



Minnesota's Five-Point Battle Plan to Protect our Most Vulnerable

Jan Malcolm, Minnesota Commissioner of Health

COVID-19 challenges for long-term care facilities



- America's long-term care facilities face an elevated risk of COVID-19 outbreaks
 - Residents are older and have more underlying medical conditions than overall population.
 - Congregate settings lead to closer contact with more people.
 - Pre-existing staffing challenges in the industry.

COVID-19 challenges for long-term care facilities

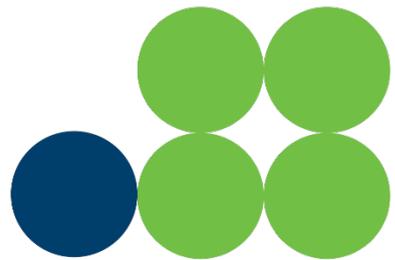


- Residents of long-term care facilities account for:
 - Less than 1 percent of Minnesota's population
 - 15 percent of Minnesota's COVID-19 cases
 - 80 percent of Minnesota's COVID-19 deaths

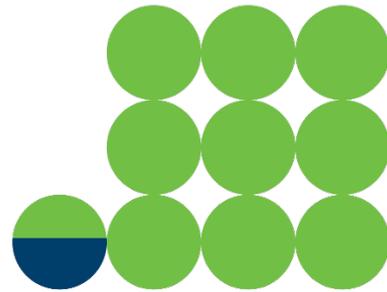
COVID-19 challenge for long-term care facilities



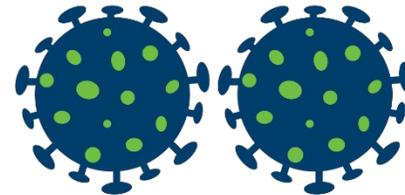
COVID-19 isn't hitting all long-term care facilities equally



1 in 5
nursing homes
have cases



< 1 in 10 assisted
living facilities
have cases



Most facilities
with cases
have **1 or 2**

Minnesota support for long-term care facilities



- State currently works with facilities to help them prepare, prevent, and respond:
 - MDH weekly briefing calls to share the latest updates and guidance
 - When a case is confirmed, response team moves in to help with infection prevention, case interviews, and contact tracing
 - Each facility with outbreak gets MDH case manager to help them
 - Critical situations get extra help to fix immediate crises & plan next steps

Applying lessons of recent weeks



- We are building out our strategy to better support and protect residents and staff. Goals include:
 - Preserving hospital bed capacity by ensuring long-term care facilities can safely accept and care for residents who don't need to be in the hospital
 - Reducing COVID-19 transmission among residents and staff
 - Quickly identifying facilities needing special support
 - Helping facilities plan for and manage COVID-19 infections

Applying lessons of recent weeks



- Goals include:
 - Providing support for facilities to keep their staffing levels up
 - Ensuring facilities can get personal protective equipment they need
 - Training facility workers on resident care and infection prevention
 - Building and maintaining enough bed capacity for residents with COVID-19 who do not need to be in the hospital

Minnesota's Five-Point Battle Plan



- 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



- Issue new guidance on testing, screening and monitoring, with requirements for long-term care facilities to:
 - **Institute consistent “active screening” practices** for residents and staff
 - **Expand testing to all symptomatic** residents and staff, as well as **facility-wide testing when a case is confirmed** or when multiple people develop symptoms
 - **Continue routine testing** of residents/staff meeting specific risk criteria
 - **Amplify, expand, and accelerate work on facilities’ action plans** for COVID-19 cases among residents or staff, including steps for dealing with many cases
 - **Continue to ensure staff are trained** on proper use of masks and other protective equipment

Point 2: Provide Testing Support & Troubleshooting



- Work with health systems to create “strike teams” that quickly conduct on-site testing and necessary follow up
- Coordinate with regional health care coalitions for immediate response and resources
- Coordinate with Testing Command Center to ensure testing supplies move efficiently where they are needed

Point 3: Get Facilities Needed Protective Equipment



- Maintain state-managed cache of masks and other personal protective equipment for emergency use when a facility exhausts its supplies and is unable to restock
- Push out needed equipment for facilities facing outbreaks, and make it available to other facilities based on availability

Point 4: Ensure Adequate Staffing Levels



- Use the right mix of strategies to get staffing support to facilities in crisis. This may include:
 - Establishing a fund and contracts to support “bridge staffing teams” of health care workers to provide temporary staffing
 - Aggressively advocating for increased state and federal resources
 - Activating the Minnesota National Guard
 - Using databases to “call out” healthcare workers that can take on-call shifts
 - Using incentives to encourage health care systems to provide crisis staffing to facilities

Point 5: Leverage Partnerships



- Partner with local public health to coordinate support and provide on-site technical assistance for facilities
- Launch a new case management model at facilities, leveraging local public health and regional coalitions to provide guidance, monitoring, and support
- Make sure that facilities maintain strong preparedness plans, including plans to reduce disease transmission and limit exposure risks
- Require facility commitment to reduce transmission by excluding ill workers and those testing positive, and by excluding workers with unprotected exposure

Metrics for success



- Maintenance of low numbers of positive cases after an outbreak begins
- Reduction in the proportion of positive tests in LTC
- Onsite infection prevention support provided to LTCs with even one COVID-19 case
- All skilled nursing facilities have updated preparedness plans for COVID-19
- All facilities are able to access staffing support without unnecessarily transferring residents to other sites for care
- Decrease in regulatory infection control citations below pre-pandemic levels

Thank you!



Together, as One Minnesota, we can save lives.

Jan Malcolm, Minnesota Commissioner of Health