

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

The Working Group Committee meeting was called to order by Rep. Walker at 10:00 a.m.

The following members were present: Rep. Steinberg, Rep. Walker, Amy Porter, Barbara Cass, Charles Du, Christopher Carter, Heather Aaron, Jean Mills Aranha, Judy Dowd, Kate McEvoy, Katie Traber, Kayla Burgess, Liz Stern, Mag Morelli, Mairead Painter, Matt Barrett, Mike Gilbert, Patrick Coll, Rep. Cook, Rep. McCarty, Rep. Petit, Sandra Arbur, Sen. Abrams, Sen. Formica, Sen. Slap, Sen. Osten, Sen. Kushner, Rep. Hughes

Staff present: Susan Keane, Heather Ferguson-Hull, Adelita Orefice, Beverly Henry, Brie Wolf (DPH), Valentina Mehmeti, Vivian Leung (DPH), Av Harris (DPH), Nick Panzarella (LCO), Joan Soulsby (OPM), Sue Eccleston (OPM)

Opening Remarks

Rep. Walker shared the upcoming schedule: Week 5 of NHALOWG will be on December 17th; Week 6 will be on December 30th; Week 7 will be on January 7th. By Week 7, the working group needs to have a clear idea of policy recommendations, so that legislators can be notified ahead of time, knowing they will be short staffed. Rep. Walker stated that she recognizes that the working group can't do everything, but if there are one or two specific policies that can come out of this, that would be an achievement. Committees can still recommend other issues in the future.

Subcommittee Reports

Infrastructure and Capital Improvements:

Rep. Steinberg reported that the subcommittee had a good conversation about the logistics of trying to do renovations in nursing homes; notably, there are firms out there that have adapted to these circumstances. A large area of focus is safety for residents and staff during renovations. Ideally there would be a separation between construction workers and staff and residents. It is a bit daunting to learn the cost of renovation per square foot, but the net takeaway is that it is possible to engage in certain types of retrofitting and basic renovation work, even during COVID-19. This may offer an opportunity for homes with renovation plans to actually work out the logistics of keeping residents safe while doing that work.

The subcommittee also spent a bit of time discussing the experts they want to bring in. they anticipate being able to bring forward recommendations in the next week. They will focus on HVAC technology systems, bringing in an expert to talk about criteria and the potential for supplements to existing systems that might address issues relating to filtration and circulation, including things like HEPA, ionization, and copper. The state may be in a position to offer nursing homes cost-effective ways in which they might improve the health of residents and staff

through the purchase of these products. Many restaurants, office buildings, and schools have begun to incorporate these.

In the following week, the subcommittee will drill down on the financials, looking into other funding sources. This may include seeing if the state could at least underwrite some of these renovations, particularly those that can be implemented on a timely basis and are modest in cost. They would like to get to this before EOY so that these projects can move forward in January and/or February.

Rep. Cook asked whether the subcommittee is also looking at building capacity (specifically with regard to multi-resident rooms vs. single-resident rooms), considering the pandemic and implications for occupancy. Rep. Steinberg confirmed the subcommittee has discussed room occupancy, finding that most guidelines reflect the old medical model format and are pretty crowded. It's difficult to make significant renovations with residents in place. The most straightforward approach, to reduce occupants in the room, is a tricky one for nursing homes to manage.

Staffing Levels:

Rep. Cook shared that the subcommittee met on Monday and hosted Barbara Blau and Steve Bender.

- Barbara Blau shared expertise on overload of recreational staff. Facilities have staff shortages in recreation departments, and recreational staff have been spread thin across other responsibilities (like scheduling visitation, data entry, paperwork, filing, etc.). The subcommittee talked about what this should look like moving forward, what the potential is for staffing, and maybe adjusting staffing requirements so facilities could have part-time recreational staff as a secondary source.
- Steve Bender focused on high turnover rates and staff retention. He shared a number of pilot programs that are planning to begin in 2021, such as a program for CNAs for apprenticeship, online COVID-19 trainings, and the potential for nurse resident programs to bring in nurses from other states. They also discussed linking PCA programs to CNA programs.

