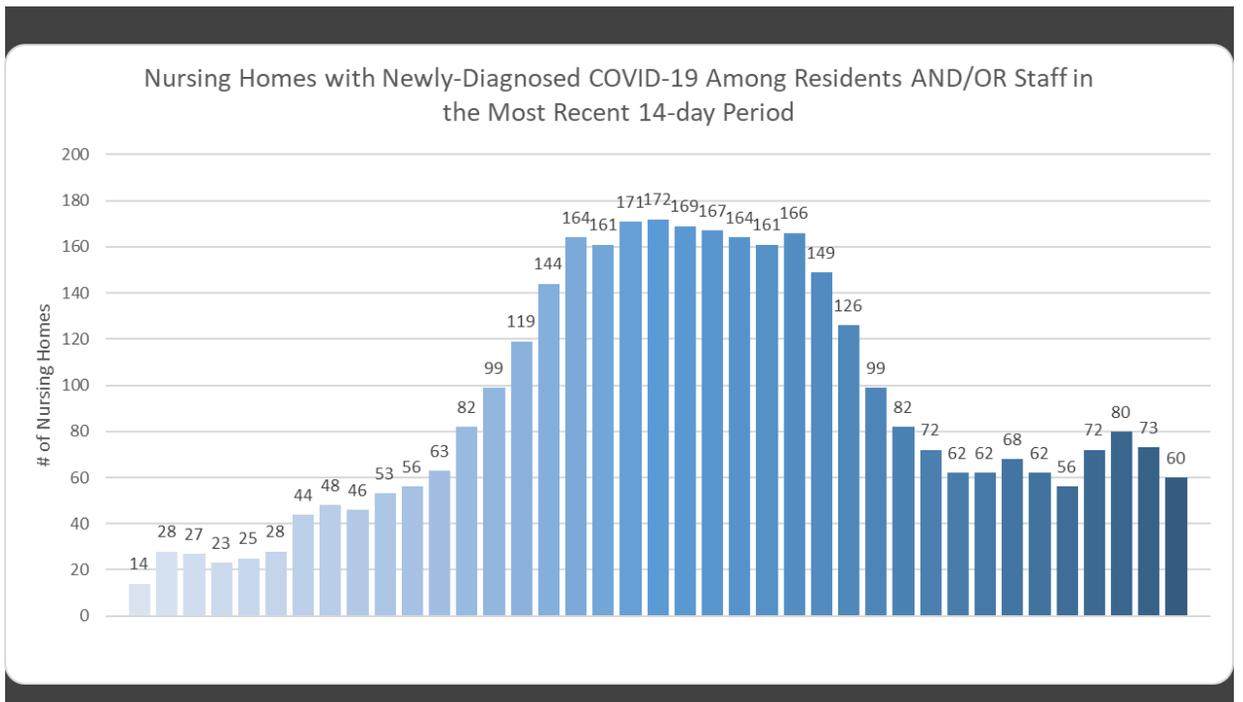


Weekly Nursing Home Data

1



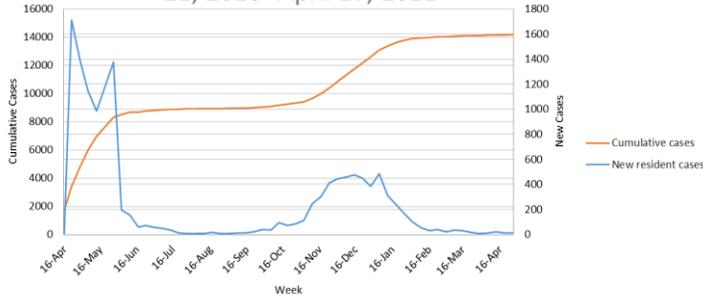
2

Nursing Home Resident Incidence, statewide

April 21, 2020 – April 27, 2021

Resident Census: 18,081

Nursing Home Resident Cases - Connecticut, April
21, 2020- April 27, 2021

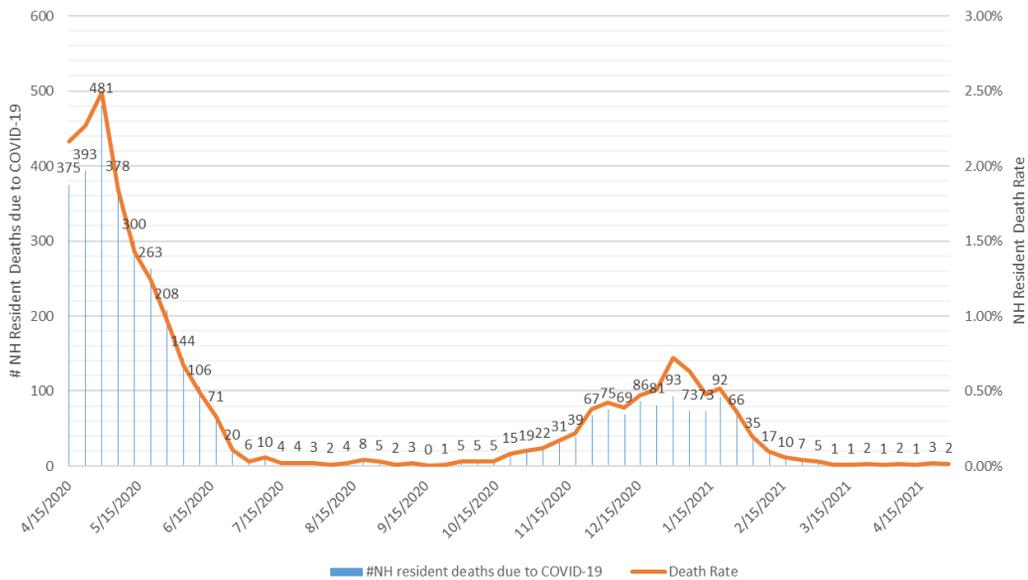


Date Reported	New Resident Cases (diagnosed that week)
26-Jan	166
2-Feb	101
9-Feb	52
16-Feb	30
23-Feb	38
2-March	22
9-March	33
16-March	30
23-March	18
30-March	9
6-April	10
13-April	20
20-April	13
27-April	14

Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	14 (-2)
No new res. cases, >2 weeks	195

