

MATHEMATICA REPORT RECOMMENDATIONS /RESPONSES TO DATE BY DPH AND OTHER STATE AGENCIES

#	Type of Recommendations	Number of by Type	DPH Implemented	Under Review	% Implemented
1	Person Centered Care	5	5	0	100%
2	Surveillance and Outbreak Response	6	4	2	67%
3	Emergency Response	6	5	1	83%
4	Screening and Testing	5	4	1	80%
5	Infection Control	7	5	2	71%

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#	Type of Recommendations	Number of by Type	DPH Implemented	Under Review	% Implemented
6	LTC Staffing and Workforce availability	5	1	4	20%
7	State Agency roles, expertise, and Skills	2	1	1	50%
8	Communications and Coordination across state agencies, facilities and support organization	3	3	0	100%
9	Care Transitions	3	0	3	0%
10	Reimbursement Mechanisms to support increased LTC system costs	3	2	1	67%
	Total	45	30	15	67%

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1	Infection Control	<p>SR14: Due to the role of community prevalence in driving COVID-19 outbreaks in facilities, everyone living in or visiting Connecticut should continue to heed guidance from the state and national authorities to ensure community spread remains low. This includes continuing to maintain social distancing, wearing a mask while in public, practicing good hygiene, staying home when feeling sick, and getting a flu shot to protect yourself and others from infection.</p>	<p>The DPH and every state agency and legislative body have been following social distancing, wearing a mask while in public, practicing good hygiene, staying home when feeling sick, and getting a flu shot to protect yourself and others from infection.</p>
2	Infection Control	<p>SR15: Facilities should consider the rooming assignments of high-risk residents on units in such a way that reduces exposure of others on the unit. For example, facilities could assign residents who frequently leave the facility for dialysis or other outpatient treatment a room at the end of a hallway near an exit to allow for easier transfers.</p>	<p>Dr. Leung and the HAI team works with facilities daily on appropriate cohorting</p>

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3	Infection Control	SR16: Facilities should ensure they have an adequate stockpile of PPE that is available and accessible to staff on every shift. Facility management should ensure someone on every shift has access to the PPE supply if the supplies are stored in locked containers.	DPH has developed guidelines and directions to all nursing homes to maintain a three weeks stockpile.
4	Infection Control	LR11: The state should continue to maintain a stockpile of PPE that is available to LTC facilities in case of future increases in COVID-19 or other infectious diseases that are accompanied by breakdowns in the supply chain and lack of availability from the Strategic National Stockpile.	As a safety net the state has also developed a stockpile as a backup if nursing homes are unable to source PPE

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5	Infection Control	<p>LR13: When vaccines to provide protection from COVID-19 become available and are proven safe and effective for vulnerable populations, state distribution plans should designate LTC residents and staff as having priority to receive them.</p> <p>On September 21, Governor Ned Lamont announced the creation of a special commission that would establish priorities for distribution of an eventual vaccine. This group should consider the unique risks of LTC facility residents and staff in prioritizing receipt of a vaccine.</p>	<p>The governor has established a vaccine committee that will prioritize LTC as directed by CMS and CDC.</p>
6	Surveillance and outbreak response	<p>SR6: DPH should continue infection control focused surveys, targeting more frequent surveys in nursing homes with ongoing or increasing infections. Surveyors should continue to provide technical assistance and real-time remedial instruction to facilities during these surveys to ensure compliance with state regulations.</p>	<p>DPH did over 3,000 focused infection control audits and has continued. Surveyors continue to provide responses in order to teach facilities. CMS has also implemented additional survey reinforcement for facilities deemed to be hotspots for outbreaks.</p>

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<p>7</p>	<p>Surveillance and outbreak response</p>	<p>SR7: DPH should ensure all temporary survey staff, including National Guard personnel, complete basic and ongoing training to conduct surveys consistently and thoroughly, including training on infection control and prevention. Industry stakeholders reported survey teams can be an important source of communication and guidance. To this end, it is critical that all personnel conducting infection control focused surveys receive basic and ongoing training on how to conduct surveys and issue citations consistent with CMS guidelines. Opportunities for ongoing communication and guidance to surveyors are also important. DPH should continue to assess the frequency of meetings with surveyors and provide written summaries for those who cannot attend.</p>	<p>All guardsmen and other temporary workers are trained on infection control before entering a nursing home. All guardsmen and temporary workers are part of a PCR testing regiment</p>
<p>8</p>	<p>Surveillance and outbreak response</p>	<p>SR8: All Facility Licensing and Investigations Section (FLIS) staff or other personnel conducting in- person surveys in nursing homes should be regularly tested for COVID-19 to ensure that surveyors do not become a source of possible infection among residents or staff.</p>	<p>All DPH staff entering a nursing facility are tested weekly</p>

