

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

FEBRUARY 17, 2021  
3:00PM-4:00PM

## **Review and approval of meeting minutes:**

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

## **Monoclonal antibodies (MA therapy) discussion:**

Webinar was conducted. About 50 participants.

The administrative time for MA therapy is down to 16 and 21 minutes respectively with a 1 hr observation period.

We haven't gotten further on promoting treatment and equity in administration. The meds remain available and free. The Rapid Response teams cannot administer because they can't bill Medicare. ALISA case managers are looking at some options in home health.

Empress is the only interested provider currently.

Home infusion was not recommended in Supported Living or Adult Family Homes – they should be transferred to a COVID unit or infused in the ER. There is uncertainty around whether SL or AFH could support that level of intervention.

Amal re SL in response: If they are stable enough to remain in the home, we want treatment to continue in the home.

The after care and further evaluation needs skilled staff. There are more discussions happening around this and the group is open to discussions if it can be done.

Does SL have home health? Answer: There is a lot of variety in service depending on the patient.

Empress is willing to contract and has figured out Medicare billing – they will be at the meeting tomorrow. We are looking for another provider to do this on the east side of the state.

Another option is to get the Rapid Response teams to take over direct care of other patients so the skilled staff at the facility has the capacity to administer the MA therapy.

WSHA: For emergency department therapy, if possible, they usually schedule these in the morning. We would like to discuss use of ED for this further as there are more questions.

In Nebraska they have a team administering MA therapy. They give people different options for therapy: ED/hospital is one of the options for administration. When other infusion teams aren't available, some hospitals are covering that need.

### **Roadmap to Recovery Updates:**

WHCA laid out some concerns with the safe start documents and the two handouts.

The LTC Ombuds had an issue with the term "appointed" in the document. The essential support person should be their choice and the term appointed is contrary to that.

RCS' response to WHCA's concerns: Yes, WHCA's document is correct regarding the essential support person and the visitation, etc.

It does outline that visitation indoors is allowed in common areas in phase 1 unless the home is too small.

In ALFs, some residents have their own private apartments. Seems like they should be able to visit in their apartment and that is isolated from others – seems maybe better than a common area?

From RCS: The biggest concern is people moving up and down common hallways of the facility so we chose common areas near egress. If the LHJ agrees and depending on the layout, maybe individual apartment visits are okay.

WHCA is starting to get more calls from family.

LTC Ombuds: primary reason for calls to the Ombuds is "when/how can I see my loved one?"

RCS is hoping the one pagers would help facility staff and residents.

2<sup>nd</sup> issue re WHCA: Looking at reopening, there are large majorities of residents and staff that are vaccinated. When can we consider reopening – we just want to start the discussion to determine the baseline for opening.

There are "islands" of COVID-free facilities.

We also need quick access to vaccinations as individuals move into facilities and haven't been vaccinated.

Michigan is doing a regional reopening metric model.

We also need to listen to our providers and their individual situations because each facility is different.

ACTION ITEM: RCS to put together a workgroup with all of the stakeholders to start discussions about reopening. Utilize CDC guidance, DOH staff, LHJs, etc. Need to get the concerns documented so we can start to work on how we address those.

The Governor's office is also getting a lot of questions and they support getting started with these discussions.

We can break up into smaller groups by facility type and then start working on the safe start plan.

Keep in mind that some groups still need to get vaccinated (AFHs).

### **Vaccine Update:**

Kathy Bay: CVS is mostly finished with first dose clinics. The snow was a brief issue. Both local snow and vaccines stalled at manufacturers because of weather.

Small mobile teams have been out in AFHs. The goal was to get the first doses done by Monday Feb 22. The weather has delayed this.

DSHS has mobile nurse teams in four counties this week.

RCS will start verifications with AFHs again next week and provide information and update lists.

The Johnson and Johnson vaccine is going for review around Feb 27.

There is a Friday 3pm meeting with WSHA to discuss vaccination before transfer from the hospital and coordination. Anyone who would like to attend that isn't already attending can email Kathy for an invite.

AFHC – getting a lot of calls from homes that are on the CVS list that haven't been scheduled.

Per Kathy: Last week CVS said they had 80 facilities they were trying to schedule – Kathy is verifying that this is just a CVS problem and if it is they should be held accountable. If Kathy has the list she can work on getting them done with the mobile teams. Kathy has data on who has had clinics but there is some data lag and it's moment in time data. If the AFHC has been sending those questions to DOH and DOH has been following up.

There is an adult vaccine registry – 100% registration would be important especially when patients get their first dose in one place and their second dose in another in another place.

The provider who gives the first dose should document that in the WAIS system. We need to figure out how to retrieve that – you just need system access.

ACTION ITEM: Invite DOH IIS manager to demo IIS system at next meeting.

**Agenda for next meeting:**

Follow up on today's agenda items.