

Soldiers' Home in Holyoke Board of Trustees Meeting

A meeting of the Board of Trustees of the Soldiers' Home in Holyoke (HLY) was held telephonically on Tuesday, August 11, 2020. The meeting began at 5:10 PM.

- **Members Present:**

Kevin Jourdain, Chairman; Christopher Dupont, Cindy Lacoste, Isaac Mass, Carmen Ostrander, Sean Collins

- **Also Present:**

Val Liptak, Acting Superintendent; Dan Tsai, Acting Secretary, EOHHS; Dr. Mohammad Dar, Interim Chief Medical Officer, Norman Gousy, Chief Financial Officer, Pat Dill, Interim Nurse Executive; Mark Yankopoulos, Legal Counsel; Col. Michael Lazo, Interim Chief Operating Officer; Cheryl Poppe, Acting Secretary, DVS; and Nancy Shimel, Recording Secretary

- **Pledge of Allegiance** - All present recited the Pledge of Allegiance.

- **Public Comment**

John Paradis, former Deputy Superintendent at the Soldiers' Home in Holyoke, requested to make public comment. Mr. Paradis is a member of the Soldiers' Home in Holyoke Coalition, which is a coalition of veterans, family members, veteran service members and other concerned citizens. Mr. Paradis reported that the coalition has grown to 70 members, including 9 family members of veterans at the Soldiers' Home in Holyoke. More than 17 cities and towns have sponsored resolutions supporting our mission for new construction and for the veteran community to be involved in that process. Mr. Paradis noted that on 7/21/20, a request was submitted to Secretary Tsai requesting a meeting with the Executive Office of Health and Human Services and the Division of Capital Asset Management (DCAMM) to offer their input. The coalition received a response back on 7/28/20 stating that they would be in touch to create a dialogue on this. Mr. Paradis noted that this letter was greatly appreciated. He reported that the coalition created a needs assessment for a baseline of dialogue that will be submitted to the Board of Trustees. Mr. Paradis stated that they are prepared to make a presentation to the Board of Trustees to share ideas and collaborate. He made a request to be added to the agenda of the next Board of Trustees meeting on 9/8/20.

Cheryl Blais, who is also a member of the Soldiers' Home in Holyoke Coalition, requested to make public comment. She stated that she is the daughter of a deceased veteran who resided at the Home. Ms. Blais noted that she is speaking on behalf of the other families who have lost loved ones due to COVID-19 at the Soldiers' Home. Ms. Blais detailed her concerns related to facility preparedness for COVID-19 going forward, as well as testing and quarantine policies for staff and veterans. Kevin Jourdain noted that these inquiries are detailed in written form and that he has forwarded this to state leadership for written response.

Ann Haskell, who is also a member of the Soldiers' Home in Holyoke Coalition, requested to make public comment. She stated that she joined the coalition after the death of her uncle, who resided at the Home. Ms. Haskell noted that she has been in contact with Governor Baker and Senator Velis regarding concerns for the future of the facility. She also reached out to Val Liptak to express her concerns around infection control. Ms. Haskell presented information about a disinfectant system that is in use at other facilities that has shown to be effective in stopping the transmission of the COVID-19 virus. She has provided this information to the Board of Trustees. Kevin Jourdain stated that he will forward this information to Secretary Poppe for evaluation and response.

- **Approval of Minutes**

Upon motion by Chris Dupont and seconded by Carmen Ostrander, it was unanimously VOTED to accept the minutes of the Board of Trustees meeting held on July 14, 2020 with the following change: On Page 8, paragraph 3, last sentence, change to read " The census validates that we have veterans as far away as the Cape and the Islands".

Kevin Jourdain conducted a Roll Call vote on the approval of the amended minutes of the Board of Trustees Meeting held on June 9, 2020, and the unamended minutes of July 1, 2020. The Role Call vote is as follows: Sean Collins (Yes), Chris Dupont (Yes), Cindy Lacoste (Yes), Isaac Mass (Yes), Carmen Ostrander (Yes), and Kevin Jourdain (Yes).

- **CFO Update**

Norman Gousy reviewed the “Trustee Fund-Summary of Receipts and Disbursement Report for FY20 for the period ending July 31, 2020, as well as the current month’s activity detail. Mr. Gousy provided information on the operating budget using the standard reporting format. The UBS and Westfield Bank statements were also provided. He noted that the ending balance summary separates out the fixed income and equity. Mr. Gousy stated that for July 2020, there are only payroll expenses detailed at this point. He reported that at the end of the summary is the COVID relief fund in the amount of \$600,000 that was approved for use at the Soldiers’ Home. He noted that these funds were used for cleaning, supplies, and nursing staff related to COVID-19. Kevin Jourdain inquired as to the source of the COVID relief funds. Mr. Gousy stated it was received through the Executive Office of Health and Human Services. Kevin Jourdain asked if all the revenue from the license plate fund was used and if it went to general operations. Mr. Gousy stated that funds from the license plate fund assisted with COVID-related expenses. Mr. Jourdain inquired if we received funding for the electronic medical record (EMR). Mr. Gousy noted that we have not received the EMR funds yet. Isaac Mass inquired if the Soldiers’ Home in Chelsea was required to use their license plate funds for COVID-related expenses. Mr. Gousy stated that he would look into this. Kevin Jourdain noted that he was happy to see the continued growth of the stock funds with UBS.

Isaac Mass inquired if the positions of Treasurer and Assistant Treasurer are filled and what the responsibilities of these positions are. Norm Gousy stated that the Treasurer oversees all cash operations in the Treasurer’s Office, including veteran accounts, the lottery fund, the canteen, and all items related to cash. Mr. Gousy stated that there is not an Assistant Treasurer position. He stated that there is an Accountant position, which is filled, and a vacant Clerk position.

Chris Dupont noted that there was discussion at a previous Board of Trustees meeting around potential revenue from the cell tower located on the roof of the Home. At that time, Norm Gousy was going to look into what organizations had an antenna there, as this could be a source of possible funding if they are currently utilizing this service at no charge. Mr. Gousy stated that he has pulled documentation on this and will be coordinating a response to DCAMM on what can be done on this going forward. Mr. Dupont requested an update on this. Mr. Gousy stated that he will provide an update.

