



Washington State  
Hospital Association



# WSHA COVID-19 Member Call with State Leaders

November 30, 2020

# Agenda

**Vaccine Update – SheAnne Allen, DOH**

**Epi Report – Dr. Kathy Lofy, DOH**

**Governor’s Proclamation – Taya Briley, WSHA**

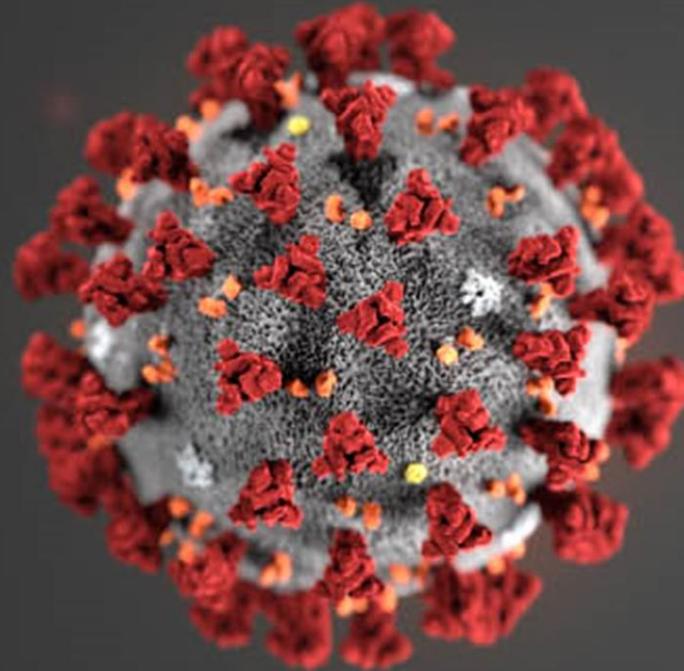
**Senate Health and Long-Term Care Committee Presentation – Chelene Whiteaker, WSHA**

