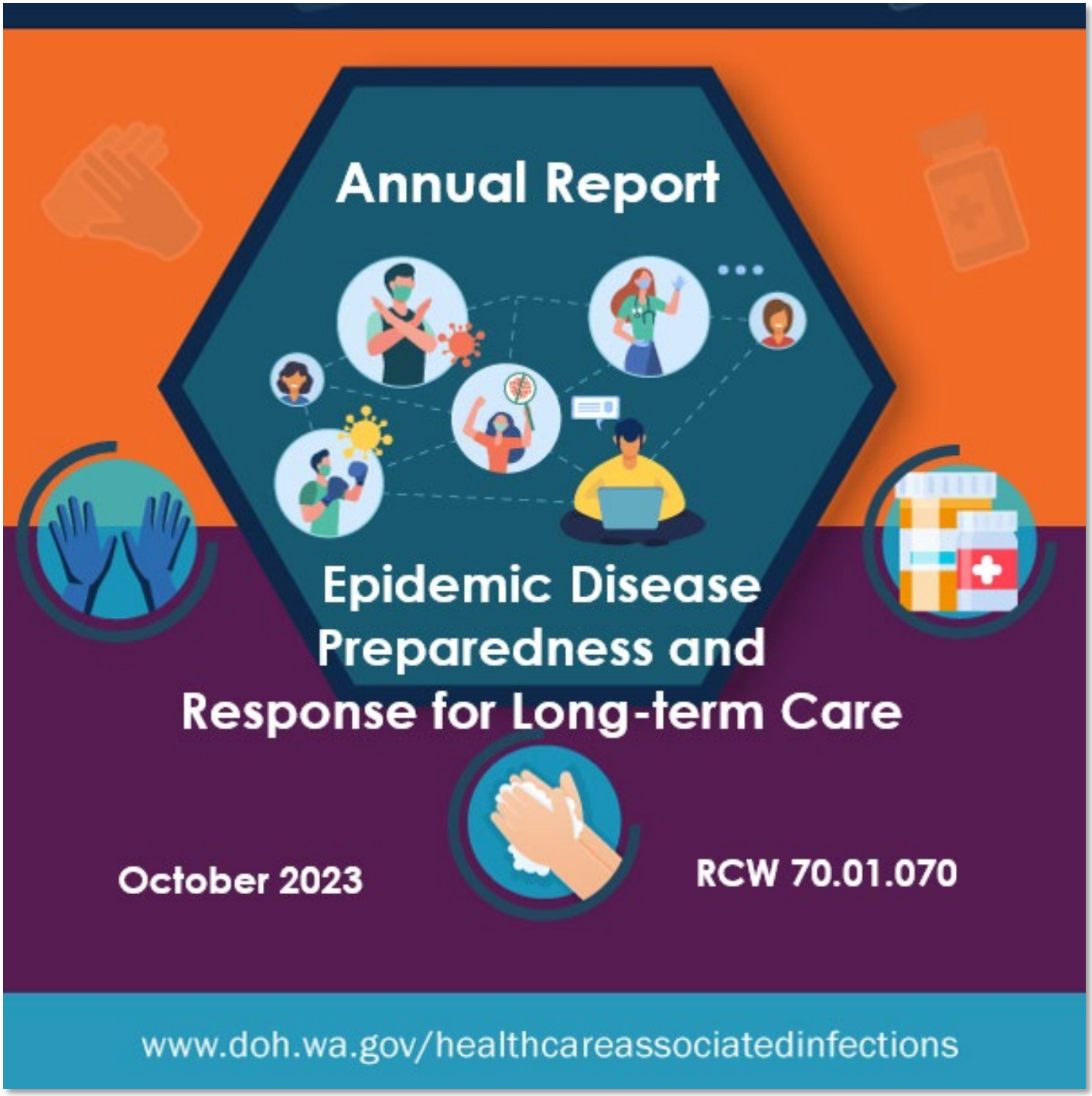
Report to the Legislature



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Washington State Department of Social and Health Services (DSHS) and
Washington State Department of Health (DOH)

Washington State Department of Social & Health Services

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Executive Summary

On May 3, 2021, the legislature adopted Substitute House Bill 1218, Chapter 159, Laws of 2021, to improve the health, safety, and quality of life for residents and clients in certified and licensed long-term care (LTC) settings. This legislation requires the Department of Health (DOH) and the Department of Social and Health Services (DSHS), with input from key partners, to develop a joint report and guidelines on epidemic disease preparedness and response for LTC settings. The first interim report and LTC guidelines were provided to the legislature in January, 2022. Updates were made to the interim report and a final report and updated guidelines were provided to the legislature in August 2022.

