

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

MAY 5, 2021
3:00PM-4:00PM

Review and approval of meeting minutes:

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

Safe Start Guidance Update:

Governor accepted and sent press release with our updated guidance on communal dining and activities.

Our websites (both for family and providers) have been updated with the revised documents.

The Governor's office also attached them to [Proclamation 20-66](#).

There are also a few additional changes to the documents that were incorporated:

No phases in the new documents because they all look the same – there was no need for them.

Document was cleaned up

Updated PPE guidance to align with CDC guidance

The Governor's office was also in agreement with these updates as well.

Question: Is RCS getting questions from providers on the revisions?

Answer: Yes, a few but more just confirming to make sure they understand the document.

One question that has been asked by providers is "Can we still follow a more strict process if we choose to?"

Answer RCS has given is that it is fine to do that to a certain extent. You have to allow for resident rights for example.

Another example given by providers is "What if everyone is vaccinated and unmasked, enjoying an activity and a known unvaccinated resident enters? Then it is obvious to everyone that that person is not vaccinated."

Response is that they have to figure out what will work best in these situations. There is acknowledgement that this could be a little awkward at times.

Also, when there is a complaint, RCS looks at facility practices and how the facility is implementing guidance. Are they consulting with the LHJ for example? What has been accommodated for resident rights, etc. RCS doesn't just cite, we look at the situation.

RCS is mostly receiving logistical questions from providers.

There is a DOH call tomorrow at 11am – this will be a hot topic for a few weeks.

ALISA is moving to a different web-based platform so if you see that any documents have disappeared off the website, let RCS know so we can resolve the issue.

Visitation:

We have not heard any more about visitation – still waiting to hear from the Governor's office.

Should we have additional Safe Start subgroup meetings or wait until the visitation guidance gets sorted out?

There have been conversations that the Governor won't update visitation until after this latest Phase pause.

RCS (Amy) will work on getting a subgroup meeting on the calendar for May 21st or week of the 24th as this should accommodate the pause but will also still hold calendar space for us to be ready.

Vaccine update:

DOH met with Harborview and UW – they are continuing to increase vaccination on discharge. They will be adding Emergency Dept discharges to their vaccination program soon – they are currently building that infrastructure.

Multicare hospitals (Western WA and one in E WA) are all participating.
As is Franciscan, Swedish, all the UW locations.

Holy names, Sacred Heart and St. Lukes are paused based on the J&J pause but DOH is working with them to get them up and running.

DOH is working with WSHA to expand the program.

J&J vaccine is dedicated for this program.

DOH is also continuing to work with partners on building the home health and ongoing vaccinations are continuing.

NHSNS survey:

Question was added to the weekly reporting tool – Do you require outreach to receive vaccine in your facility? Responses varied but good information was acquired from this question. 16 facilities responded Yes. DOH reached out to all 16. Responses included:

Yes, we are ready for vaccination and have 30 people who need them – DOH hooked them up with a mobile team to do this.

Others said they had a great vaccination rate and then turnover in staff and new hesitation amongst staff has dropped their rate.

Others said they weren't sure how to get vaccines but they had a meeting scheduled with their pharmacy and were confident it would be worked out.

Others reported they were sending residents to hospitals for vaccination.

DOH responded and provided information and education to all of these providers.

DOH is triaging short and long term needs.

Some facilities are reporting that their servicing pharmacy provides Moderna but they just received a new resident who has one Pfizer vaccination and needs a booster.

Question: Is it okay to mix and match vaccinations?

Answer from DOH: It's not ideal but if they have gone a certain number of weeks, we'd recommend giving J&J if you can't get the original vaccine type.

The facility should first contact their LHJ to get access to the right vaccine. The CDC says that their preference is to stick with the same vaccine. If you have to switch, you can, but it's not recommended.

Logistically, do we call the LHJ or go online to request?

Answer: Different LHJs have different preferences. Do what you normally do to contact them.

Are there resources regarding switching?

Yes, [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

Vaccine providers need to utilize the IIS system to document vaccinations so we ensure the right vaccination booster is occurring. This is required under CDC guidance.

There is still urgency around rapid vaccination that keeps up with gaps and churn.

The system should supply the vaccine as needed now and it should be done in single vials if needed. If facilities are waiting weeks, that is a problem. They need to reach out to the pharmacy or LHJ – pharmacies should bring the vaccine even if it means wasting vaccine. We now have enough supply.

Comment: One pharmacy made it clear that they would only deliver 5 or more at a time but the CDC is requiring single doses.

ACTION ITEM: Kathy Bay will work to put something in writing that confirms that pharmacies should be offering single dose vaccine so that the message is clear and is coming from DOH as the source. This is part of the agreement that pharmacies signed with CDC.

Question: Are vaccine needs being addressed?
Is it working smoothly?

Response: It still seems piecemeal.

We should expect vaccines more quickly by patient/staff need. We need a system in place that is working and sustainable.

Another option is if facilities want to become vaccine providers, they can. Then you are not dependent upon pharmacies. You need clinical staff and have to administer and document but then you aren't reliant on the pharmacy.

AFH operators – concerned about dependence on LHJs and DOH strike teams going forward.

DOH response: We are working and need to continue to get more nurse delegators out in the field who are connected with pharmacies to serve AFHs – DOH is working on this.

Need for data: vaccination rates of staff and residents. To know where the gaps are. We should formally ask the Governor for a way to obtain data on vaccination rates.

DOH response: DOH is working on data systems process. The healthcare associated infections group at DOH. There is no solid timeline yet.

ACTION ITEM: Larissa to report out on status of data system being built to gather vaccination rate data.

With regard to reports of symptomatic staff, there is a new YouTube video out from CMS/CDC:

[Long-Term Care Community Champions: Voices From the Front Line - YouTube](#)

Strike Teams (aka Rapid Response Teams) update:

Strike teams are still available. They are budgeted until June. There have been an increase in requests.

Questions: Have you looked into the new recovery funds for funding out for future for strike teams?

ACTION ITEM: Mike to look into this.

Question: Next meeting, can we look at patterns or trends in who is using strike teams?

ACTION ITEM: Mike/Amy to pull data and report out at next meeting.

Agenda for next meeting:

Vaccine update and update from Kathy on guidance to providers and pharmacies about single dose supply

Vaccination data – Larissa to update group on status of data system build

Strike teams update

Any updates on visitation guidance