



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

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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



	Ever had outbreak	Active outbreaks (cases in past 28 days)	Not Active (no cases in past 28 days)
Assisted living	417 (25%)	153 (9%)	1539 (91%)
Skilled nursing	204 (56%)	116 (32%)	248 (68%)

COVID-19 challenges for long-term care facilities



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

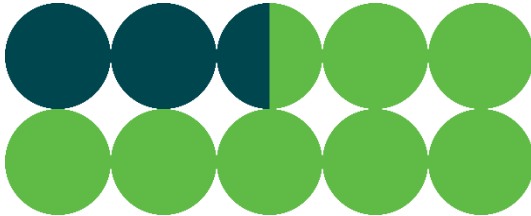
COVID-19 challenge for long-term care facilities



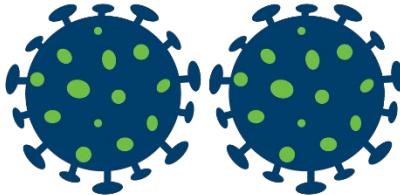
COVID-19 isn't hitting all long-term care facilities equally



2.5 in 5
nursing homes
have cases



2.5 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

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



- Developed testing criteria and a process for facilities to request testing services. This capacity was made possible through the Minnesota National Guard, as well as collaboration with health systems, physician services, and private entities.
- Contracted with health systems and other private entities for additional testing capacity to ensure LTC access to testing as part of the 20,000/day capacity moonshot
- Developed a state process for transitioning away from using the Minnesota National Guard for testing and providing sustainable testing efforts into the future by leveraging partnerships with outside vendors which includes but not limited to health care providers.

Point 2: Provide Testing Support & Troubleshooting



- Made significant progress in removing barriers to testing and streamlining the process as much as possible. Facilities and health care providers rely on a similar process around patient consent and have access to a range of testing resources and materials.
- Facilities without a medical director have access to an ordering physician which allows facilities to order tests and streamlines the process.
- Thanks to the testing partnership with Mayo and the University of Minnesota, we've been able to develop a streamlined billing process and guidance for tests processed through the state's testing workgroup. We're in the process of doing the same for COVID tests processed by other health systems.
- Implemented a Nurse Triage line is available to provide test results and information on COVID symptoms

Point 3: Get Facilities Needed Protective Equipment



- Developed a system for prioritizing and disbursing PPE to LTC facilities.
- Distributed pulse oximeters to LTC facilities that submitted a request
- Provided emergency response system with an emergency supply of PPE for LTC

Point 4: Ensure Adequate Staffing Levels



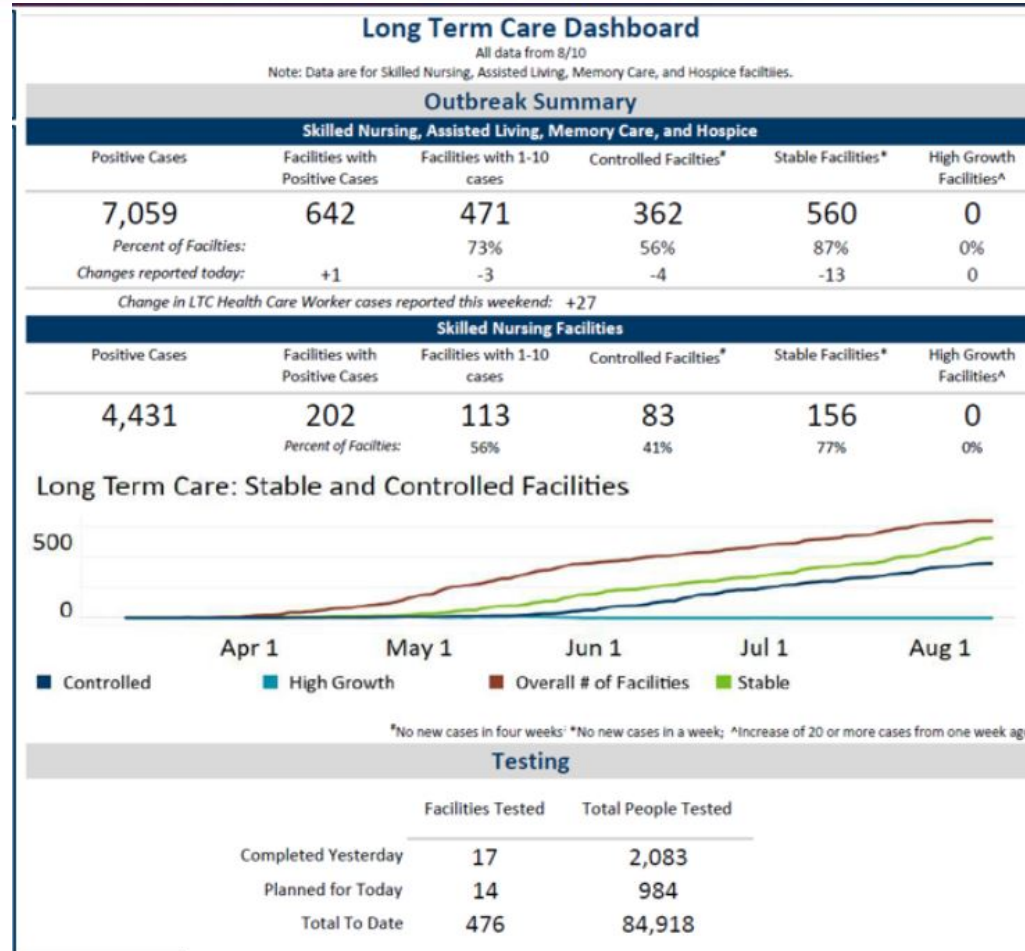
- Through a scheduling software system, we've been able to develop a process for reporting and identifying staffing shortages. Facilities with staffing needs are connected with available staff.
- Implemented a crisis staff manager team to provide technical assistance to facilities, identifying at-risk facilities through a ranking and prioritization process.
- Developed triggers highlighting when a facility is in need of additional staffing.
- Built a notification system and staff shortage fulfillment system

Point 5: Leverage Partnerships



- Leveraged partnerships with local public health, healthcare coalitions, hospitals, health care systems, EMS, and emergency managers to improve LTC testing, staffing, patient surge capacity and discharge, and training and guidance.

Updated 5 Point Battle Plan 8/10/2020



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.
- Stable and controlled facilities, testing rates

Thank you!



Together, as One Minnesota, we can save lives.

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