Substitute House Bill 1218, Section 30, codified as RCW 70.01.070, requires DOH and DSHS to annually review the jointly prepared report and guidelines. RCW 70.01.070 instructs DOH and DSHS to make any necessary changes regarding COVID-19, add new information about any emerging epidemic of public health concerns, and provide any statutory recommendations to the health care committees of the legislature.

In response to the ongoing challenges posed by the COVID-19 pandemic and other emerging epidemics of public health concern, a series of proactive measures have been instituted to support the resilience of long-term care facilities. Recognizing the need for improved communication and coordination, a monthly meeting has been implemented to facilitate timely updates and information sharing among long-term care stakeholders. Furthermore, guidelines and resources pertaining to infection prevention and control emergency preparedness have undergone regular updates to align with evolving public health infection prevention and control scenarios.

The conclusion of the public health emergency (PHE) has impacted the availability of various resources for long-term care facilities. Despite these changes, the ongoing challenge of procuring personal protective equipment (PPE) persists. Additionally, securing adequate funding for staff remains a critical concern, emphasizing the importance of continued financial support to ensure the well-being of both residents and healthcare professionals in these facilities.

Background

The legislature adopted Substitute House Bill 1218, Chapter 159, Laws of 2021, (SHB 1218) to improve the health, safety, and quality of life for residents in certified and licensed LTC settings. Section 30 of SHB 1218, codified as RCW 70.01.070, requires DOH and DSHS to jointly develop a report and guidelines on epidemic disease preparedness and response for long-term care facilities, with input and consultation from interested and affected parties, including but not limited to:

- Local health jurisdictions

- Advocates for consumers of long-term care
- Associations representing LTC facility providers
- The office of the state long-term care ombuds

RCW 70.01.070 directed DOH and DSHS to develop a report and guidelines on the following timeline:

- Submit a draft report and guidelines on COVID-19 to the healthcare committees of the Legislature by Dec. 1, 2021.
- Submit a final report and guidelines on COVID-19 to the Legislature by July 1, 2022.
- Beginning Dec. 1, 2022, and annually thereafter, review the report and any corresponding guidelines to make necessary changes and add information about any emerging epidemic of public health concern.

The draft report, final report, and annual updates are on the DOH Healthcare-Associated Infection and Antimicrobial Resistance (HAIAR) About Us webpage. Appendix A contains information regarding report development.

Substitute House Bill 1218, Section 19

Section 19 of SHB 1218, codified as RCW 70.129.185, requires DSHS, DOH, the LTC ombuds, and representatives of LTC facilities to work together to develop training materials for LHJs. In July 2022, DSHS hired a staff member to coordinate work on training materials. In August 2022, DOH filled the position of COVID-19 Outreach Partnership Coordinator to coordinate ongoing work for SHB 1218 to meet DOH's requirements. A subcommittee with representatives from DOH, DSHS, and the LTC Ombudsman Program was formed to discuss and prepare training materials for the LHJs.

A LTC stakeholder meeting was held on November 16, 2022, with representatives present from the LTC associations and LTC partners. The meeting was structured to gather information and experiences from stakeholders familiar with the COVID-19 pandemic response. Participants identified experience themes reflective of gaps in LHJ understanding of the LTC system. Identified themes served to inform the subcommittee where training emphasis would best be utilized. A timeline and training presentation goal date was established for spring of 2023. The training materials were jointly prepared, reviewed, and vetted by select LHJs and LTC associations prior to presentation.

On June 22, 2023, a live virtual training was made available to the 35 LHJs in the state. The training included three section topics consistent with the legislative requirement:

1. An overview of the LTC system

2. Information about LTC resident rights

3. Mandatory reporting

37 LHJ representatives attended the training with representation from 15 LHJs. The training was recorded and made available to all LHJs via the DOH Outreach and Partnership webpage.

