

**Nursing Home and Assisted Living Oversight Working Group (NHALOWG)
Meeting Summary
Thursday, November 19, 2020, 10:00 a.m. via Zoom**

The Working Group Committee meeting was called to order by Rep. Walker at 10:01 a.m.

The following members were present: Rep. Walker, Co-Chair, Adelita Orefice, Co-Chair, Mairead Painter, Rep. Cook, Sen. Kushner, Jean Mills Aranha, Sen. Abrams, Rep. McCarty, Katie Traber, Mag Morelli, Amy. Porter, Sandra Arbur, Sen. Osten, Patrick Coll, Judy Dowd, , Heather Aaron, Barbara Cass, Christopher Carter, Rep. Steinberg, Rep. Polletta, Elizabeth Stern, Rep. Petit, Katie McEvoy, Rep. Hughes, Sen. Miner, Sen. Slap, Sen. Formica, Mike Gilbert

Staff present: Susan Keane, Heather Ferguson-Hull, Beverley Henry, Valentina Mehmeti, Christopher Tringali (LCO), Eileen Lawlor-Parker (LCO), Marie Grady (LCO), Nick Bombace (LCO), Brie Wolf (DPH), Vivian Leung (DPH), Kayla Burgess (OPM), Joan Soulsby (OPM), Sue Eccleston (OPM), Chloe Cummings (OTG)

Others: Charles Du

Working Group Website Update

Susan Keane updated the Committee on the working group website, with the addition access to the website from the CGA calendar, and an email link for public comments and recommendations.

Subcommittee Reports

Outbreak and Response Surveillance Committee:

Sen. Abrams noted the subcommittee's first meeting will be held today (November 19th) at 3p.m. Future meetings will be held at 12 p.m. on Thursdays.

Staffing Levels:

Rep. Cook shared that the subcommittee had its first meeting. Standing meetings will be every Monday from 3 - 4:30 p.m., with the exception of December 21st. The subcommittee has developed a long list of items to discuss.

Rep. Cook shared briefly that topics to be discussed include: staffing policies (minimum staffing ratios); sick time issues; best practices; increasing transparency around and adherence to staffing ratios; caregivers role; different types of staffing identifications and how to determine appropriate minimum staffing ratios of these caregivers to address neglect; and issues related to having removed the ability for family and friends to visit residents in their homes.

Kate McEvoy added that they will be inviting some additional people to subcommittee meetings. They will start with level-setting through an issue brief that will illustrate what federal and state

laws and statutes say about staffing. The subcommittee will also look at the intersection of staffing with Medicaid reimbursement, since Medicaid is predominant payer for nursing home services. This is especially important as they shift to an acuity based method in 2021. Finally, there is lots of interest in transparency on all levels.

Infrastructure and Capital Improvements:

Rep. Steinberg shared they had their first meeting yesterday (November 10) at 8:30 a.m., and the subcommittee will be meeting every Wednesday at 8:30 a.m. The initial meeting focused on areas of interest and came up with four big buckets, some of which are long-standing issues for nursing homes and state of readiness:

1. **Physical Plant:** Issues regarding the age and condition of existing facilities; concerns about antiquated structures and layouts and inability to make investments/renovations. This will be the focus of the next subcommittee meeting. Rep. Steinberg noted the need to find a way to dimensionalize the risk of doing nothing.
2. **Layout:** Suitability of existing configurations to meet the current and future needs of COVID-19. They also want to consider the issue of single vs. multiple resident rooms and effective social distancing; issues of access/egress unique to each facility; staff spaces (which are often inadequate and can be a potential point of spread); and consider the possibility of negative pressure rooms.
3. **HVAC Systems:** Ventilation, circulation, filtration have become enormous issues, but they've been issues since even before COVID-19. Replacing systems can be expensive and, in some cases, problematic. He raised the issue that IT functions are also a key technology to discuss, given facility reliance on secure IT and Wi-Fi for operations, and especially as residents and family members use Wi-Fi more and more to communicate as the state faces further shutdowns for visitation.
4. **Capital Financing:** Issues of solvency in existing facilities; prospects of being able to handle needed investments independently. They discussed the idea of government-sponsored funding (loans, grants, third-party capital), which may be key to achieving renovation and updating and might be able to address deferred maintenance. A key question remains: How do we prioritize facilities and needed tasks?

