COVID-19 and Long-Term Care Facilities

Commissioner of Health Jan Malcolm

House HHS Finance Committee | June 5, 2020

COVID-19 and Long-Term Care in Minnesota

- Long-term care facilities faced serious challenges well before COVID-19
  - Chronic staffing shortages
  - Infection control challenges in all settings (acute and LTC)
- COVID-19 has amplified these difficulties

COVID-19 and Long-Term Care in Minnesota

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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

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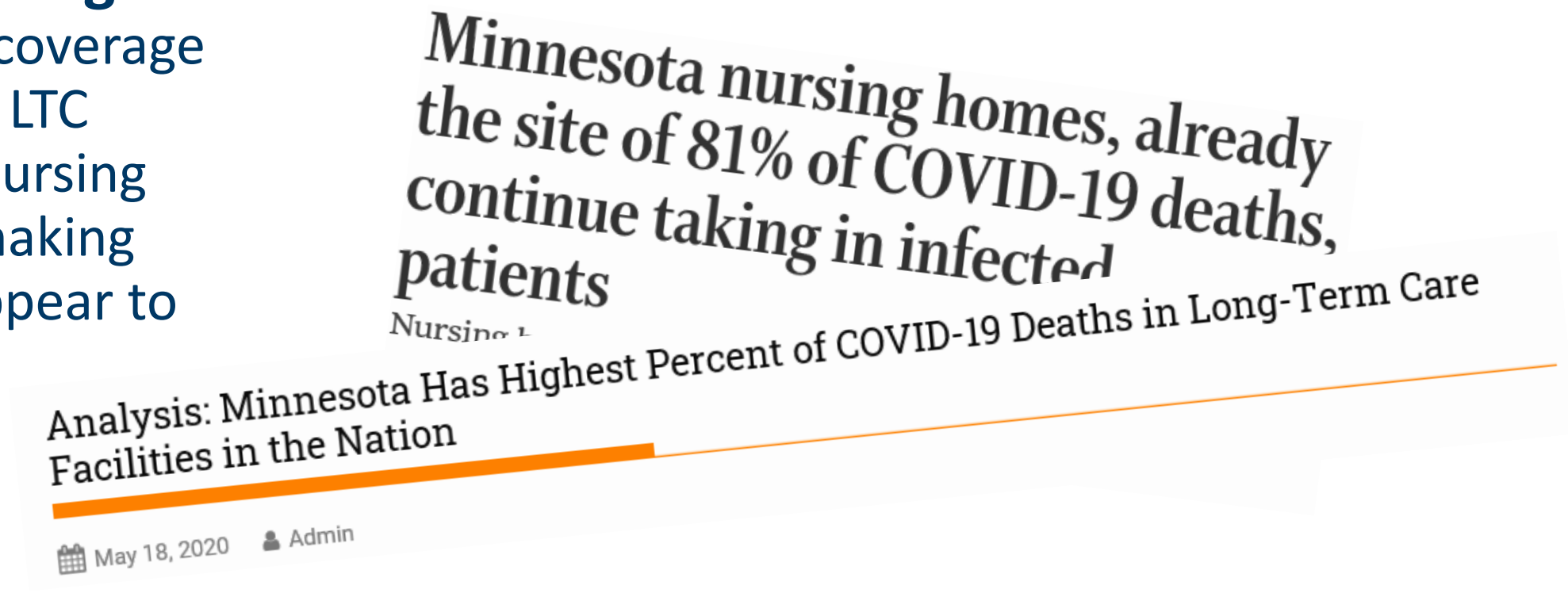
Apples to oranges:

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



Total Resident Cases and Deaths by State: CMS Nursing Home Data

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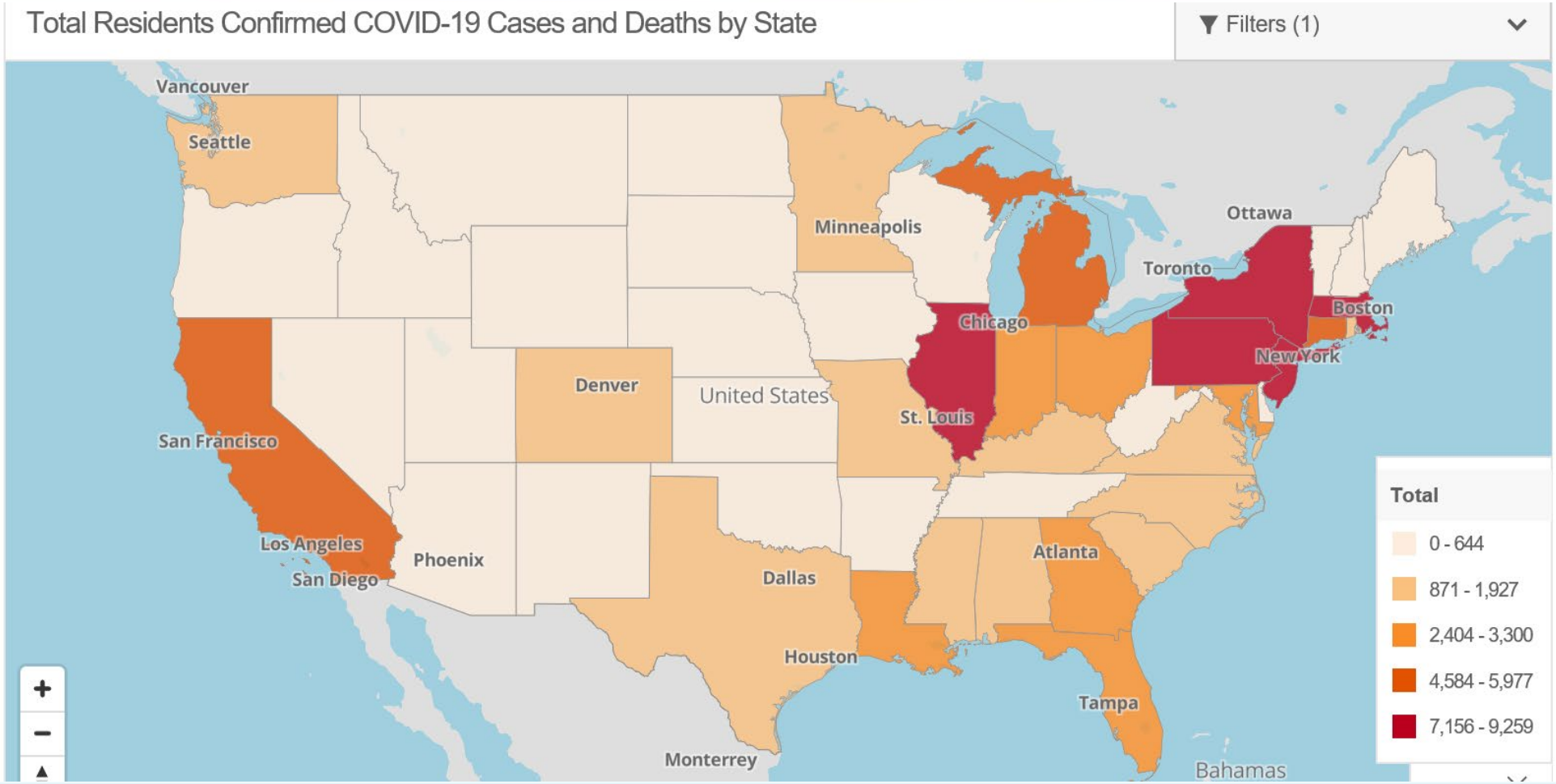
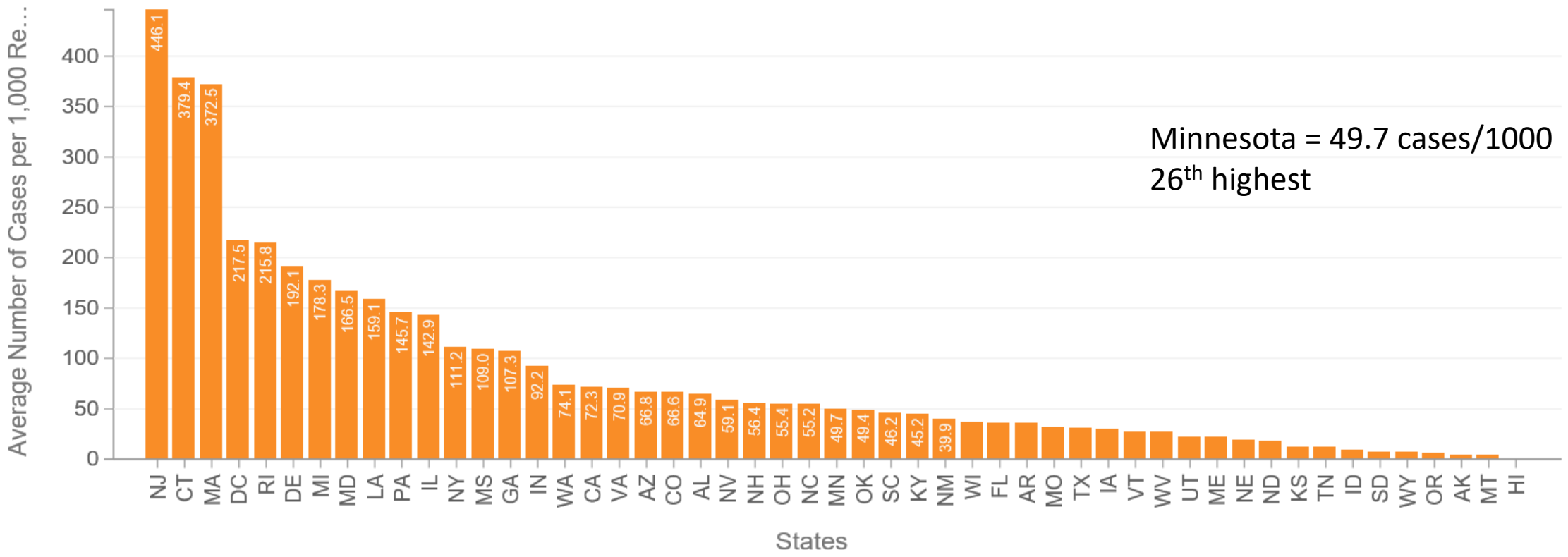