Continued LHJ Outreach & Educational Opportunity

The DOH has implemented an effective system for ongoing communication and training through its monthly HAIAR meeting for LHJ Partners. These half-hour virtual gatherings occur on a monthly basis, uniting a diverse group of stakeholders to address HAIAR updates, share ideas/knowledge, and address concerns. These meetings have consistently drawn strong attendance from LHJs, DOH, and DSHS personnel.

Updates to the Guidelines

DOH and DSHS collaborated to create a user-friendly version of the guidelines tailored for LTC workers. Recognizing the diverse backgrounds of LTC professionals, of whom may not possess extensive healthcare training, our goal is to ensure that all types of LTC workers feel empowered to grasp and implement epidemic preparedness measures.

This simplified version incorporates clear definitions, practical tips, easily understandable language, and visual aids. In the 2023 annual review, we made some minor updates to further enhance the plain talk guidelines. These revisions encoumpassed the inclusion of a concise definition of COVID-19, the incorporation of the eighth component of the Center for Disease Control's (CDC) Standard Precautions guidance, updated to web links, an addional bullet point providing language regarding the implementation of respiratory protection programs (RPP) for respirator use and employee safey within the employee health section, as well as some minor formatting adjustments.

COVID-19

On May 12, 2023, the National COVID-19 Public Health Emergency (PHE) declaration ended. The end of the PHE changed access to many resources still needed in LTC settings as they continue to respond to ongoing COVID-19 disease.

Resource Needs

The PHE assisted to provided federal funding supplement for public access to COVID-19 testing, surveillance, treatment, and vaccines. DOH utilized the PHE funding to provide direct supplement for LTC program needs through infection prevention and control educational outreach, LTC vaccine clinics, and testing and Personal Protective Equipment (PPE) supplies for LTC facilities. Funding for these resources remains problematic. LTC providers are required to shoulder additional costs created by ongoing COVID-19 disease activity. Access to PPE supplies via private business acquisition remains difficult to obtain for many providers. This report echoes reporting of previously identified gaps discovered in both the 2021 and 2022 reports.

Staffing

COVID-19 worsened the staffing shortages LTC facilities already faced. It is not uncommon for LTC staff to work across multiple supported living agencies and LTC facilities. Existing staffing challenges and stop-gaps, like floating between facilities, supplied COVID-19 with an opportunity to spread quickly through the LTC system. This led to a feedback loop that further destabilized the workforce. Staffing shortages create ripple effects across LTC facilities and hospital systems. Hospital systems, facing their own staffing shortages, transfer patients to LTC settings as quickly as is appropriate. However, some LTC facilities cannot admit new residents due to staffing shortages, even if beds are available. These delays create hospital backlogs, taking hospital beds away from others who may need them. The LTC system needs a stable workforce. Workgroup participants in 2021 identified the following needs related to staffing:

- It is indicated that continued funding is critical to retaining staff and improving wages.
- Additional support to provide rest and time off to staff, and to fill in the gaps left by staffing shortages.
- Behavioral health services are needed to help staff with resilience and recovery.

The 2021 workgroup participants reported programs like the Rapid Response Crisis Staffing teams deployed by DSHS have been extremely helpful throughout the pandemic. The availability of Rapid Response Crisis staffing is slated to end May 2024. There is currently no alternative stop gap measure proposed.

Emergency Preparedness

LTC facilities exhibit varying levels of proficiency in emergency preparedness and planning. Many LTC providers learned what resources their facility would need for an infectious disease like COVID-19 during the pandemic. This report discusses three identified areas where limited

access due to funding reduction and other systemic issues continue to create hardship for LTC providers.

Goods and Services

PPE

- Washington distributed more than 269 million pieces of PPE from the state stockpile between March 2020 and October 2021, including 35 million respirator masks, 147 million gloves, and 8 million gowns. This support proved critical in the safe management of the COVID-19 pandemic.
- Many LTC providers such as Adult Family Homes, are small businesses. These businesses do not have access to bulk suppliers of PPE like larger LTC corporations or hospitals. Cost continues to remain a prohibitive factor in acquisition and maintenance of sufficient PPE supplies for outbreak preparedness.
- LHJs have identified limited ability to support and supply LTC providers with PPE.
- Recommendations:
  - Development of creative solutions alongside regulatory solutions, such as a system to coordinated bulk purchases divided among participating LTC providers.
  - Creating a streamlined process for access to governmental stocks of PPE through emergency management because the process varies by county and is not always intuitive.
- Rapid distribution of testing resources. For future epidemic planning, workgroup participants noted producing and distributing rapid tests as quickly as possible will be critical to early outbreak identification.