Kevin Jourdain inquired if there is a FY21 budget that can be shared with the Board of Trustees. Mr. Gousy stated that at this time, there is an interim budget in place. We are awaiting approval on final budget for FY21. Mr. Jourdain asked if there is a prognosis on when that will be finalized. Mr. Gousy stated that he will follow-up and provide a response on this. The CFO report was accepted.

- **Report from State and Administrator:**

Daniel Tsai, Acting Secretary for EOHHS, offered his condolences to Ms. Blais and Ms. Haskell on the loss of their family members. He noted that there are multiple individuals represented on the Soldiers’ Home in Holyoke Coalition. We will be hearing updates on the various questions on items. Secretary Tsai recognized that Val Liptak and the team from the Soldiers Home in Holyoke, and Cheryl Poppe, Acting Secretary, Department of Veterans Services, are present on this call today. Secretary Tsai reported that the Home has come out of crisis mode. All veterans have recovered who were COVID positive, and there are zero COVID positive cases in the Home. We have implemented ongoing proactive surveillance testing. Infection control and safety

of the veterans and the staff are our top priority. We are currently in the transition and rebuilding phase moving forward. Secretary Tsai expressed the need to stay vigilant with PPE in the Home. He reported that elements from the investigation report completed by Mark Pearlstein are being implemented. One example of this is the implementation of the permanent staffing schedule. We have posted a number of critical vacancies for the senior leadership positions.

Report from State and Administrator (cont'd):

- Cheryl Poppe, Acting Secretary, Department of Veterans Services, thanked all for being here and providing support to staff and the veterans at the Home. She reiterated that there are currently no active COVID-19 cases at the Home. All residents and staff who had COVID-19 are clinically recovered and asymptomatic. There are no new positive cases.
 - As you are aware, we had some clinically recovered individuals develop similar symptoms to COVID-19 that have since been identified as resulting from non-COVID reasons (pneumonia and UTIs, for example).
 - Some clinically recovered individuals briefly retested positive, as is expected with the virus, but multiple infectious disease experts have concluded these are “testing artifacts”, which the clinical team will explain in greater detail shortly. All individuals have since again tested negative. There are no active positive cases at the Home.
 - Out of an abundance of caution, we escalated precautions at the Home and cancelled visitations. But there are no active COVID-19 cases, and we expect to be resuming visitations shortly
- While we are through the crisis period and focused on a Transition and Rebuilding phase, the priority of the team remains on infection control and ensuring the Home is prepared for the fall.
 - We have sufficient PPE, we have infection control practices in place, and all staff and visitors are subject to screening at entry and are all required to comply with the Governor’s travel order. All staff are encouraged not to travel to high risk areas; if they do, they are subject to quarantine or are required to have a negative test.
- The expedited Capital Project has kicked off – and the Commonwealth is committed to making the capital investments required for the Home.
 - A vendor (Payette) has been selected for the Needs Assessment/ Rapid Planning Phase
 - Their first order of business will be to kick off a substantial stakeholder engagement process and to ensure that veterans, their families, the Board, the community, and others are able to weigh in on the Building Project. This will involve interviews, surveys, and other ways to engage.
 - Stay tuned for more details on the stakeholder engagement process.
- We are in the midst of implementing the recommendations of the Pearlstein Report, including working to implement the permanent staffing schedule
 - Our staffing levels remain above Medicare 5 star levels for long-term care facilities. You’ll hear more from Val and the team on this shortly.
 - Also, I am pleased to note the Governor has appointed a new Board member to fill what was an existing vacancy: Brigadier Gen. Sean T. Collins, who was sworn in on August 10. General Collins has extensive medical and clinical operations expertise that he will bring to the Board, and we are eagerly looking forward to his input.
 - Also, the Soldiers’ Home is working closely with the Department of Veterans’ Services to identify a strong pool of qualified candidates for Superintendent and is looking forward to working closely with the Board on this.
- As the Home continues to recover from the COVID-19 outbreak, we recognize that there will be increased scrutiny as we rebuild our team and refresh our facilities. We appreciate the partnership of the Board of Trustees in this work and look forward to providing you updates on the work being done on the ground.

Report from State and Administrator (cont'd):

Val Liptak, Administrator, provided the following situational update for the Home:

Current Census as of 9:30 am today:

- 88 veterans are at the home
- 22 veterans are in the dorm
- 24 veterans are currently at the dedicated skilled nursing unit at Holyoke Medical Center
- 9 veterans in an acute care setting
- 143 total across all settings

Resident Testing and COVID update

- We continue to be conservative in our testing policy out of an abundance of caution. Regular onsite surveillance testing is conducted every two weeks and is being conducted more often while the facility is at high alert. Outside of regular facility surveillance testing, residents are also closely monitored and if there is any sign of COVID-like symptoms, they are immediately retested.
- Status of cases at the Home:
 - 0 positive (defined as positive test result for the first time, symptoms for the first time, or when subsequent positive result is present after recovery with symptoms *and* where expert opinion believes a true re-presentation of COVID-19 is present)
 - 42 negatives
 - 73 recovered
 - 3 pending
 - 1 refused

Long Term Planning, Transition and Oversight

- Phase 1 of the refresh project, which involved updating the interiors of the 3rd floor units for enhanced infection control, is nearing completion. Veterans are slated to move to the 3rd floor in September.
- We will discuss the Building Project later on in today's agenda

Dr. Mohammad Dar provided the following update:

Recent Testing Updates

- The residents at the Home have remained overall stable, however – over the past two weeks, 4 veteran residents and 8 staff of the Home who previously tested positive for COVID-19 and are considered clinically recovered did briefly test positive based on residual amounts of the virus being identified by the tests. However, after an abundance of testing, conservative responses, and expert infectious disease consultation, we have concluded these individuals remain clinically recovered and are not at risk for transmitting the virus. In addition, they have all since again tested negative.
- During the week of July 27th, a total of four veterans have exhibited symptoms meriting a work-up for possible COVID-19 and were sent out to HMC. All are veterans recovered previously from COVID-19. It is known that those recovered and no longer contagious from COVID can continue showing positivity on nasal swab tests after recovery. The symptoms were also concluded to be the result of non-COVID clinical conditions, including aspiration pneumonia.

