DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION Virtual Meeting Cisco Webex <u>FINAL</u> Meeting of September 15, 2020 Minutes

Commission member(s) present: Lisa Furber, DNHRQAC Chair; Hooshang Shanehsaz; Cheryl Heiks; Karen Gallagher; Lorraine Phillips, Ph.D.; Norma Jones and Amy Milligan.

Commission members not in attendance: Catherine Hightower; Kyle Hodges; Christina Kontis, Esquire; Lt Gov Bethany Hall-Long, Representative Kim Williams; Dr. Michela Coffaro, Psy. Karin Volker, Esquire, DOJ was also not in attendance.

Others Present: Margaret Bailey, DNHRQAC Executive Director; Mark Brainard, Jr, JLOSC; Zita Dresner, Esquire, CLASI; Sheila Grant, AARP; Amanda Walton, DMMA; Sheila Grant, RN, AARP of DE; Corinna Getchell, RN, DHCQ; Pam Niboh, Advocate; Dr. Rick Pescatore, DO FAAEM; Tomi Morris, DHCFA; Annette Moore, Moorings at Lewis; Mary Kate McLaughlin, Drinker Biddle & Reath LLP; Jim McCracken, LeadingAge; and Ed Black, Esquire, MFCU. Six additional individuals joined the meeting by phone and not able to be identified.

The meeting was called to order at 9:43 AM by Lisa Furber.

1. Approval of the Minutes for the meeting of:

The meeting minutes' draft of July 21, 2020 were not approved due to a lack of quorum.

3. Discussion of:

DNHRQAC Executive Director & commission members shared brief updates during COVID-19. Ms. Bailey mentioned that as of July 20, 2020, more than 60% of Delaware deaths related to COVID-19 have been residents of long-term care facilities.

On-going DNHRQAC activities include:

- Participating in calls with State Health Operation Center (SHOC) for LTC providers
- Participating in calls with all Delaware hospitals (PAC/SNF)
- Receiving multiple phone calls, emails, etc. from family members & facilities
- Reaching out to multiple State agencies and service providers to continue on-going dialog
- Joining in multiple webinars, advocacy efforts, etc
- Attending multiple virtual meetings
- Providing feedback regarding LTC Reopening Plan in Delaware

- Connecting with Consumer Voice and Delaware's SHOC to develop support person protocol's in Delaware LTC facilities

- Attending Pandemic Resurgence Advisory Committee, Health sub-committee

- Providing educational opportunities and Federal/State regulatory updates to commission members during COVID-19.

State Health Operations Center (SHOC)

Dr. Rick Pescatore, DO, FAAEM, State Medical Director, provided testimony regarding COVID-19 and impact in long-term care and assisted living facilities throughout Delaware. Currently, we are in level 3, the highest obtainable level during a State of Emergency.

A list of questions were forwarded to SHOC in advance of this meeting:

Contract Tracing

Dr. Pescatore shared that contract tracing continues unabated and has reached a point where it has all been caught up and when a positive result is noted, contract tracers reaches out to individuals. Tracers are in contact with individuals who tested positive, right away.

DPH Office of Infectious Disease, Epidemiology staff keeps a close eye on positive cases in LTC facilities for additional case investigation, as needed.

DPH monitors positivity rates in LTC facilities that are utilizing testing through Curative, Inc. Monitoring the rates will be able to provide an early indication of any level of infection throughout facilities.

Test Based vs Symptom based Strategies

CDC released strong guidance that test based strategy should be utilized as a rare exception. Discontinuation of isolation based precautions 10 days after on-set of symptoms noted as well as 24 hours after fever resolution. There is an exception of 20 days of continuation with isolation precautions for residents who are immunocompromised.

Point Care Equipment (POC)

Hot topic: antigen testing analyzers were released to most long term care facilities in Delaware. Most facilities received BD Veritor or Quidel Sofia rapid COVID testing equipment. Both are an excellent tool and can likely detect in a majority of infectious people and not as sensitive as the traditional Polymerase Chain Reaction (PCR) which has been used throughout the pandemic. The antigen testing have excellent positive & negative predictive values and should be utilized to their utmost capability.

The Federal government initially supplied facilities with a bolus of tests. DPH encourages facilities to engage with manufactures and distributors to continue to obtain supplies of tests. DPH obtained supplies of their own for subsequent distribution. The current supply chains are

weak. There is not clarity as to when DPH can receive antigen tests for subsequent distribution.

Dr. Pescatore spends most of his time working on securing more testing supplies.

Cheryl Heiks asked whether DPH will be providing guidance as to the use of POC testing and under what conditions should the tests be used. Dr. Pescatore shared that antigen testing is a great resource and implementation in the right scenario. He added that it is the order providers responsibility to properly implement but DPH would be willing to certainly provide operational guidance regarding antigen testing, provide recommendations for what to do with certain type of results, etc. It is ultimately up to providers to take responsibility and authority of clinical decision-making and implementation of response to antigen testing.

Ms. Heiks added that although facilities that have received POC testing equipment have Clinical Laboratory Improvement Amendments (CLIA) certificates, they don't believe they have been properly trained and hope the State could send something out in writing. Dr. Pescatore said DPH hopes to have an exciting solution for reporting results in the near future.

More Testing Options

There are a number of tests under development. Dr. Pescatore believes that antigen testing will be critical in the weeks, months or perhaps years to come. He would encourage all facilities to make their best use of the antigen tests and establish connection with vendors for testing supplies.