There are many limitations of privacy that residents and families face during visitation. The subcommittee also discussed the possibility of elevating CNA to a licensed position, which could elevate the importance of CNAs further and might help increase wages. They also talked about differential responsibilities in state vs. private sectors, the market demand for care options, and appropriate reimbursements. They are also looking at how ownership and passing off of licenses is handled.

The committee is still looking to hear from a social worker and an assisted living resident. Both Mag Morelli and Matt Barrett will present in the subcommittee next week.

Kate McEvoy emphasized that there is a need to be comprehensive, looking at all the roles and responsibilities that comprise nursing home staffing.

Rep. Walker wanted to emphasize that the [Governor's Workforce Council](#) is highlighting this area, particularly with regard to development and getting hospitals engaged with other jobs that might be able to come from the PCA platform.

Rep. Steinberg noted that Matt Barrett was quoted in a CT Mirror [article](#) this morning, talking about the difficulties of staffing homes and highlighting how dire the circumstances are. This begs the question of whether the state has a role to play.

Dr. Coll shared that one of the challenges of the pandemic is surge capacity. He wonders whether the subcommittee has given any thought to creating a reserve force of some sort, akin to the army reserves but for nursing home staffing. Adelita Orefice noted that there is a medical reserve corps, and other programs do exist, like Step Up CT. Further, DPH does recruit for these positions but it has been difficult to find people who want to work in long-term care. Also, many volunteers tend to be retirees, and in a pandemic they may be at greater risk of illness so they might be less likely to want to work in these settings. It's been a challenge to find people who aren't in these higher-risk categories, but DPH does have these systems set up.

Rep. McCarty noted that roughly 400 CNAs were certified, and she inquired if the subcommittee has looked into how many of them have been placed in long-term care facilities. Rep. Cook responded that the subcommittee has discussed ways to get these individuals to stay on more permanently.

Socialization, Visitation, and Caregiver Engagement:

Sen. Osten shared that the subcommittee has pivoted to focus on developing initial policy recommendations that they'll flush out next week.

One of the focuses of the meeting was on bringing in residents to discuss socialization and visitation policy. Sen. Osten noted that residents should be intimately involved in policies created for them, emphasizing that this is the most important thing the subcommittee and working group can do. Socialization and visitation are an essential need; residents can't be separated from human contact, and in particular from family members. A lot of these protections are in the residents bill of rights, but notably these were waived at the start of the pandemic. It is essential for caregivers (who could be family members) to have access to the residents. The subcommittee also discussed focusing on family councils, who could provide an important perspective on decision making in these policies.

Next week, the subcommittee will discuss potential solutions. This will include possible opportunities to incorporate technology, looking into visitation, and memory care issues.

Rep. Cook asked about whether the subcommittee has discussed ways to implement these changes without needing to go through the legislative process. Sen. Osten replied that this will need to be put into formal policy. Mairead Painter re-emphasized that some portions of the residents bill of rights were waived by the federal government. Compassionate care visits are determined based on individualized care plans; this should be codified.

Rep. McCarty noted the importance of technology in helping meet residents' social and emotional needs - yet notably, there are some facilities that still have connectivity issues. Rep. McCarty asked if the infrastructure and capital improvements subcommittee has looked at whether buildings have or can have capacity for these needs.

Outbreak and Response Surveillance Committee:

Sen. Abrams shared that Henry Sultan and Barbara Cass presented at the last meeting, with the goal of establishing a shared understanding of and framework for infection control.

An issue that emerged was that nursing homes are required to have an infection specialist, but there isn't a prescribed timeframe for these specialists to be present, which is troubling. In addition, nursing homes are required to have an infection prevention committee, but these bodies are currently only required to meet quarterly; this may not be sufficient, at least during outbreaks.

Sen. Abrams noted that most of what is done in terms of regulation is in response to a failure. The subcommittee wants to look at ways to make this a more proactive system where the administrators and employees feel a strong sense of responsibility to control infection.

They also discussed better use of technology to be a way to increase timeliness and accuracy of reporting. Facilities do self-report infection rates, and this is cross-referenced by DPH. There is a range of fines that can be levied if deficiencies are identified, but the rate at which facilities actually end up paying these fines is questionable, and there is also the issue of the potential negative impacts these payments have on resources for residents and resident care.

The next subcommittee meeting will be this afternoon (12/10) at 12:30 p.m.; they will be speaking to epidemiologists from Yale and DPH.