Report from State and Administrator (cont'd):

- The first Veteran, from 4E, developed symptoms of fever, shortness of breath, and vomiting and subsequently was sent to Holyoke Medical Center for work up and twice tested positive on rapid but tested negative via a non-rapid PCR test at Baystate Reference Labs on July 29th. Expert opinion at HMC believes with all of his subsequent data over days taken together, that the positive test results were likely to be artifact of his recovery and unrelated to his actual diagnosis of aspiration pneumonia, from which he is recovering. The second resident, also from 4E, had transient vomiting and was the first veteran's roommate. He has tested negative on two tests and is doing well. The third resident is from 1N and he tested negative at HMC; his fever was likely caused by a documented urinary tract infection that was diagnosed at HMC. A fourth resident with a fever and skin infection was evaluated by HMC and found to be negative and returned to the facility (not included in the count of 4 above as his symptoms were likely explainable from the start). A fifth resident with upper respiratory symptoms and a fever was evaluated by HMC and was found to be negative and is also being treated for a diagnosis of aspiration pneumonia and remains at HMC. All of these residents are stable.
- In response to these events at the beginning of knowing the first positive result, we immediately put the relevant units and subsequently the entire facility on high alert status for COVID-19 – increasing PPE requirements around the building, ceasing visitation, closely monitoring for new symptoms in residents with even higher vigilance, and conducting whole house testing. Two whole-house surveillance testing rounds were conducted on July 27-28 and July 30-31.
- Those two testing rounds showed that no previously/historically negative staff or residents had converted to positive. However, across both testing rounds, a total of 8 staff and 3 additional residents showed positive on the test. As seen with the first resident though, these were staff and residents who had previously recovered from COVID-19. All were asymptomatic at the time of testing. The staff were all kept out of work upon receiving the results for a minimum of 10 days, and the three residents remain asymptomatic but were sent to HMC for isolation out of an abundance of precaution. Those residents' roommates were either isolated or where isolation was difficult given advanced dementia, were tested with a subsequent negative result. On re-testing these individuals after the above surveillance results, 6 of the staff and all 3 residents returned with a negative result (the 2 staff who were not re-tested had completed their work at and are not returning).
- In total, 8 of our residents are currently at HMC out of an abundance of caution and all have tested negative on their re-tests. And of the 8 asymptomatic staff who had positive surveillance test results, 6 have tested negative on their re-tests and 2 others are no longer working in the facility. None of those who tested positive as part of the surveillance testing were newly positive, all were considered clinically recovered.
- We convened an interdisciplinary discussion with infectious disease and prevention resources from Baystate Medical Center, Holyoke Medical Center, and the University of Massachusetts Medical School. All parties were in agreement that they professionally suspect that the above results are all reflective of residents and staff displaying ongoing and artifactual positivity on their tests, rather than a new instance of COVID infection or infectivity to others.
- We have received 92% of the results from a third surveillance testing round so far, and they are all negative. We are awaiting the final full set prior to making any changes at the facility. Assuming the remaining test results are consistent with expectations, we will be returning back to normal PPE levels and will be resuming visitation in the coming week.
- Since the start of the pandemic, more than 80 residents had been determined clinically recovered, which means that they at one point tested positive for COVID-19, but are now considered clinically recovered as defined by federal CDC guidance. The CDC recommends making medical decisions regarding when to end isolation and determine that the patient has recovered based on symptoms and time elapsed, not retesting.
- Individuals may test positive even after being clinically recovered. As mentioned, this is a known consequence of testing, which is extremely sensitive to picking up virus or viral remnants even weeks after recovery.

- To reiterate, upon retesting, all of the staff and residents who tested positive have now tested negative (two staff are no longer working in the Home so were not retested). And none of those who tested positive as part of the surveillance testing were newly positive, all were considered clinically recovered.
- Though this scenario created a lot of burden on us to act, it has allowed us to do so in the way that is most protective of our residents and to exercise the muscles needed to react appropriately again in the future, especially as we head into the fall.

Report from State and Administrator (cont'd):

Isaac Mass inquired if once the veterans were isolated that did not go to Holyoke Medical Center, were staff also isolated to working with just those veterans, or did they work with other patients; and if so, what infectious disease precautions were taken? Dr. Dar stated that we looked at cohorts on the floors involved and made sure staff who worked on those floors did not go to other floors. If we had staff members such as physical therapists or medical doctors, who by necessity had to go to multiple floors, they would start on a negative unit and finish the day on positive unit and then would go out of the building. Chris Dupont inquired when these staff moved from negative to positive unit, how would you ensure they were safe the next day? Dr. Dar noted that from the front door, all staff on the floors are directed to wear eye protection, N95 mask, full gown and gloves, and would change gown and gloves between patients. Staff members at the end of the day change clothes and clean up so nothing on the person would come back to the facility the next day. They wear masks and eye protection to protect staff members and protect anyone around them. Chris Dupont inquired if those staff changed PPE between floors? Dr. Dar confirmed that yes, they change gowns and gloves between patients, and if face shield is soiled, they wipe this down; N95 mask would be worn throughout the day.

Kevin Jourdain inquired what the policy is for an employee opting out of COVID testing – are they not allowed to work? Secretary Tsai reported that if an employee has been out of state in what is considered a “hot spot”, they are not permitted to work until they have gone through the required quarantine period or get a negative COVID test result. As far as surveillance testing across the board that is not related to travel, we do not have the ability to mandate staff to be tested, although it is strongly encouraged. We are in collaboration with the labor unions on how we can bargain to make COVID testing mandatory.

Cindy Lacoste inquired that with testing not being mandated, are these staff allowed to be around the veterans? Pat Dill reported that these employees are allowed to work on the unit. They do proper hand hygiene and wear appropriate PPE as they enter the facility and the unit.