**Long Term Care and Difficult to Discharge Patients – Zosia Stanley, WSHA, Bill Moss, DSHS, and Bea Rector, DSHS**

# Vaccine Update

SheAnne Allen, DOH

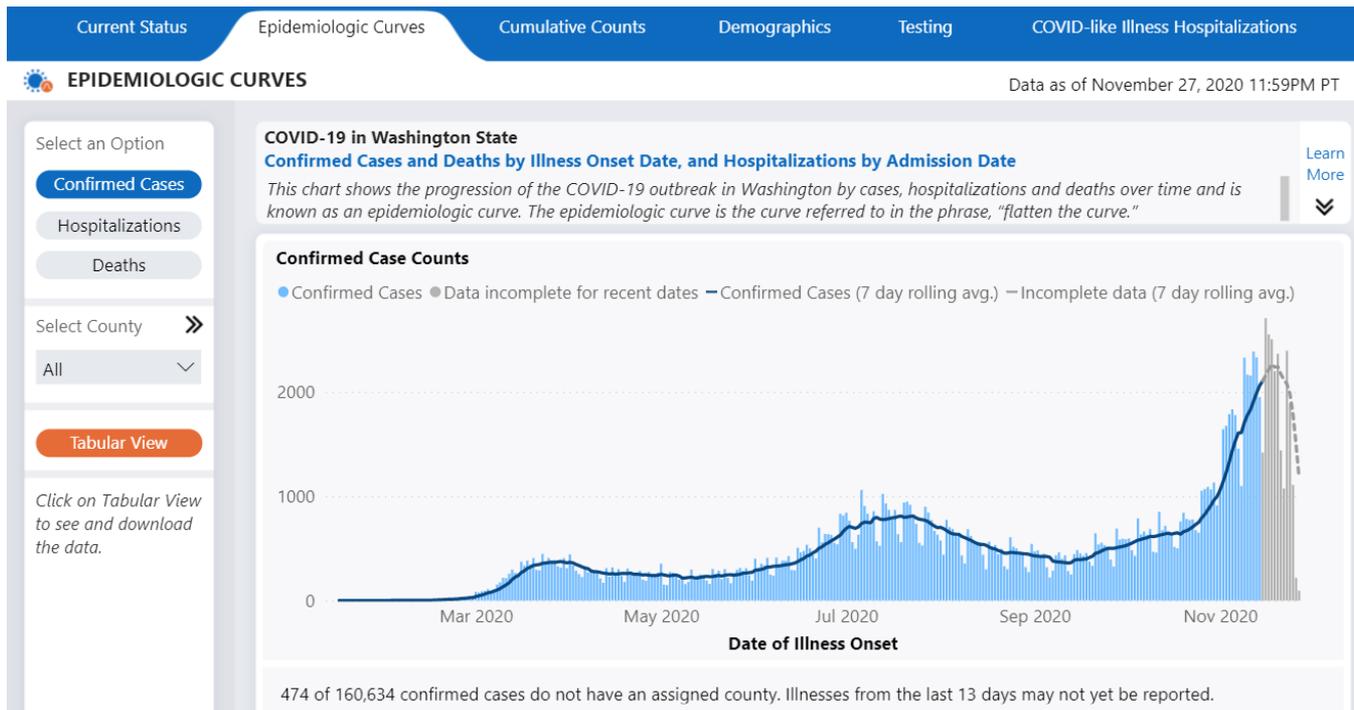




COVID-19 Vaccine Update - WSHA  
