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| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **FEBRUARY 10, 2021**  3:00PM-4:00PM |

**Review and approval of meeting minutes:**

* Reviewed meeting minutes from last two meetings – Approved and Seconded.

**Monoclonal antibodies (MA therapy) discussion:**

Mike Anbesse reported on follow up meeting with Bill Moss to discuss potential use of rapid response teams and available funding. Whether we can bill Medicare codes, etc.

It’s about $310 per infusion.

There are currently about 2800 doses a month available and WA currently isn’t using them all. The funding and what coding to bill is the main issue.

Question from Dr. von Preyss to AFHC: What do you think the uptick would be in Adult Family Homes? Per John, many COVID patients are transferred out of the AFH to a SNF so the impact seems like it would be small. If an AFH wants to do the after care and is confident they can do it, of course we would want the resident to be able to stay in their home to receive their treatment and aftercare and not have to leave the AFH. AFH’s do not necessarily have a nurse onsite so it would depend on the AFH and the available resources. Would be about communicating with the AFH about what they are capable and comfortable with. Again, if they feel they are able to do it, we would want to explore that with them and make sure there is a clear plan.

Supported Living feels similarly to AFH on this. The strike team model would work for Supported Living. It needs to come from the facility upward though. They know what they are capable of and what their needs are.

About 15% of SL clients have tested COVID positive over the last 11 mos. Only about 10% of SL clients overall have nursing services support.

Similarly, Assisted Living Facility residents may or may not have a nurse involved in their care.

After the rapid response team leaves, there would have to be a protocol in place in terms of the hand off and after care because the facilities and homes don’t necessarily know how to do this.

Will the LHJ be engaged in this?

Establishing who trips the trigger to initiate rapid response is important and they’d have to know basic eligibility for the therapy. And then who confirms eligibility?

Outside of the nursing facility, wouldn’t the patient’s provider have to order the treatment? It’s not just a standing order. It would have to be ordered by the attending physician.

In Utah, the strike team does it.

The screening criteria is pretty straight forward.

Important to note that in WA, our rapid response teams do not include a physician or ARNP.

Utah has 6 facilities that admit patients for MA who can’t get it through their home/facility.

We could do this in our COVID facilities in WA as an alternative to “treatment in place”.

Has there been any discussion with facilities with COVID units about this?

Yes, facilities are willing to do it, especially if the team is coming to administer it.

The facility would still go through their normal screening process for admission to ensure they can care of the patient (things like behavioral health needs, etc).

Seems the nursing facility is a good base and if possible, it could be appropriately administered in ALF, AFH and SL. And if facilities can’t do it, they can use a COVID unit/COVID facility.

It would make sense to reach out to medical directors in those facilities with COVID units to make sure they are all on board.

In summary:

Rapid response team in SNF to administer unless appropriate in resident’s own facility/home.

Requires a medication order from physician or ARNP.

We need an assessment tool or screening tool we can distribute.

Keep topic on the agenda. Mike Anbesse and Dr. von Preyss to open discussion at next meeting.

**Vaccine Update:**

Kathy Bay was not able to attend today’s meeting.

Amy Abbott began summary update:

Finished first dose at all skilled nursing facilities in WA. Some have also finished 2nd dose or second dose is scheduled. Some have 3rd and 4th clinic scheduled.

All ALFs are very close to completion on 1st clinic.

AFH: still some struggles to get CVS/Walgreens to schedule in February.

RCS has been reaching out to AFHs in Spokane County that are not enrolled in the federal program.

John: 1300 of the 3400 homes are in the federal program. Some are still scheduled in March. Kathy is still working on getting those moved to February.

Very few LTC pharmacies are able to service AFHs.

Per Amy: RCS has gotten ahold of a large portion of the list they needed to call. They have gotten a few wrong numbers and full voicemails and have reported the wrong numbers to DOH. RCS will send license numbers of wrong numbers to John as he indicated he may have an alternative contact number or email for the home.

For King Co. every part of the county is now covered by either Fire district or public health mobile team. They have 10-12 mobile teams. They are looking for gaps in access. Maureen reported that she is working on a list of homes in King County that have had vaccines. Maureen will send that list to Kathy at DOH so we are all working off the same list.

In a few weeks, RCS will call every home to verify that homes received their clinic or are scheduled.

It was reported that some homes are turning down the option for vaccination. Those should be forwarded to DOH and RCS for follow up. Kathy Bay had indicated she wanted to talk with those homes and provide additional education about the vaccine. RCS will need to confirm that residents in those homes have their choices honored about vaccination/exercising their rights.

There are pockets of the state where RCS is calling and getting more homes declining vaccination or hesitancy. RCS will be circling back on those homes.

Supported Living: King Co is looking like 80-90% with residents accepting the vaccine. Staff acceptance is a bit lower. It’s about a 20% difference in consent between the east side and west side of the mountains. Many are in a “wait and see” mode and if they wait too long there is concern they will be on the 3rd clinic.

Dr. von Preyss shared CDC guidance and resources.

WSHA brought up a concern with some B1 category homebound patients in Pomeroy, WA.

Response: Email [COVID.vaccine@doh.wa.gov](mailto:COVID.vaccine@doh.wa.gov) and ask them how these individuals can get vaccinated – they may have ideas for resources in that area.

King County is working on plans and working with UW to perhaps get med and nursing students to administer vaccinations.

Dr. von Preyss: We would like to see patients who transition from the acute care hospital get one dose of the vaccination before they leave. Where are we at with that issue?

WSHA: We are working with the hospitals and still looking into this. Some hospitals report that they are able to do it – this is still an active item on WSHA’s to do list. Learning from hospitals that are able to do it. Availability of vaccines is the main issue.

Even 1 dose is reported to give a 52% reduction in infection after 2 weeks.

There is a repository for immunization info and we could teach the hospitals to use it to track who received a vaccination before transition, when their next one is due, etc. WAYS System?

**Safe Start Plans:**

These have been in effect for about a week and a half.

RCS has been getting email questions and they have been fixing a few awkward wording issues.

ALTSA’s Communications Team created one-page documents regarding compassionate care and essential support people that providers will be able to hand out to residents and families. RCS fixed a few wording issues with those but they are now posted on our website: <https://www.dshs.wa.gov/altsa/residential-care-services/safe-start-long-term-care-plan>. We will also be sending out a Dear Provider letter on those documents.

RCS is finishing the last of the answers to the webinar questions and will get those out soon.

**Agenda for next meeting:**

Follow up on today’s agenda items.