

State of Connecticut
GENERAL ASSEMBLY



NURSING HOME AND ASSISTED LIVING OVERSIGHT WORKING GROUP
OUTBREAK RESPONSE AND SURVEILLANCE SUBCOMMITTEE
LEGISLATIVE OFFICE BUILDING
HARTFORD, CT 06106-1591

Meeting Summary

December 17, 2020

Sen. Abrams convened the meeting and welcomed members and guest speakers.

Guest speakers present included Dr. Jesse Cohen, Medical Director of Newtown Rehabilitation & Health Care Center, Sharon Health Care Center, and Torrington Specialty Care; Karen-Marie Buckley, Vice President of Advocacy at the Connecticut Hospital Association; Dr. Jonathan Bankoff, Chairman of the Department of Emergency Medicine at Middlesex Hospital; Jill Norton, Director of Case Management, Middlesex Hospital; and Jodi Parisi, Infection Prevention Manager, Middlesex Hospital.

Dr. Cohen thanked the committee for the invitation to speak. Since the beginning of the pandemic, he has overseen three outbreaks in nursing homes, and one outbreak at an assisted living facility. As medical director, Dr. Cohen has sought to alleviate the pressure on hospitals by providing professional care for COVID patients at nursing homes. In terms of improving the state's response to the outbreaks in nursing homes, Dr. Cohen suggested that the state remove regulation and authorize LPN's and RN's to be allowed to conduct phlebotomy and insert IV's into patients that need it. COVID positive patients require blood at an atypical frequency because of the high susceptibility to bacterial infection and dehydration. Currently, Connecticut regulations require a phlebotomist license to draw blood or provide transfusions. As for IV's, outside technicians and pharmacy companies are responsible for the task of starting an IV, which delays the process of providing critical care to patients with the virus. Another recommendation made by Dr. Cohen is for the state to end discrimination against COVID-19 patients by lab companies. Companies like Quest Diagnostics have denied lab services to COVID-19 patients or those suspected of having it, which Dr. Cohen attributes to costing lives. Lastly, Dr. Cohen addressed issues with the directives coming from the Department of Public Health. While the World Health Organization and the Center for Disease Control have clearly stated that COVID-19 is airborne, he alleges that the directives coming from the DPH pertain to droplets. Dr. Cohen would like to see better guidance from DPH regarding the airborne nature of the virus, particularly an updated policy that requires medical staff to wear the N-95 mask. Dr. Cohen believes that all of the aforementioned proposals

will save lives and make nursing homes more suitable for providing critical care.

Sen. Abrams thanked Dr. Cohen for his recommendations and asked whether or not there is a mechanism of communication established between the DPH and the medical directors across Connecticut.

Dr. Cohen responded by expressing his dismay with the lack of communication coming from the DPH. From the beginning of the pandemic, Dr. Cohen wrote newspaper articles and emails, none of which were answered. He acknowledged that there is not a system in place to facilitate communication between the DPH and medical directors, although he did note that the nursing directors were in contact with the DPH.

Mr. Barrett questioned Dr. Cohen as to whether or not a simple surgical mask and face shield were a satisfactory standard of protection, given the fact that N-95 masks were a scarce commodity at the beginning of the pandemic.

Dr. Cohen elaborated on the effectiveness of the N-95 mask as compared to the standard surgical masks. Dr. Cohen made the point that a surgical mask is more likely to protect others if you were carrying the virus, but it isn't nearly as effective in protecting oneself from the airborne viral particles.

DC Aaron sought clarity in terms of the role of the medical director and other experts in the building, specifically relating to infection control in the building, day-to-day operations and staff meetings.

Dr. Cohen detailed his duties as the medical director at four facilities. The ideal medical director should have a strong working relationship with the director of nursing, be able to carry out administrative tasks of the facility and in some cases, provide direct care for patients. Typically, medical directors are charged with implementing care policies, devising new programs, reviewing goals, looking at survey and statistical data, and finding ways to prevent falls in the building, just to name a few of their responsibilities. Dr. Cohen recommended that for the future, medical directors be directly involved in staff training to ensure streamlining of safety protocol.

