

The background of the slide features a gradient from red on the left to dark blue on the right. Overlaid on this gradient are numerous stylized, semi-transparent icons of COVID-19 virus particles, which are spherical with characteristic spike-like protrusions. The largest and most prominent virus icon is centered in the upper half of the slide.

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# COVID-19 and Long-Term Care Facilities

Commissioner of Health Jan Malcolm  
Senate Family Care and Aging Committee | June 2, 2020

# COVID-19 and Long-Term Care in Minnesota

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- Long-term care facilities faced serious challenges well before COVID-19
  - Chronic staffing shortages
  - Lagging regulatory safeguards and practices in Minnesota
- COVID-19 has amplified these difficulties



## How does Minnesota's LTC sector compare with that of other states when it comes to facing COVID-19?

- Direct comparisons can be misleading due to states' reporting differences
- Minnesota has been transparent and diligent about reporting COVID-19 deaths since the outbreak first hit the state in March
- Minnesota reports deaths in all LTCs including assisted living facilities, group homes and other congregate settings whereas many other states report only deaths in nursing homes
- Nearly half of Minnesota's LTC deaths have been in settings other than nursing homes. If pattern is similar in states reporting only nursing home deaths, their true numbers are higher than what is currently attributed

# COVID-19 and Long-Term Care in Minnesota

## Apples to oranges:

Some recent coverage has conflated LTC figures with nursing home data, making Minnesota appear to be an outlier

*Minnesota nursing homes, already the site of 81% of COVID-19 deaths, continue taking in infected patients*

*Analysis: Minnesota Has Highest Percent of COVID-19 Deaths in Long-Term Care Facilities in the Nation*

