

Conference Call Convened at 9:00 a.m. Eastern Daylight Time

✓ **Present**

- ✓ Jonathan Ballard, MD, MPH, MPhil – NH Department of Health and Human Services, Chief Medical Officer
- ✓ Kathy A. Bizarro-Thunberg, MBA, FACHE – Executive Vice President / Federal Relations, New Hampshire Hospital Association
- ✓ Charles P. Burney, MD – Resident, General Surgery and Leadership Preventive Medicine Dartmouth-Hitchcock Medical Center
- ✓ Rep. Polly Campion, MS, RN – New Hampshire House of Representatives
Carl Cooley, MD – Developmental Pediatrician
- ✓ James Culhane – President and CEO, Home Care Hospice & Palliative Care Alliance
Jeff Dickenson – Advocacy Director, Granite State Independent Living
- ✓ Paul Drager, JD – MedEthics Consulting
- ✓ Anne Edwards, Esq. – Associate Attorney General, NH Department of Justice
- ✓ Luanne Rogers, RN – Administrator, St. Theresa's Rehabilitation and Nursing Center
- ✓ David Ross, Administrator – Hillsborough County Nursing Home
- ✓ Sen. Tom Sherman – New Hampshire Senate
- ✓ Steve Surgeoner, MD – Anesthesiologist, Dartmouth-Hitchcock Medical Center
- ✓ Elizabeth Talbot, MD – New Hampshire Department of Health and Human Services, Deputy State Epidemiologist, Dartmouth Hitchcock Medical Center, Infectious Disease Clinician
- ✓ Tom Wold, DO – Chief Medical Officer, Portsmouth Regional Hospital
- ✓ Carole Totzkay, MS, CHES® - New Hampshire Department of Health and Human Services, Committee Facilitator

Current Situation in New Hampshire

**New Hampshire 2019 Novel Coronavirus (COVID-19) Summary Report
(data updated June 11, 2020, 9:00 AM)**

NH Persons with COVID-19 ¹	5,209
Recovered	3,665 (70%)
Deaths Attributed to COVID-19	308 (6%)
Total Current COVID-19 Cases	1,236
Persons Who Have Been Hospitalized for COVID-19	504 (10%)
Current Hospitalizations	73
Total Persons Tested at Selected Laboratories, Polymerase Chain Reaction (PCR) ²	91,917
Total Persons Tested at Selected Laboratories, Antibody Laboratory Tests ²	14,884
Persons with Specimens Submitted to NH PHL	30,020
Persons with Test Pending at NH PHL ³	1,110
Persons Being Monitored in NH (approximate point in time)	3,825

¹Includes specimens positive at any laboratory and those confirmed by CDC confirmatory testing.

²Includes specimens tested at the NH Public Health Laboratories (PHL), LabCorp, Quest, Dartmouth-Hitchcock Medical Center, and those sent to CDC prior to NH PHL testing capacity.

³Includes specimens received and awaiting testing at NH PHL. Does not include tests pending at commercial laboratories.

NH DHHS COVID-19 Update – June 11, 2020

New Hampshire Institutions Associated with COVID-19 Outbreak (as of 6/11/2020)

Current COVID-19 Outbreaks	Resident Cases	Staff Cases	Under Investigation	Deaths
Bedford Hills Center Genesis	9	11	0	0
Bedford Nursing and Rehabilitation Center	45	21	0	10
Birch Hill	35	25	0	14
Courville Manchester	14	14	1	6
Crestwood Center Milford	54	25	0	14
Greenbriar Nashua	69	27	1	12
Greystone Farm at Salem	9	3	1	0
Hillsborough County Nursing Home	112	43	0	14
Mt. Carmel Nursing and Rehabilitation Manchester	38	14	0	4
Mountain Ridge Genesis Franklin	49	21	2	9
Ridgewood Genesis Bedford	64	22	3	23
Salemhaven	43	14	0	10
Villa Crest Manchester	54	42	1	11

