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| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **September 16, 2020**  3:00PM-4:00PM |

**Intro and reminder of virtual meeting protocols**

**Review and approval of meeting minutes:**

* Reviewed of minutes and obtained approval of minutes. Minutes approved.

**Review of draft charter:**

* Final review of charter and obtained approval. Charter approved and will be posted on the advisory group website.

ACTION ITEM: Send Advisory Group the web address – **Kristi**

**N-95 masks and fit testing:**

* Dawn Williams from ALTSA reviewed work they have done to find masks and fit testing resources. She reviewed the document they put together from their research on this.

Discussion:

This looks like a great resource but it’s not the real world as we do not have the capability to do this.

$100 per nursing staff per type of mask is very expensive. And we are lucky if we get one N95 mask. Some states only do seal testing because they are one size and they just don’t fit. Plus seal testing burns less available PPE. We don’t have enough to begin with and fit testing wastes valuable PPE.

There has been no effort by LNI or the government to think about giving breaks on this issue.

We want to protect our employees. How can we make things optimal without the requirement of going to an occupational clinic?

Perhaps a blended approach depending on the area. For example, pull everyone together in a rural area and have them all go to one location. Quantitative testing does not waste PPE like Qualitative testing does.

Has anyone looked at studies to see if a fit test is better than a mask and shield combo?

Is it possible to give options to people? Mask and shield combo.

The state of Nebraska does seal testing and does not require fit testing.

Could we get an occupational medicine expert to talk with the group? Dr. von Preyss will look into this.

The CDC recommends the mask/shield combo but LNI is not required to follow CDC guidelines.

Can the Governor order or incentivize local manufacturers to make more N95 masks available and develop fit testing that can be deployed across the state?

Is there a potential legislative solution?

ACTION ITEM: Dr. von Preyss to reach out for UW occupational medicine expert to attend future meeting.

ACTION ITEM: Kristi Knudsen to research any potential for legislative solution.

**Update on visitation - barriers/challenges/what’s working:**

* Adult Family Homes:
  + Providers are still unsure of what they need to do to start visitation and whether they have enough PPE to meet the 14 day requirement.
  + Families and providers are confused about what phase they are in.
  + The guidance put out is confusing and little assistance has been available to answer questions.
  + Access to testing is also a big issue with lots of questions
* Supported Living:
  + We are seeing issues with COVID+ clients and protocols/phases. The Safe Start document says if you’re in Phase 2 and you have a COVID+ case, your entire organization rolls back to Phase 1. Supported living isn’t set up this way. If we have a COVID+ in one house, it rolls back everyone in all the houses because of our organizational structure. These houses don’t share staff so staff are confused as to who the COVID+ patient is only to find out that they don’t live in that particular house and so there’s no exposure.
* Nursing Facilities/Assisted Living:
  + Smoke has now put outside visitation on hold.
  + Visitation was going pretty well but now with the smoke we have had to halt it.
  + We have definite concerns about the coming months and outdoor visitation (weather).

Discussion:

Are families following visitation rules? For the most part, yes.

The other issue for visitation is that although we completely support it and want residents and clients to see their loved ones, it is a huge time suck for staff to assist with this. Our recreation/activities person basically now does this full time and only can do a few visits a day. Some areas are hiring a lower level person just to manage visitation.

Also, many families work during the day and if visitation hours are limited, these families are unable to visit.

Are we tracking transmission data?

* Yes, we are watching our Complaint Resolution Unit (CRU) data daily.
* We have a report that tracks weekly looking for trends. It is very unscientific at this point but we are also working with DSHS, Research and Data Analysis (RDA) to help us develop something.
* We have not seen anything trending upward since the implementation of Safe Start.
* Contact tracing has to be done by the facility.

We will be developing an update to the Safe Start plans to address Fall/Winter months and visitation.

We would like to hear additional ideas on visitation options.

ACTION ITEM: Add visitation options/brainstorming to next agenda.

**Backlog update:**

* Nursing Facilities/Assisted Living Facilities/Adult Family Homes:
  + We have been working on the backlog since August 12
  + If we start in October, it should take 6 months to catch up on the complaint backlog
  + We are 7 months behind on surveys and inspections (because obviously, those were halted when COVID started 7 months ago)
  + All backlog catch up will take a year.
  + It will take 2 survey cycles to get back in sync with our survey schedules.
* Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID):
  + We have received 25 acceptable plans of correction
  + It will take about 5 months to catch up in ICFs
* Supported Living:
  + We have 35 follow up visits for certification
  + It will take 6 months to catch up and keep up with new work

Discussion:

We are doing desk reviews if we can as we are able to use our judgement as to whether a review must be onsite. We understand the importance of doing this when we can because we want to get facilities and providers back in compliance.

**Vans/Shuttle disinfecting procedures:**

* The Health Care Authority manages this program
* All drivers/clients are required to wear masks
* Touch points and seats are disinfected after every ride
* If they transport a COVID+ patient, the van is deep cleaned/disinfected after ride
* If anyone has concerns over the safety of these vehicles, you should contact the broker.

ACTION ITEM: Candy to get list of brokers for distribution to the group.

**Other meeting discussion:**

The Dear Provider Letter is with the policy unit for review.

* The effective date is changes to October 15 and if we need to push that out a little bit, we can. This is a goal date.
* We did work with the Department of Health on payment for private pay nurses to bill for testing. They are working on a billing system for this as it is new. Our letter will be going out tomorrow regardless and if we need to update providers on the billing system we can do that after.
* We have heard that nurse delegators that would do this work are resistant and very vocal. DSHS and DOH are working with them. We think it is a small number of nurses who are raising this issue. If there is continued resistance and it’s an issue, we will find other nurses to do this work.

**Next meeting:**

* Ongoing discussion/updates on N95 masks and fit testing – **Amy to introduce topic**
* Voting – **Betty Schwieterman to introduce topic**
* Additional ideas on visitation options – **Amy to introduce topic**