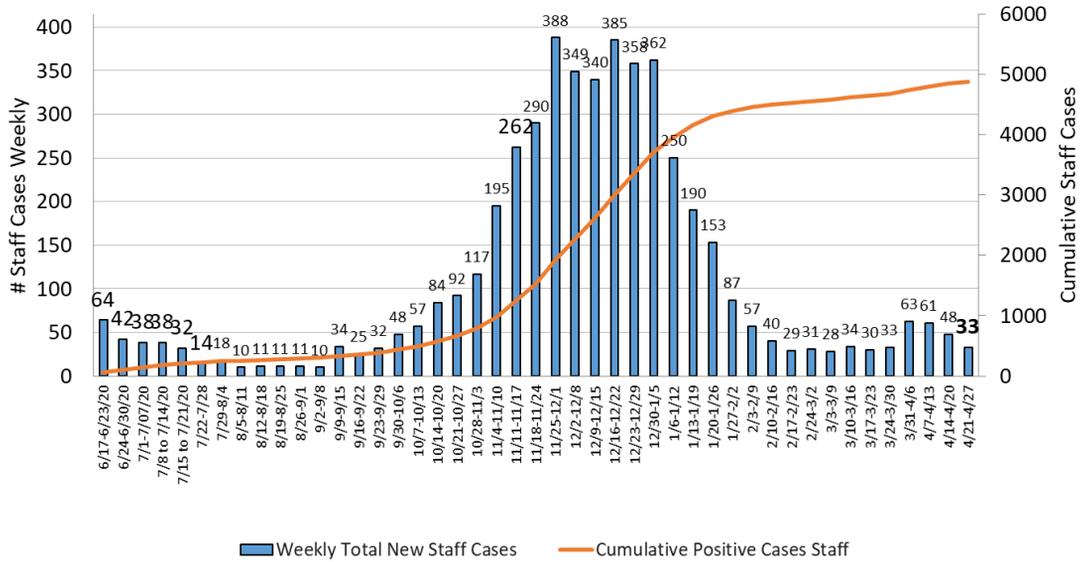
3

Nursing Home Resident Deaths Due to COVID-19
4/21/2020-4/27/2021



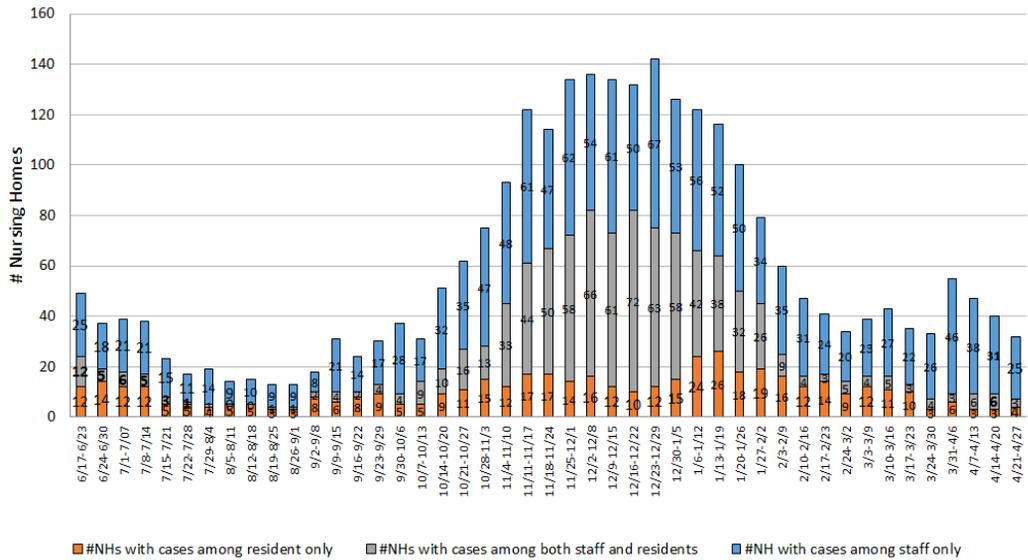
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New Staff Cases in CT Nursing Homes June 17, 2020–April 27, 2021

