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 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