

STAY SAFE MN

House Human Services Finance and Policy Committee

Commissioner Jan Malcolm and Assistant Commissioner Diane Rydrych
Minnesota Department of Health

COVID-19 Response Goals

- Slow the spread of the virus in order to...
 - Prevent as many deaths and long-term health problems as possible
 - Avoid overwhelming the health care system
 - Minimize pandemic impacts on businesses and the economy
 - Bridge to the day when safe and effective vaccines are widely available

COVID-19 Response Strategies

- Special focus on protecting those most vulnerable to severe illness
- Encourage safe mitigation practices in our communities, schools and businesses
- Make testing as accessible as possible to all Minnesotans
- Provide accurate information and push back against misinformation
- Use best data available to smartly, safely turn the dial on businesses and services

Prioritizing Long-Term Care Facilities

- Minnesota'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.

Support to Long-Term Care/Where We've Been



Statewide Healthcare Coordinating Center (SHCC):

- Prior to the Long Term Care Work Group, the SHCC assisted facilities during staffing crisis and took charge in initial testing efforts
- The SHCC initiated efforts to support LTC by setting up:
 - A call center that could connect LTC facilities in crisis with needed resources
 - A scheduling system to use as a resource for Long Term Care (LTC) facilities to find available staff during staffing shortages
 - Initial LTC sites to participate in a widespread Minnesota testing effort

Long-Term Care Supports in March-April

- State worked 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 helps with infection prevention, case interviews, and contact tracing.
 - Each facility with outbreak gets MDH case manager to help them.
 - Process established for facilities to request PPE from the state warehouse, issued guidance on PPE conservation.
- Testing capacity limited: **Statewide only 2,000 – 3,000 tests/day**

May 2020: Long-Term Care 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

Expand Testing: Strategies

- Emphasis on barrier free testing
- SEOC scheduling and logistics team
- REDCap survey to request swabbing teams
- Dr. Ruth Lynfield provides backup standing order
- Use of nurse triage line to communicate results
- Initial use of National Guard swabbing teams; transitioned to contracted swabbing teams

Expand Testing: Metrics

- State Emergency Operations Center (SEOC) LTC Testing metrics as of 12/31
 - **883** unique facilities have been tested at least once.
 - Nearly **270,000** staff and residents have been tested (may have been tested more than once).
 - We are still averaging about **10,000 people** and **100 facilities per week** with testing provided through one of the SEOC's contracted teams.
- More broadly, weekly PCR tests in LTC range between **~45,000 - 70,000** (does not include antigen tests).

Testing Support: Strategies and Metrics

- Strategies

- COVID Case Management
- Infection Control
- Testing Support Team to help facilities navigate testing guidance.
- Local Public Health (LPH) provided liaisons to LTC facilities during PPS testing events.

- Metrics

- The COVID Case Managers (CCMs) have assisted **1600** SNF and ALFs.
- Total Facilities w/ Infection Control (ICAR) consultation: **340**

- REDCap survey for facilities to request PPE from the state warehouse.
- Proactive shipments of PPE to skilled nursing and assisted living facilities.
- Education materials for facilities to conserve PPE.
- Fit testing kits for regional health care coalitions to support facilities with fit testing of N95 respirators.
- Caches of PPE from the state warehouse to regional health care coalitions to support facilities with PPE needs, especially urgent needs.
- Connections between facilities and their regional health care coalition to identify vendors and establish more stable supply chains.

State PPE Distribution to SNF & AL		
	Skilled Nursing	Assisted Living
Cloth Masks	125,093	14,977
Gowns	123,522	221,441
Face Shields	144,443	173,035
Footwear Covers	18,096	18,902
Gloves	6,022,190	3,422,635
Respirators (Such as N95s)	105,010	2,567
Simple Masks	692,936	576,560

Table reflects total items sent from the state to assisted living and skilled nursing facilities from the beginning of the pandemic through 12/18/2020. Includes PPE sent proactively and from requests submitted in REDCap. Includes PPE from the Strategic National Stockpile (SNS), FEMA, donations, and state-procured.