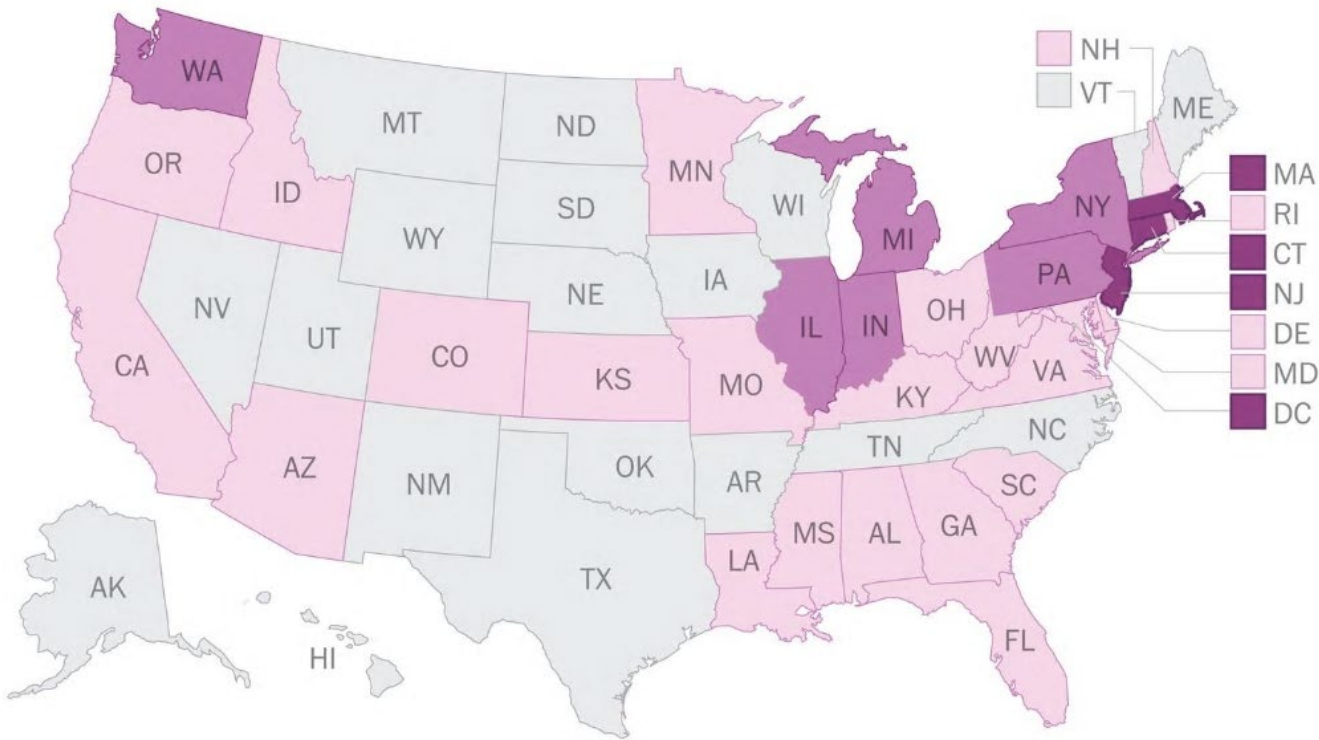
May 18, 2020 Admin

# COVID-19 and Long-Term Care in Minnesota

**Apples to apples:** Recent Washington Post analysis drawing on federal CMS data shows Minnesota closer to middle of pack

**Covid deaths per 1,000 nursing home residents**

○ 0-10    ○ 10-40    ○ 40-100    ○ 100 or more



SOURCE: Washington Post, June 1, 2020

# National Averages and Minnesota

- The average number of nursing home cases per 1000:
  - National: 62
  - Minnesota: 39.9
- The average number of nursing home deaths per 1000:
  - National: 27.5
  - Minnesota: 12.7
- The average percent of nursing homes that have had infection control surveys:
  - National: 54.1%
  - Minnesota: 100%

## Cause of Death in Covid-19 Cases (n=1,072)

	Primary cause of death	Secondary cause of death	No contribution to death	No information available	Total
Private residences	134 (73%)	2 (1%)	2 (1%)	46 (25%)	184
All congregate settings	747 (84%)	29 (3%)	16 (2%)	96 (11%)	888

## Underlying Conditions in COVID-19 Deaths, but residential setting (n=1,072)

Living Setting	Underlying Conditions – Yes	Underlying Conditions – No	Underlying Conditions – Unknown	Total Deaths (to date) per Living Setting
Private residence	149 (81%)	6 (3%)	29 (14%)	184
All congregate settings	800 (90%)	3 (<1%)	85 (10%)	888

# COVID-19 and Long-Term Care in Minnesota

- 855 facilities with determinable outbreak status:
  - 439 (51%) have active infections/cases
  - 416 (49%) do not
- 472 facilities with 1 or 2 cases:
  - 144 (30%) have active infections/cases
  - 334 (70%) do not
- 377 facilities with 3 or more cases:
  - 295 (78%) have active infections/cases
  - 82 (22%) do not



## Bottom line:

- State comparisons can be informative, but no matter what the data show there are reasons for concern about the safety of residents and staff in long-term care facilities during the COVID-19 outbreak
- We do have cases in facilities and this is a situation where swift and smart action is needed
- The Governor's plan focuses that action in five key areas

# Update on Minnesota's Five-Point Battle Plan

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1. **Expand testing** for residents and workers in long-term care facilities
2. **Provide testing support and troubleshooting** to clear barriers faster
3. **Get personal protective equipment to facilities** when needed
4. **Ensure adequate staffing levels** for even the hardest-hit facilities
5. **Leverage our partnerships** to better apply their skills and talents

# Point 1: Expand Testing

- Developed a process to schedule long-term care facilities to be tested by a state swabbing team, including all required logistical supports.
- To date, the National Guard has swabbed more than 40 long-term care facilities across the state, including over 8,000 residents and staff.
  - Many more facilities have done full-facility testing on their own, using their own staff or an existing provider partnership.
- More than 40 facilities are scheduled for initial or follow-up National Guard swabbing over the next week.

## Point 2: Provide Testing Support & Troubleshooting

- Reduced barriers to testing in facilities—including complications around billing and ordering physicians.
  - Finalized a new billing process with Mayo and the University of ensuring that long-term care facilities don't face administrative burdens related to resident and staff testing—or face bills from the laboratory or health system after the fact
- Updated and posted online a FAQ, testing checklist and related forms to help facilities prepare to be tested.
- Rolled out the REDCap survey tool where long term care facilities can request testing for their facilities.
  - More than 400 have responded, of which over 127 responded that they have plans to test on their own.

