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| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **december 16, 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:**

Sara Podczervinski reported out on LHJ meeting. They discussed the definition of outbreak – the goal is to provide more consistency across the LHJs about what that means.

There is an interim document under development that should come out soon that updates this definition. Sara will send this to the group when it is finalized.

Outbreak is defined as one or more long-term care facility acquired infections in a facility or two or more staff with infection who were onsite during their infection.

The timing of multiple cases/time between positives is important to understand because that determines how fast it may be spreading through a facility.

There is some discussion about informed consent and who is doing what.

Are nursing facilities obtaining informed consent before a person is discharging from the hospital to the facility so they are aware that this facility has X number of positive COVID cases? This is still being discussed. Kristen Pedersen at DOH is working on the informed consent issue.

ACTION ITEM: Follow up agenda item for 12/23 – update on LHJ admissions consistency topic – outbreak definition and informed consent discussion

This is important because it impacts nursing facilities in terms of admissions – we should not be doing anything that discourages or delays individuals from going into SNFs so long as it is safe.

On the two negative tests issue – RCS has clarified that we do not require this and did not establish it as a requirement. They should default to the CDC guidance before transfer.

If hospitals are hearing that two negative tests are required, RCS would like to know.

ACTION ITEM: Provide RCS Regional Org chart so Zosia and hospital staff can contact appropriate regional contact. Note: John Ficker provided the link in the chat during the meeting but here it is again: <https://www.dshs.wa.gov/altsa/residential-care-services/residential-care-services-offices>

Is the new definition making a difference in the hospital discharge? The definition isn’t finalized and released yet so no.

Issues impacting hospital discharge are:

* Need for additional Spring surge funding
* Challenges in getting people into AFHs (rates and communication issues)
* Inconsistency of MCOs (HCA issue that they are working on)
* Everyone is now turned their focus to vaccination

Three types of patients back up in the hospital:

1. Patients who are always difficult to place regardless of a pandemic
2. Patients who are otherwise easier to place but facilities are in stop placement or have other issues related to COVID
3. Patients who actively have COVID

How are the vaccinations going in the hospitals?

Shipments are short notice and short on communication so it’s a scramble.

ACTION ITEM: Follow up next week on vaccination distribution experience and other experiences happening with vaccination in the hospitals.

**Vaccine Update:**

Kathy Bay – rollout and prioritization

We have notified the CDC that we are activating all components of our program.

Consonas vaccinations begin on Dec 21

Walgreens and CVS on the 28th. Walgreens and CVS should be reaching out to coordinate.

What about contracted providers who visit facilities? Are they covered under the facility’s vaccination schedule? Yes, providers that aren’t “part of the facility” should be included as they visit the facility. We will provide any education we can to make sure the facilities are aware that they should include them. There is no cost to the program so it’s not like the facility has to pay an extra fee to include a contracted visiting provider. It is important that those contracted providers who travel between facilities get the same type of vaccine though – meaning if you got the Pfizer vaccine through a facility on the first round, you need to coordinate to make sure you are getting Pfizer in your second round – needs to be consistent. They also obviously need to make sure they are at the facility on the scheduled days the facility is getting the vaccination rounds.

Some facilities know they should be including these people; some do not. It is the state’s intent to include them.

We have heard CVS is not reaching out until the 28th and then they will start vaccinating 1 week to 10 days from then. Kathy Bay to follow up. This is not the contracted agreement.

ACTION ITEM: Kathy Bay to verify that both Walgreens and CVS are ready to begin actual vaccinations in facilities on Dec 28.

One of our biggest concerns is ability to stagger workers with only 3 dates and 2 rounds of vaccination – this is the sick leave/understaffed issue

And the informed consent issue – if the individual has no representative and no one can give consent. If no one can do informed consent, the vaccine may be the least of the concerns in terms of the person’s healthcare decisions. The facility should file for a guardianship. Facilities also have policies and procedures in place to address this – they should look at those first.

AFHs have this problem – it’s not a large number but AFHs don’t have attorneys to file guardianships for them.

There is no requirement in WA for consent by under the EUA there needs to be the ability to understand what you are agreeing to/have someone representing you that is acting in your interest.

We need a simple one page document, written at a 4th grade level to educate residents, staff, family members on the vaccine. It is also important to translate all materials.

The CDC is supposed to be working on something for LTC that should be more straight forward – not the medical jargon. They had said it should be ready to go by the end of the week.

ACTION ITEM: Kathy Bay will distribute it when it is posted

**Rapid Response Teams:**

All teams are assigned, covering shifts and providing care. They are very flexible and are moving amongst the need.

If you are experiencing any challenges with these teams, let RCS know. You can email our rapid response email.

**Other Updates:**

Monoclonal antibodies have arrived in WA and will be distributed to long-term care facilities on an as-needed basis. Several pharmacies are participating. It is another tool for treatment of COVID and shows to reduce the progression of COVID.