Staffing Supports: Strategies

- SEOC Crisis Staffing Managers
- Facilities are asked to develop contingency staffing plans and focus on solving the problem locally with partners and the Health Care Coalitions.
- Crisis that can't be solved at the facility level are escalated to SEOC-LTC to review status, and evaluate for implementation of available resources such as:
 - Aladtec
 - Federal VA Nurses and Public Health Nurses
 - National Guard
 - Emergency Staffing Pool
 - Volunteer state employee redeployments

Staffing Barriers

- Historical staffing shortages in LTC facilities have been exacerbated by the current extreme shortage of workers in this field.
- Low wages make it hard to recruit. Staff are drawn from facilities to others with higher wages.
- Staff have left the long-term care field due to COVID considerations and health impact to self or others.
- Problems are more pronounced in rural communities who lack additional workforce and staffing resources.
- Health care workers are often care providers to school age children/impacted by remote education needs, as well as being caregivers for extended family members.
- Impending loss of federal support due to national shortages.

Staffing Supports: Metrics

Resource	Time period	Facilities supported*
Federal VA nurses	Spring (5/22 – 6/26)	19
Federal VA nurses	Fall (10/15 – present)	11
National Guard	Fall (10/3 – present)	11
Aladtech	May - present	91

* Some facilities may have been supported through multiple avenues

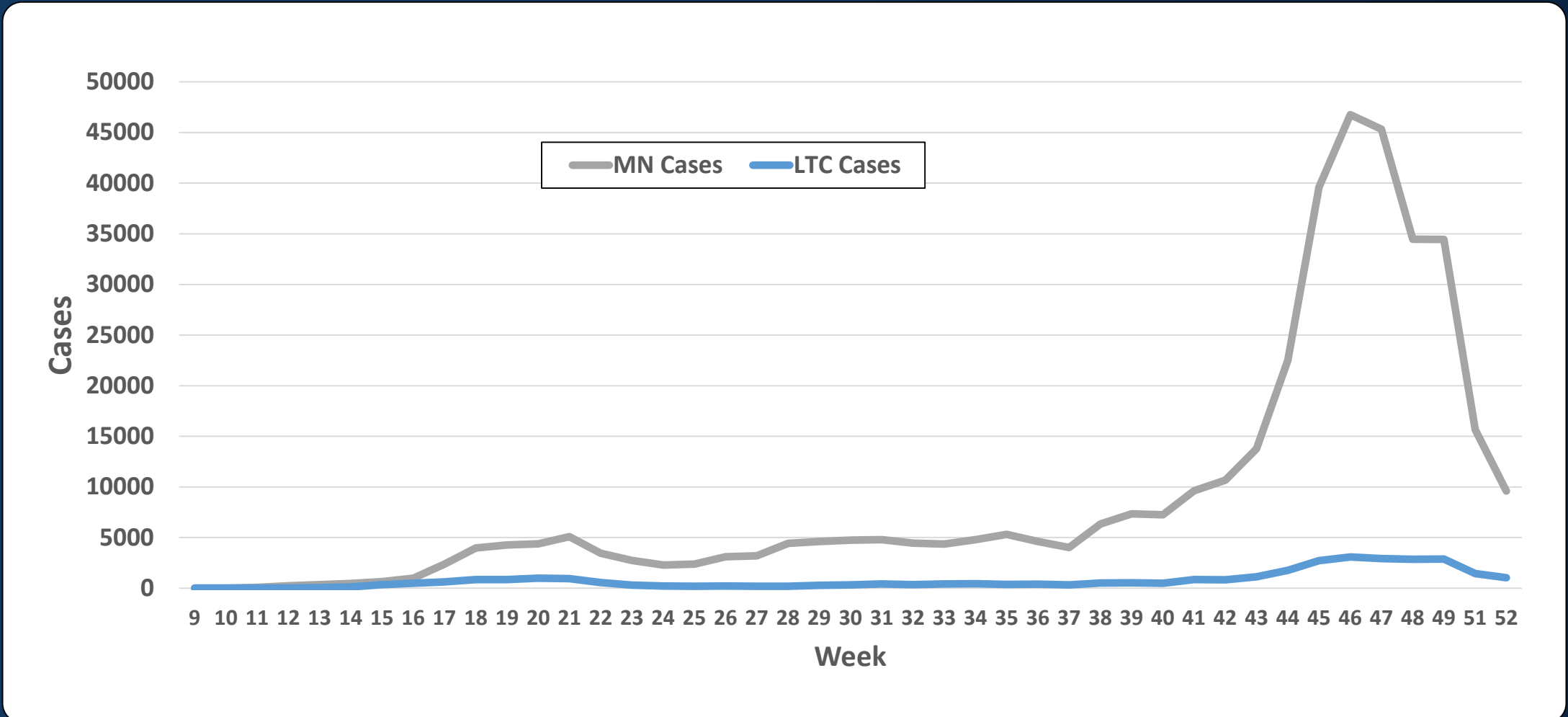
- Crisis Staff Managers currently supporting 17-20 facilities/week. Through fall/early winter, this ranged from 45-55/week