## Point 2: Provide Testing Support & Troubleshooting

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- Hosted weekly webinars for long-term care facilities since March, with between 1000-1500 facilities participating each time.
  - On May 14, we held a special webinar to go over the LTC testing/guidance plans with 1407 attendees.
- Trained and deployed 60 National Guard members to test in long-term care facilities—these teams have the capacity to test up to 2000 people per day.
  - Now training an additional 15 Guard members to increase our capacity by 500 additional people tested each day.

## Point 3: Get Facilities Needed Protective Equipment

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- During May, we sent more than 2 million gloves, 37,000 cloth masks, 18,000 N95 masks, and more than 100,000 face masks/face shields to skilled nursing and assisted living facilities. More than 175 facilities received these critical supplies.
  - Worldwide shortage of PPE continues to be a challenge.
  - Working daily to procure additional PPE for state back-up supply should a providers private supply run short.
  - Have twice proactively pushed out supplies of PPE to long-term care providers and provide PPE to any facility in need with an identified outbreak.
  - Working with EMS statewide to have an emergency supply of PPE available to deploy to long-term care facilities in an urgent situation.

## Point 4: Ensure Adequate Staffing Levels

- Finalized and released Aladtech volunteer management system.
  - Connects facilities to actual healthcare workers near them, in anticipation of staffing shortages.
- Filled 32% of the shift requests so far, and are working with facilities to ensure timely requests.
- Working to grow the number of staff we can call on to fill shifts, including from the federal VA and National Guard.

# Point 5: Leverage Partnerships

- Finalized and distributed long-term care toolkit to over 2500 long term care facilities.
  - Also available on the MDH website with over 800 clicks since end of last week and has been highlighted on the weekly calls with long-term care providers.
  - Further education on the toolkit will be provided to county local public health representatives this week via a webinar which will also be recorded.
- Launched new case management model at facilities, leveraging local public health and regional coalitions to provide facilities with the pre- and post-testing supports that they need.
  - Provided assistance to 654 facilities on infection control measures, how to properly use PPE and other how to prevent, prepare for and respond to a potential outbreak.



## Point 5: Leverage Partnerships

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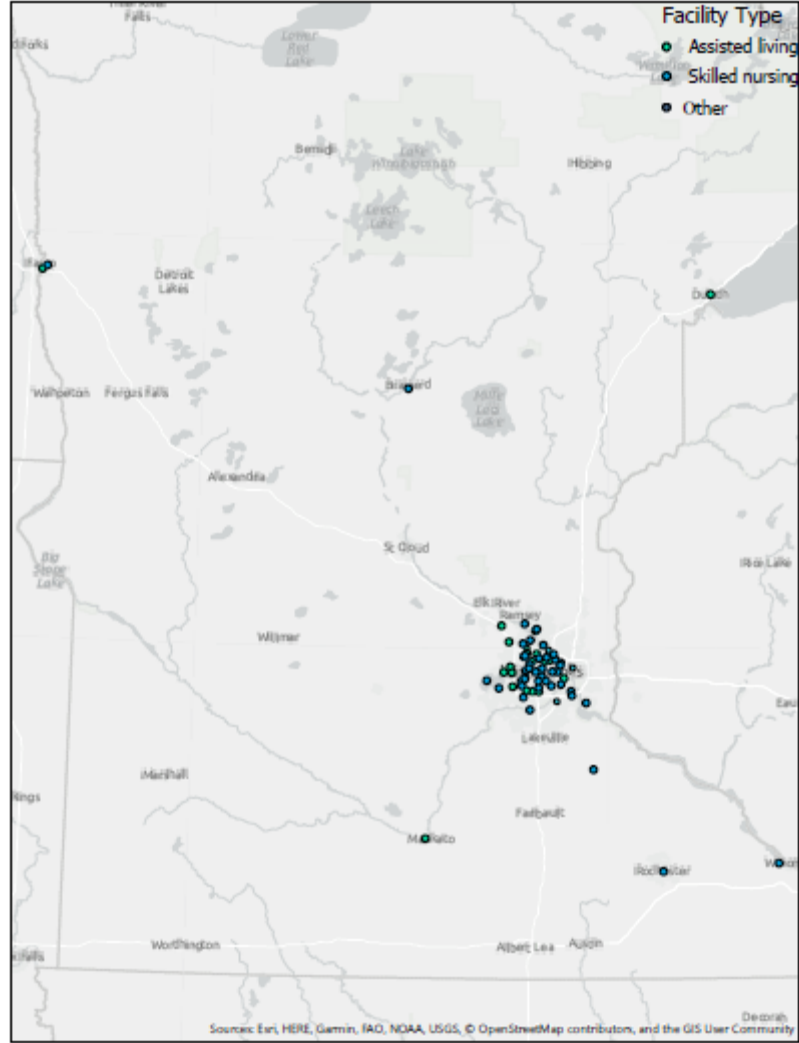
- Since April 16, MDH staff conducted infection control and technical assistance onsite visits with 120 facilities, and more are scheduled in the coming days.
  - Have more than tripled our staffing levels to ensure this service continues to accelerate.
- Completed onsite visits at all 362 nursing homes in Minnesota with a special focus on infection control.