November 29, 2020

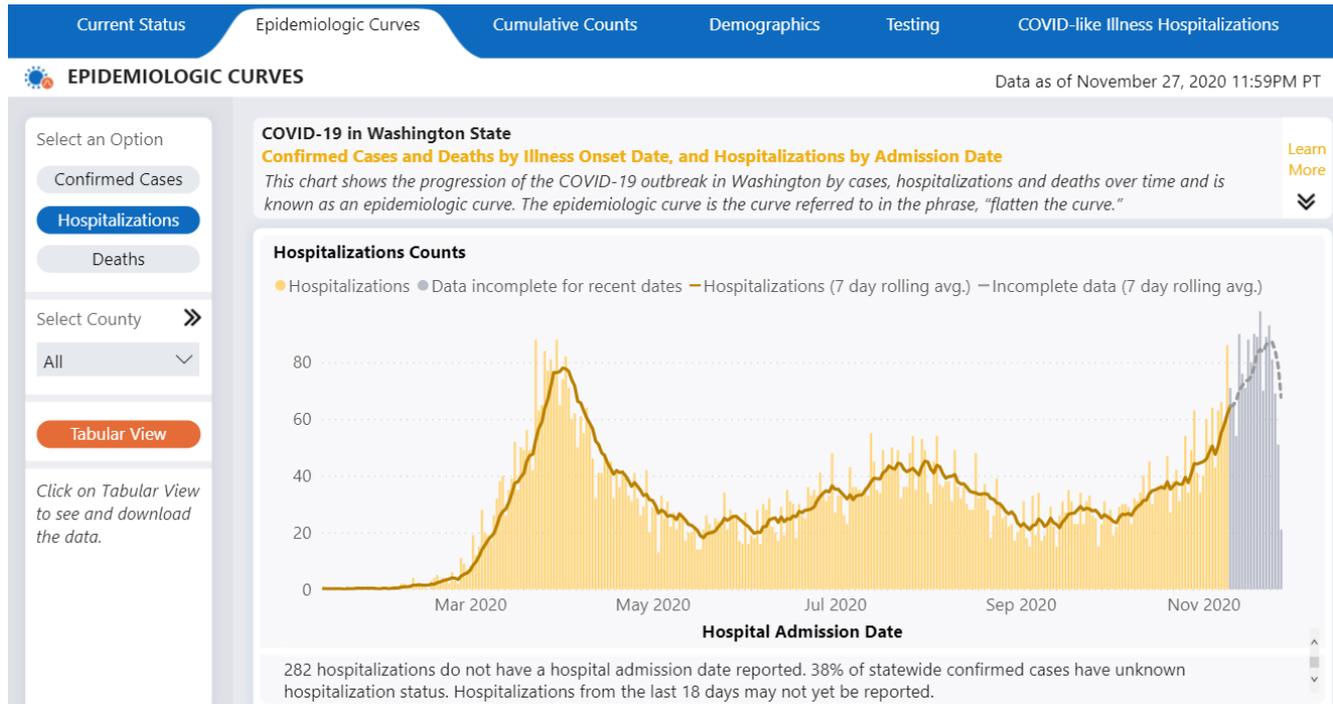


# Covid-19 cases continue to rise



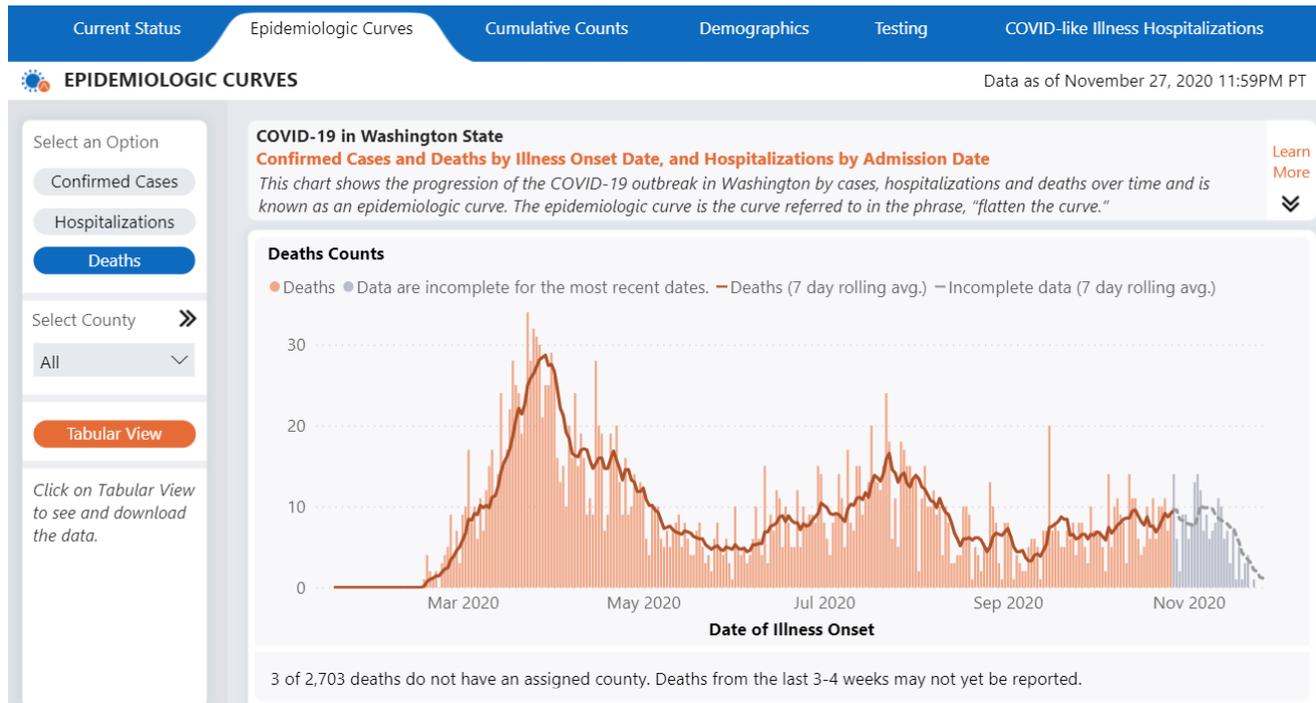
Source: <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