Leveraging Partnerships: Strategies

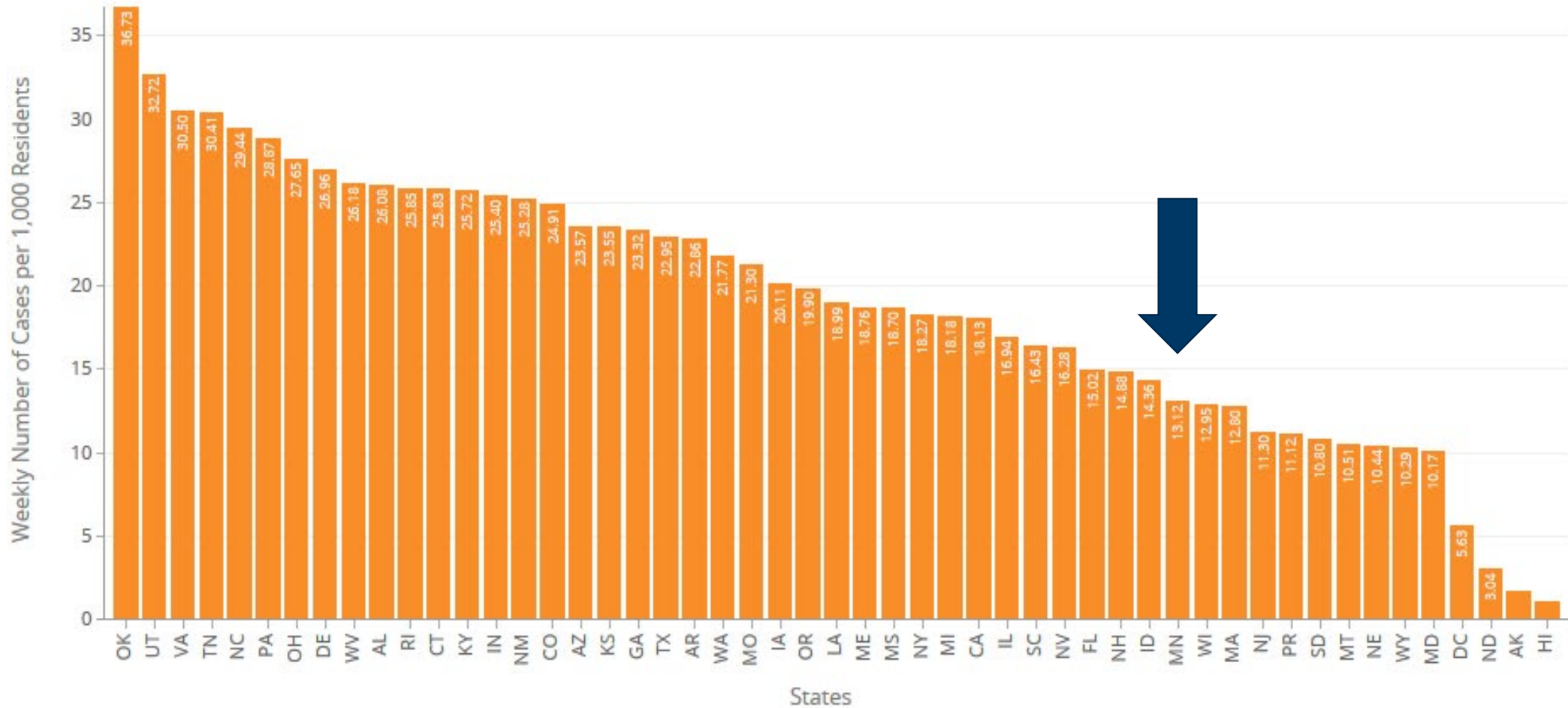
- The work of partner organizations is critical to implementing the LTC Battle Plan and supporting LTC facilities during COVID-19
 - LPH/Tribal Health (TH) provides support around infection control and crisis staffing planning.
 - LPH coordinates regular, regional LTC support calls.
 - Regional Healthcare Preparedness Coordinators (RHPCs) support distribution of PPE and coordinate regional response efforts with LTC.
 - LTC provider associations provide an important communication link between their members and our work.

