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Good morning Amber,

Thank you for your follow up yesterday providing the Governor's proclamations on high risk employees and skilled nursing transfer and discharge waivers.

Attached you will find the hospital to long term care discharge interim guidance and an outline of the four action items that must be immediately implemented for the guidelines to be achievable.

Without progress on the four action items, patients will unnecessarily remain in hospitals, rather than discharge to community settings. And without meaningful progress to prioritize long term care settings for PPE and testing, we could approach full capacity in hospitals when those beds will be needed for other medical purposes. While we aren't there yet, we are seeing increasing COVID outbreaks in long term care every day.

The action items and guidelines outlined in the attached letter reflect the work and agreement of WSHA, WHCA, LeadingAge and the Adult Family Home Council.

As we noted on our call with you last Friday, we are quite concerned about the "high risk" employee waiver allowing such workers to call out at a time they are needed most.

Prior to February, we were approximately three years into a nursing shortage and seeing a widening gap between available licensed nurses and unfilled nursing positions in long term care. Now we are in the middle of a pandemic and once healthy workers are becoming sick, largely because they work exposed to the virus; no PPE distribution to buildings absent COVID+ cases and no testing absent COVID symptoms. The "high risk" worker proclamation now offers an option to those workers who, fearful of contracting COVID, are working without PPE and may opt to call out in increasing numbers. While we can appreciate the concerns of our employees and want, no need, them to be safe, doing all we can within our limited powers to do so, we are very concerned that we will not be able to meet the care needs of our most vulnerable elderly population, living in congregate care settings.

What is the staffing plan if long term care facilities are suddenly without staff needed to care for its residents? Are there limitations employers can impose such as rotation of staff opting out of work so all don't leave at one time? Is there a floor, a minimum number of staff who must be in place to allow a high risk employee to call out? We may have additional questions once we've completed our analysis of the proclamation but these are a few that come immediately to mind.

It occurs to me that our work is made much more difficult as the very resources we need to succeed are being pulled out from under us or withheld. PPE, testing and human talent are essential to caring for our elderly and winning against this virus. Failure to maintain the health and well-being of our elderly, as is growing more and more likely, comes increasing legal exposure and opportunity for lawsuits.

The need for immunity protection is high. Our administrators, nursing staff and others who are in the unenviable position of having to make impossible decisions, and for those who show up to care for our most vulnerable, must be accorded legal immunity protection as outlined in the letter submitted by WSHA, WHCA, LeadingAge and many other organizations. We hope to see this proclamation granted soon.

Finally, I'll close by urging conversations with the long term care associations in advance of issuing proclamations so that we have an opportunity to explore alternative solutions, offer input and ideas and can better understand the needs of the state or Governor's office prior to taking action. We recognize that it is absolutely the right of the Governor to act, and ignore information or recommendations offered, but discussion on issues of this importance would have been appreciated and just maybe other workable solutions identified.

Thank you for considering the attached action items and our request for future dialogue on issues that affect those that care for our state's elderly.

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