# COVID-19 hospitalizations are rapidly increasing



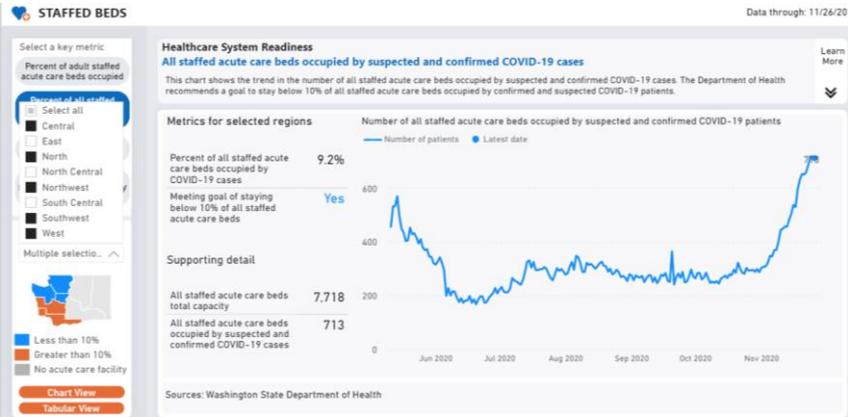
Source: <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

# COVID-19 deaths appear stable

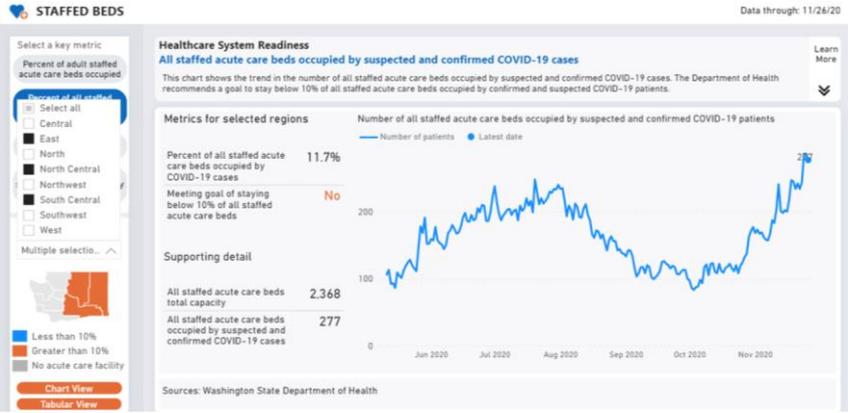


Source: <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

# COVID-19 bed occupancy is rapidly rising



Western Washington



Eastern Washington

Source: <https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard>

# IMPORTANT: Allocation Survey

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- 2 surveys
  - ✓ Sites with ULT capacity 11/30
    - ✓ COB Tuesday, 12/1
  - ✓ All enrolled providers on Dec 7<sup>th</sup>
    - ✓ COB Dec 9<sup>th</sup>
- 7 questions
- Sent to primary contact on REDCap survey

# Vaccine Updates

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62,400 doses of the Pfizer vaccine for our initial allocation.

Around 200,000 doses of the Pfizer vaccine by the end of December.

Regular weekly shipments should begin in January.

No Moderna estimate.

# Timeline

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- November 20<sup>th</sup>- Pfizer submits Emergency Use Authorization (EUA)
- December 10<sup>th</sup>- FDA's Vaccines and Related Biological Products Advisory Committee
- December 11- 14<sup>th</sup>- EUA Decision and ACIP review
- December 14-15<sup>th</sup>- Scientific Safety Review Workgroup, as part of the Western States Pact.
- December 15<sup>th</sup>- Vaccine distribution to early ship sites & and ordering opens for all others

# Provider Enrollment via Department of Health

The screenshot shows the 'Pre-Screening Survey' form from the Washington State Department of Health. The form is titled 'Enrollment Inquiry Form' and includes a 'Submit' button and a 'Save & Return Later' button. The form contains 11 numbered sections for data entry:

- 1) Organization's Legal Name
- 2) Facility Name (Organization Location Name)
- 3) Facility Address Street
- 4) Facility Address City
- 6) Facility Address State
- 8) Facility Address Zip Code
- 7) Primary Contact First Name
- 2) Primary Contact Last Name
- 8) Primary Contact Phone Number
- 10) Primary Contact Phone Extension
- 11) Primary Contact Email

Below the form, there is a section titled 'WE NEED YOUR HELP WITH PANDEMIC RESPONSE' with instructions on how to proceed with the enrollment process, including a link to the COVID-19 Provider Enrollment Guide (PDF).