Sen. Abrams thanked Dr. Cohen for his recommendations and proceeded to introduce Ms. Karen-Marie Buckley, the Vice President of Advocacy at the Connecticut Hospital Association.

Ms. Buckley prefaced her introduction by shedding light on the strengthened relationship between hospitals and nursing homes after working together since the start of the pandemic in March. Ms. Buckley highlighted the work with the DPH regarding the discharge guidance, where nursing homes and hospitals came together to reach a compromise that prioritized patients and prevented unnecessary usage of critical hospital beds. Ms. Buckley emphasized that the pandemic has been a learning process for all, and it will continue to be. At the conclusion of her remarks, she introduced Dr. Jonathan Bankoff, the chairman of the Department of Emergency Medicine at Middlesex Hospital.

Dr. Bankoff provided an overview of operations at Middlesex Hospital's emergency medicine

facilities. At the start of the pandemic, nurses struggled with supplies, resources and the overall management of patients. Dr. Bankoff discussed the influx of COVID-positive nursing home and assisted living patients at the emergency room, noting that these individuals required in-patient care. Dr. Bankoff remarked on the challenges involving the discharge process for these individuals, with many of the nursing homes and assisted living facilities having specific requirements as to when a patient can return. The lack of a streamlined discharge process led to many beds being unnecessarily occupied when they could have been used to treat other people. Lastly, Dr. Bankoff emphasized the importance of a healthy staff. Without a fully functioning staff, units struggle to operate at full capacity with optimal care.

Sen. Abrams thanked Dr. Bankoff for his remarks and introduced Jodi Parisi, the Infection Prevention Manager at Middlesex Hospital.

Ms. Parisi echoed Dr. Bankoff and had no further remarks to add. She introduced her colleague, Jill Norton, who is the Director of Case Management at Middlesex Hospital.

Ms. Norton explained attempts made by the staff at Middlesex Hospital to provide skilled nursing facilities with information and expectations via Zoom town hall meetings. Since March, Ms. Norton has found that communication and consistency has greatly improved between the hospitals and skilled nursing facilities across the state.

Sen. Abrams opened the meeting to questions and remarks from members of the subcommittee.

Ms. Morelli stressed the importance of specialized care in geriatrics at nursing home facilities. Ms. Morelli clarified the updated guidance from DPH regarding the use of N-95 masks, in which they now suggest the universal use of these masks in any physical area that has COVID-positive cases. DPH has also expanded their recommendation of the use of eye protection.

Dr. Coll pondered upon whether or not Connecticut should seek to mandate all medical directors obtain a certificate of medical direction, following in the path of states like Maryland who have already made this certification mandatory. Additionally, Dr. Coll urged the subcommittee to explore options for electronic records sharing between different levels of care, whether that be hospitals, assisted living facilities or nursing homes. Lastly, Dr. Coll hopes that nursing homes and assisted living will consider utilizing telehealth in the future.

Rep. Petit asked Dr. Bankoff whether using the antibody infusion to keep people in a hospital would require a day shift and/or an APRN or MD present. Assuming the rate of reaction is low, Rep. Petit wants to know if this would be a challenge for hospitals.

Dr. Bankoff discussed the infusion process in the hospital, albeit only nine patients have undergone this procedure. Dr. Bankoff hopes that further attention will be devoted to exploring the use of the antibody infusion in nursing homes as a way to prevent hospitals from filling up.

Sen. Kushner thanked the guests for their recommendations. In addition to direct contact staff like CNA's and RN's, Sen. Kushner questioned whether dietary, janitorial and housekeeping staff were at the same level of risk.

Dr. Cohen clearly noted that anyone in a nursing home unit where there are active COVID cases is at risk. In order to reduce the risk, Dr. Cohen put great emphasis on the importance of wearing proper PPE at all times.

Sen. Abrams thanked everyone for their contributions to the work of the subcommittee. Without any further business, the meeting adjourned.

The next meeting will take place on December 3, 2020 at 12:30 PM via Zoom Videoconference.