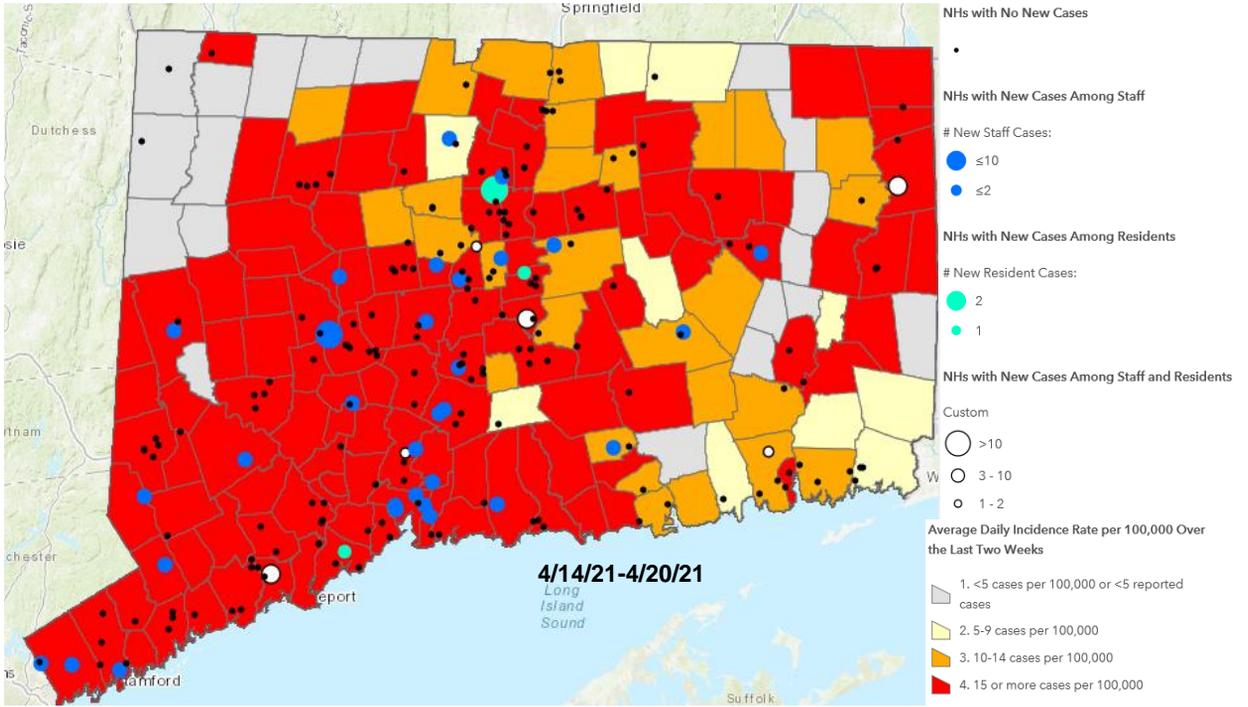


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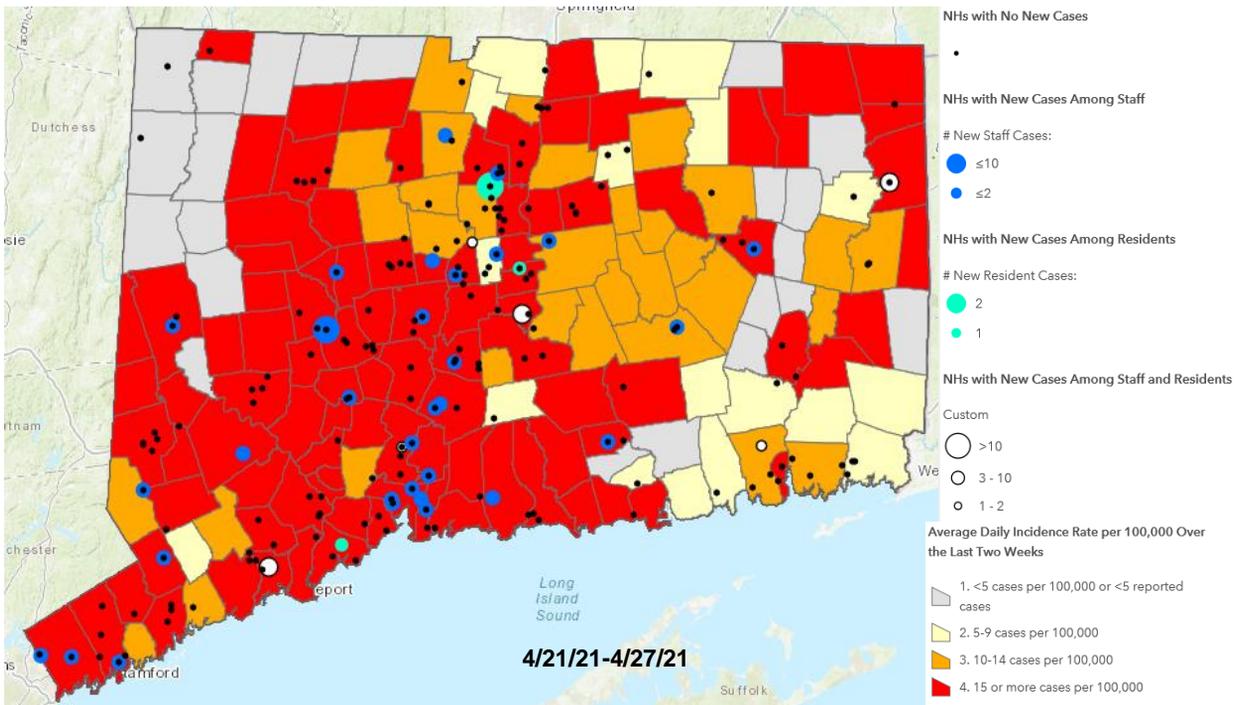
Nursing Homes with Positive Staff or Residents June 17, 2020-April 27, 2021



