

Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes

APRIL 7, 2021
3:00PM-4:00PM

Review and approval of meeting minutes:

- Reviewed meeting minutes from last meeting – Approved and Seconded.

Safe Start Plan Update:

All phases are looking very similar so workgroup is consolidating. There is also some clean up on the portions related to dining and activities.

One remaining challenge: How to let non-essential personnel into facilities and how that should look. Working is working through this.

There are some concerns around case increases - we need to continue to balance safety and resident rights.

Larissa is looking into risk assessment of nonessential individuals coming into facilities – still under early development.

Travel guidance:

CDC changed travel guidance.

Fully vaccinated individuals do not need to test before travel or quarantine after travel. Still need to maintain social distance and mask up.

Larissa shared this link: [COVID-19 Travel Recommendations by Destination | CDC](#)

Governor Inslee accepted CDC guidance and updated info on Gov's website.

Question: What about workers that are not vaccinated but are still living in border states? CDC travel guidance does not address commuting to work – it addresses longer travel (overnight, etc).

There is some guidance between domestic and international travel guidelines.

Question: Does the Safe Start Plan refer to new guidelines for travel and are LHJs on the same page as the Governor and DOH?

The Governor's office and DOH have communicated this with the LHJs.

Current trends in facilities:

Larissa shared data from DOH on this: case counts, hospitalizations and deaths.

Mike shared data on RCS – minimal intakes in the last week from RCS

Rule-making update:

Working under proclamations, emergency rules, federal waivers, etc.

Our COVID-19 request legislation ESHB 1120 addresses issues with testing, training, certification, fingerprinting backlogs for long-term care workers.

Rules workgroup meeting developed by RCS will begin meeting every other week with stakeholders. One hour long for each meeting on how to write rules once laws get passed and group will determine what everything will look like.

April 19 is first 1-hour meeting.

Question: Will there be more discussion about making training more accessible? Online, etc?

HCS is looking at ways to make training more accessible, yes.

The nursing commission is also working on mass training opportunities to get many CNAs trained at once.

We are combining forces in the rules workgroup to encompass all issues related to rules. Then there are subgroups for specific topics.

Vaccine update:

Continuing inpatient hospital vaccination prior to discharge. Program is expanding.

3 UW affiliates: Harborview, NW Hospital and Valley Hospital are going live Monday and then this will expand to other main UW hospitals.

There is a meeting scheduled with Sacred Heart in Spokane.

Multicare is already vaccinating at discharge.

Franciscan is transitioning from flu vaccination to COVID vaccination.

WSHA has been a great partner as has the WA pharmacy association.

There are concerns about Omnicare. They've shared with customers that they will begin to be notified of vaccines for order this Friday and then will work with facilities to set up clinics.

There is a meeting with Mercury on Friday regarding concerns about not vaccinating unless there are enough people to vaccinate.

PharMerica also has a meeting on Friday.

There are bridge programs as well. Mobile teams – Seattle King County. DOH employees, DSHS nurses etc who will continue bridge work until pharmacies are stood up.

Epi pens – standing order signed by the Secretary of Health today.

Vaccination locations, survey link and messaging will go out via Gov Delivery.

There is remaining concern that we are lagging behind other states where they are continuing to vaccinate long-term care residents that have been missed.

It can't take another two months to fully stand up the hospital program. The Governor's office is aware of this issue.

WSHA is agreeable but they don't have enough vaccine. It is feasible to expand the hospital program more quickly but we also need to recognize that if we put J&J vaccine on hospital shelves, then it isn't available to facility pharmacies.

Only 25% of hospitalized patients are going to LTC facilities.

There are also hospitals that are currently transitioning to new EHR systems right now and cannot add another program to it.

We just don't want a broken process across systems. We need to ensure synergy and collaboration and make sure that patients get the correct vaccination.

There are lots of different pressure points.

The obvious answer should be J&J vaccines in hospitals.

DOH does see the hospital vaccination program as a priority. Have to make sure all hospitals have created a workflow.

Question: Can it be mandatory to offer it in hospitals? The NY model makes offering it mandatory in hospitals to patients discharging to LTC facilities.

ACTION ITEM: Kathy to look into regulatory information.

We don't want to see case numbers go up in facilities.

Aside from virus aspects, halting all visitation and pulling everything back is devastating to residents.

The 4/15 opening of vaccination eligibility is scary because there is fear that all elders will be put on the back burner.

We are looking forward to progress reports on this and anything we can do as a group to progress it.

We need a protocol for ongoing vaccinations for residents and staff. This is not in place today and we've allowed pharmacies to do this themselves and that has resulted in a lag.

We are into the beginning of April and many facilities haven't had vaccinations since February.

Would prefer that staff get vaccinated at work.
We need to get "the big 3" (pharmacies) to commit.

Question: What will a mandate do that we aren't already doing?

It will get it done more quickly.

Not sure that is true. Need supply and workflow regardless of a state mandate.

When 4/16 hits, please make sure long-term care is not forgotten. Please put us in that allocation.

Agenda for next meeting:

Follow up on today's agenda items.

Hospital vaccination program updates

Case trends and vaccination updates

Safe Start Plans