- Throughout this pandemic it has been a balancing act to both protect our most vulnerable citizens from COVID being introduced into facilities and ensuring the social and emotional well-being of residents.
 - Residents isolated for months on end.
 - Reports of residents dying of loneliness.
- Visitation guidance from both the state and federal governments has evolved to reflect best practices and to better consider the overall wellbeing of resident in LTC.

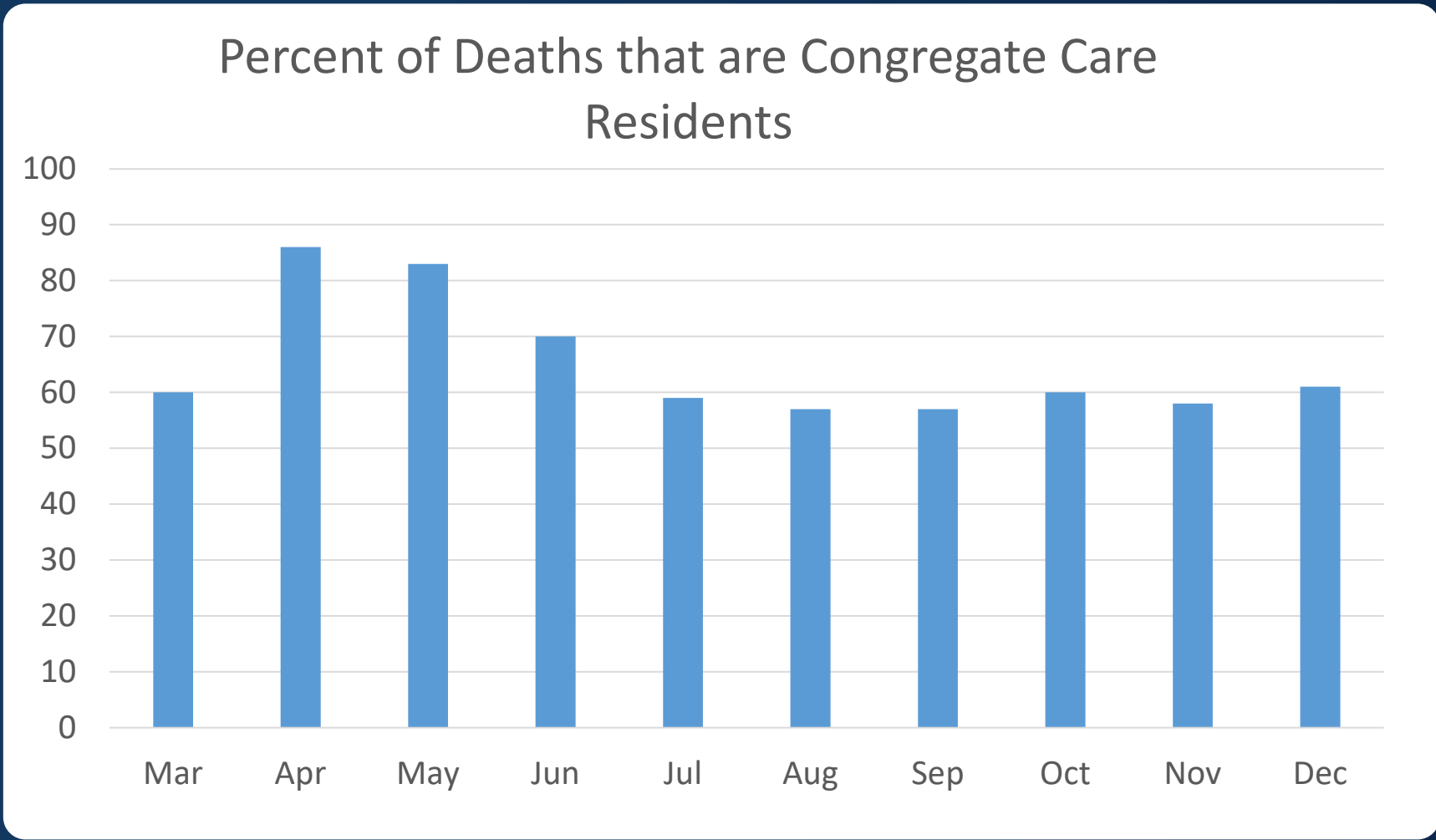
Total MN COVID-19 Cases and LTC Cases by Week