6



7



8

Nursing Home COVID-19 Vaccination

- **Omnicare** is planning to expand their COVID-19 vaccination offerings, which will include Moderna. More details to follow.
- **NHSN Supplies and PPE Module**
 - **“COVID-19 Vaccine Access (Residents and/or Staff)”**: check “Yes” if you are unable to access COVID-19 vaccines for your facility.
 - We expect all facilities to check “No”, since everyone has a LTC pharmacy matched with them at this time.
- **NHSN COVID-19 Vaccination Module Trainings**
 - **CDC NHSN Training**
 - May 11. More details to come
 - **IPRO QIN QIO**
 - May 6: 2 available times (9:30am and 10:30am)
 - Live demonstration of using NHSN to submit and track COVID-19 vaccine data.

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NHSN COVID-19 Vaccination Module

Live Demonstration: Entering COVID-19 Vaccine Data into NHSN

Same demonstration held at two times for your convenience

May 6, 2021
9:30–10:15AM

[Register](#)

May 6, 2021
10:30–11:15AM

[Register](#)

Join the IPRO QIN-QIO to see a live demonstration of using NHSN to submit and track COVID-19 vaccine data.

10

CMS 1135 waivers and statute / EO intersection

- March 10, 2020: Declaration of Public Health Emergency and Civil Preparedness Emergency
- March 13, 2020: CMS announced National 1135 waivers
 - Waivers have provided significant relief to regulations for continuity
- Special Act 21-2 ratified previous declarations and renewed emergency declarations until May 20, 2021
- QSO Memo 21-17 NH, dated April 8, 2021
 - Notification of Resident or Resident Room changes
 - Transfer and Discharge notification requirements;
 - Care Planning requirements;
 - MDS timeframes
- Connecticut General Statutes 19a-550 (next slide)
- CMS National Stakeholder Call

Connecticut Department of Public Health
Keeping Connecticut Healthy

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19a-550

(c) The patients' bill of rights shall provide that a patient in a rest home with nursing supervision or a chronic and convalescent nursing home may be transferred from one room to another within such home only for the purpose of promoting the patient's well-being, except as provided pursuant to subparagraph (C) or (D) of this subsection or subsection (d) of this section. Whenever a patient is to be transferred, such home shall effect the transfer with the least disruption to the patient and shall assess, monitor and adjust care as needed subsequent to the transfer in accordance with subdivision (10) of subsection (b) of this section. When a transfer is initiated by such home and the patient does not consent to the transfer, such home shall establish a consultative process that includes the participation of the attending physician or advanced practice registered nurse, a registered nurse with responsibility for the patient and other appropriate staff in disciplines as determined by the patient's needs, and the participation of the patient, the patient's family, a person designated by the patient in accordance with section 1-56r or other representative. The consultative process shall determine: (1) What caused consideration of the transfer; (2) whether the cause can be removed; and (3) if not, whether such home has attempted alternatives to transfer. The patient shall be informed of the risks and benefits of the transfer and of any alternatives. If subsequent to the completion of the consultative process a patient still does not wish to be transferred, the patient may be transferred without the patient's consent, unless medically contraindicated, only (A) if necessary to accomplish physical plant repairs or renovations that otherwise could not be accomplished; provided, if practicable, the patient, if the patient wishes, shall be returned to the patient's room when the repairs or renovations are completed; (B) due to irreconcilable incompatibility between or among roommates, which is actually or potentially harmful to the well-being of a patient; (C) if such home has two vacancies available for patients of the same sex in different rooms, there is no applicant of that sex pending admission in accordance with the requirements of section 19a-533 and grouping of patients by the same sex in the same room would allow admission of patients of the opposite sex, that otherwise would not be possible; (D) if necessary to allow access to specialized medical equipment no longer needed by the patient and needed by another patient; or (E) if the patient no longer needs the specialized services or programming that is the focus of the area of such home in which the patient is located. In the case of an involuntary transfer, such home shall, subsequent to completion of the consultative process, provide the patient and the patient's legally liable relative, guardian or conservator if any or other responsible party if known, with at least fifteen days' written notice of the transfer, which shall include the reason for the transfer, the location to which the patient is being transferred, and the name, address and telephone number of the regional long-term care ombudsman, except that in the case of a transfer pursuant to subparagraph (A) of this subsection at least thirty days' notice shall be provided. ***Notwithstanding the provisions of this subsection, a patient may be involuntarily transferred immediately from one room to another within such home to protect the patient or others from physical harm, to control the spread of an infectious disease, to respond to a physical plant or environmental emergency that threatens the patient's health or safety or to respond to a situation that presents a patient with an immediate danger of death or serious physical harm. In such a case, disruption of patients shall be minimized; the required notice shall be provided not later than twenty-four hours after the transfer; if practicable, the patient, if the patient wishes, shall be returned to the patient's room when the threat to health or safety that prompted the transfer has been eliminated; and, in the case of a transfer effected to protect a patient or others from physical harm, the consultative process shall be established on the next business day.***