Kevin Jourdain inquired about if someone who could have COVID, but is asymptomatic and refusing to be tested, are we comfortable to have them work with the veterans? Dr. Dar stated that we have asked the Home to implement the same surveillance testing criteria rolled out by the Commonwealth that is being followed by skilled nursing care facilities across the state. Please note there are live discussions with the labor unions to collaborate on making testing mandatory for staff.

Isaac Mass noted that last month we voted as a rule to invite labor union representatives to attend the Board of Trustees meetings. Mr. Mass noted that he is curious if it is a concern of the union that membership are concerned about their own health because there are staff refusing to be tested. He would be interested in having a union representative weigh in on this topic.

Carmen Ostrander noted that there are staff at the Home who do not have direct patient care and are working from home, but are the ones that are going to the Home being regularly tested? Val Liptak reported that no one at the Soldiers' Home is working from home, including administrative staff.

Kevin Jourdain inquired what percentage of employees refused to be tested for COVID? Secretary Tsai provided an overview of COVID testing thresholds in community based on the amount of COVID found to be in each

community. The directive here is a 30% threshold for testing. We have regularly hit about double that amount with 60% compliance or higher. We want to make sure we continue to surpass this threshold. We continue to encourage all in the building to do this testing.

Report from State and Administrator (cont'd):

Isaac Mass inquired if we are taking temperatures of all employees? Dr. Dar confirmed that every person coming into the building has their temperature taken. They are asked screening questions, including questions around travel. If they are to state that they have a symptom, such as one that could be related to allergies, but that is on the COVID symptom list, infection control is contacted for a discussion. We do not allow them into the building until passing the screening test. Isaac asked if anyone has refused to comply with this screening process. Val stated that no one has refused.

Kevin Jourdain asked if it is true that some individuals who refused testing were able to treat patients. Do we have the authority to put anyone in a non-patient contact position if they refuse to take the COVID test? Val Liptak stated that testing is offered to every veteran and staff member and some have refused, but are still able to see patients. Secretary Tsai noted that there are collective bargaining agreements rules around what we can do. We have a good partnership to work through details that would apply more broadly to other state facilities that have a range of medical, clinical or other vulnerabilities. Secretary Tsai noted he is hopeful that we can get through these discussions with the labor unions and provide an update to the Board of Trustees shortly.

Isaac Mass noted that there seems to have been no collective bargaining compliance related to Governor Baker's other Executive Orders around COVID-19. He stated that it seems as though the Governor could issue an Executive Order related to state facilities and surveillance testing that could be complied with by the Unions, as they are complying with his other Executive Orders. Secretary Tsai stated that we are working through the details from a labor standpoint, and we will provide a status update to the Board of Trustees. He stated that there has been extreme vigilance and the desire to be able to do this. We are doing the most expansive retesting of any skilled nursing facility. We are doing this out of an abundance of caution.

Dr. Dar provided the following update on Scabies within the Home:

- As you know from our last month's update, we had findings confirmative of scabies on microscopy in early July and from that undertook treatment of the entire 2W and 4E units inclusive of linens and the residents themselves. On July 16th, based on a rash possibly compatible with scabies, the 4W unit was treated as well.
- All staff on these units with compatible skin lesions for scabies were required to take treatment and treat their linens before return to work. Staff without lesions on the units were encouraged to do the same. And staff across the building were offered treatment for themselves if they requested it.
- Residents on the 2E and 2S units also had rashes that were evaluated and a skin scraping was done to look for possible scabies. These residents' rashes did not appear to be compatible with a typical scabies rash and the residents themselves had alternate explanations for their rashes. The skin scrapings were done, and the individuals were treated immediately after out of precaution after testing. Their results came back negative. Given an alternative explanation was present, we held off on treating all other residents on those units until we had more evidence to necessitate treatment.
- Since July 22nd, a handful of employees have come to our infection preventionists asking for treatment but they have not had notable rashes compatible with scabies. They were given treatment nonetheless. No residents since then have had symptoms or rashes raising the flag for scabies.
- We remain prepared to treat any affected units in their entirety should resident findings necessitate it. We are also conducting regular skin checks twice daily as part of routine care. And we are asking our staff to be vigilant as to not bring scabies back into the building.

Pat Dill, Interim Nurse Executive, provided the following infection control and clinical staffing update for the Home:

PPE, Ongoing Testing, and Visitation

- At this time we remain at full PPE for all clinical units. If the remaining test results Dr. Dar referenced above are consistent with expectations, we will return to normal PPE usage.
- We have a full PPE supply and frequent shipments of new supplies.

Report from State and Administrator (cont'd):

- We will continue to monitor supplies and usage on a daily basis and remain in touch with EOHHS to support PPE resourcing as any needs come up.
- As mentioned, we have continued to be very conservative on testing and out of an abundance of caution have done three rounds of testing over the last three weeks.
- We have transitioned from using the Massachusetts National Guard for our testing, as the National Guard had finished their mission related to testing for now in the Commonwealth, to contracting with Fallon Ambulance. Both the Broad institute (whom we were using on the first two rounds) and Quest diagnostics (whom Fallon is using) have also transitioned independent to any of our above events from a nasopharyngeal swabbing method to an anterior nasal swab method. The anterior swab is less invasive and is believed by both parties and scientific authorities to be as efficacious.
- While outside visitation and patio visits has been halted until testing results come in, we are ensuring clinical and recreational staff members are available on the units to provide recreation – music, trivia, and karaoke, to name a few. We have also provided some of our veterans with iPads. With the help of EOHHS, communications continue to be developed for families, the staff, and the unions. Walking Rounds are being done by our leadership team on all units during all shifts to ensure all employees are kept abreast of the current situation and changes as they occur.
- The outdoor visitation plan is contingent on the continued stability of infection control and public health metrics, which are monitored daily and coordinated with state and local health officials.
 - Families were notified that in-person outdoor visitation has been suspended and will be notified when it resumes in the future. Video visits between veteran residents and their loved ones is continuing this week, and the Family Hotline is available for ad hoc updates with support from social work and clinical staff.
 - Visitation will resume once we have final test results for all residents and staff.
 - Families can call the Family Hotline at 413-552-4764 Monday - Friday 8:00 a.m. - 4:00 p.m. Families can also request updates via email at CommunicationsMailbox-HLY@Mass.gov. Please note the Soldiers' Home can only share medical information about a resident with the authorized health care proxy on file.

