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| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **january 20, 2021**3:00PM-4:00PM |

**Review and approval of meeting minutes:**

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

**Monoclonal antibodies discussion:**

Approved for use at the end of November

Reduces symptoms of COVID-19 and reduces hospitalizations

National SPEED program – federal allocation and distribution of therapies to SNFs and ALFs nationally. Jennifer Dixon is the lead. Distributed to pharmacies and then from pharmacies to SNFs.

It is an IV that takes monitoring – 2.5 hours to administer so it takes time and staff. And staff are already stressed by workload.

Spearheaded by the Governor of Utah, they have a strike team lead by Dr. Hoffman. 4 person strike teams, RN, EMT, Fire personnel. Teams are providing access, infusion and monitoring. Facilities are very involved in patient selection. [Utah monoclonal antibody therapy information page.](https://coronavirus.utah.gov/noveltherapeutics/)

Could WA do this or something similar? Anytime a COVID positive patient does not need to be hospitalized, that’s a win for everyone. Do we have resources for this and could it happen even in other LTC settings?

Is there a period of time in which it has to be initiated to be effective? Yes, within 10 days but the earlier the better.

Pennsylvania does this too based on positive tests, they administer this as soon as possible.

Utah decided their effective date cut off was 7 days, not the full 10.

Patients cannot be significantly ill – there’s evidence that at a certain point it isn’t effective.

How many SNFs have used it in WA? The group identified about 4 facilities that had used this. Medical directors have had a hard time convincing SNFs to do it because of staff capacity.

It also has to be very carefully administered.

WHCA has distributed information on this to members as recently as this week. They also shared the readiness guidance.

There is also a national home infusion program, [Option Care](https://optioncarehealth.com/), offering it in non-LTC settings. Dr. von Preyss called Option Care but never heard back.

Avalon created a readiness checklist/guide. Utah has one as well – patient risk assessment.

If we could engage Option Care that would be the strike team we need.

Others have sent patients to infusion centers but that seems very risky regarding the spread of COVID-19 and vulnerable populations.

Does the solution require any mixing or preparation? No, it comes ready to administer. The process is: starting the IV, 2hr timeline to administer, checking vitals every 15mins. That’s the problem – it’s just too time intensive to administer – staffing issue.

Candy: We could talk to our existing Rapid Response Teams about capacity/ability to do this. They have a priority list by contract to adhere to but we can see if there is capacity for this. – ACTION ITEM.

We would just need to make sure they are fully competent in administration of this and if they could get one RN, the facility could administer the IV and the RN could take over monitoring.

Cost is $300 per infusion.

Is there a training they should take?

WHCA and LeadingAge would like to be involved so that they can distribute information to members.

**Vaccination update:**

SNFs are all done with their first clinics. All other facility types are working through first clinics. The goal is to finish the first round by Jan 31. It may be first week in February however.

Something that would help streamline the process: When facilities are filling out the Vaccination Administration Record (VAR) – if they can upload those in advance of the clinic it will go faster and ensure safety.

There have been some concerns with facilities scheduling out into February and March – CVS and Walgreens are reaching out to those facilities to try to get them done in the contracted January timeframe.

There are still a large number of facilities to go.

A list went out today of all facilities with contact information to the LHJs. This has clinic registration and completion information on it. We are also doing some work with other possible pharmacies and administrators like Fire Dept program replication and mobile teams.

ReadiMed is very active out in the community and DOH is working with them to get them out to vaccinate in Adult Family Homes.

King Co PH: Do you need contact information for the Fire station mobile team in King County? Kathy: Yes. There is also another county interested in this so we will connect them as well.

We would like to see if acute care hospitals could vaccinate patients that are discharging – the concern is that there is not follow up for their booster shot but there is a way to register them for follow up. Per Kathy: We are having conversations and talking about closing the loop on this – most hospitals have the vaccine right now. We just need validation from the CDC about patients who are not part of the plan.

Nursing facilities may be more motivated to admit.

ACTION ITEM: Kathy to talk with the hospital association about this.

We also need to think about patients in terms of their diagnosis and make sure they are appropriate for vaccination.

Hospital supplies are varied – 2nd dose connectivity is also a concern – more to come on this.

It is okay if individuals don’t meet the 3 week gap in vaccination exactly. It could be up to 3 weeks late. People should try to get their booster timely as we don’t have a lot of data on outcomes yet.

Clinic question:

A facility was told they needed new consents for second dose. Is this true? This was from Walgreens and the facility was not expecting to collect a second consent.

ACTION ITEM: Kathy to check with Walgreens on second consent issue

AFHC: Do you know how far out pharmacies are grabbing dates to reschedule to meet the January 31 deadline?

Kathy: If their first clinic is scheduled after about February 8, the facility should expect a phone call from the pharmacy to bump that up closer to the end of January to meet the federal deadline.

Another issue we will run into: Transfer between facilities. For example, Resident got Pfizer vaccine in SNF, then transferred to AFH that is just getting scheduled and will likely get Moderna vaccines – this coordination/tracking needs to be sorted out.

Is there a responsibility on the part of the vaccinating pharmacy or the transferring facility to set up the second dose?

The transferring facility would not have the authority.

There has to be good coordination.

ACTION ITEM: Coordination plan for residents who transition between facilities in between vaccinations.

**Healthy WA Roadmap to Recovery:**

Sent final drafts to the Governor’s office, Gov’s office gave us feedback and we revised and sent them back. We are waiting for final approval from the Governor’s office.

The August version of our plans is the current version for use.

Save thee dates for document overview webinars are out. These will be high level and will focus on Phase 1 overview.

1/25 and 1/28 are dates tentative pending Governor’s office approval of documents.

This guidance is distinct from Health WA Roadmap to Recovery and nothing technically needed to be changed, just distinction from regional approach – still by county and phased.

**Agenda for next meeting:**

Follow up on today’s agenda items.