

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

MAY 19, 2021
3:00PM-4:00PM

[COVID-19 Vaccination Provider Requirements and Support | CDC](#)

Review and approval of meeting minutes:

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

Data update:

Continuing to work on the RedCap survey project to collect self-reported vaccination data.

It's hard to get information out of the NHSN survey. Can DOH get data out and do a simpler dashboard?
DOH response: We cannot report it at a facility level per the data sharing agreement. DOH can report statewide and regional level.

Comment: Statewide and regional level data would be helpful to have.

CDC also puts out reports that can be more widely distributed.

No updates on breakthroughs or variants. Note: Larissa Lewis posted latest reports in chat box during meeting:



420-316-Sequencing 420-339-VaccineBreakthroughAndVariantsReport.pdf

Larissa also shared EPI team weekly report (via shared screen) which shows LTC outbreak data, cases and deaths, - source is DOH WDRS.

Question: Have you been able to sequence breakthroughs and deaths?

Response: Sequence of breakthroughs is being prioritized but it is captured regardless of setting. There have been 200 breakthrough cases in LTC or 16% of total breakthrough cases, but this is also where testing is occurring so they may be capturing more than in other areas. Breakthroughs also are not necessarily identified as occurring in long-term care so there could be more. The sequencing that has been done is mostly the B.1.1.7 variant and this is the one that has been most common. Most that have been identified have been symptomatic but we also likely wouldn't test in the community if it was asymptomatic.

57% of cases in WA are now B.1.1.7 variant.

Comment: It would be good to statistically capture breakthrough cases in vaccinated patients.

Also, how many breakthroughs have we seen versus hospitalizations? And if we can get sequencing, that would be great too.

Vaccine progress:

Pfizer vaccination was approved to be administered in those 12 and older.

Pfizer vaccination – EUA modification would allow for vaccination (unopened vials) to be stored in the refrigerator for up to 30 days. This will make vaccination much easier – no more ultra cold storage.

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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.

New guidance – allowance for co-administration with other vaccinations. For example, could get flu and COVID vaccines at the same time. There may also be one vaccine that is combined flu/COVID – possibly available next year.

Guidance on TB screening updated – can be administered at the same time. If you don't do it at the same time, however, you should still wait 4 weeks after the COVID vaccine – this is likely a sensitivity issue that may make the TB results invalid.

DOH asked CDC for formal communication to address vaccine waste – hoping to get that document on CDC letterhead to address the concern.

Hospital discharge vaccination programs have resumed in all previous areas. Sacred Heart and Holy Names in Spokane are expanding.

WSHA is connecting DOH with other hospitals to implement and expand the program.

More people are refusing the J&J vaccine but not more overall. Hospitals are indicating that they are finding more patients that are already vaccinated.

Hospitals fully participating include: Franciscan, Multicare, UW, Holy Names, Sacred Heart, Swedish.
Hospitals partially participating: Providence (they are working on hardware system update which is delaying full participation)

Hospitals not currently participating but in the works: PeaceHealth, Confluence Health, critical access hospitals.

Question: Is there a checklist of who is covered and who is not?

ACTION ITEM: Kathy Bay to work with Zosia Stanley on list of hospitals that have implemented the vaccination program, those who have not, those who are partially implemented.

It's important to note that there are a lot of different layers to implementing so it takes time to implement. It's not just that the hospitals don't want to do it. That is not the case.

There are also stakeholders that are championing it.

Other updates from past action items:

Update on action item from last meeting re: vaccination information for new licensees and change of ownership: Amy is working with Kathy on this communication that will be part of the application packet giving new providers resources for vaccination. They will share the draft with the group.

We will also put rapid response teams on next week's agenda.

With regard to CMS updates to critical pathways – CMS has not updated these yet. RCS will keep an eye on it for updates.

Amy reached out to Amber Leaders regarding concerns with the latest QSO memo – Amber is reviewing that. Per Amber, they are circling back with the Governor's executive team for further discussion.

Other comments:

There is a lot of confusion around masking guidelines. Visitors don't think they have to wear them even though the lift of masking requirements doesn't apply to healthcare settings.

DOH shared guidance:



631-100-SourceControlHealthcare.pdf COVID-19-CoronavirusAnnouncementforVencityStrategiesChart.pptx 204-304-PPEContingencyPlan.pdf

CDC guidance for source control for health care has not changed.

ACTION ITEM: RCS will put out a Dear Provider letter to clarify masking requirements.

In health care settings, workers must wear medical grade mask or an N95. Visitors don't have to wear medical grade source control.

This has been confusing in hospitals as well and WSHA is partnering with the health care association to develop signage.

Question: Can DSHS create signage as well?

ACTION ITEM: DSHS and DOH to partner on signage.

Agenda for next meeting:

Any updates/discussion regarding CMS QSO memo, "reopening WA", safe start plans/visitation from Governor's Office

Vaccination update (data, areas of concern, updates on access and tracking for ongoing vaccination, etc.)

COVID cases in LTC facilities (new outbreaks, breakthrough, variants, etc.)

Strike teams and ongoing funding