

Nursing Home and Assisted Living Oversight Working Group (NHALOWG)
Meeting Summary
Thursday, December 17, 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; Adelita Orefice; Sen. Abrams; Liz Stern; Amy Porter; Barbara Cass; Charles Du; Chris Carter; Judy Dowd; Kate McEvoy; Katie Traber; Mag Morelli; Mairead Painter; Matt Barrett; Patrick Coll; Rep. Cook; Rep. McCarty; Rep. Petit; Rep. Steinberg; Sen. Formica; Sen. Kushner; Sen. Osten; DC Heather Aaron; Jean Mills Aranha

Staff present: Heather Ferguson-Hull; Susan Keane; Valentina Mehmeti; Vivian Leung; Joan Soulsby; Brie Wolf; Chloe Cummings; Christopher Tringali; Diane Kubeck; Beverley Henry

Opening Remarks

Rep. Walker reminded subcommittees that they should be reviewing data and compiling issues for session and aim to finalize to share in Working Group meetings on December 30th or January 7th.

Subcommittee Reports

Outbreak Response and Surveillance:

Sen. Abrams shared that the subcommittee met last Thursday, December 10th. During the meeting, DC Aaron gave a presentation on the Mathematica report and what has already been implemented by DPH. In terms of surveillance and outbreak, 4 of 6 report recommendations have been implemented, and with regard to infection control, 5 of 6 have been implemented. In addition, Dr. Alin Bortan and Dr. Vivian Leung discussed findings regarding infection and how the response has improved (implementing testing, cohorting staff, etc.) as we have gotten - and continue to gather - more information.

The subcommittee's next meeting will be this afternoon, during which members will hear from Dr. Jesse Cohen, a medical director, and Dr. Jonathan Bankoff, from the Hospital Association, to get a sense of the role that medical directors and the hospital association play in infection control. The subcommittee is curious to know how hospitals' rigorous infection control procedures are used and best practices.

Sen. Abrams noted the subcommittee's work might not be finished until January 7th, as they started a week later than the other subcommittees. However, they will be able to share a partial report on December 30th.

Staffing Levels:

Rep. Cook reported that the subcommittee had three visitors at their meeting on Monday, December 14: Shazia Chaudhry, Director of Community Relations for a nursing home, described demands on social workers during the pandemic, and Mag Morelli of LeadingAge and Matt Barrett of CAHCF/CCAL, who presented an overview of staffing pre-pandemic, as well as current and future directions.

K. McEvoy added that Monday's meeting reflected a winding down of the initial phase of subject matter presentations to the staffing subcommittee. The next phase, focused on active deliberations based off of the Mathematica recommendations, will begin in the next meeting on Monday, December 21st.

Rep. Walker asked what minimum staffing hours per patient are as set out in CT statute. Rep. Cook replied that currently the minimum is 1.9 hours of staffing per patient. Next week, the subcommittee will discuss federal and state standards and how best to reconcile these minimum standards with patient needs. Rep. Walker asked whether CMS regulates this or if it's handled by individuals in the state. M. Morelli answered that CMS has a standard, as well as the state. Very few nursing homes actually staff at the minimum, rather they staff to meet the needs of residents. This information is tracked in payroll records and from the [CMS Five-Star Quality Rating System](#) and included on [Care Compare](#), but this has been delayed due to the pandemic. Hours are calculated based on RNs, LPNs, and CNAs.

Sen. Abrams asked whether this system also captures statistics for assisted living facilities. M. Morelli replied that this is just for nursing home facilities. Rep. Cook added that the state does track these statistics for assisted living facilities, but they are not posted to the Care Compare website.

Rep. Cook noted that the subcommittee still needs to address corporate structure and financing. This will happen in the weeks to come.

Rep. Walker asked where the subcommittee feels it is in the larger Working Group timeline - when do they think they'll be able to report out? Rep. Cook replied that they will have a better idea after next week's meeting, but likely will be better for the subcommittee to report on January 7th.