# Hospital Discharges and Transfers

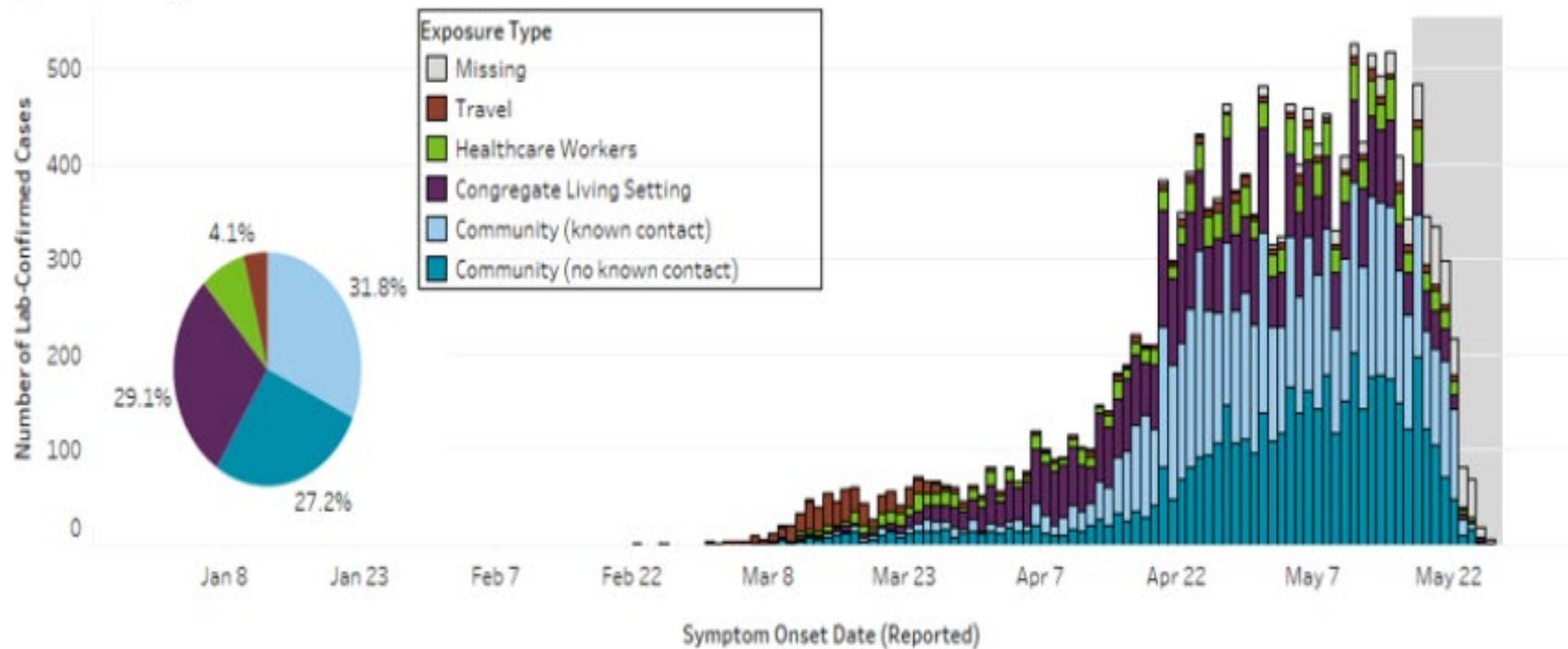
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- Transmission from patients coming from hospital into LTC is unclear.
  - Much more likely transmission from workers and others coming and going from facilities.
- National study indicates primary drivers of higher rates of infection are large facility size and counties with higher prevalence rates.
- A nursing home can accept a resident diagnosed with COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions.
- Facilities are not allowed to place confirmed cases in double rooms.
- MDH did issue violations due to infection control on the recent survey of all nursing homes (SNFs) in Minnesota.

