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RESIDENTIAL HEALTH CARE FACILITIES AND COVID-19

PRESENTED BY:

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Good morning, Chairlady, Chairmen and staffs of the NYS Senate and Assembly. Thank you for this opportunity to share some ideas about how to improve practices and procedures of residential health care facilities during this Covid-19 pandemic.

I am Claire Altman, President of Altman Strategies, and am speaking here today on behalf of myself and two colleagues, Dr. David Katz, President of True Health Initiative and the Founding Director of Prevention Research Center at Yale University/Griffin Hospital, and Jack Gold, a NYC based real estate developer with substantial experience in developing long term care facilities. A lawyer by training, I have spent the past 35 years developing housing for low income individuals and families and for persons with special needs primarily in New York City. In my portfolio of over 3500 units are two Skilled Nursing Facilities for individuals and families with HIV/AIDS; for one of these I served as the Chairman of their Board for 17 years. We learned a great deal about infection control back then with some of these lessons applicable to the current pandemic, particularly the high risk of spreading infectious diseases through central air handing systems. [1]

We have believed from the beginning that the only way to protect residents in congregate care facilities from this pandemic is what we have termed a "closed loop isolation system." Now, six months into this pandemic, our experience has borne out this belief. For example, one 40 bed skilled nursing facility in northern Manhattan has had no Covid-19 related deaths. What differentiates this facility from many others are several key factors: almost all of the rooms are single rooms; no central air conditioning system – use of room air conditioners; many staff only work at this facility; food is prepared on site; and given the size there are a limited number of outside therapists coming into the facility.

In a **"closed loop isolation system"** as we are proposing, residential health care facility management would set up an "isolation" arrangement creating a "clean" facility.

This would begin with at least weekly testing of staff and residents, the first step in ensuring that COVID-19 free residents are protected by closing off all sources of exposure to the virus. Other features of this approach would include: residents only going to "clean" medical facilities for services such as dialysis and cancer care, only traveling in vehicles that are "clean," receiving

[1] McDonald, Jeremy P., "Mitigating COVID-19: A Better Path Forward Addressing Indoor Air Quality Issues to Reduce the Impact of the Pandemic", 7/29/2020.

hospital care only in "clean" hospitals, have no visitors, etc. In addition, jurisdictions would create one or more temporary "new nursing or assisted living facilities" (e.g., in a leased hotel for example) for every 15 existing homes to house newly admitted nursing home residents for 14-30 days before they are allowed to enter "clean" facilities. (see Attachment at end of paper for summary of low- and high- risk approaches.) (Future residential health care planning should consider single occupancy rooms and individual HVAC units, but we recognize that this would entail considerable costs and time to implement.)

We recognize that there are advocates for an approach referred to as "cohorting" which is defined as designating one part of a facility for Covid positive residents and the other part for non-Covid residents. This is the approach supported in the Senate and House bills (S3768 and HR6972) that includes $20B in appropriations for "nursing home relief measures." The danger is that Covid-19 would still be present in the building. Simply put, Covid-19 has proven from the beginning that it is extremely cunning and has outsmarted every attempt to eliminate it once it is present. The only way to avoid Covid-19 is to keep it out.

Now that scientific results are emerging suggesting that Covid-19 can be spread through airborne transmission,[2] there is another compelling reason to create "closed loop isolation systems" with separate facilities for non-Covid positive residents and Covid positive residents. As long as Covid negative and Covid positive residents share the same air handling system, the virus is likely to spread.

We recognize that this "closed loop isolation" approach would create additional costs in the short term, but we believe the longer-term benefits would more than outweigh these short-term costs. These benefits include:

- Lives will be saved -- as of July 20,2020, the revised NYS Department of Health Report [3] stated that the number of deaths of nursing home residents in New York State has been approximately 6,400. CMS reports as of 7/20/20 that there have been 40,273 deaths in long term care facilities across the US -- approximately twenty-five percent of all Covid-19 deaths in the US.[4]
- Major reductions in hospitalization costs could be achieved as health care providers would spend less time treating COVID patients and "clean" hospitals can resume normal, pre-Covid-19, operations.
- This approach permits the safe opening of a portion of our heath care system and long-term care facilities and could serve as a model for reopening the economy in a safe and effective manner.
- Protecting health care workers.

[2] "Yes, the Coronavirus is in the Air," Linsey C. Marr, New York Times, July 30,2020, https://www.nytimes.com/2020/07/30/opinion/coronavirus-aerosols.html

[3] Factors Associated with Nursing Home Infections and Fatalities in New York State During the COVID-19 Global Health Crisis, Revised, July 20, 2020.

[4] COVID-19 Nursing Home Data. Data.CMS.gov, accessed 7/29/2020.

We know that there is no perfect answer for dealing with a pandemic as deadly as Covid-19, but now we have an opportunity to regroup, learn from our experiences, and create a stronger public health response here in New York, hopefully setting an example for the rest of the nation. By implementing a "closed loop isolation approach," we will be protecting our most vulnerable citizens from falling prey to a possible "second wave" of Covid19 in New York State and offering an approach that could be replicated across the country. If this approach were adopted as policy, it could be activated any time such a threat as the Covid-19 pandemic emerges. It is worth the investment even if COVID is winding down by the time such a policy could be implemented. This could be the: 'SNF Outbreak Protocol Alpha' ready for use whenever warranted.

Lastly, we would be remiss if we didn't underscore the importance of looking at a similar approach with regard to home care. Without testing and careful staff assignments, both the home care client and home care workers are at risk of one infecting the other and then spreading the virus further. The deaths of 6,400 residents of the State's long-term care facilities should not become simply another statistic but should teach us a lesson that can serve as the foundation for a new approach to protecting our frail and elderly from the dangers of Covid-19.

Thank you for your time today.

Respectively submitted,

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ATTACHMENT 1: RISK ASSESSMENT OF ISSUES IN LONG TERM CARE CONGREGATE CARE FACILITIES AND OPERATIONS

	LOW RISK	HIGH RISK
Facility Related		
Air Handling Systems	Room Air Conditioners, PTAC units	Central Air Handling System
Windows	Operable Windows	No-operable windows
Restrooms	Private Bathroom for each resident	Shared Bathrooms
Bedrooms	Single Occupancy	Double or Triple Occupancy
Dining	Small Tables 6'-8' apart	Large Group Tables
Occupancy	Only non-Covid residents	Covid & Non-Covid residents
Operational Issues		
Covid Resident Testing	Twice weekly	2x monthly or less frequently
Covid Staff Testing	Twice weekly	2x monthly or less frequently
Proof of Covid Negative Status for all visitors and ancillary medical personnel	Requirement of Proof	No Proof Required
Visitations	Prohibited	Permitted
New Admissions	14-30 day Quarantine period	Direct Admissions/No Quarantine
Transportation	Restricted to *Clean* Transportation	Transportation available for use by public
Emergency Transportation	Restricted to *clean* ambulances and EMS personnel	Ambulances and EMS personnel serving the general public
Hospitalization	Restricted to *clean* hospitals	Hospitals also used by general public
Outpatient Services	Restricted to *clean* facilities	Facilities also used by general public