

**Comments of Mag Morelli, President of LeadingAge Connecticut
To the Public Health and Human Services Committees'
Nursing Home Covid-19 Information Hearing
July 21, 2020**

My name is Mag Morelli and I am the President of LeadingAge Connecticut, a membership association of not-for-profit aging services providers, including 37 nursing homes. Our membership includes LiveWell and Jewish Senior Services who will both be also speaking today. I want to start by thanking the Committee Chairs, Ranking Members and Committee Members for this opportunity to discuss the nursing home experience with Covid-19 and how we are preparing for the anticipated resurgence of the virus in the fall.

As the first speaker today, I thought it might be helpful for me to use a portion of my time to review the timeline of events as they relate to the pandemic because it is important to view the actions and reactions of nursing home providers within the context of the timeline.

As you remember, scientists and public health experts were still learning about the virus when it first appeared in the state and when it first entered the nursing homes. As they learned more, the corresponding guidance that was provided to nursing homes would continuously change and subsequently our actions would change to meet that guidance.

Initially, as the State prepared for the pandemic, acute care was the priority and focus.

However, as events unfolded and the risk to the nursing home population became apparent, state resources became more focused on the long-term care facilities. Nursing homes became a priority and the homes - both individually and as a sector - were able to work in collaboration with the state officials to problem solve the situation, address the outbreaks and limit the further spread. **But it took time to get there.**

There were key points in the timeline of events when new information and guidance emerged that had a dramatic impact on outcomes. For instance, the Governor restricted visitation on March 7th, the LOB closed on March 16, the first nursing home resident diagnosis was on March 18, and DPH issued their first nursing home specific guidance on March 27. **Then on April 4**, when CDC identified the **asymptomatic** carrier as being a potential source of spread, the mandate for universal source control through face mask use in the nursing homes was issued. This is a critical point in the timeline because it now allowed for residents to be protected from asymptomatic or pre-symptomatic staff who might be shedding the virus – **but by April 4 the virus was already in buildings.**

As you proceed down the time line you see the first Covid-19 Recovery Center opened on April 16 – but only for hospital discharges, the first rapid testing site for staff opened in New Haven on April 29 – **and then on April 30**, the CDC changed their return to work guidance from 7 days to 10 days because they discovered that the virus shed for a longer duration of time.

On Mother's Day weekend, May 9, DPH issued their window and virtual visit guidance and most importantly, they were able to secure enough testing kits to initiate Point Prevalence Survey testing of all nursing home residents over a three week period which enabled us to identify the asymptomatic resident carriers of the virus, initiate cohorting of the residents, and thwart the spread of the virus within the building. Remember – the staff were universally masked on April 4 to stop the spread from staff to resident – but it was not until Mid-May and into June when we were able to test and cohort to address the spread from asymptomatic residents. **This was a major turning point.**

Key Observations:

So, if you go back to early March, you can see the context within the timeline of the actions taken by nursing homes that first encountered the virus. **What we know now, we did not know then.** Nursing homes were quickly overwhelmed by the outbreaks. Symptoms were contrary to what was expected and they progressed rapidly once individuals were infected. **Nursing homes' traditional infection control practices were not sufficient and the sector looked to public health officials for guidance.** Unfortunately, **the science had not caught up to the virus** – and so the guidance was insufficient at first and was continuously changing.

Now, in July, we believe we understand the basics of the virus and the resources and actions needed to combat it: **enhanced infection control, source control, testing, cohorting, and PPE to protect both residents and staff.**

Enhanced Infection Control:

Reliance on traditional infection control is inadequate for responding to COVID-19. The infection can be spread through air and not only by those who are ill, but also by asymptomatic carriers. So traditional infection control methods were never sufficient to prevent Covid-19 from entering nursing homes nor for preventing the spread once there – **but this was not understood at the start of the pandemic and while they were implemented, they were not working to stop the spread. Remember, at that time:**

- Initial staff screening guidance was symptom and travel based, not realizing or recognizing the potential asymptomatic nature of the virus nor the local community prevalence.
- Universal masking to address source control with asymptomatic employees was not ordered until April 4.
- The nature of the personal care provided in nursing homes provided unique opportunity for prolonged exposure to asymptomatic carriers early in the pandemic, before universal source control was implemented.
- The advanced age of the majority of nursing home residents, as well as their co-morbidities, made our residents vulnerable to this particular virus.
- The enhanced infection control practice of point prevalence survey (PPS) testing was not able to be initiated until May when sufficient testing resources became available.

Testing:

Adequate testing supplies were obtained by the State in early May. However, the lack of testing resources and a misunderstanding of the utility of test results early in the pandemic critically impacted the response by providers.