Resident Average Cases per 1000 Residents



Minnesota = 49.7 cases/1000
26th highest

Resident Average Deaths per 1000 Residents

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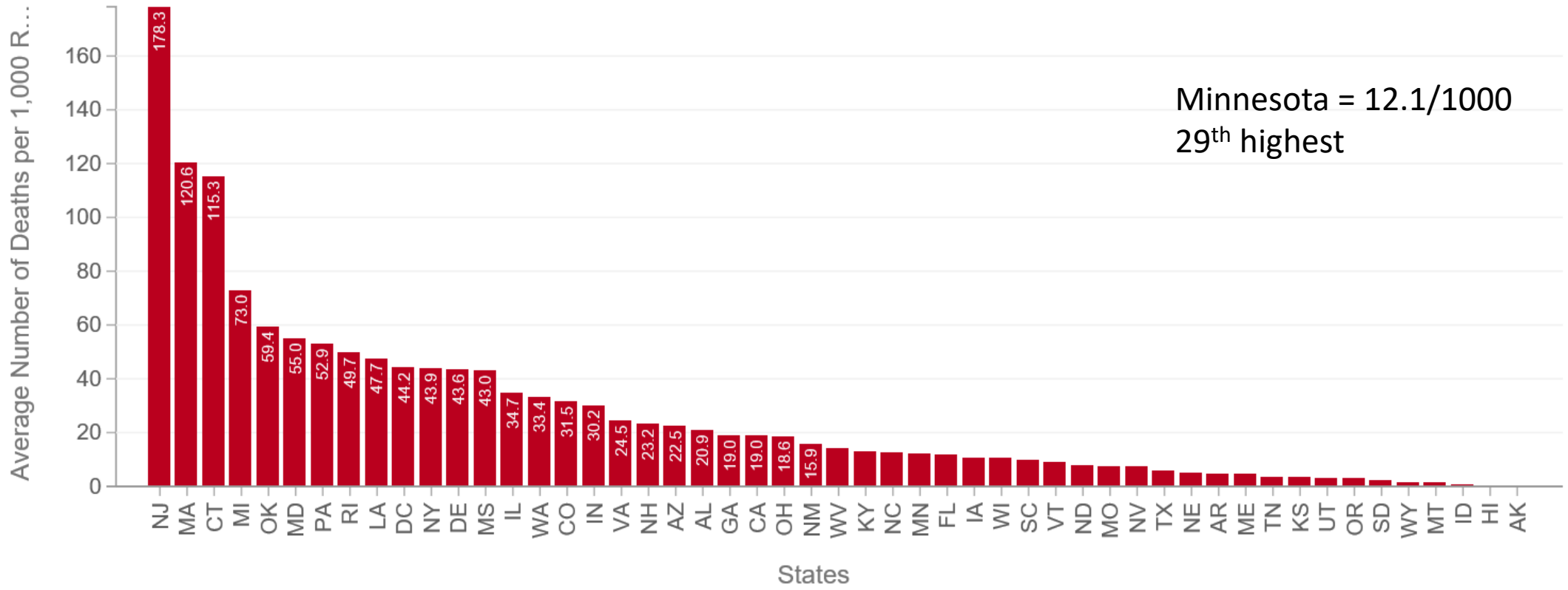

