

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

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

Review and approval of meeting minutes:

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

Safe Start for Long Term Care Plans

HB 1218 – is the piece around the essential support person more restrictive in this legislation than in the guidance? Need to make sure the law doesn't limit what we are trying to do.

It shouldn't interfere – not seeing that it would. It doesn't negate having additional people – you don't need an essential support person with the direction we are going with the Safe Start Plans.

Vaccine Update:

Scheduling a webinar with everyone to provide information to facilities about procuring vaccines after the federal program is over.

Almost done with first clinics in AFHs. 200 of 3400 have gotten first clinic.

There is the pilot program and we are hoping hospitals will start doing vaccinations before people leave the hospital to help with the churn.

We have another meeting on Friday 3/19 to discuss.

It should be noted that about 250 AFHs declined vaccine – AFHC doesn't have info on why they declined and they don't think they are the only ones without their first clinic.

The plan for ongoing support for vaccination seems to be call the long-term care pharmacy that serves your facility and if they cannot do vaccination, call a different pharmacy.

Seattle/King Co. is getting emails requesting vaccination. Our EMS can do it if there is no other option but that should be the plan going forward.

Concerning that the main 3 pharmacies are not included in the current pharmacy list.

Even willing pharmacies are only going to serve their clients.

This leaves a gap and we cannot bring residents to the vaccine – the vaccine has to come to them.

In Clark County there is one pharmacy to serve all AFHs. And AFHs don't necessarily have nursing staff who can administer shots.

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*Please note: Comments expressed by individual stakeholders within these minutes do not necessarily represent the views of the entire advisory group.

DOH is also not getting good data on vaccination rates.

DSHS/ALISA leadership is aware of the vaccine issue and it has been elevated.

There is confusion about the outbreak data – some facilities on the report have been on the report over a month and they keep showing up at the top of the report. Is that because they have new cases and they go back to the top? DOH will take a look at the report and find out if these are new residents and if they are vaccinated.

ACTION ITEM: DOH to review facility outbreak data to determine why facilities keep showing up at the top of the report (e.g. is that because they keep having new cases?).

Do we have updates on the variant? B117

Per DOH: We have seen breakthrough cases in long-term care but that could be because we test so frequently. Of the breakthrough cases half were symptomatic and half were asymptomatic.

Were the symptoms severe? Per DOH: We don't have that info but Larissa will try to get it and present it at our next meeting.

ACTION ITEM: Larissa Lewis from DOH to look into symptom severity of new variant cases and report to group.

King Co reported that it's in the community but not active in long-term care facilities at this point.

Homes are aware of Safe Start Plans so they can plan but they haven't been released. Should come out tomorrow 3/18.

There are a lot of questions around practices and visitation for unvaccinated. Questions about metrics, etc.

We will reschedule our webinar trainings if the documents are released in time.

It seems unfair to treat unvaccinated residents the same as unvaccinated staff with regard to visitation.

We remain exceedingly concerned by unvaccinated staff and now staff that are convinced to get vaccinated can't get a vaccine.

Can we do an information campaign – compilation of cultural resources that are available? Something we can distribute to specific staff populations, community, faith leaders, etc?

This would be best taken on by our strategic engagement staff at DOH. The CDC also has a toolkit and resources – but we would like local clinics in cultural centers.

King Co is absolutely doing outreach events at cultural and community centers.

We need to feed these opportunities to the group.

One of the trigger points is making it a condition of employment – staff won't do it until it's required.

Would a financial incentive proposed in the FMAP enhancement for staff to get vaccinated help? Would that work? No, some facilities are offering incentives – it is not solving the issue.

The more we make it convenient to take at work, the more likely they will do it.

Communities are doing vaccination and they know about it but doing a distribution of these clinics outside of their community would be a mistake. It works best when it's within the community and the message is coming from someone they trust. There's more traction from within from someone they've known for years and trust.

If we made it mandatory we would lose workforce.

The other option is to make it challenging to decline.

We don't have the data or the access to the vaccine to know if mandates or penalties are even worth it – we are jumping ahead. We need a better understanding of the scope of the problem.

Can we survey facilities to get scope of the issue? SNFs have data for the most part and numbers are dropping on a daily basis. Could get the bigger corporations to report. This would misrepresent the group as a whole. AFHs for example, you'd have to survey 3,400 homes.

DOH is working with leadership to collect data. DSHS is doing this as well.

Agenda for next meeting:

Follow up on today's agenda items.