- March and early April, the only way to test a resident was to transfer them to the hospital.
- Testing was restricted to just those staff and residents presenting symptoms.
- Results took days.

By May and June this had changed and the State has now implemented a testing strategy that includes mandatory staff testing. But there are still testing issues that must be addressed - such as the need to increase laboratory capacity to assure timely turnaround of results, the ability to assure an adequate supply of test kits and the question of how we will cover the cost.

And testing is only part of a strategy and cannot be relied on as a strategy in itself. Based on what we know today, our strategy must include not only testing, but also cohorting, enhanced infection control, source control and PPE protection. All of this must be available in adequate supply as we move forward.

PPE:

Nursing homes did maintain a supply of PPE prior to the Covid-19 crisis, but they quickly burned through it at the beginning and they were not able to adequately *replenish* the supply. It was (and is) a supply chain issue – not a reluctance to purchase.

The CDC does provide strategies for optimizing the supply of PPE depending on the capacity of the supply. They categorize it as either a conventional, contingency or crisis capacity. Individual homes were often at contingency or crisis level capacity and forced to implement the corresponding strategies to optimize the supply they had. Please know that **the proper and appropriate use of PPE and the level of PPE strategies utilized by nursing homes are continuously being reviewed and enforced by regulators.** The National Guard has been helpful in this capacity.

We are now being told to stock up for the anticipated next wave of the virus, but supply chains are again tightening as the virus surges in other parts of the country. This is unacceptable and the federal government must take a stronger role in increasing domestic production and ensuring an adequate supply of medical grade PPE – they need to lead in this effort.

Funding:

We were fortunate that the DSS responded quickly with a nursing home rate increase to enhance cash flow and now is using the federal Coronavirus Relief Funds (CRF) to provide grants to nursing homes for April, May and June. But this funding ended on June 30.

The federal government also stepped forward with immediate financial assistance through three Medicare tranches, the Paycheck Protection Program, and Medicare payment advances. The advantage of the federal tranche payments is that they can be applied toward lost revenue whereas the state grants must be applied only to Covid-19 related expense. And revenue loss is a grave concern – both what was lost during the pandemic as well as the struggle to regain it moving forward.

This is an issue that we want to raise because it is critical to the financial viability of nursing homes. Currently, while the number of positive cases in nursing homes has been reduced significantly – the nursing home continues to place every new admission to the nursing home on a 14-day quarantine on that resident. These quarantines require the highest use of PPE with a rapid burn rate. They also require a single occupancy of what may have been a double occupancy room. So, the intensity of caring for those in a 14-day quarantine – which will continue on for the next weeks and months – will not only continue to burn the supply of PPE, but will also reduce a nursing home's ability to maximize revenue generating census. This financial burden has to be factored into the state and federal response.

Our Workforce:

We must address the impact that this pandemic has had on our workforce and the positive impact that they have had on the lives of our residents. The value of the nursing home workforce has never been so evident. We not only need to invest in our workforce as a reward for their selfless and heroic work during this pandemic, but we must value their work on an ongoing basis and ensure that we have the resources to provide the compensation they deserve and to expand the workforce to provide the level of staffing resources that are desired.

What We Need Moving Forward:

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We know we need the ability to test, cohort, staff and protect with PPE – and we need the resources to be able to do this without delay as the next surge approaches.

- Testing: need lab capacity for quick turnaround, adequate testing supplies, and the funding to pay for it after August 31.
- PPE: We must have federal assistance in ensuring the PPE supply chain and the funding to pay for it
- Staffing: We must have additional federal funding to not only support the pandemic expenses – but also to invest in our long-term care sector and **the workforce that it employs.**

- Cohorting: How can we enhance our ability to implement effective cohorting. **In our own buildings** this raises physical plant questions. Should we be making modifications to our physical plant? We know that these are mostly older buildings that need improvements, but can we also bring in infectious disease consultants to review our layouts and our infrastructures? Should we plan to create some type of capital improvement funding pool providers can borrow from to complete these modifications and improvements? How do we recapture our homelike culture?
- **Outside of our own buildings**, we need to ensure that we maintain the ability to stand up the Covid Recovery Centers without delay when needed.
- **How do we open up and allow visitation in a safe manner?** And will that include visitation areas, on-site testing of visitors, or other safeguards – all of which will require additional resources – but which we must consider.

I would like to end with how grateful we are to have the collaborative partnerships within the state that have enabled us to take on the Covid-19 virus. The focus of this collaborative effort has always been on the safety of our residents and their dedicated caregivers – and we cannot lose that focus as we plan for future surges of the virus. The pandemic is not over and we need to prioritize the safety of our nursing home residents.

Thank you for the opportunity to testify and we look forward to working with the Committees moving forward on these issues.