Minnesota = 12.1/1000
29th highest

Statistics

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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 (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

Outbreaks at Congregate Living Facilities over Time

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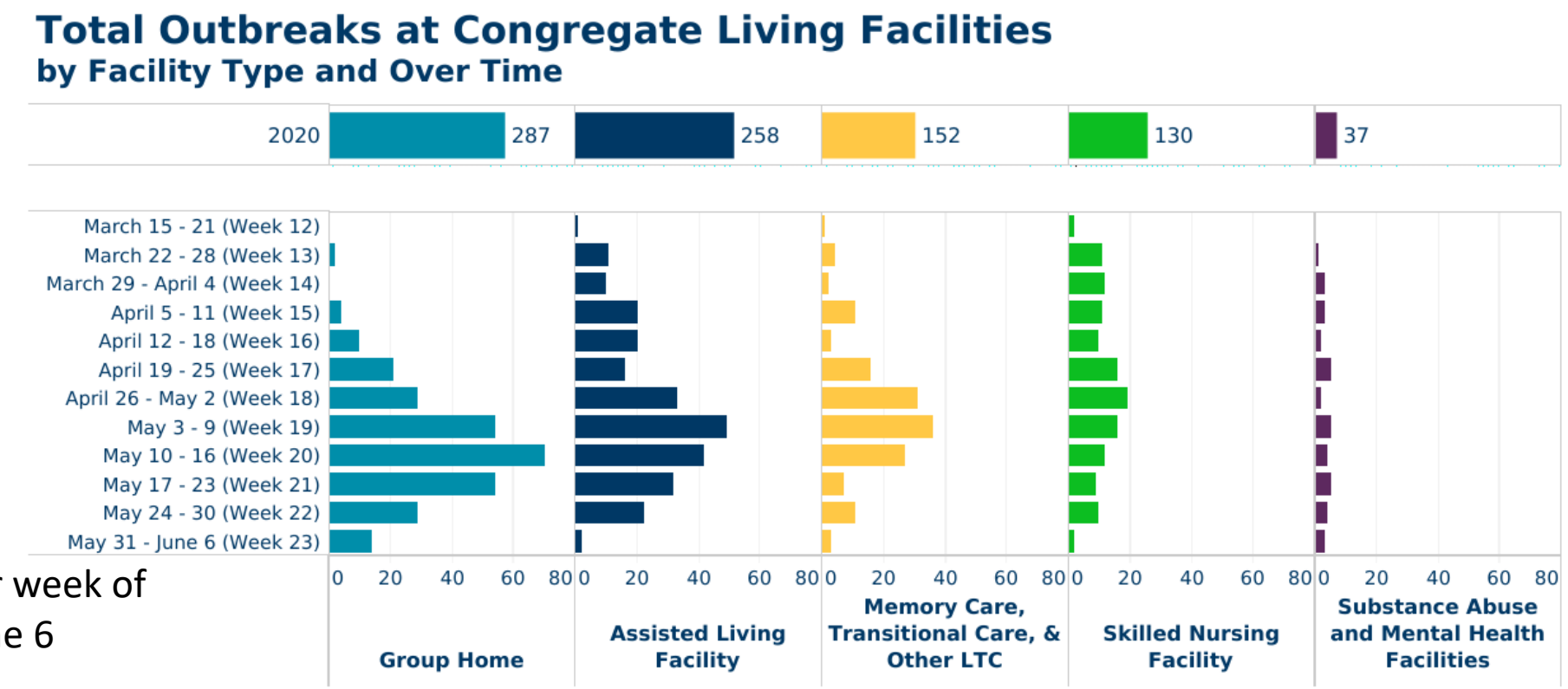

Data lag for week of May 31-June 6

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 6/3/2020---Week 23 is still in progress. Other Long-Term Care includes Adult Foster Care and Hospice facilities, as well as other communal living facilities. As of 5/27/2020, there were 9 outbreaks at corretional 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. The number of new outbreaks in congregate living facilities appears to be declining; there are still a substantial number of congreate living facilities with no known cases.

