|  |  |
| --- | --- |
| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **january 27, 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:**

Call with Utah. [Utah monoclonal antibody therapy information page.](https://coronavirus.utah.gov/noveltherapeutics/)

There is also a call tomorrow (1/28) with Dr. Bob Lutz who is leading the work with Jennifer Dixon. This call includes Dr. von Preyss, Dr. James Lewis, nurses from UW who have used this type of therapy on patients with cancer, Dr. Fotinos, HCA and DOH staff.

Utah received an allotment of doses and mobilized their National Guard to facilities to set up infusion suites in COVID units of facilities. They started with 6 COVID units in Utah.

We need to ask ourselves: Where is the treatment/how much do we have and how would we go about administering it?

In Supported Living, there was a 91 year old who received MA therapy and had immediate improvement within 3 days.

Utah has worked on fairness/ethical approach to who receives therapy and how it is administered.

Option care and Consonus both have these meds.

Getting patients infused is a long process with staffing barriers – facilities are saying they just can’t do it.

Dr. Heffernan has done this 3 times for Avalon – tomorrow they are planning on doing 6 more therapies. Once facilities start doing it, they see that they can do it and they get the timing, set up/checklist down and it becomes more routine.

Over 3 patients at a time gets complicated because you can get one hiccup and it throws everything off. It could turn into a 6 hour process. There can also be payment issues w/ any infusion company that comes in to the facility.

This will all be discussed on tomorrow’s call with Utah (I/28 call). We should establish next steps tomorrow. It would be good to invite someone from one of the infusion companies.

Billing and insurance issues can come up. In Utah there’s no billing because it’s all funded by the state.

ACTION ITEM: MA therapy update at next week’s meeting – Dr. von Preyss to lead.

**Infection control survey actions:**

Dr. von Preyss – as a Medical Director there seems to be citations around deficiencies that are not fact or science-based and this is concerning.

For example, a surveyor cites because the facility didn’t wipe off their face shield after each encounter with a patient.

Another example is requiring every staff person in the facility to wear an N95 mask under their face shield.

RCS wants facilities to contact them with they get a statement of deficiency (SOD) and have questions, concerns, etc.

RCS met with DOH about the face shield issues and consulted with them on practices.

If RCS has made an error then they can correct that but there has to be open communication.

If there are expectations on these practices, can we get that in a Dear Provider Letter so we can understand what they are? RCS follows CDC and DOH guidance and those are posted on the website but it is hard to remember so maybe we can put a comprehensive list together.

ACTION ITEM: RCS to refresh list of guidance we are following.

Surveyors sometimes get it wrong and there’s often nothing the facility can do to correct it. RCS should make allowances for that.

That said, a refresher list of guidance would be greatly appreciated and it should be run by the health department.

During survey, for certain things it should be said that this isn’t best practice but not be so quick to cite on issues that have differing scientific opinions.

Dr. Heffernan: COVID has made us more aware of how critical the long-term care system is in our overall healthcare system. The nursing facility system has shown what an essential release valve they are for the hospitals. That said, some of the Immediate Jeopardies (IJs) are impacting the valve. We want RCS here, we want to follow the rules. We should just think about what things are deserving of citations and which can be best practices with follow up.

Sara sent a link with overview of CDC guidance: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-InfectionPreventionCDCGuidanceCatalog.pdf>

RCS does have an obligation to follow regulatory guidelines. RCS could provide a summary of enforcement actions we take.

ACTION ITEM: Provide data on citations to the group

Senate Bill 5294 sets out guidance for a lot of this.

**Vaccine Update:**

Kathy Bay is unavailable today.

There is a Tuesday call.

Candy Goehring:

All nursing facilities as of Jan 23 had their first clinic. All other facilities scheduled – AFHC contests this statement.

Also massive phone calling effort – DOH is providing RCS with the script to start tomorrow (1/28).

AFHC:

3,400 AFHs in the state; 1,300 registered in the federal program. 800 unregistered in King County that could take advantage of the Fire Dept

1,300 homes are not part of any program.

Large swaths of the state that we don’t have resources for. Providers are being de-prioritized.

There are part of King County that have gaps.

The 1,300 that are registered are being told they won’t be served in first clinics until all NFs and ALFs are served.

That is not consistent with the pharmacy contract.

John has sent out info to the Fire Dept and other areas.

Fire districts have special travel coolers to store vaccinations.

If there was a checklist of supplies that DOH could make available to local fire districts that might make it more appealing to do this.

The supply is short. – For example they can’t get more coolers.

Calls are going out to AFHs that are not registered; if they say Yes, they are registered, we cross them off the list. If no, the home will be forwarded a list of resources.

Can home health providers provide the vaccine? No, they had a list of barriers: liability, insurance, etc.

Can hospitals vaccinate in pre-transition? Can LTC pharmacies be vaccinators? Consonus is already doing it.

Nurse delegators can do it if they are supplied with the supplies.

Elena:

Feds are working on post clinic plan for LTC with the CDC. The hold up is getting approved through leadership. Plan is to use LTC pharmacies – thousands of pharmacies and the list will be publicly posted. This should provide relief to LTC facilities. The release date is Feb 15.

Kathy Bay is setting up a meeting to talk about hospital transition and vaccination.

ReadiMed is now a qualified provider for AFHs. Any AFH household member who lives in the home and is over age 18 can be vaccinated.

Betty – DD clients who don’t live in residential settings – advice on how we can get them vaccinated as they are a high risk population. RCS will forward that question to DOH.

If they are part of a multigenerational household or if they work in a certain setting they could be in Tier 2. They should use the Phase Finder to see if they are eligible. Contact for DOH is Michele.Roberts@doh.wa.gov.

**Safe Start Plan Update:**

Newer version of the Safe Start Plans will go out February 1.

Dear Provider Letter will go out with this announcement and training webinars offered 1/28 at 3pm and 1/29 at 1pm. The ALTSA website has also been updated with the new documents.

**Agenda for next meeting:**

Follow up on today’s agenda items.