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| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **december 2, 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 reported on COVID testing in hospitals, supplies of tests etc.

* All the hospitals that responded (good mix across the state) report that they test as a normal process or at the request of the facility.
* Upon hearing these questions though, some hospitals wanted to make sure that facilities were not only relying on tests and were also doing quarantine
* No one raised an issue about shortages of testing supplies
* The hospital issue is more that they are unable to find a facility that is able to take patients and capacity at the hospitals is a concern.

John has an AFH that is having an issue with PeaceHealth related to testing. This could be the issue of one negative test vs two negative tests. Zosia to connect John with the PeaceHealth contact.

We need to figure out what the issues are with individual facilities – perhaps the hospitals can tell us who isn’t accepting patients and why? Is it a staffing issue, an LHJ stop placement issue?

This goes to the DOH regional response approach that the Ombuds suggested back in July. – there is a regular reporting mechanism utilized at the DOH regional level. .

Members can sign up for WATrac where they can see who is open and closed to admissions. If facilities use it, it will show hospitals who can admit.

Who runs WATrac? It is hosted and managed by the Dept of Health: <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyPreparedness/WATrac>.

NW Healthcare Response Network is putting together a short tutorial on how to use the system. Scott Foster at NWHRN. We believe anyone can register in WATrac but they are wanting to get the SNFs and ALFs in first.

ACTION ITEM: Sara Podczervinski was able to get time on the local health officer’s agenda this Friday 12/4 to talk about the LHJ admissions issue and she will report out at the 12/9 meeting of this group.

Sara also reached out to the CDC to see if the quarantine time is changing as publicized earlier in the week. The CDC said the current 14 day quarantine time period is required for LTC facilities but to stay tuned as it may be changing.

Hospitals need to be able to discharge. The guidance is good but may need to be more nuanced. This will be discussed at the health officer meeting on Friday 12/4.

Who is really in charge of these decisions? LHJs have the public health authority in their jurisdiction. DOH supports local public health but the LHJs are the authority over their area.

LHJs put a high value on consistency across the state and practice that as much as possible and as much as is practical. There is a lot of collaboration across the LHJs. Staffing does vary depending on the size of the LHJ but they try align as much as they can given the variables.

**Vaccine Update:**

ACTION ITEM: Kathy Bay to report out at 12/9 meeting.

More than 2100 providers have enrolled in the COVID pharmacy partnership program so far. Only 1500 between AFH and Supported Living but the CDC is extending enrollment through Friday 12/4.

Valerie Kindschy of Developmental Disabilities Administration has been tracking data for supported living enrollment and has been making calls to every agency.

Is there any more info on the early shipment? Will the pharmacy program get these at the same time? Kathy Bay to speak to this on 12/9.

40 million doses nationwide in the first delivery. First allotment to WA to be 40,000 (this means 20,000 vaccinations because everyone needs two shots).

So what is the plan?

Official consent forms don’t look very well suited for long-term care.

The vaccine has some additional review on 12/10 and 12/12. Distribution will occur after that – a week to 2 weeks after the 12/12 by tiered priority.

Side effects: shots are more painful than traditional flu shots, rash at injection site, fever.

Public ad campaigns need to start now. Effectiveness, side effects, etc. We are getting behind in raising public awareness. The news media is reaching out to us asking what we think of the vaccine.

Public Health King County has a lot of educational materials available: <https://www.kingcounty.gov/depts/health/covid-19/vaccine.aspx>

The vaccine is voluntary and if someone declines, that vaccine goes to the next person so they aren’t wasted.

There is state prioritization recommendations to DOH:

Tier 1a:

* Healthcare personnel including long-term care staff
* Long-term care residents

The 1a group far exceeds the number of vaccinations we will receive but if things go correctly, we’ll have another shipment arriving in the next week or two.

We should anticipate that this will be messy in December in terms of coordination and getting vaccinations out. We are hopeful that the pharmacies in the COVID program get the vaccines simultaneous to the other groups.

It will take footwork on the part of facilities to get everyone’s consent filled out and lay the groundwork for vaccination distribution.

We will need consistency in sub-prioritization schemes so they align statewide.

The Moderna vaccine does not require the ultra-cold storage that the Pfizer vaccine does.

There is a cross agency state vaccination committee and we need to make sure there is long-term care representation on that committee. Sabine reached out to Amber Leaders as she sits on the committee and asked her to check if we are represented.

There should also be a geriatrician and someone representing the DD population on that committee. AARP has repeatedly brought up representation of the older population in the vaccination testing, application and process for distribution.

We need education materials out now. We are reaching out to Kathy Bay who also has the DOH Communications person that she will talk to about the Comms plan. We need to be more proactive about this.

ACTION ITEM: Candy/Amy to reach out to Kathy and Greg at DOH regarding communications plan.

**Strike Teams:**

The Dear Provider letter going out today 12/2.

First strike team should be here Saturday in Tukwila. They will have PPE delivered to their hotel, will be fit tested Sunday, deployed to first locations on Monday.

Requests are made online using a rapid response form that RCS created (form can be altered if we find it could work better). An email will come in to RCS and will deploy the team to the location based on priority.

There is a three tier priority:

1. Facility is 50% COVID+
2. Less than 50% but facility is stressed for staff
3. They have enough staff at the moment but they need respite

These teams are intended to be onsite short-term (a week at a time) but if it’s obvious they are still necessary they will re-deploy for additional time onsite.

Have to ask because it will be asked: If facilities request this assistance, will it be turned into a complaint on their license? No, this is a safety net. RCS is not going onsite. We are handing it over to nurse managers. They, of course, are mandatory reporters so if they saw abuse/neglect they would report it.

There is no cost to the facility or agency to use the Rapid Response staff – we are using CARES Act funding through the end of December. Hoping that gets renewed.

Extending a huge thank you to RCS for making this happen so quickly.