Employee update and testing:

- 331 total employees (275.8 total FTEs)
- 300 active employees
- 91% of our staff is currently reporting to work
- 31 employees are currently out of work:
 - 23 Direct Care
 - 8 Non-Direct Care
 - 4 employees are still out due to positive COVID screening
 - 15 employees are out on FMLA
 - 4 employees due to IA
 - 8 employees are out for other reasons
- Results so far from Aug 6th and 7th staff testing:
 - 161 negatives
 - 0 inconclusive
 - 30 pending

- Our plan remains to continue surveillance testing of historic negative staff and residents approximately every two weeks per DPH guidance, unless there is evidence of a novel new infection which would require more frequent and tailored testing based on potential exposures and susceptibility of those involved.
- We are utilizing Fallon Ambulance to perform tests until we can fully convert to working directly with the Broad Institute for testing (i.e. without the MA National Guard involved as their mission has concluded). The Broad provided an overview and guide of the anterior nasal swab testing process and will do further trainings with us subsequently. The anterior nasal swab method is both less invasive and can be self-administered in some cases.

Report from State and Administrator (cont'd):

- We have had a range of occupational health resources at the Home.
 - When the Clinical Command team started on March 30th, we onboarded a short-term Occupational Health nurse contracted through UMass Medical School / Commonwealth Medicine. That resource helped to support on the ground staff testing and management of staff return to work and communication in the short-term.
 - We have a range of candidates and are completing interviews for the hiring of an occupational health nurse to support this work long-term.

Quality and Compliance:

- The Holyoke Soldiers' Home is accredited by the Joint Commission.
- The Joint Commission focuses both on current practices and care but also a facility's overall processes, systems, and documentation.
- As we have highlighted for the Board in previous meetings, there are long-standing deficiencies at the Home regarding standardized policies and procedures, as well as formal documentation issues. This is the focus of the Transition and Rebuilding phase – and developing structures, systems, and processes will take time.
- We had an unannounced visit from the Joint Commission on July 21st and 22nd in which they reached similar conclusions
- We are preparing a Plan of Correction for the Joint Commission that will describe our process for creating new systems, policies, and protocols, as well as appropriate documentation for all of these items
- Once we submit the Plan of Correction, they will provide provisional approval until all of the items in the plan have been implemented.
- Additionally, the Amended VA Corrective Action Plan (CAP) for the January 28-31, 2020 annual survey was accepted on August 5th. The Soldiers' Home was granted provisional certification until the next annual survey or until evidence is submitted that our CAP has been implemented.
- The Provision of Care for the Home is under review and we have reviewed all of the Home's Committees and are developing charters, which we aim to have completed in August.

Staff Development/Education:

- We have implemented many improvements in education and communication for clinical staff, nurse supervisors, and veteran care coordinators (VCCs)
- A newly developed General Orientation and Agency Orientation have been created and put in place. We are currently working on nursing departmental unit specific orientation.
- We have begun implementing and tracking new employee 30, 60, and 90 day probationary period performance check-ins. We are also following up on recent return to work employees to ensure their educational needs are met.
- Plans are in development for an annual Skills Day to validate employee competency according to their roles and we continue to survey staff regarding educational needs
- We are also working on setting up our education and training computer lab and aim to have it up and running by the end of August.

- We have been providing house-wide training and competency checks on PPE this week. We trained and assessed competency on 260/298 (87%) employees to date. There will be ongoing monitoring for compliance.
- We are also reorganizing the employee professional file and creating a system to ensure appropriate record keeping and easy access when needed.

Report from State and Administrator (cont'd):

Infection Control Status:

- On July 24, 2020, Governor Baker issued a travel order imposing restrictions on travelers entering the Commonwealth, effective August 1, 2020. These restrictions apply to all state employees and contractors.
- Per the travel order, all employees are strongly discouraged from traveling to destinations that have not been deemed low-risk by DPH. Employees planning to travel out-of-state are required to notify their supervisors and supervisors may choose not to approve their requests.
- Employees traveling into Massachusetts from states not deemed low-risk are required to quarantine for 14 days before returning to work unless they receive a confirmed negative test.
- To reaffirm, all employees and staff are fully subject to the Governor's travel order.
- Additionally, we have implemented travel screening questions for visitors at the entry to the Soldiers' Home. We will continue to amend the screening questions based on the updated guidance from the Governor and DPH.
- We are planning an Open Forum to roll out the COVID-19 Focused Survey for Nursing Homes recommendations based on CMS and DPH guidance. We have developed a detailed spreadsheet to ensure we are on track to be compliant with all guidance.
- We continue regular walking environmental rounds and infection control rounds.
- During the Refresh Project, we are creating care units that will be able to function independently to improve our infection prevention efforts.
- We continue to work to bring online a temporary swing space unit on Two North for any positive or suspected positive residents as needed. Until this unit is online, our colleagues at Holyoke Medical Center continue to offer us space at their facility for any residents who need isolation.
- We have developed a policy regarding veteran's rooms and what can be allowed in a long-term care facility.
- We have started cleaning and painting administrative areas using organic staff.

Clinical Staffing Status and Labor Discussions:

- We remain above the industry standard for staffing patterns based on Hours Per Patient Day (HPPD), including the highest CMS standards for long-term care facilities.
- The Home's current HPPD is above the CMS standard for a five-star long-term care facility of 4.408.
 - The National Guard has been phased out. We are grateful for their support. Colonel Lazo remains on the interim leadership team. Organic and Agency staff will be used for all clinical staffing needs.
 - We hired 1 CNA on the evening shift, 1 CNA on the night shift and 3 additional Agency CNA's on the night shift to ensure we have adequate staffing.
 - We hired 2 Evening and Night Supervisors who began on August 2.
- We have hired 3 positions in the Staffing Office that will support nursing schedules.
 - The Manager of Staffing and 1 additional clerical staff is in place. The additional clerical staff will onboard on August 16th.
- We are in the midst of working through the staffing permanent schedule, accounting for our current operations at six units but also planning for eight and eventually all ten units to be back online.
- We have been discussing these permanent schedules with the unions to ensure they are able to provide feedback.
- The formal permanent schedule proposal that has been developed by the Home's leadership team will be sent to the unions for the review in the next week.