Dr. Coll made a comment on these four buckets and provided a medical perspective with regard to facilities and layout, noting that there is evidence to show that facilities with high density tend to be more likely to have residents become COVID-19 positive and succumb to COVID-19 complications. He stated that is an important consideration; many facilities are taking in patients from hospital facilities and some of these patients can be quite ill. There is a need to have as many single rooms as possible, which would provide a number of advantages.

Rep. Steinberg added that some facilities have diversified into providing different services (like rehab, etc.) and there are concerns that these facilities are bringing people with different risk profiles into the same building.

Socialization, Visitation, and Caregiver Engagement:

Mairead Painter shared that the subcommittee is meeting on Mondays at 10 a.m. In the most recent meeting, members talked about residents' rights, discussed the current situation with representatives from the industry, and explored the impact of restrictions on visitation on residents and family members. They discussed having residents represent their views in the meetings; several residents will join the next meeting to share what they would like to see moving forward. They want to look at legal ramifications of having these visitation limitations and in what settings would have different limitations.

Susan Keane shared that CT-N records most subcommittee meetings. However, for those that don't get CT-N coverage on a given day, there are YouTube channels set up to broadcast meetings via YouTube.

Dr. Coll shared a medical perspective on visitation, specifically with regard to nutrition. Pre-pandemic, family members would come in and help residents eat. There have been many reports of residents losing weight and having nutrition-related issues. He stated that while there are many factors for this, one aspect may be the inability of families to visit.

Rep. Walker reminded the Working Group of the importance of submitting a one-page high-level summary of subcommittee meetings by Wednesday afternoons to provide background for Thursday meetings. She asked that chairs do this rather than the administrators, and she noted that she will try to carve out 10 minutes for each subcommittee to ask questions during meetings.

Rep. McCarty asked whether there is a link on the Working Group website to an employment portal for those who might be interested in working in the industry. Adelita Orefice noted that DPH has partnered with Advancing States, who put together a job portal called [Connect to Care Jobs](#), which is a job matching site and is available through the DPH website. Rep. Walker asked whether any of the people who have signed up have achieved employment. Ms. Orefice replied that it just went live this week, so there isn't much data to report yet. Rep. Walker noted that she will ask IT about putting a link on the Working Group website as well.

Sen. Miner shared that he hopes the Working Group doesn't lose sight of the fact that many people live in nursing homes together and we should consider how visitation impacts all of the residents, not just the one being visited.

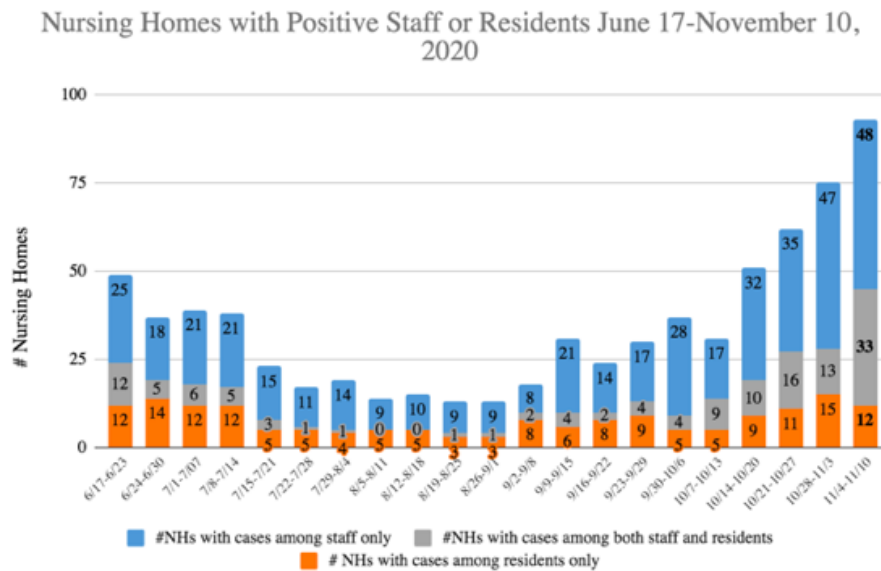
Rep. Walker asked the subcommittee administrators to make sure that Susan Keane has a current list of voting members on subcommittees and that chairs share a one-page outline on what was discussed and what expectations are, and make sure that they've shared the dates and times of when they meet.