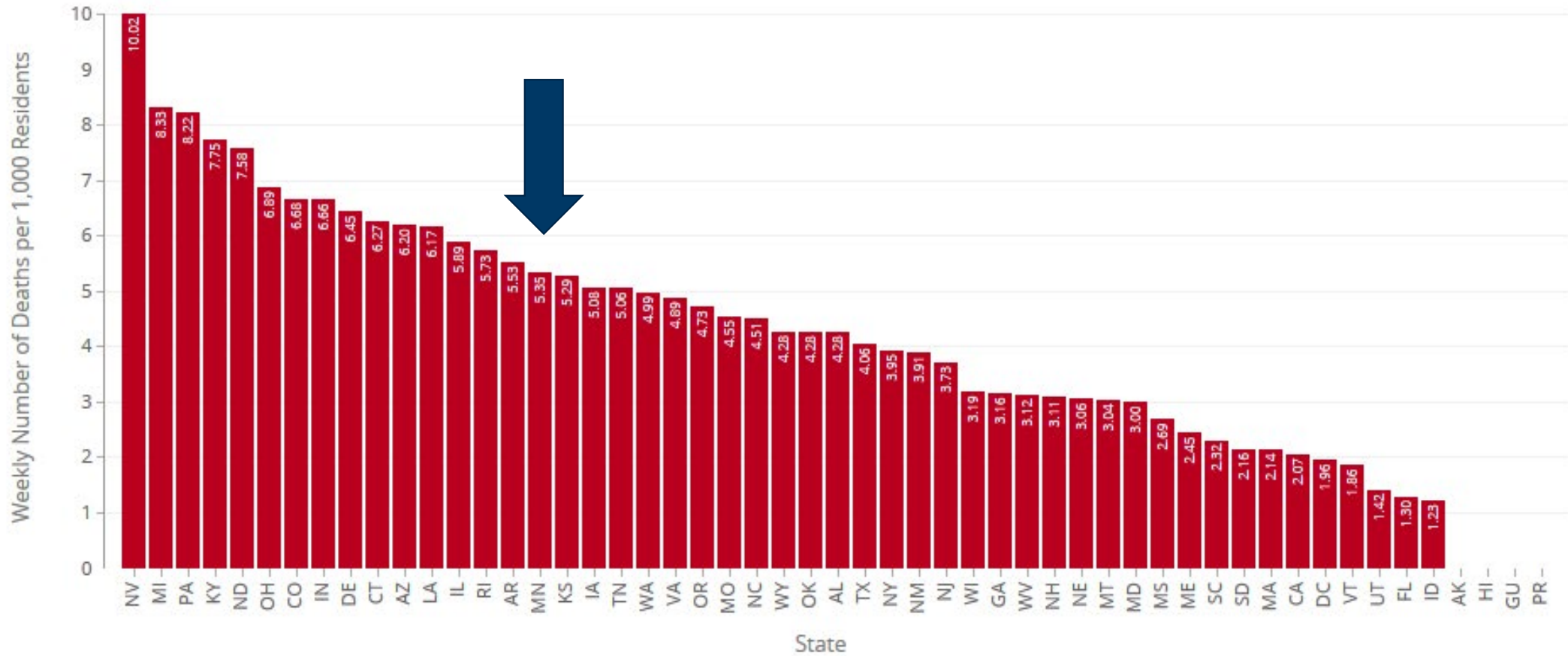
Resident Cases per 1,000 Residents (CMS)



Deaths in Congregate Care Cases % of Total MN COVID-19 Deaths by Month



Resident Deaths per 1,000 Residents (CMS)



