

Date: Friday, April 24, 2020 Time: 3:00 to 4:30 PM Remote Link: https://dhswi.zoom.us/j/97656124760 Call In: 1 312 626 6799 Meeting ID: 976 5612 4760

\Meeting Invitees:

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	Jeanne Ayers, RN, MPH Department of Health Services Division of Public Health Administrator, State Health Officer	x	Diane Ehn, MS Medical College of Wisconsin/Froedtert VP of Post-Acute Care	x	Joey Pettis, BSN, RN, DNS-MT, WCC, DWC Executive Director WI Director of Nursing Council	x	Ronald Schreiber, MD, CMD Wisconsin Association of Medical Directors Legislative Representative
x	Maria Brenney-Fitzpatrick, DNP, RN, FNP-C, GNP-BC UW Health Director of Transitional Care and Post-Acute Services	x	Sheila Goethel, RHIT, CDIP, DDS Rural Wisconsin Health Cooperative Coding Services Senior Manager	x	Laura Rose, JD Wisconsin Hospital Association Vice President, Policy Development	x	Mark Thompson, JD Department of Health Services Office of Legal Counsel Attorney
x	Elizabeth Chapman, MD UW School of Medicine and Public Health; Middleton Memorial VA Hospital Clinical Assistant Professor	x	Kim Marheine WI Board on Aging and Long-Term Care Ombuds man Services Supervisor	x	Sandy Rowe, JD Department of Health Services Office of Legal Counsel Chief Legal Counsel	x	John Vander Meer Wisconsin Health Care Association President/CEO
x	Chris Crnich, MD, PhD Madison VA Hospital, UW School of Medicine and Public Health Infectious Disease Specialist Infection Control in Long-Term Care Chief of Medicine, Madison VA Hospital Associate Professor of Medicine, Division of Infectious Diseases, UWSMPH		Jon Meiman, MD Department of Health Services Division of Public Health Bureau of Environmental and Occupational Health Chief Medical Officer	x	Nasia Safdar, MD, PhD UW Health Medical Director for Infection Control	x	Ryan Westergaard, MD, PhD, MPH Department of Health Services Division of Public Health Bureau of Communicable Diseases Chief Medical Officer
x	Gina Dennik-Champion, MSN, RN, MSHA Wisconsin Nursing Association Director	x	Silvia Munoz-Price, MD, PhD Medical College of Wisconsin/Froedtert Professor of Clinical Medicine, Division of Infectious Diseases and Enterprise Epidemiologist	x	John Sauer Lea di ngAge Wisconsin President/CEO	x	Otis Woods, MBA Department of Health Services Division of Quality Assurance Administrator

Agenda:

Time:	Topic:	Lead:	Follow-up Items:
3:00 to 3:05 PM	Introduction and roll call.	Chris Crnich	<i>3:00pm</i> Review open meetings information



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Time:	Topic:	Lead:	Follow-up Items:
			<i>3:02pm</i> Introduction, review of process and issue to be discussed by subcommittee.
3:05 to 3:10 PM 3:15 to 3:35 PM	Review and approve minutes from 04/22/2020 LTC Subcommittee meeting Public comments on updated proposed guidance – Testing in Hospitals to Nursing Home transfers. a. Public comments may be presented at this time. There is a three-minute limit for comments per presenter/organization b. If public comments conclude before 3:35 PM, the LTC subcommittee will conduct other business on the agenda.	Chris Crnich Mark Thompson, Public presenters and organizations	 discussed by subcommittee. 3:14pm No comments by members; approved. Laura Rose for Wisconsin Hospital Association Modify recommendation 3 to include statement that patient with pending result would be able to transfer to COVID capable post-acute LTC facilities. Remove recommendations 4.c. and 5. Modify language in bullet 1 under guiding principles to remove comments related to prolongation of hospital stays in a dverse events. Replace with patients should receive care in setting most suited for patients' needs. Reviewed of proposed changes made by members. Comments from attendee, Matt Berg. #5 recommending. Why is a nursing home the most appropriate care settingfor any COVID positive patients given the very high risk of spread and
			mortality? Hospitals should keep patients longer, but could be transferred to facilities with COVID positive unit. Chair recommended moving on as this will be addressed at a later time. Not addressing transfers of positive or clinically suspected yet. John Vander Meer for Wisconsin Health Care Association



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			 First WHCA comment in document – generally, concern of availability of PPA, staff, and necessary spatial configurations. Told to be concerned of those who do not have a negative test. No specific modification or recommendation; should be clear in advance of document's release.
			 Second comment regarding asymptomatic infection and April 2 CMS guidance. Recommendation of additional language following superscript 1. Committee voted on accepting change, with majority accepted and comfortable with language as is.
			 Third comment regarding third line of guiding principles; change to "prior to transfer does mitigate this risk" Discussion on challenge with change, and recommend leaving it as May. Suggestion withdrawn.
			 Fourth comment – changes to first bullet under guiding principles. Committee voted on accepting changes, with majority not accepting change.
			 Fifth comment – adding language in second bullet to read "recommended that if possible PALTCFs" Committee voted on adding language, with majority accepting addition.
			 Sixth comment – deletion of third bullet point – deletion and add proposed language



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			 Committee voted to remove bullet, with majority accepting removal. Seventh comment – move fifth recommendation to first regarding rapid testing. Committee voted to move, and majority voted against change. Eight comment – third recommendation should include specific language related to the type of screening performed Committee voted to accept with modifications done by chair, and majority accepted modifying.
3:35 to 4:15 PM	 Discussion and decision on guidance for COVID-19 testing and transfers a. Review guidance from Wisconsin Hospital Association b. Review updated proposed guidance – Testing in Hospitals to Nursing Home transfers and discussfurther revisions, if any. 	Chris Crnich/All	Did not reach this agenda item.
4:15 to 4:25 PM	Discussion of issues for which SDMAC requested guidance: Post- acute and long-term care facilities (PALTCFs) and COVID-19-positive resident admission and/or transfer a. Are there any situations under which it is appropriate to transfer a medically stable resident with laboratory-confirmed/clinically suspected COVID-19 from a PALTCF to an acute care facility? If yes, what are the conditions under which such a transfer would be considered appropriate? Are hospitals required to hold medically stable residents (sent to the Emergency Department (ED) for testing purposes only) until the test results are back?	Chris Crnich	Did not reach this agenda item.
4:25 to 4:30 PM	Identify issues requiring further discussion.	Chris Crnich/All	Did not reach this agenda item.



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4:30 PM	Adjourn.	Chris Crnich	4:32pm

Future Discussion Items (Parking Lot):