- We will continue to work collaboratively with the unions to implement these permanent schedules for staff.
- Overall we have been working with the unions that represent staff at the Home and have spent significant time and effort improving employee and labor relations.
- We have set up bi-weekly labor management meetings with the MNA and SEIU 888. The unions provide agenda items in advance and we have committed to addressing all concerns.
- We also provide consistent metrics to the unions at their request (number of FTEs, staffing levels, overtime utilization, etc.)

Report from State and Administrator (cont'd):

- Our Interim Nurse Clinical Consultant Team remains in place until December focusing on Infection Prevention, Staffing, Staff Development, Quality, and staff support on the evening shift. We added an additional Interim PPE Coach on the day shift and an Interim House Supervisor on the night Shift. We now have interim leadership oversight on all shifts.
- We continue daily Team Based Clinical Rounds on all floors on a daily basis. The inter-disciplinary team including the assigned provider, nursing, social services, pharmacy and rehab services.
- Though our outpatient department remains closed at this time to maximize infection control in the building, we are continuing to have our outpatient providers call through their patient lists from the year prior to COVID-19 to make sure outpatient needs are addressed.
- We are contracting with Footcare by Nurses to provide care to our Veterans.
- We are working with Baystate Medical for infection prevention consultation and at-the-shoulder support.

Infection Control Status:

- During the Refresh Project, we are creating care units that will be able to function independently to improve our infection prevention of the overall work flow.
- Created a temporary swing space unit on North Two for a patient under investigation or a positive patient, if needed.
- Started organizing and cleaning up all the patient care areas to improve infection control prevention measures.
- Developed a policy regarding veteran's rooms and what can be allowed in a long-term care facility.
- Started cleaning and painting administrative areas with organic staff.

Clinical Staffing Status:

- We remain above the industry standard for staffing patterns based on Hours Per Patient Day (HPPD).
 - We continue the process of phasing out the National Guard Staff.
 - The plan is they will be phased out by the end of July.
- Our Interim Nurse Clinical Consultant Team remains in place until December focusing on Infection Prevention, Staffing, Staff Development, Quality and Staff support on the evening Shift.
- The Assistant Director of Nursing resigned last week.
- We have final candidates for the two staffing positions to support the nursing department.
- We have an employee who moved into a Manager of Staffing and Scheduling that will be working at SHH and WMH.
- Held Open Forum for staff last week with approx. 170 in attendance.
- Holding Clinical Meetings for RN, LPN and CNA this week.

Col. Michael Lazo, acting Chief Operating Officer, provided the following Operational and Facilities Update:

Facilities and Refresh Status:

- We remain at 6 units open:
 - 3 recovered units
 - 3 negative units

- We continue to work with DCAMM on the infection control refresh project for the entire building.
 - Kurtz Incorporated remains onsite working every day.
 - Leaks in the older 3E and 3W shower rooms have been discovered during a water flush. As a result, we will push out the reopening of these units to accommodate the repair of these shower rooms. Pending this repair and final arrival /placement of room furniture, patient moves are tentatively scheduled for September 18th. We are coordinating with the clinical team to do a Mock Move the day prior to the move.
 - Kurtz has been awarded the phase 2 portion of this refresh.

Report from State and Administrator (cont'd):

Non-Clinical Staff Status:

- The Interim Facilities Director and Col. Lazo continue to work with the organic team to evaluate the operational needs of the maintenance, environmental care, and dietary departments. The EVS review is complete and we are now moving to maintenance and dietary.
- Recommendations will be reviewed and implemented by mid-August.

Systems and Operational Status:

- Currently reviewing 722 policies and procedures and creating new policies as needed. 574 have been preliminarily reviewed with 19 approved and 27 pending approval.
- Developed a leadership team action tracking system to measure improvements in the workstream areas we have identified.
- Medical Records staff started packing records to be stored at Iron Mountain for offsite storage. The goal is to have two full years onsite. This is primarily complete but requires a final records review from Legal and Finance staff.
- We are working on a record retention program/policy for all documentation in the building.
- Policy Tech contract review and implementation discussions have begun. The agreement has been approved for signature.
- Electronic shared files have been created for better tracking, communication and preparation for the policy software program.

Human Resources and Labor:

- The Home's Organizational Charts have been updated to reflect current vacancies.
- The new Program Analyst started working July 20, 2020.
- We are finalizing a start date for the new DCAMM Program Coordinator.
- Hiring of critical roles is underway
- We have identified dedicated space for our education and training computer lab and ordered furniture. We are aiming to have this up and running by the end of August.
- Meeting with the unions on a regular basis, keeping minutes of meeting with action items noted, and developing the set schedules for September.
- As mentioned previously, a draft permanent schedule for nursing has been developed and is being discussed with the unions.

Val Liptak provided the below additional updates:

Veteran, Family and Staff Support:

- Counseling vendors have met with our team and developed staff and family support programs.
- The Grief Support Program provides an opportunity for staff to come together to receive support in coping with grief, loss and, trauma during the COVID-19 pandemic.
- The program began on August 3rd and is offered twice a week. There is no current end date for the program.

Electronic Medical Records (EMR) Update

- Chelsea and Holyoke have made great progress in preparing to procure and implement an electronic medical record (EMR) solution.
- The combined Steering Committee across both homes has overseen the development of the RFR, the submission of the VA initial application, and the EOHHS IT bond application.
- The procurement for an EMR was posted on CommBuys in June.
- The Governor's FY21 Capital Plan included \$2M for the combined EMR, the full amount required for the program.