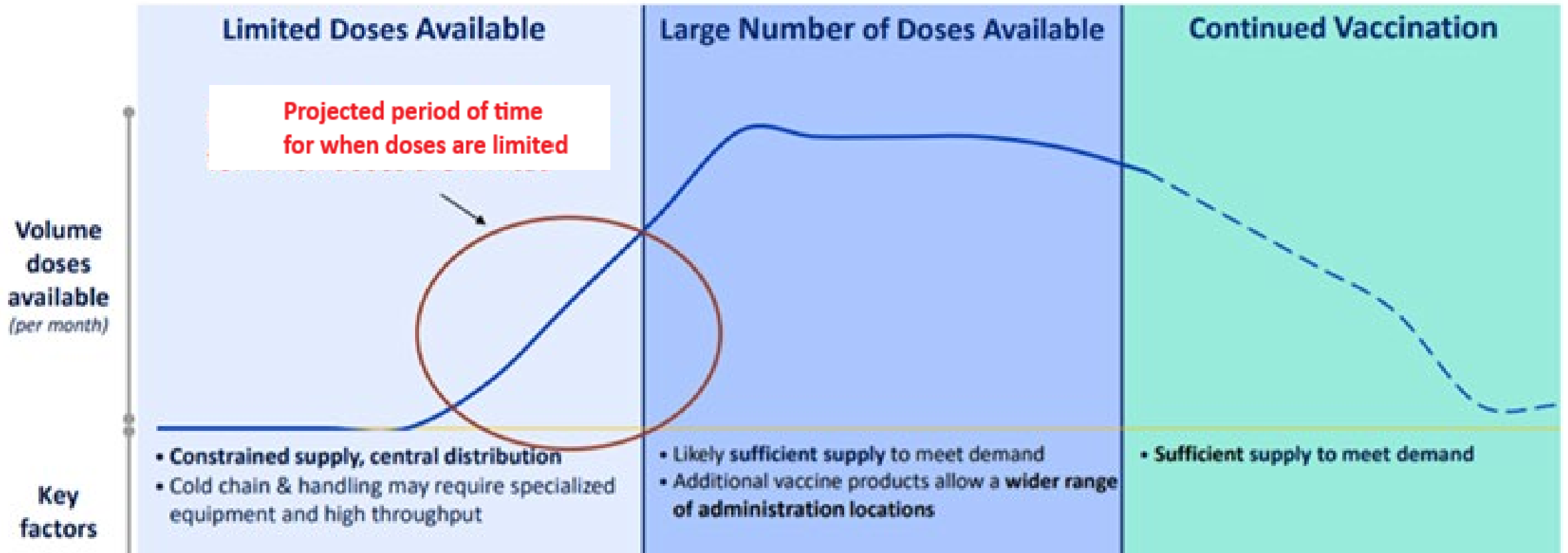
Assisted Living Licensure Update

- Legislature passed consensus transition language in 7th Special Session
- MDH-led stakeholder process for additional updates has begun
- ALL Rule public hearings next week:
 - Tuesday 1/21: 9:30 – 4:00
 - Wednesday 1/22: 9:30 – 4:00

State's Role in Vaccination

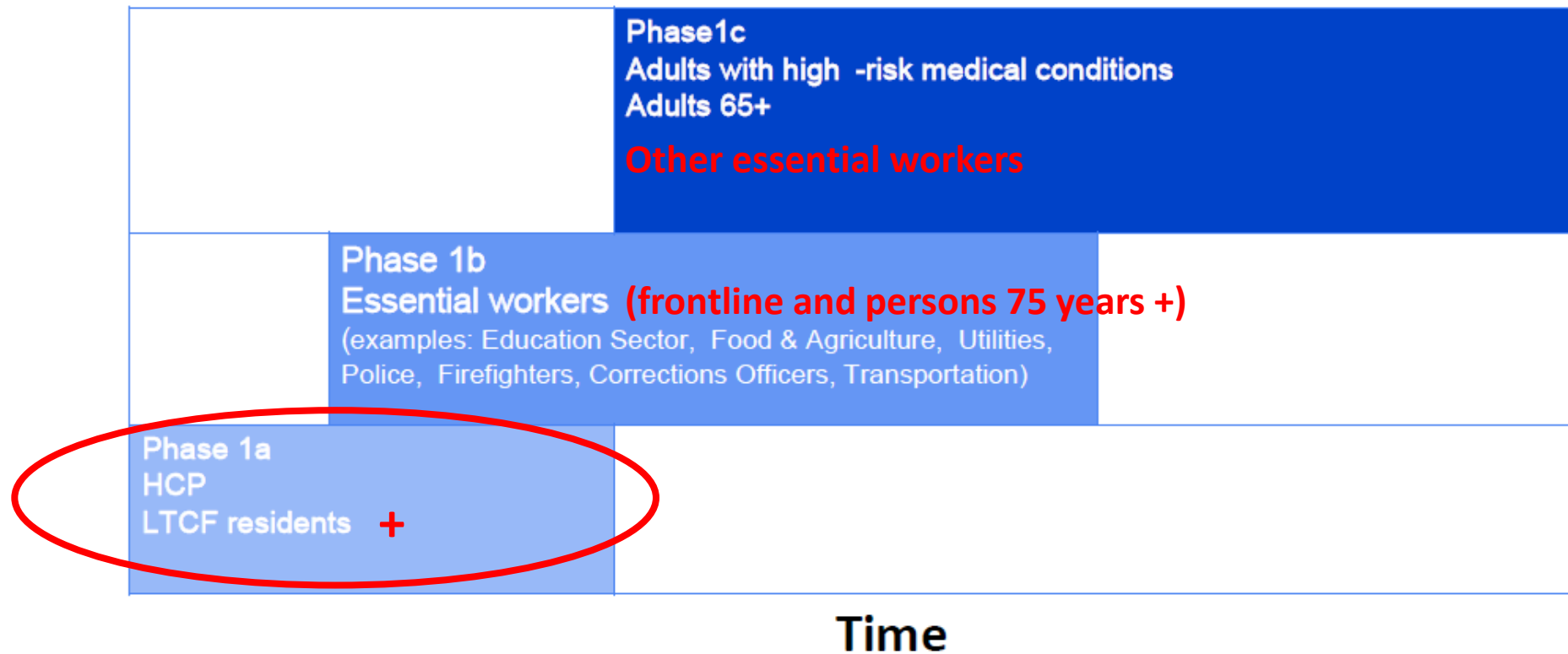
- Facilitation and oversight of timely administration of doses allocated to Minnesota
- Direct the federal government where in Minnesota to send vaccine
- Ensure safe administration by vaccine providers in Minnesota – mostly private health care providers and pharmacies at this stage