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Surveillance and outbreak response

LR1: The state should explore ways to reduce duplicate case reporting to minimize burden on facilities and the state and reduce the risk of data errors. For example, the state could map which data elements and metrics related to census, cases, PPE, and so on are reported by facilities to multiple reporting streams and eliminate overlap. The state should explore integrating reporting systems or automating uploads from one system to another. Streamlining reporting requirements might help free LTC facility, DPH, and contractor personnel from ensuring data accuracy and timeliness toward efforts to strengthen infection control procedures.

The state is currently working with the information technology to minimize duplicate reporting. However, the federal governments require reporting that is often different and does not meet the needs of the department operationally. DPH works on the most current data and works with nursing home daily to collect accurate data. Will continue to work on data collection efficiencies

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<p>10</p>	<p>Surveillance and outbreak response</p>	<p>SR9: The state should develop plans for a potential second wave in consultation with representatives from the state legislature, LTC industry and home and community-based services (HCBS) providers, residents, and family members.</p> <p>Early planning and response efforts focused on hospital capacity, with nursing homes viewed primarily as a backstop to alleviate high demand for acute care beds. Ongoing emergency planning and response efforts should include representatives of the LTC industry, including HCBS providers, and LTC residents and family members to address their unique needs.</p>	<p>The state continued to develop plans by preparing stockpiles for test and PPE and has developed Rapid Response Teams for testing in nursing homes and community testing</p>
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<p>1</p>	<p>Infection Control</p>	<p>LR10: Connecticut should broaden qualifications for an infection preventionist and expand the role to full-time in all nursing homes. Medicaid payment rates should be adjusted to cover the extra cost of full-time positions. The state could broaden the training for infection preventionists to align with the federal rules of participation for nursing homes, which state this position can have training in nursing, medical technology, microbiology, epidemiology, or other related fields (§42 CFR 483.80.b.1).</p> <p>The state and LTC industry should work with community colleges and other training programs to meet the increased demand for infection control and prevention training and certifications.</p>	<p>The Outbreak Surveillance group will discuss and make further recommendations</p>
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2	Infection Control	<p>LR12: As evidence emerges regarding the role of building design and ventilation, LTC facilities should consider changing their physical environments to better limit the spread of an airborne virus like COVID-19. The state could support these building renovations by guaranteeing loans for facilities.</p>	<p>The infrastructure and Capital Improvement Funding Subcommittee is analyzing the impact and cost of this recommendation</p>
3	Surveillance and outbreak response	<p>LR2: The state should make participation in the Mutual Aid Plan (MAP) mandatory for assisted living communities. The requirement that assisted living facilities report to MAP under Executive Order Number 7EE (Lamont 2020a) should be made permanent to ensure the state has immediate access to data from these facilities anytime there is a future activation of the state’s Mutual Aid Plan (Lamont 2020a).</p> <p>The state should ensure membership fees in the MAP are equal for all participants to eliminate potential barriers to entry for MAP participation or consider a sliding fee scale based on facility revenue.</p>	<p>DPH proposes to make the reporting mandatory for assisted living facilities in the mutual Aid electronic reporting system and will submit legislative language</p>

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<p>4</p>	<p>Surveillance and outbreak response</p>	<p>LR3: The state should make infection control training mandatory for the designated on-call nurses at assisted living service agencies that provide services to adults living in assisted living facilities.<u>2</u></p> <p>Before the pandemic, Connecticut was one of only nine states (as of 2019) without any specific regulations that addressed infection control policies in assisted living communities (Bucy et al. 2020).</p>	<p>DPH will await outcome of recommendation from the surveillance subcommittee</p>
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Thank You