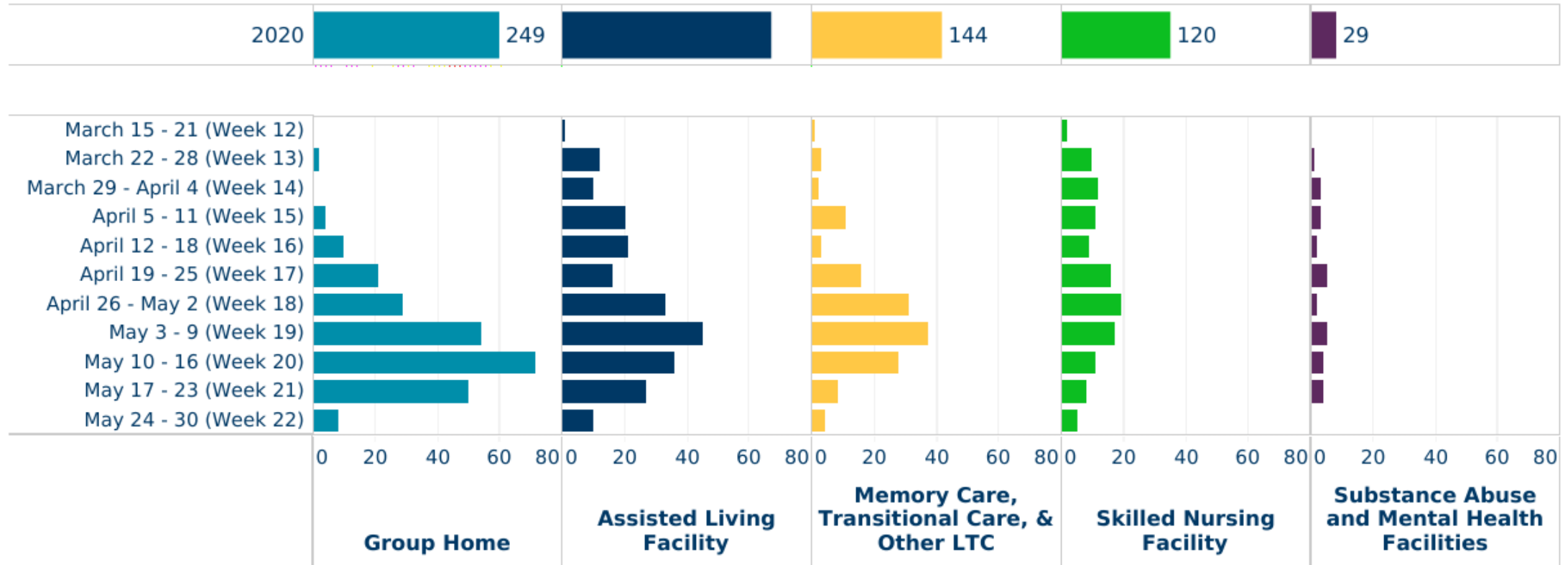
Long term care facilities with COVID outbreaks of 20+ in Minnesota  
6/2/2020