Keeping Connecticut Healthy

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Joint Session

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Tip of the Week: Role of IP

Your Infection Preventionist is a VIP!

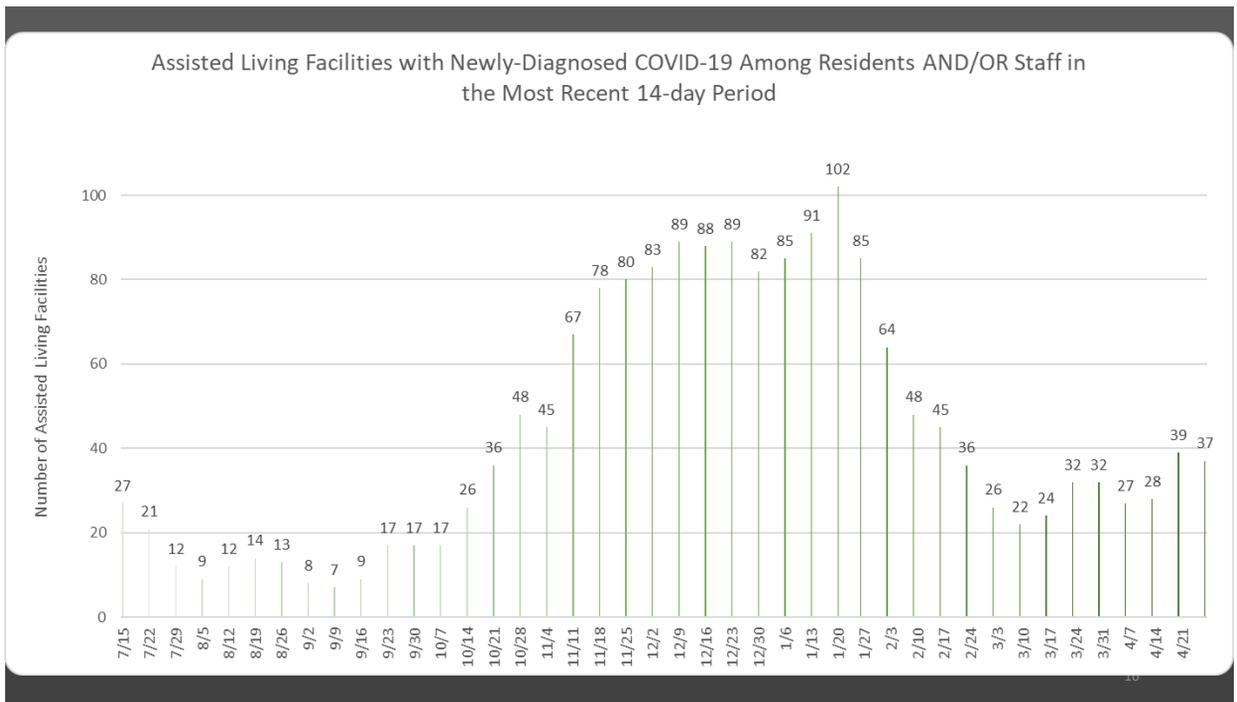
LTC facilities must have a designated and specially trained infection preventionist to run a **comprehensive infection prevention and control program**