<https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/VaccineInformationforHealthcareProviders>

- Complete the [provider inquiry form](#). We will follow-up with your organization as soon as possible. You can use the [COVID-19 Provider Enrollment Guide \(PDF\)](#) to help you through the enrollment process.
- Each facility enrolling will need to complete a survey
  - One survey per facility (i.e., location where vaccine will be shipped)

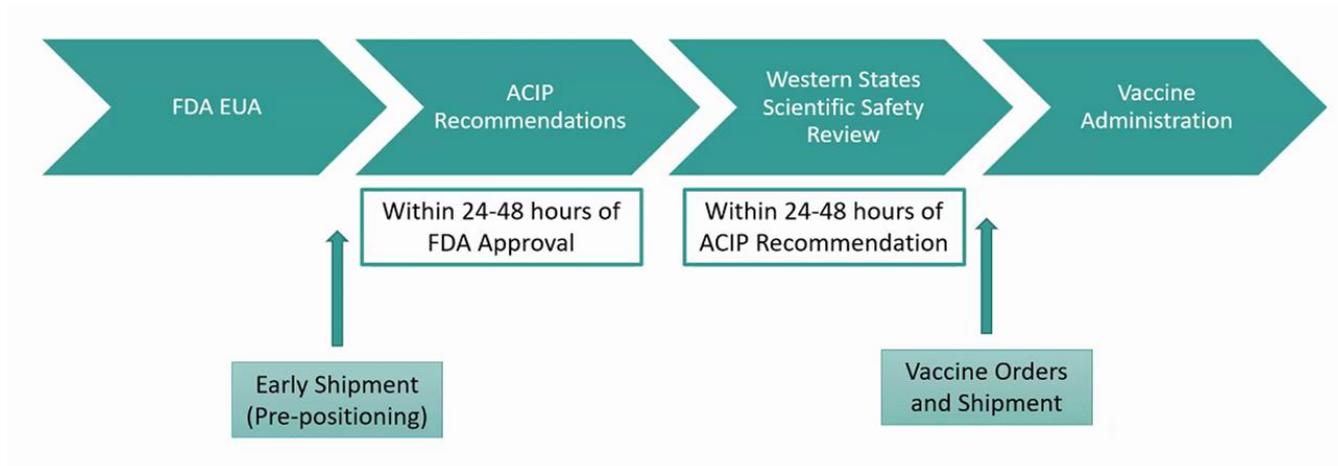
## Early Shipment (aka pre-position)

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- Identifying hospital system locations with ultra-cold (-80C) freezers.
- Option to ship vaccine after EUA, but before ACIP recommendations to position vaccine to select sites with ultra-cold freezers
- Originally limited to 5 sites. Expanded to include more.
- Need to finalize list of sites to prepare
- Provider enrollment completion required for all sites receiving vaccine
- Time window between early shipment and regular ordering/shipping after ACIP recommendation will be short. ACIP anticipated to meet within 24-48 hours of FDA EUA approval.
- Vaccine not to be administered until ACIP recommendations in place and western states' vaccine scientific safety workgroup complete review of FDA approved vaccine.

# Western Pact: Independent review of vaccine safety

- WA, OR, NV, and CO joined California's Scientific Safety Review Workgroup
- Will independently review any COVID-19 vaccine approved by FDA
- Includes nationally-recognized scientists with expertise in immunizations and public health; Washington has 2 representatives on workgroup



# DOH interim COVID-19 vaccine allocation and prioritization guidance

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- Federal guidance pending
- Clinical results pending
  - Efficacy in transmission blocking vs. reduction in severe disease
  - Duration of protection (e.g., immunity)
  - Safety and efficacy with different groups (e.g., age, comorbidities, pregnancy)
- Vaccine information pending
  - Differences among vaccines (e.g., timing, supply, # of doses, cold chain)
- Local epidemic conditions and information
  - Examples: transmission differences among populations, underlying conditions and factors driving risk, outbreak, other social/economic/legal environment
- Ongoing engagement with community



**This guidance is guaranteed to change**

ACIP emergency virtual meeting on December 1, 2020

This guidance aims to help us plan in a harmonized manner and we commit to updating the guidance and communicating the changes as new information emerges