Testing Supplies

- Ongoing access to COVID-19 testing remains critical for early detection and disease response.
- Federal and state governments ended free access to rapid antigen (at home) testing supplies when the PHE ended.
- LTC providers incur additional costs when purchasing test kits. The CDC national standard testing strategy recommends the use of up to three test kits per LTC resident/staff member in surveillance guidance.
- Public free testing sites closed with PHE end.
- There remains a lack of understanding among LTC providers regarding the need for a CLIA waiver to conduct at home COVID-19 testing on staff and residents. More education is needed as this is a Centers for Medicare and Medicaid Services (CMS) requirement.
- Recommendations:

- Advocate for state and local emergency management to prioritize distribution of testing support and supplies to LTC settings.

Treatment and Vaccine Access

- Effective vaccines and treatments require constant efforts to adapt to emerging variants.
- LTC residents may face barriers in accessing local pharmacies or clinics, often due to mobility issues, transportation limitations, and related challenges.
- The pace of vaccine uptake has been hindered by pandemic fatigue and limited availability.

Emerging Epidemics of Public Health Concern

An emerging epidemic of public health concern is an epidemic or outbreak of a pathogen with the potential to cause increased illness and death. Long-term care providers should be aware of emerging epidemics. Awareness of emerging epidemics gives providers time to learn the symptoms, plan any necessary precautions, and train staff.

C auris

Candida auris (C. auris) is a type of yeast that can cause severe illness and spreads easily among patients in healthcare facilities. It is often resistant to antifungal treatments, which means that the medications that are designed to kill the fungus and stop infections do not work. C. auris can cause a variety of infections including skin, wound, and blood stream infections, and more than 1/3rd of infections are fatal. Centers for Disease Control and Prevention considers C. auris an emerging pathogen because of increasing numbers of infections in multiple countries, and large healthcare outbreaks in the US, since it was first identified in 2009 in Japan. The first locally acquired case in Washington was identified in July 2023.

RSV

Respiratory Syncytial Virus (RSV) is a contagious respiratory virus that can affect older adults. People who are 60 years of age or older and have weak immune systems, chronic medical conditions, or live in nursing homes or other medical facilities are at higher risk for severe RSV illness. RSV is not a notifiable condition in most states, including Washington. However, Each year, it is estimated that between 60,000–120,000 older adults in the United States are hospitalized and 6,000–10,000 of them die due to RSV infection.

Statutory Recommendations

There are no statutory change recommendations included in the 2023 report.

Conclusion

The LTC community faced significant challenges during the COVID-19 pandemic. DOH and DSHS worked with LTC community members to understand barriers and challenges, and to identify lessons learned, best practices, and future needs. Ongoing education and support will remain necessary for future emergency preparedness as new public health concerns emerge. DOH and DSHS will continue to work with LTC community members to update the epidemic disease preparedness and response guidelines developed because of SHB 1218. Through this collaboration we will support LTC preparedness for future epidemics, resulting in improved health, safety, and quality of life for all members of the LTC community.

Appendices

Appendix A

Methodology

DOH and DSHS convened a workgroup with representatives from advocacy organizations, professional associations, health care coalitions, local health jurisdictions (LHJs), the state long-term care ombuds, state government, long-term care consumers, and other interested parties. The group held six virtual meetings from July through September 2021 to share experiences and lessons learned during the COVID-19 pandemic. To gather more information, we conducted individual interviews and small group discussions with workgroup participants. The workgroup reconvened in early 2022, to collaborate on the guidelines and address other responsibilities listed in RCW 70.01.070. We used these discussions to develop the reports and guidelines. Workgroup participants actively engaged in the process. Finding lessons learned, however, was less clear-cut than expected. COVID-19 poses significant challenges with frequent, new variants followed by new waves of infections. Identifying lessons learned from COVID-19 will be an ongoing process as the pandemic and associated response evolve.

Public Health System

Washington has a decentralized governmental public health system characterized by local control and partnerships. State law gives primary responsibility for the health and safety of Washingtonians to 35 local health jurisdictions that represent Washington's 39 counties. Each county legislative authority sets up a local board of health that "shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction." Elected officials and non-elected members of the public make-up each board of health. Local boards of health approve the budgets, programs, and policies of local public health agencies.