Report from State and Administrator (cont'd):

- We have also submitted a letter to the VA confirming the state's full commitment for all funding required for the EMR.
- A procurement team jointly staffed by both Soldiers' Home and EOHHS and IT leadership will be reviewing the bids, which are due on August 17th.
- It is important to remember the EMR solution must be coupled with both business process redesign and training
- As discussed, we are in the midst of implementing new workflows and business processes around clinical operations at the Home – these will be required to enable clinical staff at the Home to be able to effectively use and integrate an EMR solution.

Kevin Jourdain requested that the Board of Trustees be provided with any records from the Joint Commission relative to any deficiencies or any records that support our recredentialing or preservation of our provisional credentialing. Val Liptak confirmed that these will be sent to the Board of Trustees.

Kevin Jourdain inquired on follow-up from a previous request that now that the electronic medical record project is being funded by the Commonwealth of Massachusetts, can the donors of the Soldiers' Home expect the \$100,000 to be reimbursed to the Trustees Account. Val Liptak confirmed this. Secretary Poppe thanked the Board of Trustees for having given us this funding to get the electronic medical record project going. Mr. Jourdain noted that we want to ensure that with the new electronic medical record system going forward, we can ensure this new system will have security precautions in place to ensure there is no unauthorized deletion of medical records. He inquired if these security measures will be in place. Secretary Tsai confirmed there will be access security measures in place. He stated that he is quite certain nothing will be deleted and there is an audit trail of records.

Kevin Jourdain and Isaac Mass thanked the leadership for providing such a comprehensive report. Mr. Mass asked for the status on the hiring of an Occupational Health Nurse. Val Liptak is currently doing interviews for this position, and we hope to have a candidate in the next couple weeks.

Isaac Mass inquired if there has been an communication with the labor unions for their participation in the Board of Trustee meeting? Val stated there has not been, but she confirmed they will follow-up on this.

Chris Dupont inquired about staffing at the Home. He noted that the Home has an abundance of part-time staff that may be working at an additional job at other facility. He inquired if this could have possibly played a role in the spread of the COVID infection, being that employees working an additional job could have possibly been a vector to spread COVID. He asked if an analysis of callouts could be done during the height of the COVID outbreak to determine if a part-time employee was more prone to callout than a full-time employee. Val confirmed she will follow-up on this.

Kevin Jourdain reported that Governor Baker's office has appointed a new member to the Board of Trustees at the Home - Brigadier General Sean Collins, Air National Guard Assistant to the Deputy Surgeon General, Headquarters Air Force, Pentagon, Arlington, Virginia. Mr. Jourdain provided General Collins' background experience and education. Welcome to General Collins.

Old Business:

Trustee Account Audit Update from Powers & Sullivan and the Chair: Kevin Jourdain stated that the Board of Trustees was in receipt of the conclusion of the information request that was sent to Michael Nelligan from Powers & Sullivan. Mr. Jourdain stated that Mr. Nelligan is currently reviewing the information. He thanked Norm Gousy, CFO, Superintendent Cheryl Poppe, and anyone else involved in gathering the required information. Mr. Jourdain wished to address an observation from Secretary Poppe regarding the current CFO, Norman Gousy. Mr. Jourdain wanted to note that Mr. Gousy was not the reason for the lack of policies or the mismanagement of the Trustee Account. Mr. Gousy only started employment at the Home at the end of 2019. Going forward, Mr. Jourdain feels that we do need to work on a more timely response for information, as this information request had a 5 month completion timeline. He stated that he appreciated the submission of all information that was needed. We have hired an outside auditor to determine the depth of what has happened previously over the last 5 years with the Trustee Account.

Meeting the Capital and Infrastructure Needs of the Soldiers' Home in Holyoke: Kevin Jourdain noted a very comprehensive report had been given which tracked out the aggressive timeline for meeting the April 15, 2021 project submission deadline to the Veterans Administration, which would produce a 65% reimbursement for the project. Mr. Jourdain asked if an update could be provided on this project, including information on vendor that will be providing the needs assessment. Secretary Poppe stated that the Commonwealth is committed to making the capital investments required to support the right necessary facility improvements for immediate fixes and long-term changes. This work is being done expeditiously and correctly. EOHHS and DVS are actively working with DCAMM to implement immediate fixes, including a Refresh Project to address infection control issues, before bringing the veterans back that are currently residing at Holyoke Medical Center. She noted that there has been significant progress with the long-term capital project, beginning with the procurement of a firm to conduct a longer term needs assessment. Secretary Poppe provided an outline of the timeline and provided the scope of work:

1. Updated Needs Assessment to include current and future demographic needs of veterans in MA
2. Engage stakeholders to gather input, which include includes targeted interviews and stakeholder surveys that will developed strategic guidelines for transforming the Home.
3. Ongoing infection control measures and infrastructure upgrades.
4. Explore feasible implementation scenarios with order of magnitude, cost estimates, financing options, realistic timelines for regulatory approval, design and construction.

Secretary Poppe noted that a critical component is to engage stakeholders from various sectors to include the Board of Trustees, veterans, families, and union members to ensure it meets the current and future needs of the veterans. Secretary Tsai noted that all are in agreement that this project needs to be done in an expedited fashion, with a priority on speed. He asks for understanding that these timelines will move fast. Kevin Jourdain gave his compliments to the team on this. He requested to get a copy of the engagement documents for the needs assessment from the architect firm, Payette. Secretary Tsai confirmed that Secretary Poppe will provide this information to the Board of Trustees.

Follow-Up on Board rules Adopted on July 14 relative to recommendations from Attorney Pearlstein Report: A number of rule changes resulted from the Pearlstein report. Kevin Jourdain has requested an update on the following items:

1. No employee of the Home shall take a position on the contents of Medical Orders for Life Sustaining Treatment, to include, but not limited to, encouraging or discouraging orders to Do Not Resuscitate, Do Not Intubate or Do Not Hospitalize.
2. Notwithstanding any legal exemption to the contrary, the Home shall in addition to Veteran Administration and Joint Commission Inspection, request and fully cooperate with an annual inspection that would otherwise be required of a licensed long-term care facility as proscribed in 105 Code of Massachusetts Regulation 153.00, as it may change from time to time.
3. The interior smoking area of the facility shall be permanently closed; no smoking shall be permitted on the property except in designated and well-maintained exterior smoking areas.

