Commission member(s) present: Lisa Furber, DNHRQAC Chair; Hooshang Shanehsaz; Cheryl Heiks; Lorraine Phillips, Ph.D.; Norma Jones; Dr. Michela Coffaro, Psy; Representative Kim Williams; Christina Kontis, Kyle Hodges; Esquire; and Amy Milligan.

Commission members not in attendance: Catherine Hightower; Karen Gallagher and Lt Gov Bethany Hall-Long. Karin Volker, Esquire, DOJ was also not in attendance.

Others Present: Margaret Bailey, DNHRQAC Executive Director; Mark Brainard, Jr, JLOSC; Sheila Grant, AARP; Corinna Getchell, RN, DHCQ; Pam Niboh, Advocate; Dr. Jim Ellison, Swank Memory Care Center; Jennifer Rittereiser, Swank Memory Care Center; Karen Crowley, DHCQ; Ed Black, Esquire (DOJ); Tomi Morris, DHCFCA; Carol Lovett, Consumer; Dr. Susan Levy, MD, CMD; Kelly Huff, Esquire; Jill McCoy, State Ombudsman; Staci Marvel, DMMA; Jim McCracken, LeadingAge; and Ed Black, Esquire, MFCU. There were a few additional individuals that joined the meeting by phone/webex and not identified.

1. Call to order

The meeting was called to order at 9:32 AM by Lisa Furber, DNHRQAC Chair.

2. Approval of the Minutes for the meeting of:

The meeting minutes’ draft of May 19, 2020, July 21, 2020 and September 21, 2020 were approved as written.

3. Discussion of:

DNHRQAC Executive Director & commission members shared brief updates during COVID-19. Ms. Bailey mentioned that as of November 15, 2020:

- 58% of Delaware deaths related to COVID-19 have been residents of long-term care facilities (423 of 736 total deaths)
- DHSS Weekly Overview (11/13/2020) shows outbreak in four additional Delaware long term care facilities: Cadia Healthcare Capitol, Delmar Nursing and Rehabilitation Center, The Moorings at Lewes and Oak Bridge Terrace @ Cokesbury Village. Five other long term care facilities were identified a few weeks ago as having an on-going outbreak since late September: Kentmere Rehabilitation and Health Care, Cadia Silverside, Country Rest Home, Regency Healthcare and Rehabilitation Center and Loftland Park.
DNHRQAC activities during Sept, Oct and Nov include:

- Participated in calls with State Health Operation Center (SHOC) for LTC providers
- Participated in calls with Delaware hospitals (PAC/SNF)
- Received multiple phone calls, emails, etc. from family members & facilities
- Outreached with multiple State agencies and service providers to continue on-going dialog
- Joined in multiple webinars, advocacy efforts, etc
- Attended multiple virtual meetings, workshops, summits, conferences, town hall meetings, and symposiums
- Provided feedback regarding LTC Reopening Plan in Delaware
- Attended Director of Nursing Workshop (4 days)
- Provided JLOS with updates
- Attended FY 22 Public Budget Hearings
- Participated in Residents Rights month efforts
- Provided educational opportunities and Federal/State regulatory updates to commission members during COVID-19

Swank Memory Care Center

James M. Ellison, MD, Swank Foundation Endowed Chair in Memory Care and Geriatric, provided feedback regarding a Red Cap Survey forwarded to Delaware’s 82 LTC facilities. The purpose of the survey was to gauge dementia and behavioral disturbances that exist.

This survey was prepared in collaboration with the Value Institute at Christiana Care. The Value Institute is a diverse team of experts collaborating in the discovery and delivery of value-centered knowledge to improve health. In order to do so, the institute strives to develop, deliver and evaluate innovative solutions impacting population health, patient experience, system performance and policy development.

38 facilities answered some red cap survey questions distributed Summer 2020. 19 Delaware facilities completed the entire survey. They concluded that there is a high prevalence of behavioral health concerns in Delaware LTC facilities. Dr. Ellison shared that half of individuals living in Delaware LTC facilities experience non-cognitive symptoms: anxiety, agitation, wandering, depression and eating/appetite behaviors.

58% of Delaware LTC facilities use behavioral health consultants.

> 90% of individuals with major cognitive disorders develop non-cognitive symptoms. These can be brief or consistent and usually effect three domains of function: mood (agitated), perception (reality vs hallucinations) and motor function (apathy or agitation).

The definition of dementia often used by Psychiatrists and Clinicians focuses on the cognitive aspects: language, thinking, reasoning and remembering.
It is important to identify non-cognitive symptoms, too as they can lead to or contribute to emergency room visits or hospital stays and sometimes mistreatment in those or other settings. As a result, Dr. Ellison wanted to find out approaches are being used to manage such symptoms and see whether adequate training is available as a resource to those caring for folks with dementia. Dr. Ellison was not sure if the survey was completely accurate but noted that survey respondents showed that only half the facilities provide training for staff members.

Pharmalogical treatment plans differ in skilled (nursing home) versus assisted living settings. Antipsychotic medications are less commonly used in nursing homes (regulated), however anticonvulsants are more commonly prescribed and vice versa for assisted living facilities. Antidepressants are commonly used in both settings and shown to be quite effective in this role.

Personal Centered Care and sensor stimulation are the most common non-pharmalogic approaches to aid with non-cognitive symptoms as they tend to be more difficult to manage.

Dr. Ellison said they determined that the Red Cap Survey was too long. He shared that after reviewing survey results, the data captured was very promising and perhaps additional training and consultations would be helpful.

