)

#### **Re-use Model 2**

COVID-19 **Symptomatic** – including underlying health risk factors requiring care (e.g., Tom Hanks and Rita Wilson) – but **not seriously acute** nor requiring ICU

#### **Re-use Model 3**

Non-COVID-19 **Uninfected** – patients requiring an inpatient stay to free up beds in existing hospitals (e.g., ortho patient)





### **COVID-19 Quarantine**

Isolation of otherwise healthy patients

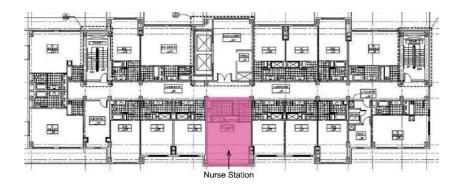
### **Guest room modifications:**

• Minimal, if any

### **Guest floor modifications:**

 Create Nurse Station in room opposite elevator core





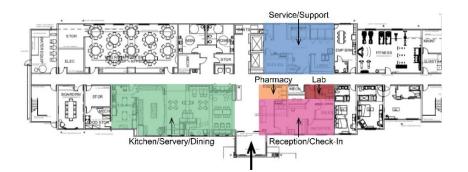


### **COVID-19 Quarantine**

Isolation of otherwise healthy patients

### Lobby level modifications:

- Repurpose Reception/Office area
  as check-in
- Reuse retail area as Pharmacy
- Convert office into Lab





### **COVID-19 Quarantine**

Isolation of otherwise healthy patients

#### Infrastructure modifications:

• Add exhaust fan to exhaust duct on roof to create negative pressure in guest room

### Staffing requirements:

 Potentially nursing and providers that have tested positive for COVID-19 but are asymptomatic (*if* legal to do so)

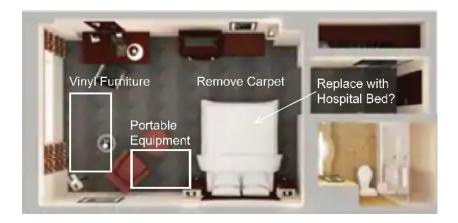


### **COVID-19 Symptomatic**

Patients with underlying health risks requiring higher level of care

### **Guest room modifications:**

- Remove carpet, polish and seal concrete floor
- Replace fabric covered furniture with hospital grade vinyl
- Replace curtains with Mecho shades
- Provide mobile headwall unit and portable med gas bottles
- Modify existing guest bed or replace with hospital bed if feasible



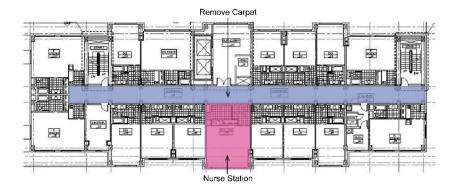


### **COVID-19 Symptomatic**

Patients with underlying health risks requiring higher level of care

### **Guest floor modifications:**

- Create Nurse Station in room opposite elevator core
- Remove carpet in corridor, polish and seal concrete floor
- Add electronic, wireless patient surveillance and monitoring devices and infrastructure

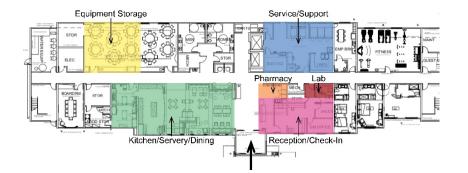


### **COVID-19 Symptomatic**

Patients with underlying health risks requiring higher level of care

### Lobby level modifications:

- Turn Reception/Office area into check-in
- Reuse retail area as Pharmacy
- Convert office into Lab
- Create Equipment Storage area for portable devices, including X-ray, ventilators, IV, patient monitors, etc.



#### **COVID-19 Symptomatic**

Patients with underlying health risks requiring higher level of care

### Infrastructure modifications:

- Add exhaust fan to exhaust duct on roof to create stronger negative pressure in guest room
- Provide generator and fuel tank outside main Electrical Room, tie into existing panel via new Transfer Switch

### Staffing requirements:

• Providers use special precautions during and after giving care

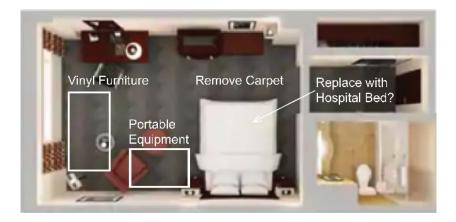


#### **Non-COVID-19 Uninfected**

Patients requiring an inpatient stay to free up beds in existing hospitals

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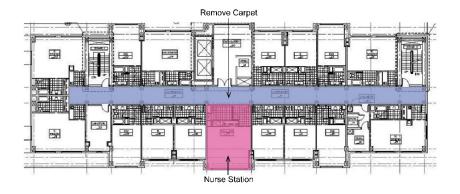


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- Traditional nursing and provider staff



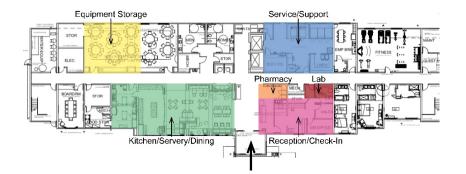


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#### **Non-COVID-19 Uninfected**

Patients requiring an inpatient stay to free up beds in existing hospitals

#### Infrastructure modifications:

- Modify thru-wall HVAC unit to create positive pressure in guest room
- Provide generator and fuel tank outside main Electrical Room, tie into existing panel via new transfer switch

#### **Staffing requirements:**

• Traditional nursing and provider staff



### **Hurdles to Overcome**

- Medical and provider staffing
- Existing hotels not built to healthcare HVAC system requirements
- Hospital bed connection and movement ramifications
- Cleaning and support
- Supplies and **medical equipment** management





### **Hurdles to Overcome**

- Major equipment lead times
- Existing **power infrastructure**
- Emergency power would not have healthcare safety systems built in; secondary grounding, etc.
- Legal and code requirements