Isaac Mass made the recommendation that these Motions be forwarded to Secretary Tsai and that a written response be provided to the above referenced items. Kevin Jourdain confirmed that he would send via mail. Secretary Tsai confirmed that Secretary Poppe will provide a written response to the Board of Trustees.

Discussion of Recommendation of SHH Legal Counsel to review past Executive Session Minutes for possible release: Mark Yankopoulos reported that he has reviewed the past Executive Session minutes since 2004. Mr. Yankopoulos will group the minutes together and send to the Board Chairman for a decision on whether to release them. If a decision is made that the entire Board of Trustees should review these, they will be brought to the Board of Trustees meeting. Prior to 9/1/20, Mr. Yankopoulos will send the first group of Executive Session minutes to Kevin Jourdain for review.

New Business:

Announcement of Date and Time of Bennett Walsh meeting: Kevin Jourdain reported that there is no new update on this item. This is a pending matter.

Board discussion, recommendations and motions relative to proposed change to statutes related to the Board of Trustees: Kevin Jourdain reported that he was engaged by Governor Baker's office saying that they wish to have additional discussion on these changes. We were asked to table this item until the next Board of Trustees meeting on 9/8/20. Isaac Mass noted that if it is the position of Governor Baker's office to do so, that this be communicated to the Legislature so no action is taken in the interim. Kevin Jourdain has asked that the Board of Trustees be notified of any meetings, as he did become aware in the past tense of one that took place. This item will be tabled until the next Board of Trustees meeting.

Confirmation of the Appointment of Dr. Thomas Higgins as new Medical Director of the Soldiers' Home in Holyoke: Kevin Jourdain noted that Dr. Mohammad Dar continues to serve us as the medical consultant to the Soldiers' Home in Holyoke. He is the current person we had voted in as the interim Medical Director under the statute. Dr. Thomas Higgins is being presented for appointment under our confirmatory power. His resume was sent to the Board of Trustees previous to this meeting.

Dr. Dar provided the following overview of Dr. Higgins background:

Dr. Thomas Higgins, MD, MBA, FACP, MCCM is an internist, critical care specialist and experienced health-care executive. A Massachusetts native, he graduated from Boston University School of Medicine, trained at the Cleveland Clinic and Massachusetts General Hospital, and is Professor of Medicine and Anesthesiology at UMass-Baystate. His career includes primary care as a commissioned officer in the United States Public Health Service in rural North Carolina, urban emergency medicine in Boston and Cleveland, directing intensive care units at the Cleveland Clinic and Baystate Medical Center (BMC), medical informatics, interim chair and Vice-Chairman of Medicine at BMC, and interim president/CEO at Baystate Franklin Medical Center (BFMC). He has served as Chief Medical Officer at BFMC in Greenfield, MA, Baystate Noble Hospital in Westfield, MA, and CHI-St. Alexius Medical Center in Bismarck, ND. He is currently Chief Medical Officer at the Center for Case Management in Natick, MA, and continues to practice critical care part-time at BMC. His research interests include severity-of-illness scoring, antibiotic stewardship, sepsis, population health management and process improvement. Dr. Higgins has co-authored two medical textbooks, three history books and over 200 publications, including the widely cited Mortality Probability Model (MPM0-III). He is married to Suzanne Higgins, who teaches 3rd grade in Longmeadow, MA.

Dr. Higgins has overlapped with Dr. Dar over the last two weeks. Dr. Dar and Dr. Higgins have discussed in detail the ongoing and short-term, medium-term, and long-term needs of the Soldiers Home. Dr. Dar will be returning to his role at MassHealth, but will continue to remain available to the team at Home if they need him.

Kevin Jourdain thanked Dr. Dar for his service and for ensuring that the Home had stability in the Medical Director role when that role became vacant. Mr. Jourdain noted that we look forward to Dr. Higgins' contributions to the Soldiers' Home.

A motion was made by Cindy Lacoste, and seconded by Carmen Ostrander to approve Dr. Thomas Higgins as the Medical Director at the Soldiers' Home in Holyoke.

Isaac Mass confirmed that Dr. Higgins is well qualified, but discussed his reservation about the Board's ability to take the action to appoint Dr. Higgins as the permanent Medical Director. Secretary Tsai clarified that Dr. Higgins is being brought forth as the interim Medical Director. The permanent Medical Director position is currently posted. Dr. Higgins is qualified for this role and the decision to apply for the permanent role is at his disposal, but today we are approving the interim medical director position. Cindy Lacoste inquired if Dr. Higgins is continuing as the interim medical director in a part-time capacity. Dr. Dar stated that Dr. Higgins is offering his services in a full-time interim capacity. Kevin Jourdain asked for clarification on how many hours this would mean. Dr. Dar reported that Dr. Higgins would be 40 hours plus – as much as is needed, as he will also be checking in on the weekends.

The motion was amended to appoint Dr. Thomas Higgins as interim Medical Director at the Soldiers' Home in Holyoke, being mindful that there is a current posting for a permanent Medical Director.

The Roll Call vote is as follows: Sean Collins (Yes), Chris Dupont (Yes), Cindy Lacoste (Yes), Carmen Ostrander (Yes), Isaac Mass (Yes), Kevin Jourdain (Yes). The VOTE was unanimous of those members present.

Adjourn:

Kevin Jourdain made a motion, seconded by Cindy Lacoste, to conclude the Public Session and move into two Executive Sessions for the purposes stated on the agenda. Mr. Jourdain noted for the public's awareness that the Board of Trustees will not be returning from Executive Session to Public Session. The Board of Trustees will adjourn after the second Executive Session has ended. Thank you to all who attended this evening.

Roll Call Vote is as follows: Sean Collins (Yes), Chris Dupont (Yes), Cindy Lacoste (Yes), Carmen Ostrander (Yes), Isaac Mass (Yes), Kevin Jourdain (Yes). It was unanimously VOTED to conclude Public Session and move into Executive Session at 7:30 pm.

Respectfully submitted,

Nancy Shimel
Acting Secretary for the Board of Trustees