



Helping Minnesota's Long-Term Care Facilities Prevent and Address COVID-19

Jan Malcolm, Commissioner

April 30, 2020

Long-term care (LTC) facilities face an elevated risk of COVID-19 outbreaks due to:

- Residents' advanced age and underlying medical conditions.
- Congregate care setting leads to closer contact with more people.

MDH weekly calls with long-term care facilities and provider organizations.

- Calls relay up-to-date information about the outbreak and guidance from MDH and CDC.
- Most recent call had ~1,500 participants.

When COVID-19 is confirmed in a LTC setting, MDH starts an investigation that includes:

- Initial calls with facility administrators and clinical staff and MDH surveillance.
- Infection prevention work.
- Healthcare worker exposure workgroups.
- Case interview and contact tracing to identify exposed residents and healthcare staff.

MDH developed guidelines for resident, health care personnel, staff contact tracing and exposure risk assessment. Measures include:

- Isolation or cohorting of ill residents and quarantine for exposed residents.
- Review precautions and types of personal protective equipment needed.
- Visitor restrictions and canceled activities.
- Disinfection and cleaning.
- Offer virtual facility infection control assessment by infection prevention team.
- Provide COVID-19 monitoring tools for health care workers.

Each facility with an outbreak is assigned MDH case manager to work with them daily to:

- Help merge MDH guidance with facility requirements and needs.
- Reach out to MDH and/or SEOC depending on needs.
- Assist facilities with safe transfer of patients with COVID-19 to their facility, or transfer of resident from facility with an ongoing COVID-19 outbreak to facility without an outbreak.
- Ensure facilities have tools/resources to safely care for residents.

Addressing Emergent Issues

MDH and State Emergency Operations Center address emergent issues with LTC facilities in a two-pronged approach: *current response* and *long term planning response*.

Actions include:

- Offering potential resources (such as staffing) to address critical issues.
- Building a crisis team to immediately respond to facilities at risk of being overwhelmed.
- Providing an SEOC information line to help LTC workers with resources specific to their needs.
- Determining who can help and where with fast-moving outbreaks in LTC facilities.
- Refining processes based on the ongoing situation and better understanding of needs.
- Reviewing data sets to identify high-risk facilities with past infection control issues. Determine whether they need assistance to implement MDH guidance.