Long-term Care System

Washington's LTC system is a complex system designed to enable vulnerable adults and medically fragile children to meet their physical, mental, and social needs, goals, and preferences. The Legislature declared residents in LTC facilities "should have a safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible." LTC settings include a variety of facility-based and homebased services. DSHS and the Centers for Medicare and Medicaid Services are the primary regulators for LTC facilities. For the purposes of the epidemic preparedness report and guidelines, LTC facilities means:

- Licensed skilled nursing facilities.
- Assisted living facilities.
- Adult family homes.
- Enhanced services facilities.
- Certified community residential services and supports.
- Registered continuing care retirement communities.
- Intermediate care facilities for individuals with intellectual disabilities.

Identified Needs

In 2020 and 2021, we gathered and organized comments from workgroup participants. We looked for future best practices and lessons learned associated with each focus area in RCW 70.01.070. We also discussed some overarching needs with participants. The original discussion of lessons learned and identified needs can be found in the January 2022 interim report. The annual report highlights ongoing needs related to epidemic preparedness and the LTC system.

Appendix B

List of SHB 1218 Workgroup Members

Christa Arguinchona, Providence Sacred Heart Medical Center
Sandra Assasnik, Washington State Hospital Association
Heidi Audette, Department of Veterans Affairs
Doris Barret, Developmental Disabilities Administration
Sharla Bode, Washington Home Care Association
Carolyn Cartwright, REDi Healthcare Coalition
Harp Cheema, Whatcom County Health Department
Kim Conner, Washington State Independent Living Council
Karen Cordero, Adult Family Home Council
Robin Dale, Washington Health Care Association
Julietta Davidson, Developmental Disabilities Administration
Leslie Emerick, Washington State Hospice & Palliative Care Organization
Linda Fairbank, Department of Veterans Affairs
John Ficker, Adult Family Home Council
Brad Forbes, Alzheimer's Association
Amy Freeman, LTC Ombuds
Alan Frey, Kitsap Home Care Services
Donna Goodwin, Home Care Association of WA
Amal Grabinski, Provail Supported Living
Peter Graham, DSHS Aging and Long-term Support Administration
Saif Hakim, Developmental Disabilities Administration
Kelly Hampton, Developmental Disabilities Administration
Barb Hansen, Washington State Hospice & Palliative Care Organization
Chad Higman, Puget Sound Regional Services
Laura Hofmann, LeadingAge WA
Todd Holloway, Center for Independence
Patricia Hunter, LTC Ombuds
Angeles Ize, Benton-Franklin Health District
Jacqueline Kinley, Unified Care Systems
James Lewis, Public Health Seattle-King County
Larissa Lewis, previously WA DOH now WA LNI
Scott Livengood, Alpha Supported Living
Danielle Love, Whatcom County Health Department
Cathy Maccaul, AARP
Elena Madrid, Washington Health Care Association
Barbara McMullen, State Fire Marshal's Office
Vicki McNealley, Washington Health Care Association

Dylan Montgomery, State Fire Marshal's Office
Deb Murphy, LeadingAge WA
Dana Nguyen, Clark County Public Health
Travis Nichols, WA DOH
Jeremy Norden-Paul, Washington State Developmental Disabilities Council
Alyssa Odegaard, LeadingAge WA
Susan Pelaez, Northwest Healthcare Response Network
Sara Podczervinski, WA DOH
Cassie Prather, Spokane Regional Health District
Drew Pratt, Spokane Regional Health District
Sabine Preyss, Washington Society for Post-Acute and Long-Term Care Medicine
Aaron Resnick, Northwest Healthcare Response Network
Lisa Robbe, Developmental Disability Ombuds
Betty Schwieterman, Developmental Disability Ombuds
Katherine Seibel, National Alliance on Mental Illness
Noah Seidel, Developmental Disability Ombuds
Brianna Smith, Comagine Health
Melanie Smith, LTC Ombuds
Lauri St. Ours, Washington Health Care Association
Christina Wells, Developmental Disabilities Administration
Annette, LTC resident
Judah, Resident family member
Julia, LTC resident
Katrina, Resident family member
Randi, LTC resident
Susan, LTC resident


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