Outbreak Summary and Testing Information

- A number of different factors determine best interventions:
  - Case numbers and/or deaths at the facility
  - Regulatory history of the facility
  - Known staffing shortages
  - Known lack of personal protective equipment (PPE)
  - Sister facility with outbreak
- Interventions include:
  - Case manager assignment
  - Onsite visits
  - Staffing or PPE assistance from SEOC
  - Outreach to Ombudsman or Local Public Health
  - Testing

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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

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- 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 51 long-term care facilities, including over 14,000 residents/staff.
  - Roughly 140 facilities report that they have done full-facility testing using their own staff or an existing provider partnership.
  - **Altogether, nearly 200 facilities and 26,000 individuals (residents/staff) have been swabbed in the last three weeks.**
  - More than 53 facilities are scheduled for initial or follow-up National Guard swabbing over the next two weeks.

Point 2: Provide Testing Support & Troubleshooting

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- Reduced barriers to testing in facilities—including complications around billing and ordering physicians.
  - Finalized a 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 500 have responded; roughly 200 will do testing on their own, some are requesting testing supplies or a swabbing team

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 additional Guard members to increase our capacity by 500 additional people tested each day.

Point 3: Get Facilities Needed Protective Equipment

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Worldwide shortage of PPE continues to be a challenge.

- The Critical Care Supplies work group began in mid-March.
- Because of extreme difficulty in sourcing PPE, we required facilities to be in crisis inventory situations (meaning they had only 0-3 days of supply) before the state would fulfill their PPE requisitions.
- We have developed a more stable supply chain, we are now able to fulfill requisitions from facilities when they reach a less critical 4-7 day inventory. The warehouse is currently averaging 80-100 shipments daily.
- The state's PPE warehouse inventory is intended to be supplemental. All facilities are expected to continue to source PPE through their usual supply chains. In addition, they are expected to use the conservation guidelines issued by the CDC and MDH.

Point 3: Get Facilities Needed Protective Equipment

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- 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.
- As of June 2, 2020, approximately 1,400 requests have been made by LTC facilities.
- Approx 62% of requests have been fulfilled.
- LTC accounts for about 55% of the total number of requests to date.
- As of June 3 we have distributed to long-term care:
  - 126K cloth masks (18% of total distributed),
  - 605K face masks (54% of total),
  - 110K face shields and other eye protection (63% of total),
  - 3.4M gloves (66% of total),
  - 100K gowns or gown alternatives (62% of total), and
  - 108K N95 or similar respirators (18% of total)

Point 4: Ensure Adequate Staffing Levels

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- Finalized and released Aladtec 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

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- Finalized and distributed long-term care toolkit to over 2500 long-term care facilities.
  - Also available on the MDH website with over 1,450 clicks since this last week and has been highlighted on the weekly calls with long-term care providers.
  - Further education on the toolkit has been provided to county local public health representatives via a webinar which was also 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

- Since April 16, MDH staff conducted infection control and technical assistance onsite visits with 207 facilities, and more are scheduled in the coming days.
  - Have more than tripled our staffing levels to ensure this service continues to accelerate.

Hospital Discharges and Transfers

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- Transmission from patients coming from hospital into LTC is unclear. We are not aware of any facilities whose outbreaks started because they accepted a COVID+ patient from a hospital.
  - 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.
- CMS regulations say that a nursing home can accept a resident diagnosed with COVID-19 only if the facility can follow CDC guidance for Transmission-Based Precautions.

Hospital Discharges and Transfers

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- CMS requirements:
  - For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available.
  - If there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability).
  - When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).
- MDH Completed onsite visits at all 362 nursing homes in Minnesota with a special focus on infection control.
  - Resulted in 163 deficiencies
- Patients have rights upon discharge from a hospital. MDH does not have the authority to interfere with the patient's choice of facility.