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| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **September 30, 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.
* Check in on meeting format. No comments

**Visitation topic:**

RCS met last week with stakeholders to discuss CMS guidance related to nursing facilities.

We have not received a response yet on the Life Safety Code from CMS.

DOH is going to give the group some recommendations on air flow/ventilation.

We still have a number of questions related to tents, heaters, other alternatives and what makes the most sense.

We are still working on taking the 20-39 CMS memo and comparing it to our Safe Start Plan. The key differences are in transmission rates. We need more clarification from CMS to move forward on visitation.

Initially in the 20-39 memo it was clear that we were only applying the criteria to nursing facilities. If we have to modify criteria across all settings, we would want to form a subgroup (or subgroups) to address this, lay out pros and cons and have dialog about the best way to promote the highest quality of life and optimal prevention of transmission.

Yes, we can identify a resource that needs to be updated and gather SMEs to address it and then bring it back to the larger advisory group for review.

Discussion:

Providers are continuing to follow the Safe Start Plan but it is October tomorrow and the weather will be changing.

There is an RCS memo recently released that talks about using Civil Money Penalty (CMP) funds to purchase tents but we are waiting on life safety guidance to ensure we purchase the right things.

Can we get a fire marshal or someone who can speak to the group about this? Amy will check with Mary Valladares, Chief Deputy State Fire Marshal.

RCS has heard that a few Local Health Jurisdictions (LHJs) are applying the 28-day outbreak cycle in proxy for stop placement and not allowing admissions – this is happening in a few nursing facilities only right now – there is a 1pm call Friday, Oct 1 to discuss this with the LHJs. This is concerning if it is applied also to other residential settings and also the impact this has on resident rights. RCS is working to address this.

In vent specific units, we have done everything possible to keep COVID out of the unit. We are asking that vent units get special consideration as indoor visitation in those units would not be safe. We need to think about how to move through the phases of reopening and safe start in vent units. (This just pertains to vent units and not other units in facilities). This could be an offshoot of the subgroup mentioned earlier.

ACTION ITEM: DOH air flow and ventilation discussion **– Sara and DOH staff to lead discussion**

ACTION ITEM:Amy to contact Mary Valladares to see if someone can speak to the group about safety in outdoor visitation and recommendations. **– Amy to update group**

ACTION ITEM: Continue discussion on CMS memo 20-39 **– Candy to lead discussion**

ACTION ITEM: Update on 28-day outbreak cycle issue that LHJs have imposed on some nursing facilities (outcome of 1pm Oct 1 call) **– Candy to lead discussion**

**PPE:**

* We have heard several issues with PPE: volume, consistency of available brands, reliability of delivery, price gouging, and issues with fit testing.
* Some groups are continuing a dialog with LNI
* RCS is creating a flow chart for providers that we will distribute to the group and post on the website.

Discussion:

It seems LNI is okay with the use of a surgical mask and face shield in combination as long as it is clearly documented that a respirator was not available.

Aerosolizing procedures require a respirator.

LNI is acknowledging the difficulty of following these regulations without access to appropriate equipment.

Provider groups have been working with Ryan Allen at LNI for some time and he understands the different facility types including adult family homes.

Ryan has indicated that he is going back to LNI leadership to suggest looking for alternatives.

LNI has not meet with supported living yet. DOH has, but not LNI.

RCS also continues to explain the different types of settings to LNI, including supported living.

**Testing:**

* Nursing facilities and Assisted living facilities with memory care have completed point prevalence testing with a positivity rate of around 1%.
* We have requested point prevalence test in AFHs from DOH.
* A number of facilities have requested testing kits but have not administered tests so RCS is trying to figure out why that is.

Discussion:

DOH has reported many AFHs are choosing not to participate in point prevalence. We don’t have exact numbers from DOH in terms of how many homes are choosing not to participate.

ICF/IIDs have a 99% testing rate.

Supported Living hasn’t started yet, but they are loaded in the system and are awaiting calls from DOH.

Point of care (POC) testing (CMS requirement) is happening in nursing facilities. There are different scores/levels: red, yellow, green depending on their county positivity rate in the prior week. Green is testing once per month, yellow is once per week and red is twice per week.

If the county is 10% positivity you are supposed to do 2 tests per week? This seems completely undoable, not to mention it seems clinically unjustified.

What is DSHS’s approach to this? RCS: We have to follow CMS guidance although we are having a lot of dialog with them about requirements and are sending them questions.

We have added a question to our Complaint Resolution Unit (CRU) interview to get a sense of positive rates when using POC testing. When a facility calls in a suspected or confirmed case, CRU will ask them if this resulted from a POC, PRC or other type of test.

RCS does not believe they’ve cited anyone who is currently not meeting CMS testing requirements, but Candy will check with Bett. There are conversations about good faith efforts and documentation. We’ve also created a separate field guidance for RCS staff. We are still completing infection control and prevention work but we plan to resume revisits, surveys and inspections in late October/early November 2020.

ALFs and nursing facilities that are CLIA waivered are required to report all COVID tests they complete.

We have reached out to HHS about testing questions from ALF providers (who they should test, how often, etc).

ACTION ITEM: Candy to ask Bett if RCS has cited any facilities for not meeting CMS testing requirements. - **Candy to report out to group at next meeting.**

**Next meeting:**

* Visitation: **- Amy to introduce topic**
	+ DOH air flow and ventilation discussion **– Sara and DOH staff to lead discussion**
	+ Update as to whether the fire Marshal or someone can speak to the group about safety in outdoor visitation and recommendations. **– Amy to update group**
	+ Continue discussion on CMS memo 20-39 and Safe Start Plan **– Candy to lead discussion**
	+ Update on 28-day outbreak cycle issue that LHJs have imposed on some nursing facilities (outcome of 1pm Oct 1 call) **– Candy to lead discussion**
* Testing:
	+ Candy to report out on whether RCS has issued any citations to facilities for not meeting CMS testing requirements. **– Candy to lead discussion**
	+ Open discussion on testing **– Amy to lead discussion**