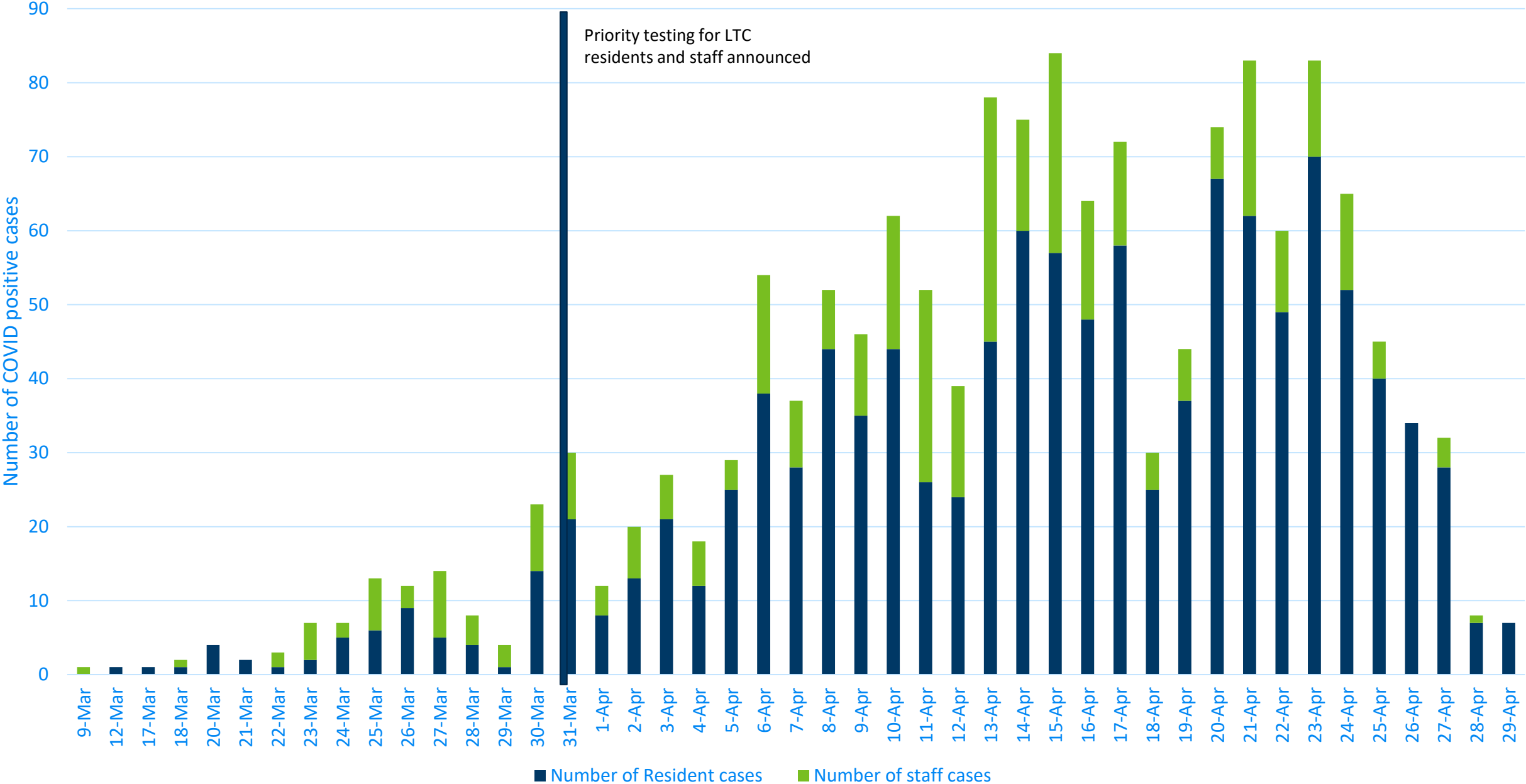
Over the past week we have been adding testing capacity. On Wednesday we had 3,279 test performed, and we are adding more capacity daily. We share the priority of testing in LTC.

- We started to see the first cases in LTC in late March. This is why on April 1, 2020 we made testing of residents, staff, and health care workers in LTC our number one priority via a HAN.
- As a result of this focused/targeted testing we have identified many cases and deaths in this population.
- However, testing alone is not the solution—it is one very critical part of a comprehensive response.
- We are aware of facilities in which aggressive testing of residents was used to successfully contain the outbreak; however, we know of other situations in which there was aggressive testing yet cases continued to climb.

- Testing must be combined with effective infection prevention and control measures.
- Additionally, testing must be repeated as negative results are just one point in time.
- We are working with CDC to determine an appropriate repeat testing protocol once a point prevalence survey has been conducted in a facility.

Laboratory-confirmed COVID-19 Cases, Minnesota										
Case Fatality Rates by Age Group and Residence Type										
Data current as of 4/29/2020 ~16:00. Analyzed 4/30/2020.										
Age Range	Total Cases	Deaths	Overall Case Fatality Rate	Total Cases Residing in LTCF	LTCF Deaths	LTCF Case Fatality Rate	Non-LTCF Case Fatality Rate			
All	5136	343	6.7%	963	271	28.1%	1.7%			
20 - 45 years	2080	3	0.1%	24	2	8.3%	0.0%			
45 - 50 years	492	2	0.4%	15	1	6.7%	0.2%			
50 - 70 years	1495	59	3.9%	189	31	16.4%	2.1%			
70+ years	1070	285	26.6%	754	240	31.8%	14.2%			
80+ years	672	206	30.7%	533	181	34.0%	18.0%			
*Note, age categories are not mutually exclusive nor linear										

Cases in LTC Outbreak Facilities by Test Date (Staff and Residents)



- 62 of 375 nursing homes have cases and 73 of 1500 assisted living-type facilities have cases
- 231 LTC facilities with cases:
 - 96 facilities with 1 case
 - 37 with 2 cases
 - 93 with >2 cases (max of 157 cases in one facility)
- Over half of the facilities have two or fewer cases

Thank you.

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