- **CDC's Nursing Home Infection Preventionist Training**
Course: https://www.train.org/cdctrain/training_plan/3814
- The DPH HAI Program will send out a **query to administrators to identify the current Infection Preventionist** for your facility
- DPH HAI Program working **ICNC (Infection Control Nurses of Connecticut)** to provide ongoing support and educational programs for LTC IPs
- **To join ICNC, go to: infectioncontrolct.org**

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Weekly Assisted Living Data

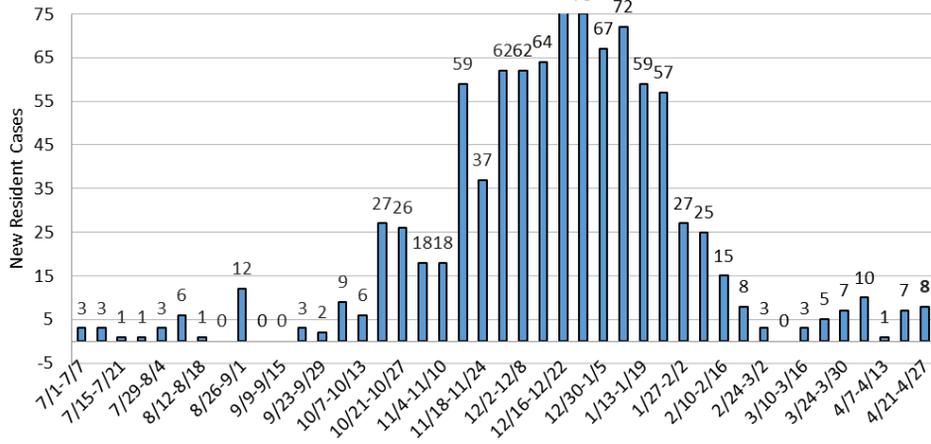
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16

Assisted Living Resident Census: 7,294

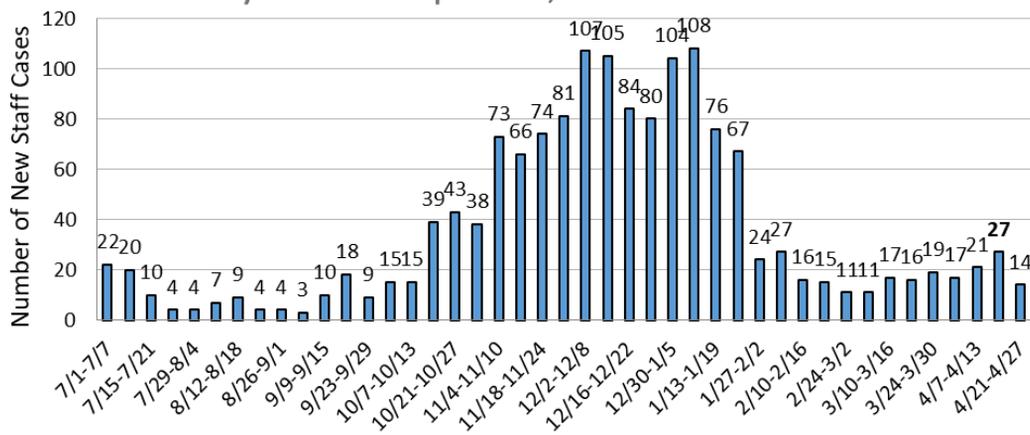
New Resident Cases in CT Assisted Living Facilities July 1, 2020-April 27, 2021