## Phase 1

### 1A

- High-risk workers in healthcare settings
- High-risk first responders

### 1B

- People with comorbid and underlying conditions that put them at *significantly* higher risk (2 or more comorbidities)
- People living in congregate or overcrowded settings where the majority are people ≥ 65 years of age **and/or people with comorbid and underlying conditions** (example settings: long-term care facilities; **farmworker housing; prisons; group homes; homeless shelters**)

### 1C

- **Critical workers at highest risk of exposure working in congregate settings (example worker groups: agricultural; food processing)**

**Red = Differences from NAM Framework**

## Phase 2

- K-12 teachers and school staff and child care workers
- Critical workers in high-risk settings (incl. healthcare) – workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- People with comorbid and underlying conditions that put them at *moderately* higher risk (1 comorbidity or condition)
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, development and intellectual disabilities, and physical disabilities or in recovery not already covered in Phase 1
- **People with disabilities that prevent them from adopting protective measures**
- People in prisons, jails, detention centers, and similar congregate facilities, and staff who work in such settings
- All people ≥ 65 years of age not covered in Phase 1

Note: the following factors DO NOT impact an individual's eligibility: immigration status or health insurance status

## Phase 3

- Young adults
- Children
- Workers in industries and occupations essential to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

## Phase 4

- Everyone residing in Washington State who did not have access to the vaccine in previous phases

## EQUITY IS A CROSS-CUTTING FOCUS OF THIS FRAMEWORK

Certain population groups have been prioritized with an aim to mitigate health inequities recognizing that specific populations are disproportionately impacted by COVID-19 due to external social factors and systemic inequities. Examples of populations disproportionately affected due to such factors include:

- People of color
- People with limited English proficiency
- People in shared housing, crowded housing, and multi-generational homes
- People in poverty and low-wage earners
- People with disabilities
- People with access barriers to healthcare

Washington State has also developed a social vulnerability index which includes social determinants factors (e.g., socio-economic, ethnicity/language, housing/transport, etc.) to identify highest vulnerability areas that will be one of several inputs informing vaccine allocation decisions to ensure equitable allocation.

## Phase 1

ACIP is developing guidance to identify who are high risk. We will explore aligning our guidance with ACIP – although it may be much broader (e.g., pharmacies)

### 1A

- High-risk workers in healthcare settings
- High-risk first responders

ACIP puts critical workers as 1B but we propose vaccinating those driving hospitalizations first to reduce medical surge. It also is easier for us to implement in terms of verifying eligibility.

### 1B

- All people  $\geq$  65 years of age
- People with comorbid and underlying conditions that put them at *significantly* higher risk (2 or more comorbidities)

### 1A

- Critical workers at high exposure

ACIP is considering a large range of critical workers including K-12, childcare, critical infrastructure, law enforcement, agriculture, etc. We could explore adding more worker groups to more closely align with ACIP.

Red = Proposed partial alignment with ACIP

## Phase 2

- Critical workers at lower exposure
- Non-essential workers at high exposure
- Other high-risk groups (group homes, disabilities, congregate facilities)

ACIP has not offered populations for Phase 2 or 3 so these are our assumptions.

## Phase 3

- Young adults (once approved)
- Children (once approved)
- Non-essential workers at low risk

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# Phase 1a

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## Phase 1a Objectives

- Protect those at highest risk of exposure
  - Maintain medical surge response capacity
- 
- Workers in sites where direct patient care is being delivered to confirmed or suspected COVID-19 patients
    - Example settings: ICU; emergency department; home; isolation/quarantine facility
    - Roles: healthcare providers; tech; CHW; facility staff; security; non-remote translators; high risk aerosolization procedures
  - Workers exposed to/handling potentially SARS-CoV-2 containing specimens & COVID-19 testing staff
  - First responders at highest risk of exposure to suspected or confirmed COVID-19 patients via high public exposure and procedures
    - Frontline emergency workers providing care, transport/ambulatory support, and oversight of any agency (fire, ambulance, hospital)
  - Workers with elevated risk of acquisition/transmission with populations at higher risk of mortality or severe morbidity
    - Examples: staff at long-term care facilities; workers with patients undergoing chemotherapy, dialysis, etc.; home health aides/caregivers/companions
  - Workers administering vaccines for phase 1a, 1b, and 1c populations