Deputy Commissioner Aaron added that the subcommittee also discussed that the elderly population deserves honor and respect. The strict protocols around infection control in hospitals should be translated to nursing homes and facilities.

Rep. Walker asked about possible alternatives to fines. Sen. Abrams replied that facilities could lose their licensure, but that might not be ideal either. The larger issue here is whether there is something that can be done proactively to prevent nursing homes from reaching a point where fines or revocation of licenses are warranted. It's not so much that fines shouldn't be used for enforcement, but that relying on them means the failure has already happened. Rep. Walker agreed and added that decision makers need to figure out how to do this in a way that doesn't seem intrusive, rather that the state is working to represent residents' best interests.

Deputy Commissioner Aaron stressed that infection control nurses are responsible for conducting ongoing training of staff. If these nurses' hours are limited, it will be nearly impossible to do ongoing training and monitoring. Sen. Abrams shared that some of these nurses often work in more than one facility.

Rep. Walker added that it would be a travesty to not have any policies in place knowing that other pandemics will happen in the future.

Katie Traber asked about whether the subcommittee has discussed vaccine distribution in facilities. Sen. Abrams answered that this hasn't come up, but it doesn't mean that it won't in the coming weeks. Ms. Traber added that her union has heard from members that there's been a proliferation of misinformation about the vaccine, and she wonders whether there might be a public education or public relations campaign about the vaccine to address concerns. The union is in support of the vaccine, but there's a troubling lack of education. Sen. Abrams said that they will take this valuable feedback into account.

DPH Update

Dr. Vivian Leung shared a slide of week to week infections in nursing homes. As a reminder, these data are released every Thursday afternoon, there is a one-week lag. Based on the data from the end of last week DPH still cannot say for sure whether or not infections are going up, down, or plateauing. The rate of increase might be slowing. In looking at the number of nursing homes with both staff and residents affected, we might see this; hopefully the state will see the effects of all the Thanksgiving messaging in the coming weeks.

Looking at the map of nursing home infections across the state, Dr. Leung was reminded of the difficulty in identifying any geographic patterns during periods of high levels of community spread. Based on test positivity rates and CDC/CMS guidance, nursing homes in Fairfield and New Haven counties have to test twice a week, whereas nursing homes in other counties only have to do once a week.

There is less of a definite pattern in week-to-week infection in assisted living facilities. The denominator here is 133 assisted living facilities. You can see that the number of facilities with staff affected are greater than those with residents affected. In general, memory care units are more greatly affected, since they function more like nursing homes compared to the rest of assisted living facilities.

DPH has developed a COVID-19 Response Support for Long-Term Care Facilities. The "playbook" is a two-page document that informs the public about what DPH has been doing to support LTC facilities. It covers ongoing response and support for outbreak control. Among the topics discussed included Rapid Response Team Visits, COVID recovery facilities (CRFs), and COVID Analysis Rapid Response Team (CARRT) Testing. Of note, the state lab has partnered with the national guard to provide mobile antigen testing for long-term care facilities experiencing an outbreak. The group will test individuals outside the building to prevent further potential spread.

Rep. McCarty asked about PPE assessment, noting that facilities have shared a need for gloves - while the issue has been resolved for now, they had to pay outrageous prices for them. A. Orefice shared that DPH has an online portal where facilities can order PPE when they have an emergency need, but DPH will look into the pricing issue. They generally have found that

facilities have not had issues sourcing PPE on their own. DPH will be delivering N95 masks, gowns, etc. in the coming weeks.

Dr. Coll asked whether any testing has revealed that staff members or residents have been infected for a second time, as this may have implications for vaccination. Dr. Leung shared that DPH/Yale School of Public Health has identified a handful of cases where individuals have been infected a second time after 90 days have lapsed. Lab testing is ongoing to identify whether there are any differences in the virus or genetic differences in patients that account for this, and to confirm that this is a true reinfection. The team is also looking into whether these individuals are symptomatic and if there was evidence of spread resulting from the second infection; this is very difficult to tease out at this time.

Next Meeting

The next meeting will be held on Thursday, December 17th at 10:00 a.m. via Zoom.

Adjournment

The meeting concluded at 11:09 a.m.