Socialization, Visitation, and Caregiver Engagement:

Sen. Osten discussed visitation rules over time, finding that nursing homes and assisted living facilities did excellent jobs in enabling visitation through out-of-the-box thinking. There were some problems with technology, which will be discussed in the next meeting.

The next meeting will focus on ways to provide technological support and adaptations for those who are cognitively impaired or have hearing and vision difficulties. The subcommittee will have an expert join the next meeting to share best practices in this area.

M. Painter added that individuals should share any best practices they are aware of and that they think the subcommittee should explore.

Sen. Osten noted that the subcommittee's goal is to be able to present their issues for session on December 30th.

Infrastructure and Capital Improvement Funding:

Rep. Steinberg shared that the subcommittee met yesterday morning with a focus on airflow and HVAC systems. The meeting started with a presentation by Robert Carr of East-West Engineering. He helped them understand key criteria for effectiveness and efficiency of existing HVAC systems and innovative technologies, and he defined some key terms:

- Air change per hour (ACH): Recommended to be 2-6 times per hour; this likely isn't the case in older facilities
- Minimum efficiency recording values (MERV): Higher MERV is better
- Ultraviolet Germicidal Irradiation (UVGI): Units that kill off viruses and bacteria in the air. It is recommended that these units be placed in upper parts of rooms or ducts, but must be careful about where these are used

The subcommittee also had a presentation from Aerus LLC, who presented an Aerus filtration product, which uses an active pure system of charged particles. They noted that it is not simply a matter of having the right technology in place, but there is also a need to improve and enforce appropriate training protocols. They shared good news: compared to other viruses, COVID-19 is relatively simple for these products to handle and kill.

Rep. Steinberg added that a representative from Red Barn Advisory provided a background on their products that rely on irradiation, HEPA filters, and copper.

Rep. Steinberg reported that the President and CEO of Livewell Health discussed the process of renovating nursing home facilities to address antiquated factors. They do a lot of work to convert multiple resident rooms to single rooms. He highlighted the challenges of this work; on average, it costs \$250 per square foot to convert rooms into single units with a bathroom. They shared that it would be helpful if they could gain access to tax exempt bonds that the state might underwrite or help with.

Of note, Rep. Steinberg shared that one of the presenters suggested that the longevity of COVID-19 is significantly longer than many of us were led to believe. They suggested that the virus could live on surfaces in the dark for up to 28 days, and that every time there is movement that kicks up dust could also kick up still-live COVID-19 particles. This stresses the importance of cleaning protocols that are in place and will need to be in place for the foreseeable future.

Rep. Steinberg added that he believes the subcommittee can recommend some alternatives for the nursing home and assisted living industry to evaluate, and orders can be placed fairly soon. These may be promising short-term solutions.

The next meeting, December 23rd, will be the last week in which experts present to the subcommittee. This meeting will focus on financing, sources, and order of magnitude. The subcommittee recognizes that the reason why so many homes aren't in ideal shape currently is

because they haven't had the chance to make needed investments to address HVAC systems, boilers, and layout. The subcommittee is hoping to come out of next week with clear recommendations about what the state or other entities might be able to do, and they might also touch on IT and wifi coverage.

Rep. Steinberg anticipates that the subcommittee will have very preliminary recommendations to share by December 30th and a more complete and formal report for the Working Group on January 7th.

Rep. McCarty asked whether the subcommittee had the opportunity to look at Yale's public health report, which contained a lot of detail on air filtration and low-cost equipment that is available. Rep. Steinberg shared that they were not familiar with that report, but they will look into it.

Rep. Walker recapped that the meeting on December 30th will be brief, and Socialization and Visitation will present their issues in that meeting. The other three subcommittees will present in the meeting on January 7th.