 Under development   
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REDISTRIBUTION GUIDANCE  
VOUCHER/LETTER SYSTEM  
DRY ICE CONTRACT

# Areas to consider

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- Data reporting requirements
  - Dose administered (occupational health system vs. EMR)
  - VaccineFinder – daily inventory
- Phase 1a microplanning
  - time it will take to start vaccination events, barriers, open PODs, cold-chain requirements
- Second dose reminder planning
- Prioritization & allocation guidance feedback

# Communication & Updates

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- COVID Vaccine Email
  - [COVID.Vaccine@doh.wa.gov](mailto:COVID.Vaccine@doh.wa.gov)
- COVID-19 Vaccine Partner Calls
  - 1<sup>st</sup> & 3<sup>rd</sup> Tuesday of the month 9 AM- 10:30 AM
- COVID-19 Vaccine Distribution list
  - Email COVID vaccine email to be added

# Resources

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- Washington State Department of Health website: <https://www.doh.wa.gov/Emergencies/COVID19/Vaccine>.
  - Frequently asked questions
  - Tools and guidance on vaccines
  - Education materials
- Center for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>.
  - Frequently asked questions
  - Vaccine development and management
  - Vaccine recommendations – when made
  - Advisory Committee on Immunization Practices
- Food and Drug Administration: Vaccine and Biological Products Advisory Committee <https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-october-22-2020-meeting-announcement>.



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

# Epi Report

Dr. Kathy Lofy, DOH



# Governor's Proclamation

Taya Briley, WSHA



JAY INSLEE  
Governor



STATE OF WASHINGTON  
OFFICE OF THE GOVERNOR

*P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 902-4111 • [www.governor.wa.gov](http://www.governor.wa.gov)*

**PROCLAMATION BY THE GOVERNOR  
AMENDING PROCLAMATIONS 20-05 AND 20-24, et seq.**

**20-24.2**

**Requirements for Non-Urgent Medical and Dental Procedures**

**WHEREAS**, on February 29, 2020, I issued Proclamation 20-05, proclaiming a State of Emergency for all counties throughout Washington as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and confirmed person-to-person spread of COVID-19 in Washington State; and

**WHEREAS**, as a result of the continued worldwide spread of COVID-19, its significant progression in Washington State, and the high risk it poses to our most vulnerable populations, I have

# Senate Health and Long-Term Care Committee Presentation

Chelene Whiteaker, WSHA



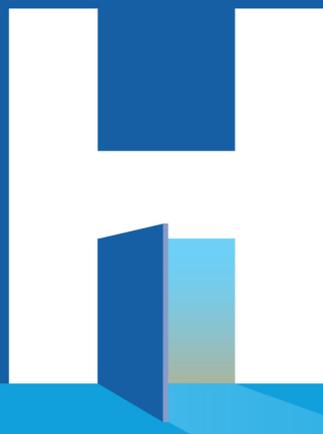
# Long Term Care and Difficult to Discharge Patients

Zosia Stanley, WSHA

Bill Moss, DSHS

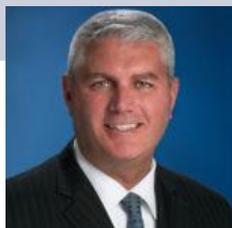
Bea Rector, DSHS





# WSHA Annual Meeting eSeries

Sept. 16



**Mike  
Abrashoff**

Oct. 7



**Mara Liasson**

Oct. 28



**Peer  
Exchange**

Nov. 11



**Carvell  
Wallace**

Dec. 2



**Don Berwick**

**More Info** → [www.wsha.org/event/annualmeeting](http://www.wsha.org/event/annualmeeting) | **Questions** → [ValerieA@wsa.org](mailto:ValerieA@wsa.org)

Thank you for your leadership!  
Questions? Discussion?