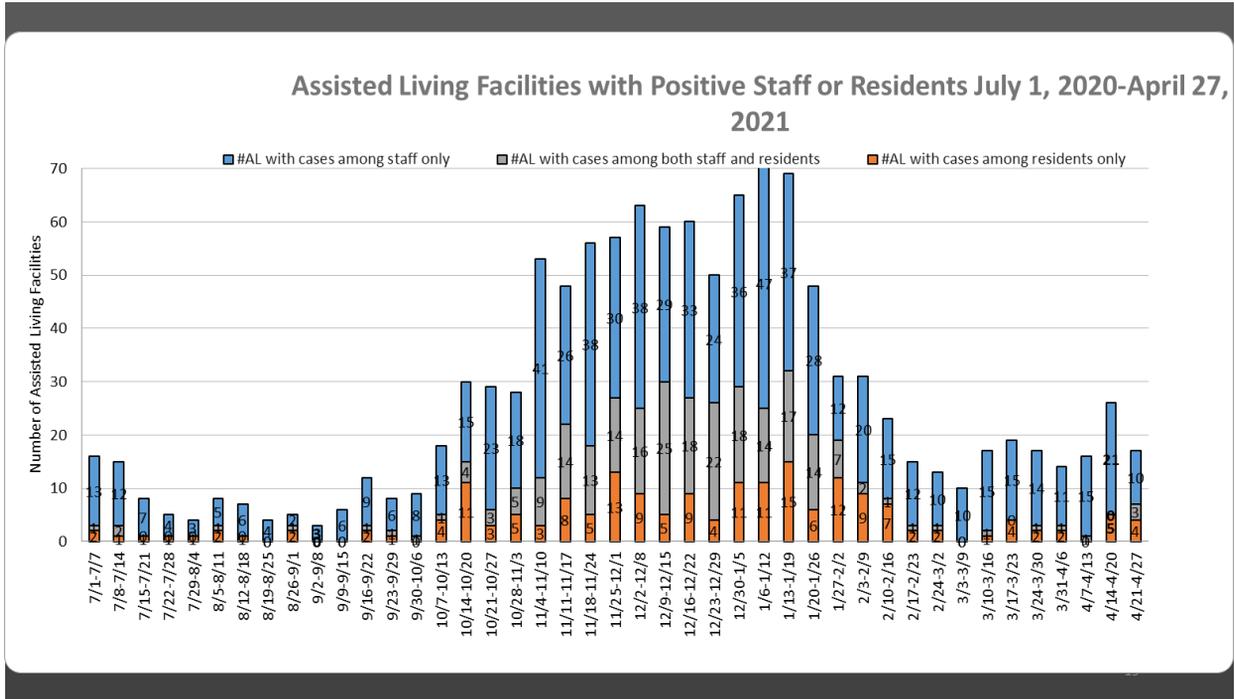
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17

New Staff Cases in CT Assisted Living Facilities July 1 2020-April 27, 2021



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19

Outbreak Testing in Assisted Living

- The decision to initiate outbreak testing in AL can be based on where the **initial positive case(s) worked/resided**.
 - If a staff member in a memory care unit during the infectious period (or a resident in memory care is positive), we recommend everyone (staff and residents) in the memory care unit get tested, regardless of vaccination status.
 - If not in the memory care unit, then anyone who came in close contact with the person with COVID-19 should get tested, regardless of vaccination status.
 - Anyone with an exposure, regardless of vaccination status, should have 2 COVID-19 tests: 1 immediately, and another 5-7 days after exposure
 - People with SARS-CoV-2 [infection in the last 90 days](#) do not need to be tested if they remain asymptomatic, including those with a known contact.
- **Memory care units in AL should generally follow NH guidance.**

[Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC](#)

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