Phased Approach to Vaccination



Federal CDC Phase 1 Vaccination Sequence

Proposed Interim Phase 1 Sequence



Federal Pharmacy Partnership

- Had to reserve doses in advance before the program could begin, although federal program will not administer them all at once
- Pharmacies will visit each facility three times
- Pharmacies:
 - Order vaccines and associated supplies
 - Ensure cold chain management for vaccine
 - Provide on-site administration of vaccine
 - Report required vaccination data to the local, state, and federal jurisdictions (Do not provide break out by facility, staff/residents to state)

U.S. govt partners with pharmacy chains to increase COVID-19 vaccine access

CONTRIBUTOR
Minalika Roy — Reuters

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Weekly Regional Allocation and Distribution Process

- State receives number of new doses available for the following week on Tuesday (usually)
- State calculates doses available to each region of the state and sends to regional health care coalitions for them to determine local distribution
- Based on distribution numbers from regional health care coalitions, state staff place an order with the CDC on number of doses to be sent to each location(Allowed to begin placing orders on Thursday)
- Shipping from vaccine distributor timeframe varies: Sunday - Friday
- Doses arrive at hub sites, distributed further to spoke locations as needed, time varies
- Cycle repeats

- HHS announced updated vaccination guidance Tuesday, January 12
- No formal information or guidance to states since the announcement
- The allocation we received Tuesday revealed no increase over the previous week
- Possible upcoming allocation changes
- Removal of second-dose holdback
- Updated federal guidance has further accelerated our preparations for vaccination of general public

Minnesota Population by the Numbers

- Tier 1A: Approximately 500,000 Minnesotans
- 65+: Approximately 918,125 Minnesotans
 - Population of persons 75+ is 388,125
 - Population of persons 65-74 is 530,000
- 18-64 with underlying health condition: Approximately 1,334,696
 - Estimated that 40% of US population has an underlying health condition
 - Population of persons 18-64 is 3,336,741

Additional Vaccines on the Horizon

- Johnson & Johnson (Janssen)
 - Single dose
 - Preliminary phase 3 results expected in January
 - Possible approval in February if shown effective
- University of Oxford-AstraZeneca
 - 2 doses, 28 days apart
 - Status: Phase 3 clinical trial

Challenges and Uncertainties

- Health care workers choose when to get vaccine, need to stagger doses, etc. impacts pace of doses administered
- Program serving majority of long term care facilities run/oversight by federal government, limited view into it
- Future supply projections
- Complexity at the local level: Priority to not waste doses leads to some variation
- Continuing to learn about vaccine hesitancy