



Due to the Covid-19 outbreak, no in-person meeting

***** There will be presentations *****

If you are unable to attend please have a delegate attend in your absence

MISSION

To improve safety for patients receiving health care in Washington, in all care settings.

VISION

Safe care: every patient, every time, everywhere.

GOALS:

- Facilitate the exchange of information about best practices relative to patient safety.
- Disseminate new knowledge and new practices.
- Support coordinated/collaborative efforts and new partnerships.
- Raise awareness of the need for safe practices.

Agenda

8:30 Announcements:

- Patient story, UW COVID-19 efforts Jessica Yanny-Moody, 10 min
 - No specific stories prepared-
 - Give an update on what's going on with COVID19
 - Steady rise in Patients, working to relocate staff
 - Expand units to increase amount of ICU beds
 - Doofficers (*unsure of spelling*)- charged with checklist and as people put on and take off PPE, they ensure that it is put on correctly and taken off correctly and hands are washed.
 - Safety efforts in place to ensure decontaminating is done correctly
 - Stricter restrictions around when PPE is needed and not needed
 - Healthcare will be in a different word post COVID19
 - UW has beefed up their peer support program
 - Daily trainings and virtual debriefs
 - Lot of clinicians on frontline utilizing this support
 - Starting to feel confident in ability to provide care for COVID19 patients coming in
 - Childcare for Staff
 - Set up website where UW staff and contact one another for "childcare pooling",
 - Coordination between neighborhood clinics and hospital locations
 - Working hard to get virtual appointments set up and tying into plans everywhere as fast as possible
 - Directing patients to call nurse line if symptoms
 - Life threatening symptoms to go to ER
 - ER is hotbed for this so really trying to keep people away unless they have life threatening symptoms
 - Stay home and call nurse line and they will direct you from there
 - How are supplies?

- Low- working with CDC and DOH to determine new guidelines for use and have tapped into National Resources though still waiting to get them
 - Hand Sanitizer has disappeared, and pharmacy is working on compounding and creating own hand sanitizer
 - Now on very strict supply and demand schedule
- Jeff Rochon- Hand Sanitizer FDA Recommendations and specific formulations for compounding sanitizer that would be useful
- Member spotlight – Karen Brigham- CAI, 5 min
 - Differed to future meeting

8:45 Action items:

- Approve January minutes – Cat Mazzawy
 - Moved to Approved
 - Seconded
 - Minutes Approved
- Conference decision – Steve Levy
 - Committee voted on a recommendation to cancel the conference for May 11th as it currently stands
 - Possible alternative options include: possibly rescheduling, different format (virtual), etc.. Planning Committee meeting again at the end of March to determine what will happen
 - Moved to Cancel, Seconded, Motion Approved
 - WSMA provided the suggestion of – WPSC keeping registration money as “price guarantee” for next conference to registrants

9:00 CMS COVID-19 Update: Nancy Fisher, Centers for Medicare & Medicaid, Chief Medical Officer, Regions 8,9,10, Denver, San Francisco, Seattle will talk about CMS’s response to COVID-19 and provide advice to us.

- CMS has waived copay for Medicaid patient testing,
 - Regence is putting out new information about what they are waiving for patients and Anthem has already released what they are doing
 - King County medical Society put announcement out
- Telling people to go to COVID 19 website’s: CDC, CMS.gov, Medicare.gov; coronavirus.gov
- Call before going to ER or physician’s office
- Relaxation of telehealth-
 - Can be done now from any place- not just clinicians office
 - For all types of medical facilities includes hospitals, medical and FQHC clinics, Critical access and rural health clinics
 - Releasing information about reimbursement polices
 - Emergency waivers for Skilled nursing facilities transfer to free up hospital beds
 - Can relocate patients to acute bed unit
 - Easier for home health agencies to report
 - Temporarily waived restriction on out of state providers providing services in another state (Medicare and Medicaid) working on with each individual state
 - Telehealth is being expanded through 11-13 waiver; CMS will put out letter to clinicians on how to do that
 - Everything is dependent on states laws for nurse practitioners
 - Highly recommend CDC Website as lead agency for this
 - Nancy.fisher@cms.hhs.gov

9:20 Author Presentation: Robin Shapiro, Washington State Health Advocacy Association

Robin will discuss her book “The Secret Language of Healthcare: How To Ask For the Care You Deserve”. The inspiration for this book was the many people she met who had compelling, life-changing experiences as they navigated or helped others navigate health care decision-making.