DPH Update

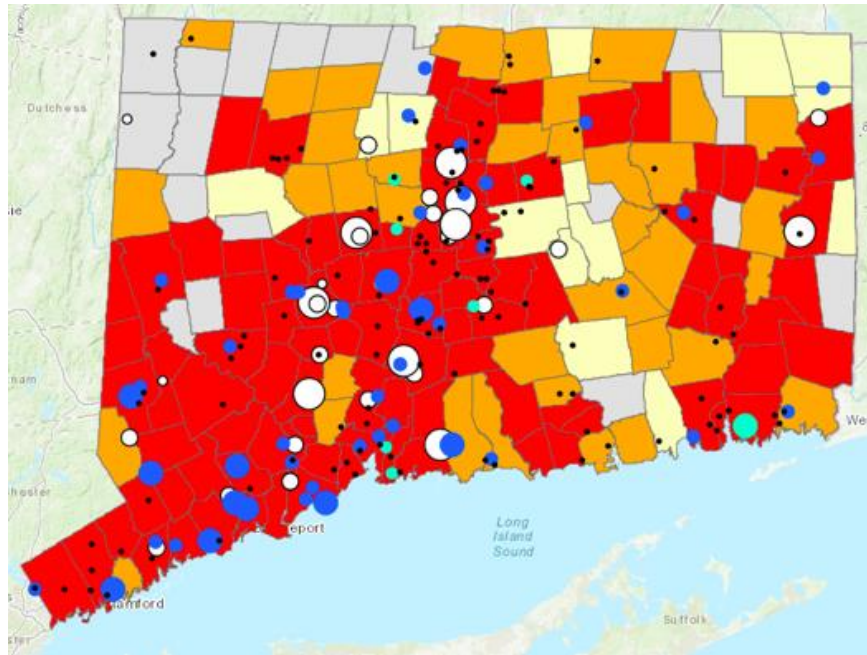
Ms. Orefice introduced Dr. Vivian Leung, who oversees the healthcare-associated infections program at DPH and works under Dr. Matt Carter. She noted that this work sits on the CDC-side of DPH.

Dr. Leung shared an update from last week. Over 25,000 staff and 10,000 residents are being tested weekly. Almost 60% of nursing homes have had a positive resident or staff member in the past 14-day period. Numbers are rising: there are 212 nursing homes in CT, over half of which have been affected. Resident cases doubled last week, and 57 nursing homes have had positive cases over the past two weeks.

The staff case curve reflects the exponential nature of what we are seeing in terms of community transmission in CT. This will be watched closely, especially as the state moves from phase 3 to 2.1.



Last week was a bad one for cases in nursing homes: there were a lot more nursing homes that had staff and resident cases in the past week (gray bar). Dr. Leung noted that her team expects that the number of nursing homes that have staff cases (blue bars) will increase as long as community transmission is high, and she emphasized that we want to see gray and orange bars (nursing homes with cases among residents only) go down.



Dr. Leung explained the above map, noting that the blue dots indicate staff cases only, the teal green dots indicate resident cases only and the white dots indicate staff and resident cases at nursing homes. The diameter reflects the size of the outbreak. From week to week, we see that Danbury continues to not have residents affected, New London county is settling down, but New Haven and Hartford counties continue to be hotspots, as they are for community incidence.

She added that there is a lot of dynamic movement in terms of testing plans: testing is only one of our control measures but is a helpful early detection method. DPH will be doing a point prevalence survey, asking care partners to test all residents between December 1-15 to catch cases that happen over Thanksgiving. This testing will be conducted regardless of whether or not a particular nursing home is experiencing cases or not.

Rep. Walker noted that staff might get infected not only through the community but also due to lack of PPE, etc.

Dr. Coll asked whether Dr. Leung's team has access to hospitalization and death rates for staff that become COVID-19 positive. He also asked what the driver is of homes where only residents are positive, but not staff - specifically he asks how those residents contract COVID-19 if not through staff. Dr. Leung responded that her team hasn't yet been able to clean the data on hospitalization and deaths, but a cursory look shows lower death rates this time around. She is not certain on hospitalization rates yet. She shared that her team works with PhD students and professors at the Yale School of Public Health to analyze the nursing home data. Dr. Leung adds that a minority of outbreaks start with residents; about 25% or fewer of outbreaks begin with residents, and these likely occur because they left the facility for some reason (a home visit, outpatient visit at a specialty clinic, etc.).

