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

**Review and approval of meeting minutes:**

* Reviewed previous meeting minutes and obtained motion to approve minutes. Minutes approved.

**Testing:**

Nursing facilities are doing their testing. Yakima Valley School received their test kits.

Frank Tobey Jones did not receive COVID test kits from CMS – they are licensed only NH, not CMS certified. They are talking with Dr. Fotinos to make sure they get BinaxNow™ cards in the meantime.

Communication via email is being sent to Adult Family Homes to update them on how DOH will communicate with them and the process for obtaining test kits. It will be through email and not phone calls like previously planned. They need to fill out Smartsheets™ and instructions will be sent. The November 15 deadline was modified to December 31st.

DOH epidemiology staff are putting together lab results from all assisted living facilities. Not all facilities indicated whether the tests were of staff or residents so in those cases the data reported with be aggregate. Also, some ALFs received hundreds of test kits only to return a few. DOH isn’t sure if they are keeping them for later, which is fine, but if they are not going to use them, they should send them back so they can be used for others who need them.

Reported that some facilities could not obtain physician’s orders for testing – this was a barrier early on and some just gave up at that point.

We also heard from one facility that they received their tests and then received a response that they cannot be used for other surveillance testing because they were meant for point prevalence. DOH response: This shouldn’t happen. WHCA will look into it and talk with Dr. Fotinos if necessary.

Can we encourage continued access to the Everlywell tests? DOH thinks this is the plan = they have an extension on access to the supply. Do we know how many Everlywell tests are available?

King Co is ordering 1,500-1,800/week and would like to extend that to other facilities in need. Everlywell tests are about $100/each and DOH is looking at cheaper tests that are around $70/each.

**Facilities in crisis/plans for next 6 months:**

There was a call this morning with the Gov’s office.

The concern is facilities with large numbers of COVID-19+ cases including staff, administrator, etc. and caring for residents. The supply of staff may very well not meet the demand.

What should we advise the Governor regarding how to be prepared? How will we take care of these patients?

Also, this goes upstream. When homes can’t accept new patients, the hospital system gets backed up. Then you are out of beds at the hospital and you may have to start having the rationing of care conversations.

What is the reality of contingency planning for staff using the National Guard?

We are very concerned that we are asking facilities to fill in gaps when they may not have a workforce in the community to staff.

Skilled staffing/nonskilled staffing are both critical and can become an issue in an outbreak situation.

Utilize National Guard/volunteers to assist with administrative duties (answering phones, ordering supplies, etc) to lessen the load on any available qualified or certified staff.

We did waive training for LTC workers and CNAs. DOH is doing what they can to leverage volunteers.

We have known there was a shortage of LTSS staff across the board prior to COVID, but COVID has definitely exacerbated that.

Has the industry (the associations) done anything similar to what the hospital associations have done in that setting to help providers address this?

Have we explored staff sharing across the industry? Staff sharing is one way that COVID spreads but we can manage it with prevention activities and point of care testing.

Can we build strike teams? These have worked well for widespread deployment of testing early in the pandemic in March and April.

Bringing in the national guard is not perfect as the care people receive is really intimate but we understand this is a crisis situation.

What if we create advanced regional strike teams comprised of different types of workers and if criteria is met, we mobilize that team?

We need prior agreement and set up so we are ready when we need these. A regional approach to disaster preparedness.

There is the [NW Healthcare Response Network](https://nwhrn.org/) (Dr. Vicki Sakata – senior medical advisor) and then the eastside of the state has something similar.

Many people in the medical field are also currently unemployed due to COVID-19 – there is a need to incentivize to tap into this group.

Multicare put together a drop team in Spokane to make sure homes are set up correctly and now we need to pivot that to staff to care for residents.

DOH has strike teams with nurses, environmental hygienists, etc.

Have the LTC facilities developed their own crisis plans of care? A letter went out from the LTC Ombuds outlining this. There is a legal requirement for LHJs to create plans and consult with LTC facilities. It is unclear if there are plans for pandemic type emergencies - the plans we have seen are more geared toward fire, flood, earthquake, etc.

The Safe Start plans lean heavily on the LHJs so we need to see what is already in place.

Facilities also need to report their capacity in their survey tool at least once per week so we can see where the need is.

Staff and masking – education on how important it is for staff to mask and follow precautions when they are not working.

November 6 is the deadline for facilities to register online for the COVID vaccine distribution.

**Next steps:** Take inventory of DOH strike teams and NW Healthcare Response Network teams:

* How big are they, what do they do exactly and who does what

ACTION ITEM: Make contact with existing DOH strike teams. **– Candy Goehring to do this**

ACTION ITEM: Contact NW Healthcare Response Network – **Candy Goehring to do this**

ACTION ITEM: Distribute LTC Ombuds letter to this committee – **Amy Freeman to do this**

ACTION ITEM:Distribution ofposter created regarding staff education on masking and precautions when not a work - **Dr. von Preyss to send to the group. – this is done.**