Closed COVID-19 Outbreaks	Resident Cases	Staff Cases	Deaths
All American Assisted Living Londonderry (closed 6/9/2020)	15	16	2
Aurora Assisted Living Derry (closed 6/6/2020)	38	17	10
Bedford Falls (closed 6/6/2020)	40	21	11
Bellamy Fields Dover (closed 5/16/2020)	35	13	10
Clipper Harbor Genesis Portsmouth (closed 5/29/2020)	0	8	0
Community Bridges Belmont (closed 6/9/2020)	2	7	0
Community Resources for Justice Transitional Housing Manchester (5/18/2020)	16	4	0
Crotched Mountain (4/20/2020)	3	12	1
Easterseals - Manchester (5/16/2020)	45	70	0
Hackett Hill Genesis Manchester (6/5/2020)	56	16	16
Hanover Hill Manchester (5/26/2020)	79	60	25
Huntington Nashua (5/8/2020)	23	19	7
Institute for Professional Practice, Inc (4/21/2020)	2	6	1
Kimi Nichols Center Plaistow (6/10/2020)	3	6	0
Pleasant Valley Derry (5/27/2020)	87	29	21
Salem Woods (5/18/2020)	23	26	10

Conference Call Agenda

1. Roll Call
2. Review and vote on the May 7, 2020 LTC Subcommittee DRAFT notes
3. Current LTC COVID-19 situation in NH
4. Previous Meeting Issues
5. Proposed NH LTC COVID-19 Guidance
6. Next Steps

Previous Meeting Notes

Ballard: Do I have a motion for the approval of the May 7 meeting notes?

David Ross – Motion to approve

Anne Edwards – Seconded

May 7, 2020 LTC Subcommittee notes are approved and final.

Action Item: Replace ‘DRAFT’ with ‘FINAL’ on the May 7, 2020 LTC Subcommittee notes and repost to the NH CSC website.

Current LTC COVID-19 Situation in NH

Talbot:

- Calls on noon on Wednesday 300 – 500 participants across the State
- Many questions now are about the COVID-19 resident and staff sentinel surveillance program. Protocol was released yesterday.
- Travel – staff remained concerned about vacationing out-of-state. Review travel guidance regularly.
- Visitation concerns: More discussions to come. Do have draft guidance on this that is currently under review with DHHS Commissioner. The draft reflects an aggregate of other states position and required CMS guidance.

Ross:

- Thank you for the weekly calls.

Talbot:

- We learn very much from you as well.

Rogers:

- We are all learning through this process. The weekly calls are invaluable to LTC healthcare providers.

Previous Meeting Issues

Ballard:

- **Laboratory Testing**
 - DHHS now has an active contract with Mako Medical Laboratories in North Carolina. The Mako lab will send kits to designated LTC facilities with instructions on sampling, packaging, and shipping. COVID-19 result turnaround time to facilities is two days.
- **Staffing**
 - DHHS now has an active contract with Interim Health Care Staffing. Temporary staff have been deployed to three LTC facilities. Another two facilities have requested assistance. COVID-19 funding is now available through the State for LTCs and homecare services.

Ross:

- Over the past week, we have seen an improvement with receiving COVID-19 test results in 2-3 days for both patients and staff.

Rogers:

- June 19th will be our first COVID-19 internal specimen collection and submission to Mako. We have everything setup online with them as well.

Ballard: Luanne, are the Mako Medical Laboratory instructions for COVID-19 sample collection and mailing user-friendly? Any issues?

Rogers:

- The instructions are clear and the online access is working pretty smoothly.

Campion:

- It is great to see the improvement on the LTC testing. My understanding is testing is for nursing homes and assisted living. Will there be expansion to other free-standing, congregate facilities?

Ballard:

- We are addressing facilities with known outbreaks of COVID-19.
- We do intend to address the diverse number of congregate care facilities and how best to provide testing.

Campion:

- I would expect that we would look at all other types of congregate facilities.

Culhane:

- When DHHS posts mortality figures in LTC, does that include assisted living facilities?

Talbot:

- No. It doesn't include assisted living.

Totzkay:

- In my own opinion, we need to post COVID-19 data on all congregate facilities across the State. As of now, it gives the appearance that only LTC facilities are negatively affected by COVID-19. Greater transparency is needed.

Ballard:

- Appreciate your feedback regarding larger transparency.

Ballard:

- What is acceptable level of care for transfer to another higher level of care could result in additional spread of the disease.
- CMS regulates LTC. There is some leeway but there need to be a balance between federal and state regulations, especially funds that are matched and reallocated to the facilities.
- DHHS Health Facilities Credentialing and Licensing Unit is reviewing the draft LTC and COVID-19 guidance document.

