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| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **november 18, 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: All facilities have received testing devices/supplies (including DDA facilities). Facilities have a requirement to test on a regular basis. Those facilities who got theirs first may begin to run out (the testing device can only service a certain number of tests). Dr. Fotinos has reported some trouble in getting supplies for these specific devices.

Assisted Living Facilities: Facilities have done their first round of testing. Some ALFs need more BinaxNOW ® cards and we are working on seeing who is using them and who needs them. There are lots of PCR tests available. You have to pay a lab fee but the tests are available.

There is a webinar tomorrow (Thursday 11/19) – Dr von Preyss to forward the invitation. Questions that can be answered on this call: How do you get PCR tests? Why can’t we get BinaxNOW ® and keep using those for point of care testing? Are there strategies behind this or a reason they aren’t being given?

Dr. Fotinos has been reaching out on these issues. ALFs who have CLIA waivers can use BinaxNOW ® cards.

Supported Living: Most have testing supplies but not 100%.

Adult Family Homes: Starting to work on getting tests. There is a refresher webinar for AFHs coming up that will reiterate the switch from phone calls to email notifications regarding testing. We have extended the deadline for AFH point prevalence testing to the end of December.

Discussion:

There is still a lot of confusion as to what constitutes a clear test for discharge to a SNF.

Two ways infection is getting into the facility: 1) staff; 2) resident who goes out into the community and returns or is returning from the hospital.

Are there best practices on new admissions with swab testing?

We are hearing that some facilities are having trouble getting communication from hospitals and this needs to be addressed.

NWHRN – weekly phone calls on coordination – seemed more hospital focused but may be adding long-term care representation to those calls.

Suggest that we find clarity in what we’re recommending at this time as base standard for testing – one swab or two?

Zosia Stanley could start this discussion.

**ACTION ITEM:** Amy Abbott to reach out to Zosia

The CDC has some guidance on this transfer from hospital to SNF – testing is not required by CDC. But communication is clearly important.

Hospitals have discharged residents back to AFH who were COVID positive – we need to know what to expect if they are returning to the facility.

What is the AFH’s wish for testing upon return from the hospital? Depends on the AFH – they are across the board. From the AFHC’s perspective, having a test is a small piece of confidence that the person is negative.

We need to get to agreement on the communication stream.

And perhaps a checklist of sorts for ability to manage resident and safely bring them back into the facility.

**ACTION ITEM:** Draft checklist – Amy Abbott

The interim guidance document from July says testing doesn’t need to happen but that was back when testing wasn’t as available and hospitals were backing up and there were point in time limitations with the test.

**ACTION ITEM:** Look for more recent CDC guidance/reach out to CDC – Sara Podczervinski

You would think the highest risk patients are the ones who are discharging because of all the people involved in that process – it’s a critical time to know if they are infected.

We need to make a recommendation.

**ACTION ITEM:** Recommendation at next meeting. – Group

Also need to have a discussion with WSHA (Zosia) on logistics so there aren’t delays in testing.

We also need providers’ input on what they are seeing.

Time-symptom based strategy is being recommended overall. There is a Thursday morning call (11/19) with King County public health Dr James Lewis

**Safe Start Updates:**

Governor’s restrictions impact this.

We are taking the next two weeks (while Gov restrictions are in place) to put together all comments and edit the documents and submit them to the executive leadership team with the goal of getting them finalized while we are in this Gov restriction period.

The workgroups came up with clear sets of guidance.

Larissa Lewis did some cleanup on guidance documents. The associations are reviewing those and providing comments. We will be reviewing those during this period.

Will final documents be distributed to this group when they are sent to the executive leadership team? Yes, we can do that.

**ACTION ITEM:** Ensure advisory group receives guidance documents when they are sent to executive leadership team for review – Amy Abbott

Sara to meet with LHJs to gather feedback on how to transition through the Safe Start phases. Goal is to make this consistent across LHJs.

Is there consumer representation on this? We had not considered that but we can share it through the Ombuds? Sara will report back to this advisory group after LHJ review as a next step and then we can see if we think it is missing resident voice or advocacy.

**ACTION ITEM:** Sara Podczervinski to report back to group on outcome of LHJ transition through phases discussion.

**Vaccine:**

We are still meeting on a workgroup to discuss both flu and COVID-19 vaccines.

The Flu program is moving forward – official title “Flu Fighter” incentive program.

We are working on a survey to facilities to see if there are barriers – goal to increase participation.

Also working on COVID vaccine distribution program for when the vaccine is available - CDC program in anticipation of when COVID vaccine is available. Partners with CVS/Walgreens and facilities/agencies register. This registration has been extended to this Friday (11/20).

Adult Family Homes were sent another message about it this morning.

Registration numbers went from 700 to 1900 in a week so that is good.

Was there any consideration of making it an opt out program? No, because CDC doesn’t know the universe of providers to load that into the system (and it changes rapidly).

Nursing facilities may need to go through NHSN. NHSN is closed, you have to go through REDCap.

RCS has shared with DOH a number of times all our lists of residential facilities. They are all in Tier 1 distribution and DOH knows who they are so the CDC registration is just another measure to ensure distribution. It’s an interesting approach that the CDC took but it shouldn’t change access because DOH has all our facilities in Tier 1.

Supported Living is still having issues getting registered.

**ACTION ITEM:** Candy Goehring to email Kathy Bay at DOH and check on Supported Living registration issue.

**ACTION ITEM:** Shannon Manion to assist with supported living registration issue by pushing out messaging through Gov Delivery. Note: This message has gone out. In addition, the DDA resource management team personally reached out to offer support to the agencies that had not yet registered.

What do we do with Antivaxers? Some facilities have said they do not believe in vaccination. Providers and staff may choose to opt out but they must offer vaccinations to residents – resident’s rights.

Staff are saying they won’t vaccinate. We utilize good education, make vaccination as easy as possible and recognize that that will not sway some people. Several facilities require vaccination as a condition of employment.

**Status on drop teams (strike teams):**

Contracts should be signed by the end of the week (11/20). We are talking with DOH about use of RCW 70.15 law and provisions. Most, if not all volunteers are from other states.

We put them on a volunteer roster under Ch. 70.15 RCS so they can work in WA without a WA license.

The contract includes dispatch and all operational logistics so we don’t have to do that.

RCS will put out a “How do I request help from these teams?” communication.

Under this model, DSHS will pay all the costs through the program. There will be no waiting for a temp agency, etc.

We are also talking to California about a model they are putting together – crisis staffing. May allow us more than one route for relief.

We have heard facilities are closing down (to new admissions) if one staff has COVID – even if there is no outbreak. RCS/DOH has not heard this.

**ACTION ITEM:** Sara Podczervinksi to check with LHJs on facilities not allowing new admissions due to one case.