# Epi Curve by Onset Date

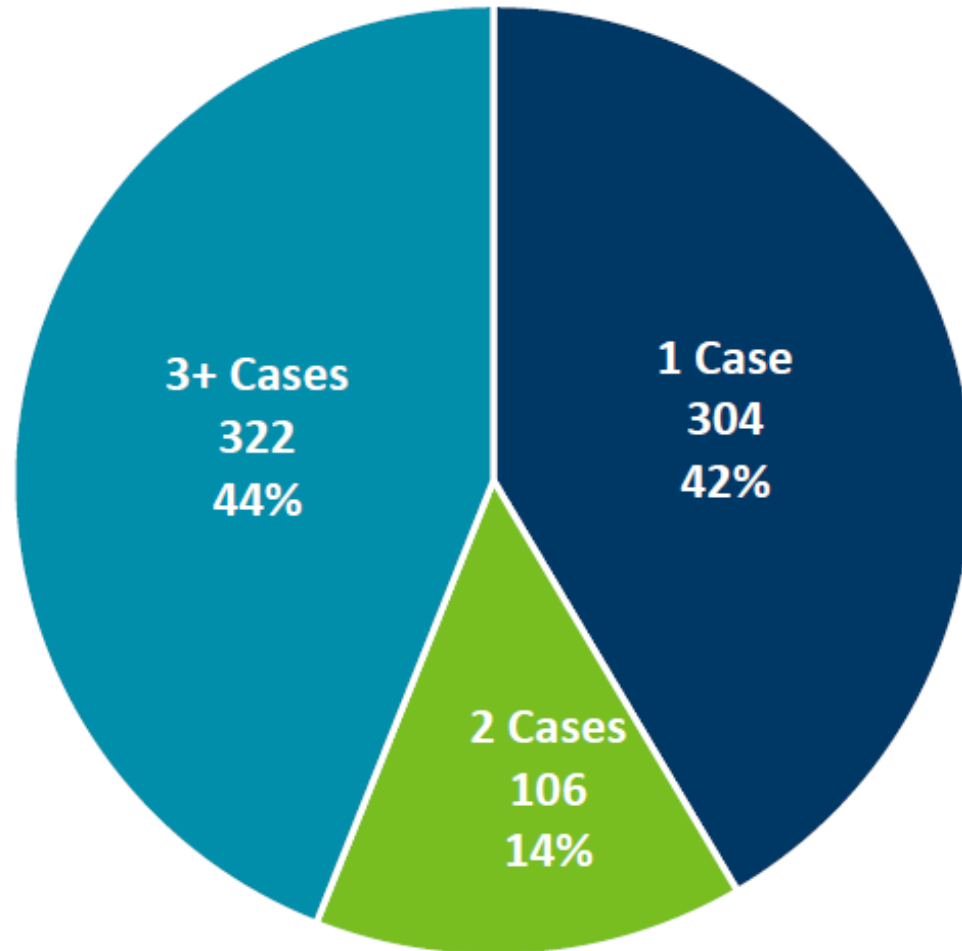


# Total Outbreaks at Congregate Living Facilities by Facility Type and Over Time



Source: MDH COVID-19 Case Database. Each facility with an outbreak is listed only once. Data are currently displayed by the date the outbreak was reported and are current as of 5/27/2020. Data are currently displayed by the date the outbreak was reported. Other Long-Term Care includes Adult Foster Care and Hospice facilities, as well as other communal living facilities. As of 5/20/2020, there were 7 outbreaks at correctional facilities (including work release programs), which are not presented here. Facility types are based on the level of care where an outbreak was first reported.

**Long Term Care Facilities with at least one positive case, Minnesota  
(Total to date): Cases are Residents, Health Care Workers, or Both**



**Long Term Care Facilities with at least one positive case, Minnesota  
(Total to date): Cases are Residents, Health Care Workers, or Both**