Culhane:

- How do we include services such as end of life and palliative into proactive care?

Sherman:

- Good point. The Do Not Transfer was seen early on in the outbreak within the state.
- The State of Massachusetts used their National Guard for care support in nursing homes where staffing was extremely diminished.

Talbot:

- Routine dental care, haircuts and other quality of life concerns are the concern of many forum participants.
- Severe dementia or non-mobile devices have not been mentioned.

Drager:

- Palliative care is important for the continuum of care in LTC –hospices and other facilities. Pre-existing advanced directive or NH POLST should be appreciated and followed.
- Additional supportive care, as Jim referenced, needs to be provided. Is there a mandate that the LTC have their own all hazards CSC?

Ballard:

- The only requirement is an emergency operations plan.

Ross:

- This committee can be helpful with solutions. Providers travel between facilities that may or may not have an outbreak. Many facilities do not allow hospice providers. Thus, quality of care is not being met. Perhaps we need to look at criteria to help facilities to make these decisions.

Ballard:

- DHHS has hired a retired geriatrician. Dr. Beverly J. Entwisle from Concord Hospital.

Talbot:

- It is not on the DHHS COVID-19 website. We can work to do this.

Ross and Campion: Signed-off of the call.

Ballard: How do we move forward from here? Any thoughts Anne?

Edwards:

- As to what are the Plan next steps?

Ballard:

- We need to hear back from CMS before releasing the document. We want to try to put the resident first with appropriate transfer processes.

Edwards:

- When will the CMS guidelines be released?

Ballard:

- In the next day or two.

Edwards:

- We can pull together a health facility draft.

Totzkay:

- On May 12, 2020, the NEJM Catalyst – Innovations in Care Delivery released an article entitled, “*A Beacon for Dark Times: Palliative Care Support During the Coronavirus Pandemic.*” Rapid expansion of palliative care specialists was need in NYC. The Icahn School of Medicine at Mount Sinai developed and adapted a 24-7 Palliative Care Help line (PATCH 24) with focused in-person ED supports to serve 873 of the sickest patients with COVID-19 over 4 weeks in late March and April 2020.
 - The call line improved patient care and support clinicians across the health system
 - Helpful in prioritizing allocation of inpatient palliative care resources.

Drager:

- NY has an established electronic registry for their medical ordered life-sustaining treatment registry.
- The NH law allows for registry but it use never funded.
- Using telehealth, healthcare providers could be provided with information on advanced directives and NH POLST to better inform their patients. It would be most advantageous to pursue educational opportunities for healthcare providers about advanced directives and POLST, especially during this pandemic. We also need to raise the awareness about this with the public.

Facilitator Comment – post meeting:

In support of Paul Drager’s comment above, the Minnesota Department of Health hosted a series of community conversations over the summer and fall 2017. *The CSC Community Engagement Summary Report issued February 2018* identified: “The most frequently mentioned factors [for patient ranking] were patient and family preferences, as well as whether the patient had an advanced health care directive/do not resuscitate order... Participants agreed that family members should be included in these conversations. They questioned whether there are state guidelines in place that speak to this topic... Other discussion focused on supporting the patients and families. Patients and families should be educated at the start of treatment on what to expect and on realistic timeframes for expecting progress. What happens if little improvement is noted, but other sick patients might benefit? Suggestions were made to provide palliative care and support for patients when treatment is discontinued, consider how faith may influence families, and being transparent with patients and families on the decision-making process.”

<https://www.health.state.mn.us/communities/ep/surge/crisis/engagementsum.pdf>

Ballard: Is anyone from the public on the call and would like to comment? Other SDMAC members?

Sherman:

- Telehealth is needed especially in smaller assisted living facilities. I think it could have some emphasis in the report. The Governor’s *Executive Order #8 Expansion of access to telehealth* is now in statute for the Legislature to vote on then hopefully to Governor’s office for signature. It would expand medical care across multiple healthcare facilities.

Ballard:

- With no other comments, I think we can just close out this meeting and bring this topic of LTC back to the full SDMAC on June 26th instead of another LTC subcommittee.

Meeting adjourned at 10:15am