Rep. Petit asked whether they vary the type of test based on the clinical situation. Dr. Leung answered that testing infrastructure works as follows: care partners provide PCR testing once a

week for all staff at a baseline. If the nursing home has had a positive case among the staff or resident in the last 14 days, they do outbreak testing, which means care partners test all staff and residents on a weekly basis (at least once a week). Care partner contracts are set up so that they form a solid basis for weekly PCR testing. Sometimes additional testing is indicated for outbreak control; in this case, that is accessible through relationships outside of care partner contracts (with LabCorp, Jackson Labs, Quest) or nursing homes can use antigen testing, the equipment for which they were supplied by the federal government. In the nursing home setting, CDC says antigen testing can be used for serial screening, as its serial nature will make up for lower sensitivity. This is the algorithm that the nursing home industry is using.

Rep. Cook confirmed whether every nursing home facility indeed received antigen testing equipment from HHS. Dr. Leung says yes, they were received a couple months ago. She further adds that while these are rapid tests, they aren't necessarily easy to implement, and doing so can pose an operational challenge. Each antigen test costs about \$30/test, whereas PCR costs \$100/test.

Rep. Cook asked about testing protocols, since earlier guidance was that care partners were going to rotate testing of nursing home staff, but now it seems every staff member is being tested each week. Dr. Leung clarified that [testing guidance](#) from DPH changed about two weeks ago when community incidence went up.

Rep. Cook asked about situations in which people can't access tests or get timely results in the community. Dr. Leung noted that in terms of long-term care nursing home staff, this is why care partners are being leveraged. Testing for these staff is protected in this way, as they don't have to get a test through a provider in the community (as the rest of the public does) and wait for an appointment or results. Further, if a staff member misses the day that care partners are there, DPH says that nursing homes can use antigen testing in those situations.

Rep. Cook asked about tracking individuals who die from COVID-19 after leaving the facility. Dr. Leung notes that there isn't a great way to track people who have died after leaving a nursing home. A lot of death surveillance happens through the OCME and DPH, but that information is not systematically tracked.

Sen. Miner asked whether the Working Group could get data on hospitalizations and deaths for nursing home residents for the last month and a half and for last spring before the next meeting. Dr. Leung replied that she will try to have this prepared for next week.

Rep. Walker asked about the protocol for Thanksgiving visitation and whether there will be teleconferencing, etc. made available. A. Orefice noted that indoor visitation is not restricted because of the holiday, but additional restrictions are implemented if and when there is an outbreak. She clarified that nursing homes cannot say that residents can't leave, or that families can't come in, but can try to educate families around the risks. DPH and LTC Ombudsman will be issuing a letter to families about low and high risk visits, and what to do if they do choose to visit. Facilities are messaging around this as well. There is also messaging that staff should be safe during the holidays; A. Orefice says that we have asked facilities to share DPH's recommendations with staff, in addition to families.

Ms. Painter added that there are projectors and speakers are being offered to residents to allow them to meet virtually with family, and they are making a point of educating nursing homes on what they can offer, how they can engage residents and family members for the safest options possible. Have worked with DPH to ensure that nursing homes aren't just drawing a line in the sand, rather are encouraging ways for nursing homes to facilitate those connections in safe ways.

Rep. Cook asked about situations in which family members of residents are being told that they cannot take their family out of nursing homes. A. Orefice confirmed that nursing homes cannot prevent residents from leaving; if there are nursing homes doing this they should be reported.

Mag Morelli added that homes have been planning for the holidays for a while, and these plans have been altered accordingly. She encouraged people to talk to representatives of nursing homes to understand what will be done inside the building to celebrate the holiday safely. She added that residents who leave the facility may need to quarantine upon return, and it is possible that families feel that this is prohibiting them from taking the resident out. However, residents should be notified of this so they can make an appropriate decision for themselves.

Rep. Walker reminded subcommittees to share reports so they can be posted.

Next Meeting

The next meeting will be held on Thursday, December 3 at 10:00 a.m. via Zoom.

Adjournment:

The meeting concluded at 11:10 a.m.