DPH Update

General Updates

A. Orefice shared that vaccination in nursing homes will begin tomorrow and next week.

Dr. Leung pointed out that the total number of nursing homes affected continues to rise, though the rate of increase seems to be flattening. This is reflective of what we're seeing in the greater community.

Dr. Leung also noted that most affected assisted living facilities are seeing staff-only cases. In general, outbreaks don't spread as easily in these facilities, with the exception of memory care facilities, as they operate similar to nursing homes.

Dr. Leung shared a CDC graphic, which shows that slowing COVID-19 spread will involve use of a multitude of different tools available to us, and these can help speed up economic recovery. At this time, we still need to wear masks, social distance, and wash hands, even with vaccination becoming available. The current testing strategy isn't changing; we have to see a change in case rates from vaccination before we pull back on our risk mitigation strategies and modify public health guidance. If there is going to be a pullback, it will likely be stepwise.

M. Morelli asked about the COVID-19 virus longevity data, since what the infrastructure subcommittee shared conflicts with what CDC has communicated. Dr. Leung replied that research on this topic is ongoing; she will look into it and share her findings. Private entities might share information on which public health experts are not aligned; of note, there is a chance that some private industries could be taking advantage of the pandemic to sell infection control products that might not have much evidence to support their efficacy.

Vaccine Rollout

Dr. Leung shared that CDC has been working with CVS and Walgreens to provide vaccination to long-term care facilities. Nursing homes, followed by assisted living facilities and congregant living facilities, are in Phase 1A of the rollout. CVS will visit each of the sites three times, in alignment with dosing timing for the Pfizer vaccine.

DPH has received lots of questions about short-term residents getting second doses if they are discharged between receiving the first and second doses. CVS and Walgreens are looking into this. At present, it looks like the discharged patient will be able to go into the facility to get their second dose, if they can do so safely, or it might be possible to allow those people to get their subsequent vaccination at a retail location.

Those who should defer vaccination for now are those who are acutely ill and infectious with COVID-19 (infectious period is around 10 days); have received another vaccination within the past 14 days; or have had a severe anaphylactic allergy to any components of the vaccine. However, it is possible for people who have severe allergic reactions to things like bee stings, etc., to get the vaccine - they just have to be monitored for half an hour afterward.

In terms of ingredients, there are no preservatives in this vaccine; this is why it has to be kept very cold.

All of this information is available on [CDC's Pfizer-BioNTech COVID-19 vaccine website](#).

Rep. Walker asked about the length of effectiveness of the vaccine. Based on current data, the effectiveness is around the same for both vaccines (around 95%), and Dr. Leung will confirm the length. Research into this is ongoing.

Rep. Cook asked about the protocol for anaphylactic reactions should they happen in retail pharmacies. Dr. Leung replied that she would look into that and get back to the Working Group. EpiPen's should be made readily available, and quickly calling EMS should be easy.

Rep. Petit shared that current efficacy data suggests vaccine-induced immunity appears to last 2-3 months, but they are hoping that data will later show it lasts up to 9-12 months. The vaccine results appear to be robust in young cohorts as well as older individuals.

Rep. Walker asked about what happens if an individual can't get their second dose. Dr. Leung shared that there is a grace period of a couple days. The recommendation is that those who get their second dose outside that grace period (say, after 30 days) shouldn't get a third dose. The resulting efficacy of instances like this will be tracked. Of note, the current rollout is structured such that the second dose is guaranteed for groups getting the vaccination. Further, rollout for future groups likely will not start until the second dose's availability is guaranteed.

A. Orefice added that the distribution model will differ depending on the population: healthcare workers will get the vaccine differently than those in nursing homes, who are getting the vaccine

through the government partnership with retail pharmacies. Vaccination will happen one facility at a time, regardless of whether a nursing home or assisted living facility are on the same campus. DPH will be getting the word out about this.

Next Meeting

The next meeting will be held on Wednesday, December 30th at 10:00 a.m. via Zoom.

Adjournment

The meeting concluded at 11:08 a.m.