Workforce Strategies

DPH highly encourages facilities to have an emergency plan on file that includes emergency staffing plan. During pandemic, there were supplemental workforce resources used such as Medical Reserve Corp, National Guard and Public Health nurses, and hospital & community partners.

Personal Protective Equipment (PPE)

The State continues to maintain supplies to supplement facilities after they have exhausted their supply chain. The States supply chain is a last resort for those that cannot obtain their own PPE.

Division of Public Health (DPH) Lab

DPH Lab is processing 30k - 40k tests per month. The majority of test kits come from the community sector (Walgreens test sites), roughly 20k per month.

Testing is available at DPH for symptomatic LTC residents. This offers a faster turnaround time for results processed at the lab. The State will continue to offer symptomatic resident testing however testing resources at DPH is limited.

As a result, DPH continues to explore ways to broaden testing throughout the State with high complexity labs in Delaware and in other states.

DPH also processes Vault test kits (schools) - >10k and involved with 20k Curative driven tests per month.

COVID-19 vs Flu Education

Infection prevention and control is important to maintain - now and in the future.

DPH applied for a grant on infection prevention and control with a focus on LTC.

DPH is also working on Project First Line, an initiative through Center for Disease Control (CDC) which is a collaborative of healthcare and public health partners that will provide infection control training to healthcare personnel, as well as members of the public health workforce.

Project First Line aims to provide every person working in a U.S. healthcare facility the foundation for infection control to protect the nation from infectious disease threats, such as coronavirus disease 2019 (COVID-19).

DPH hopes to have more information to share soon about the grant and other Center for Disease Control (CDC) initiatives.

Division of Health Care Quality (DHCQ)

Corinna Getchell, RN, Director of DHCQ since August 2020, joined in today's discussion about COVID-19.

The Division reported (since last DNHRQAC meeting of July 21, 2020):

- DHCQ continues to perform infection surveys. Since July, 14 skilled (nursing homes) and 9 assisted living facilities have received citations related to infection prevention.
- Division has not had any immediate jeopardy investigations since July.
- LTC Reopening Plan took effective September 8, 2020. There are three phases to the plan: https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/09/LTC-Order-and-Reopening-Plan-090220.pdf.
- All visitation plans are submitted to DHCQ for approval. Additional criterial regarding any new onset of COVID-19 positive cases determines which phase.
- Annual Surveys will not begin until phase 3 of LTC Reopening Plan.

- DHCQ is reviewing for compliance with Centers for Disease Control (CDC) & Centers for Medicare and Medicaid Services (CMS) guidelines.
- Facilities can submit plans including outdoor visitations and support person. As of 9/14/2020, the Division has reviewed:
- Skilled 26 outdoor plans and 2 indoor plans
 Assisted Living 14 outdoor plans and 5 indoor plans
- Information about plan approval will soon be posted on DHCQ's webpage.
- Facility staff is being tested weekly on a mandatory basis (began July 1, 2020). Division of Public Health (DPH) has permitted a few facilities to test staff bi-monthly after reviewing their COVID status and testing results.
- DHCQ surveyors are tested weekly utilizing Curative Inc
- LTC Residents are tested monthly on a voluntary basis.
- The Division has not monitored facility staffing since pre-COVID March 10, 2020.
- Ombudsman are able to enter facilities. They were never excluded from facilities during pandemic. Essential personnel including Ombudsman are discussed under general consideration in the LTC Reopening Plan that went into effect September 8, 2020. LTCOP staff are using Curative test kits supplied by Public Health (weekly).
- FBI fingerprinting is available for walk-in hours, Monday Friday 8:30 11:30 am and afternoon hours at Dover location.
- 4. Old/New Business:

FY 22 Budget

Ms. Bailey shared that FY22 budget requests were due to the Administrative Offices of the Courts July 31, 2020.

DNHRQAC's FY21 budget was \$88,900 which includes staff salary, office supplies, travel and other employee costs.

Kyle Hodges expressed concern during July 21, 2020 DNHRQAC Meeting about the commission's current budget. Commission members decided to table this discussion for a future meeting.

Adult Dental Benefits

Starting 10/1/2020, adult dental benefits will be available for Delaware Medicaid clients thanks to SB 92 SS1. This bill was enacted in 2019 and originally was going to be effective 4/1/2020.

The benefit will enable Medicaid enrolled adults to receive up to \$1,000 of dental care per year. An additional \$1,500 may be available for qualifying emergencies when available.

5. Public Comment

DHSS Leadership Changes

Molly Magarik, DHSS Cabinet Secretary, was sworn in July 31, 2020. Secretary Magarik announced September 9, 2020, leadership changes for the organization; splitting DHSS's Deputy Secretary position into two positions:

Tanisha Merced - Policy and Social Services Lisa Bond – Operations and Special Populations

Together, both Deputy Secretaries will work with Cabinet Secretary Magarik to ensure that service delivery and support remain strong during COVID-19, while advancing the goals and initiatives outlined in the DHSS strategic plan. Secretary Magarik and her team will continue to look at ways to reorganize the Department to provide more coordinated and person-centered services for the people of Delaware.

Health Observances

September: World Alzheimer's Association Month September 24: Falls Prevention Day

October 18 - 24: National Health Care Quality Week

- 6. Next meeting commission meeting will be on Tuesday November 17, 2020 @ location to be determined.
- 7. Adjournment

The meeting was adjourned at 11:18 AM by Lisa Furber.

Attachments: September 15, 2020 meeting agenda