Ms. Bailey asked if Dr. Ellison could provide non-pharmalogical approaches during COVID-19. Sensory and aroma therapy is a great resource that can help residents with cognitive

State Health Operations Center (SHOC) and Division of Health Care Quality (DHCQ)

Corinna Getchell, MSN, Director of Division of Health Care Quality (DHCQ) and Dr. Susan Levy, MD, CMD attended the meeting and provided updates regarding DHCQ and SHOC during COVID-19.

Dr. Levy began working as a consultant with SHOC (response) and DHCQ last month. She is currently Medical Director (Geriatrician) for several Delaware long-term care facilities.

Contact information:

Corinna.getchell@delaware.gov
Susan@susanlevymd.com (most preferred method) or Susan.strom@delaware.gov

Long Term Care Ombudsman Program

Jill McCoy, State Ombudsman, provide commission members with an update regarding the Long Term Care Ombudsman Program (LTCOP). Ombudsman began entering facilities September 8, 2020. Ombudsman have not been in facilities since March 16, 2020.

Top issues LTCOP is receiving:
1. Care issues (planning, medication, timeliness of help)
2. Discharges

3/16 - 11/16/2020 the number of complaints LTCOP received has doubled since last year.
LTCOP staff have adequate PPE; their temperature tested before entering a facility and receive weekly COVID test at DHCQ. LTCOP staff are only able to enter one facility per day.

Positive cases are on the rise, so LTCOP recently decided to discontinue entering COVID positive facilities at this time.

Ms. Bailey will forward updated LTCOP organizational chart to members.

**AARP NH Data Dashboard**

Sheila Grant, MSN, provided an overview regarding AARP’s Nursing Home Data Dashboard. AARP Public Policy Institute in collaboration with the Scripps Gerontology Center at Miami University in Ohio, created this tool to help states evaluate their response to COVID-19 in long-term care facilities.

The AARP NH Data Dashboard builds from data skilled nursing facilities are mandated to submit to Centers for Medicare and Medicaid Services (CMS) each week. Data that appears will provide four-week snapshots of the virus’ infiltration into nursing homes and impact on residents and staff. The goal is to identify specific areas of concern at the national and state level.

There are five key measures: deaths, resident and staff cases, Personal Protective Equipment (PPE) and Staffing. The dashboard data was updated as of November 12, 2020.

As of November 9, 2020 per Kaiser Foundation, 91,000 residents and staff of nursing homes and other long term care facilities have died from COVID-19.

The state trends vary dramatically however Delaware is currently on a list of soaring COVID-19 surge. Currently, 58% of all COVID-19 deaths in Delaware have been long term care residents.


**DMMA Long Term Care Applications**

Staci Marvel, Chief Administrator, provided commission members with an update regarding LTC applications in Delaware. DMMA strives to process applications within 60 days. The Division’s Central Intake Unit receives roughly 500 referrals month.

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1st Qtr 2020:
807 applications received
581 applications approved
212 applications denied (might not have provided all documents, etc)
14 applications withdrawn
March – October 2020:
1,487 applications
1,407 approved
**434 denied**
*took about 50 days to process applications*

March—October 2020, the Division received requests to transfer long-term care facility based supports to community based supports.

**DMMA Managed Care Organizations**

Kathleen Dougherty, Chief of Managed Care Operations was not able to attend today’s commission meeting to provide an update. Ms. Bailey will contact Ms. Dougherty and invite to the DNHRQAC Meeting of January 19, 2021.

4. Old/New Business

**FY 22 Public Budget Hearings**

Ms. Bailey shared that FY22 Public Budget Hearings began last week. A copy of the schedule was emailed previously to commission members.

**VA Nurses to Support LTC Facilities**

Another contract was executed with Veterans Affairs Administration to provide additional support through group of infectious disease nurses. They will provide on-site visits to long-term care facilities to educate, support and assist with COVID-19 prevention and management.

**Joint Legislative Oversight and Sunset Committee (JLOSC) Updates**

Ms. Bailey has been providing updates to JLOSC staff regarding DNHRQAC activity as requested. No formal review date has been provided at this time.

**Residents Rights Recognition**

DNHRQAC submitted a news commentary regarding resident’s rights month (Oct). The theme this year was “Connection Matters”. As a result, the commission received several calls about Delaware’s TLC Reopening Plan and Support Person for residents.

Many thanks to Dr. Lorraine Phillips and University of Delaware School of Nursing Jean Buxbaum recipients who connected during this time with three Delaware LTC facility residents via Halloween greeting cards. UD School of Nursing will also be having a personal care drive to collect and distribute goodies to Genesis facility residents during the beginning of December 2020.
FY 21 DNHRQAC Meeting Schedule

Ms. Bailey forwarded FY 21 meeting schedule draft to commission members for review.

5. Public Comment

Health Observances

October:
   American Diabetes Month
   COPD Awareness Month
   Residents Rights Month
   Oct 18 - 24 Health Care Quality Week

November:
   Nov 18 - 24 US Antibiotic Awareness Week

Next meeting commission meeting will be on Tuesday January 19, 2021 @ location to be determined.

7. Adjournment

The meeting was adjourned at 10:52 AM by Lisa Furber.

Attachments: November 17, 2020 meeting agenda
              May 19, 2020 DNHRQAC Meeting minutes draft
              July 21, 2020 DNHRQAC Meeting minutes draft
              September 21, 2020 DNHRQAC Meeting minutes draft