- Differed to future meeting

9:30 Discussion and action items:

- Sharing your COVID -19 efforts and needs- how can we support each other? – Cat Mazzawy
- How can the WPSC support our members during the COVID-19 pandemic? – Cat Mazzawy
 - **WSHA:** has had ears to the ground with its members to understand greatest challenges and is working closely with DOH to elevate restrictions that are burdensome and connecting to American Hospital Association at national level.
 - Hoping to leverage national decisions at state level
 - Daily COVID huddle with opportunity to share what they're hearing from members
 - At end of day an email gets sent out to hospital' CEOs about what has emerged from the day to help elevate concerns
 - This week they started a weekly webinar for clinical leaders on Tuesday's at 11AM for: nursing, medical officers and quality leaders.
 - Collaboration between WSHA and DOH
 - Taking efforts to coordinate and standardize responses
 - Updating isolation precaution signage
 - Coordinating visitor policy and creating standard recommendations across hospitals
 - Participation in Washington Healthcare Forum workgroups surrounding supply chain, staffing contingency plans, testing protocols
 - Safety and quality team to help hospitals with implementing recommendations
 - **WSMA:** using telehealth and looking at payments and processes, supplies in medical groups and testing ability
 - Increased care for the caregiver information and support
 - Really trying to keep the workforce's mental health in mind
 - Partners with EAPS and just in time support
 - Childcare
 - Advocacy how to create change at the state level
 - Pushing information out via email communication and website around:
 - PNW Honoring choices- enhancing communication skills to end of life care for patients and caregivers
 - Dr. Tony Boch- communication guide on website
 - PSA videos- delivered in plain language as “what your Dr. Wants you to know- getting as many questions answered as possible”
 - Lot of infographics as well to push out to general public
 - **WSNA:** Providing a lot of education at the bedside
 - Information on website and Q&A
 - Helping nurses understand exposure and what to do next
 - Working to solidify connection to those who may have been exposed and what to do and how to know
 - **BETA Healthcare:** Has anyone had or heard about issues with: hosting temporary Childcare, use of health profession students to expand surge capacity – specifically the ethics of that and patient/student safety implications; communicating to patients exposure by provider or nurse; policies related to home visits or hospice;
 - Have heard of some places doing do it yourself telehealth
 - nurses using facetime from nurse station vs. Going into rooms
 - Providers have decided they will do this and are their risk management considerations to take into account?
 - Limited to things where they don't need to send someone in to do hands on work. Get patients personal cell phone number and call into room to check on them.
 - **SWEDISH:** deploying Patient Safety Officers across campuses to do rounding focused on listening to staff for safety concerns re: what needs to be escalated. Telephone huddle in afternoon to see common threads across campuses or isolated needs and escalate those issues. Combine care for the caregiver with that.

- Now until we peak; extra help in labor pool and will do some Just In time training so additional staff can begin to round with Patient Safety Officer to cover more ground and escalate issues faster
 - **POLYCLINIC:** Since they are an outpatient organization, they are doing all the things people have talked about-
 - Moving to telehealth; stopped elective procedures to redeploy staff; screeners and greeters at all entries of location asking questions.
 - Providing stipends so people can pay for childcare; does not need to be licensed childcare provider- it can be handwritten note and they will provide financial stipend.
 - Daily huddles and emails to update on numbers and initiatives put in place.
 - **KAISER PERMANENTE:** doing a lot of the same things;
 - Rounding facilities- event reporting gone- due to stress and anxiety around this.. Greeters everywhere; 70% virtual
 - **CONFLUENCE Health:** Are people getting a sense of testing availability and timeliness? Had to suspend drive through testing because running low on test kits.
 - Hasn't changed in past few days
 - **WHCA:** Elena- testing is a huge issue; residents can't leave and no lab or access to testing on routine basis. Lack of availability and guidance. Lack of availability for staff in facilities 24 communities with positive COVID.
 - Is there something other systems can do to support LTC?
 - Need to take admissions and keep beds open and not clog up health care system; hard with lack of PPE, even in non-positive COVID facilities there is a lack of available staff.
 - Accessing emergency supply with tier system; facilities that are struggling to even have gloves along with gowns and masks. Dire crisis with staffing and PPE – working with CMS and DSHS, DOH, on waivers to training and staffing, payment and reimbursement help in some ways
- **Understanding that everyone is in it together; people are exhausted right now and running low on patience and equipment/supplies- Practice Kindness with each other**

9:50 Other business, next steps

- Review of action items
- May 15th meeting member spotlight (Karen Brigham) and patient story (Karen Birmingham)
 - Robin to present in May

Move forward with cancelling conference on May 11th; look at alternative ways

Capture resources provided and distribute to Steering committee

10:00 Adjourn