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| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **October 28, 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.

**Testing:**

Dr. Fotinos reported out on rapid antigen tests. BinaxNow™ antigen testing cards have been sent to all nursing facilities and assisted living. If facilities need more, they can request more. The reporting team at DOH is working on a 1pg form that providers can fill out. There currently is no electronic option so they need to use their usual process through their LHJ.

Point prevalence: Results received from 2 of the 3 labs – NW labs and Atlas.

In Adult Family Homes, there have been delays by DOH in pushing out tests. RCS and DOH recognize that there is no way to meet the Nov 15 testing deadline and they are likely to move the deadline to Dec 15. The exchange of information between DOH and the homes takes time and this is prior to tests being sent to homes.

Smartsheet™ emails have gone out to AFH providers – many providers thought they were spam. AFH owners are confused as to what action they need to take. They originally thought this was being done by telephone and now they are getting emails – in some cases multiple emails and they don’t know what to do. This delay and confusion for providers is very frustrating.

For point prevalence, the plan was for an initial email to go out giving providers a heads up that a second email would be coming with the Smartsheet™ info to fill out and request number of tests needed.

There has been some confusion at DOH because this role just transferred from Emergency management to DOH – it is a new role for DOH.

Request from AFH Council – Please clarify the process and communicate it to providers and the AFHC – AFHC would like to know in advance when this communication will occur so they can be prepared to support providers.

ACTION ITEM: DOH will work on testing distribution process and communication for AFHs **– Dr. Fotinos and Amy**

A Dear Provider Letter is also under development for this and will also include clarification on the process.

ACTION ITEM: RCS to finalize Dear Provider letter **– Amy’s team**

With regard to the BinaxNow™ cards, if providers are out of testing supplies, do they call the health department or how do they access supplies? DOH could send an email to the nursing facility distribution list asking them to respond if they need additional tests?

CLIA waiver is required to use BinaxNow™ cards or you have to have a contract with someone who has one and they can use that to do their testing. For example, a big campus – as long as a CLIA waiver exists on the campus, everyone can use it.

Frank Tobey Jones does not receive federal Medicaid or Medicare funding but they do have a CLIA waiver – can we send them BinaxNow™ cards? Yes.

By the end of December DOH will have 2.3 million BinaxNow™ cards. About a million will be distributed to schools. We have only been distributing one per bed to facilities because these are only to be used for symptomatic patients/staff. Staff should also use their insurance if they have insurance before using a BinaxNow™ card. If facilities need more, they can fill out a Smartsheet™ to get more.

Is DOH providing compilation of data on point prevalence? This would be helpful to encourage participation. DOH needs to reach out to the labs to get data and see if there is enough test info returned at this point.

Are there additional Everlywell tests available? We would like to have additional tests on hand.

DOH does not have an extension of the contract with Everlywell but there is something like Everlywell that we are negotiating. We agree that testing should be available.

Information that HHC announced is that NHSN will be the reporting requirement for nursing homes. We are working on a Dear Provider letter that SNFs will need to use NHSN and will need level 3 access which takes some time to get. A best practice would be to have more than one staff person in a facility with level 3 access as only those with level 3 access can report into the system. All of this will be in the Dear Provider letter.

We still have Assisted Living Facilities that need to meet reporting requirements – they are not required to report to NHSN but we need to determine the right reporting method.

CLIA group will only be going out based on complaints – this is for all facilities. RCS would just work with the facility and only take action if there was a blatant disregard for meeting requirements.

Does WA state and DOH accept NHSN? Yes, RCS has been working with DOH on the flat file. DOH is overwhelmed as they’ve added homeless shelters, jails, tribal facilities, etc. to reporting.

Antigen testing for staff surveillance: 1 in 75 tests are false positive and it’s pretty clear when they are a false positive. Do we need to report those to family members?

From a regulatory perspective, yes. Meet the reporting requirements to families but make it clear what is happening – that you are retesting to determine if it is really positive.

**Vaccine:**

There are two topics under this vaccine topic:

1. What will we do when a COVID vaccine becomes available?
2. What can we do to encourage flu vaccination?

We’ve sent out a Dear Provider letter for the free vaccine program. This is for the flu vaccine. We are gathering information to see who is interested and the numbers of pharmacies interested in participating.

We hope we can get the same system in place when the COVID vaccine becomes available.

Other programs include Flu Safe – this program offers incentives to facilities for high percentages of vaccination. DOH will be announcing the program soon.

AFHs cannot sign up for the free vaccine program. They are not listed in the dropdown menu – that data was not loaded into the system.

People who choose to live in Adult Family Homes should have the same access as everyone else.

Supported Living is also not included and feels the same way.

DOH will look into this issue.

ACTION ITEM: Amy will ask Kathy Bay about signing up for the vaccine program. **– Amy**

Regarding distribution of future COVID vaccination: Consumers need information ahead of time. They should know their rights and it will take some time to make sure everyone is educated.

There will need to be monitoring for side affects.

Asking that it is thoughtfully rolled out for residents.

The CDC is currently working on a 1pg vaccine information sheet.

**Safe Start Plans:**

Subgroups are meeting and updating their plans. Most updates are in relation to visitation and clearing up confusion about movement between phases. We are also working with LHJs on the movement between phases as there is confusion.

There is also some confusion, at least in Supported Living, with definitions. They are grappling with what is an “agency”, “household”, or “program” because depending on the term used, this could mean an impact to 200 people (who may be spread across the county) or 5 people in the same house.

Supported Living is also looking at visitation because it can be different based on how the program is laid out.

The subgroups will present their final drafts to the larger group next week.

In terms of planning and prep for the next 6 months, we will table this and have Patricia lead the discussion at our next meeting.

Amy sent the PPE flowchart: <https://www.dshs.wa.gov/altsa/residential-care-services/ppe-facilities>

ACTION ITEM: Have Jim post resource on the FamHelp Provider site as well as our regular provider site. **– Amy and Kristi to follow up**

We are also working on an outdoor visitation one page brochure and are wondering if DOH can do a similar one pager regarding ventilation, specific to facility visitation.

ACTION ITEM: Finalize visitation one page brochure and work with Sara at DOH on coordination of ventilation resource. **– Amy to coordinate with Jim and Sara**