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| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **november 25, 2020**3:00PM-4:00PM |

**Review and approval of meeting minutes:**

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

**Update on hospital transitions:**

Zosia Stanley on the call.

Per Sara’s research, CDC guidance on testing hasn’t changed much. Testing is not required at transition.

If the facility can care for the resident safely, they can take the resident back.

Bringing back a resident from a hospital that is COVID+ is different than having them become COVID+ after returning from the hospital. If they test positive after returning from the hospital, the LHJ may close the facility to new admissions and the LHJs don’t necessarily do this if the facility knowingly took back someone who was already COVID+. The difference is facility grown virus – the facility now owns it even though they may have come in with it but weren’t tested until they arrived back.

This is why testing in the hospital is important. Testing is a clarifying intervention.

When the LHJs close the facilities to admissions, it clogs the conduit from the hospital to long-term care options.

A number of hospitals are reaching acute care capacity – we can’t leave them in the hospital for a 10-14 day quarantine before transfer.

Facilities would be more incentivized and comfortable taking someone back if they had a negative test, so we would recommend testing in the hospital before transfer. This will also clear up hospitals from back up.

We should also have a discussion around the flexibility of the LHJs. A two week shutdown on admissions when there is one positive case is too restrictive and is backing up the system. Note: this may not be a universal practice – LHJ meetings to discuss

Doesn’t the patient go straight into a 14-day quarantine in the facility so why would they stop placement? RCS would only put them in stop placement if there was a blatant cohorting deficiency or something. LHJs decide on ability to admit patients.

**ACTION ITEM:** Need LHJ discussion as there is variability across LHJs – it needs to be consistent.

There is also inconsistency about one infected employee – Facilities are fighting this but they shouldn’t have to.

There are only 7 nursing facilities admitting in Snohomish County right now because of these issues.

If the hospitals are experiencing these issues with certain facilities, let WHCA know. Same for the hospitals – if the hospital has an issue in regards to transition or testing, let Zosia know.

It is crippling to facilities not to be able to take patients. Of course they want to do it safely.

There is a CMS QSO memo 20-38 that says you can knowingly take a COVID+ patient.

**ACTION ITEM:** Zosia to talk to hospitals about testing supplies to see what they have and their capacity to test. Zosia to report out at next meeting.

There are Friday calls with health officers – almost all LHJs across the state participate in these calls. There are also Thursday calls with hospitals, LHJs and NWHRN.

**ACTION ITEM:** Candy to request this topic for discussion on the Thursday, 12/2 call.

**ACTION ITEM:** Sara to coordinate next Friday’s (12/3) meeting for this topic.

**ACTION ITEM:** Add this agenda item to our 12/9 meeting for all to report out.

**COVID-19 Facilities:**

There are four nursing facilities dedicated to COVID-19+ patients:

* Pasco
* Tacoma
* Shoreline
* Seattle

As of November 23, there were 114 beds total, 93 are occupied.

For several months these ran at 50% or less capacity. Now they are almost full.

Pasco was filled after the issue in Soap Lake – these residents should hopefully be transitioning back to Soap Lake soon.

Two other SNFs have signed contracts which would add an additional 32 beds when they come online. Three other facilities are in the contracting process and 15 others are considering a contract.

Earlier this summer most patients were coming from AFHs because caregivers were sick. That and from the hospitals. Now more are coming from other SNFs with large outbreaks.

Home and Community Services Division within ALTSA is doing the contracting process for these.

**Safe Start Updates:**

We met with the Steering Committee and incorporated comments.

There is a meeting on December 15 to finalize these documents and we will have them ready to go when the restrictions are lifted.

The LHJs are meeting as a group to review the Safe Start documents for levels of activity, cohorting, progression of phases, etc.

Sara put a call out for LHJ volunteers and received interest from several but also wanted to keep the group small – there is good representation across the state. Sara also asked for county phases so we can keep track of where the counties are at.

With regard to visitation, the Governor’s Safe Start documents and proclamations – there is confusion over the support person and compassionate care. The Ombuds put out a definition of what an essential support person is but that may not be consistent with the Governor’s intent.

Governor’s guidelines: Remote and outdoor visitation is allowed OR an essential support person is allowed in the facility to visit if a resident is unable to participate in outdoor visitation and meets compassionate care criteria.

The intent behind this was to strike a balance but we want to be clear that the Governor is tightening things up reflective of the disease activity and transmission level.

**Vaccines:**

We did extend sign up for the COVID program but it will be closed soon.

DOH is shipping tests to all nursing facilities and those with memory care on Monday to test all staff four times.

DOH is hopeful they will be distributing COVID vaccines by mid-December to caregivers and residents in Tier 1.

**Strike Teams:**

We are making great progress and are finalizing logistics.

Strike teams will receive shipments of PPE to their hotels upon arrival and will hopefully get fit testing day 1 (that is the plan). They will be getting weekly Everlywell tests.

The Dear Provider Letter should come out Monday 11/30 that explains the process.