

# Long-term Care COVID-19 Response Update

The Minnesota Department of Health (MDH) responded to the first COVID-19 cases by increasing outreach and support for long-term care facilities, such as skilled nursing facilities and Housing With Services (HWS) with arranged home care providers, better known as nursing homes, and assisted living facilities. The facilities provide housing, care, meals and other services as needed. Residents of these facilities include seniors, as well as younger adults living with illness, a traumatic injury, memory loss or disabilities. Together, they are some of the most vulnerable Minnesotans for getting COVID-19 and dying from it. In March, April, and May, the department helped more than 930 facilities with their infection control measures. It made 245 site visits for infection control and technical assistance, and completed site visits at all nursing homes in Minnesota, with a special focus on infection control.

In early May, under Governor Tim Walz's leadership, Minnesota rolled out a five-point, long-term care plan focusing on seniors living in nursing homes and assisted living facilities. The plan has made facilities safer and has helped to make outbreaks an exception rather than the norm.

As of July 21, data shows that:

- Half of Minnesota's 368 nursing homes have never had a reported case.
- Only 24% of Minnesota's nursing homes currently have an active outbreak.
- Of Minnesota's 1,692 assisted living facilities, 77% have never had a reported case.
- Only 8% of Minnesota's assisted living facilities currently have an active outbreak.

The number of congregate care facilities, including nursing homes and assisted living facilities, with a new outbreak has slowed significantly:

- Early May: an average of 23 facilities per day.
- Mid-June: an average of seven facilities per day.
- Mid-July: an average of six facilities per day.

Even one death is too many. However, the numbers are going down, since the peak weeks:

- One-hundred thirty-seven deaths May 17-23
- Sixty-one deaths June 7-13
- Thirteen deaths July 12-18

## Long-term care five-point plan

### Point 1: Expand COVID-19 testing for residents and workers in long-term care facilities

- Developed testing criteria and a process for facilities to request testing services. This made it possible to expand testing for residents and workers. Testing capacity was made possible through the Minnesota National Guard and in collaboration with health systems, physician services, and private entities.
- Partnered with Mayo Clinic and the University of Minnesota for additional access to testing for long-term care facilities. Minnesota achieved a capacity goal of 20,000 tests a day.
- Developed a state process to transition from using the Minnesota National Guard for testing, to having sustainable testing partnerships with health care providers.

### Point 2: Provide testing support and troubleshooting to clear barriers

- Streamlined the process as much as possible for facilities and health care providers needing state assistance to get testing resources and materials.
- Established a single ordering physician for the state for facilities without a medical director. This allows facilities to order tests.
- Started a nurse triage line for those facilities using the state-provided ordering physician. The triage line provides COVID-19 test results to facilities, and advises them on billing issues if they arise and on potential next steps after receiving test results.
- Contracted with mobile physician services to do swabbing tests.

### Point 3: Get personal protective equipment to facilities when needed

- Developed a system to prioritize and disburse personal protective equipment to long-term care facilities.
- Pushed out personal protective equipment to long-term care facilities in waves, starting in April. This included gowns, hundreds of thousands of facemasks, and millions of gloves.
- Developed a system to prioritize and disburse personal protective equipment to long-term care facilities.

#### April Push to Long-term Care with Outbreaks, April 24-27, 2020

# of Facilities	N95s	Facemasks
444	59,440	190,230

May Push to Long-term Care with Outbreaks, May 8-15, 2020

# of Facilities	Gloves	Cloth Masks	Face Shields	Goggles	Facemasks	N95s
285	2,442,000	37,109	31,400	2,465	86,250	18,610

May Push to Skilled Nursing Facilities without Outbreaks, May 19-June 3, 2020

# of Facilities	Gloves	Cloth Masks	Face Shields	Facemasks	N95s
299	3,306,000	20,269	46,100	115,450	46,200

May Replacement N95s for SafeLife Masks in Skilled Nursing Facility/Nursing Facility, May 25-26, 2020

# of Facilities	N95s
63	18,000

June Push to Skilled Nursing Facilities June 15-23, 2020

# of Facilities	Gowns	Gloves	Face Shields	N95s
358	10,740	716,000	28,640	57,280

Replacement N95s for Safety Solution Masks, June 30-July 2, 2020

Type of Facility	# of Facilities	N95s
Skilled Nursing Facility/Nursing Facility	195	48,680
Skilled Nursing Facility/Board and Care Home	1	1,120
<b>TOTALS</b>	<b>196</b>	<b>49,560</b>

July Push to Assisted Living, July 4-present

# of Facilities	Gowns	Gloves	Face Shields	Facemasks
2,129	212,900	2,789,000	173,620	475,300

**Point 4: Ensure adequate staffing levels for even the hardest-hit facilities.**

- Started using a scheduling software system and developed a process to report and identify staffing shortages. Facilities with staffing needs are quickly connected to available qualified staff.
- Started a crisis staff manager team to give technical assistance to facilities. At-risk facilities are identified through a special ranking and prioritization process.
- Developed benchmarks and indicators highlighting when a facility is entering a crisis or is in need of additional staffing.
- In May, 83 shifts were filled using the scheduling software system. This represents 22% of available shifts.
- In June, 112 shifts were filled using the scheduling software system. This represents 36% of available shifts.
- More than 1,100 qualified health care professionals have signed up in the scheduling database.

## Point 5: Leverage our partnerships to better apply their skills and talents.

- Worked with local public health; hospitals; health care systems; emergency medical services; and emergency managers to develop trainings; education; guidance; and policies to improve long-term care testing; staffing; personal protective equipment distribution; and patient surge capacity and discharge.

## Congregate care case and death trends

Congregate care includes the following types of facilities including nursing homes, assisted living, memory care, transitional care units, hospice facilities, group homes, adult foster care, residential mental health and substance abuse treatment, and other communal living facilities that provide health care to their residents.

Week Dates	Total number of staff and resident cases reported by week for congregate care facilities	Average cases per day by week (by date of report)
3/15-3/21	4	1.33
3/22-3/28	45	6.43
3/29-4/4	98	14.00
4/5-4/11	334	47.71
4/12-4/18	438	62.57
4/19-4/25	606	86.57
4/26-5/2	822	117.43
5/3-5/9	860	122.86
5/10-5/16	1073	153.29
5/17-5/23	1163	166.14
5/24-5/30	748	106.86
5/31-6/6	407	58.14
6/7-6/13	342	48.86
6/14-6/20	218	31.14
6/21-6/27	232	33.14
6/28-7/4	239	34.14
7/5-7/11	125	20.83

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Week Dates	Total number of resident deaths by week of death for congregate care facilities	Average deaths per day by week (by date of death)
3/22-3/28	9	1.80
3/29-4/4	12	2.40
4/5-4/11	41	5.86
4/12-4/18	71	10.14
4/19-4/25	131	18.71
4/26-5/2	131	18.71
5/3-5/9	139	19.86
5/10-5/16	128	18.29
5/17-5/23	151	21.57
5/24-5/30	137	19.57
5/31-6/6	116	16.57
6/7-6/13	68	9.71
6/14-6/20	61	8.71
6/21-6/27	41	5.86
6/28-7/4	26	3.71
7/5-7/11	13	2.60



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7/28/20