

Strengthening and preparing long term care facilities for disease prevention and control

Stories
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THE
Field

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CATEGORY: Epidemiology and Laboratory Capacity (ELC)

The Michigan Department of Health and Human Services increased staffing in nursing, data analysis, and infection prevention to support long term care facilities during the COVID-19 pandemic. The team responds to inquiries, completes site visits, and provides predictive analytics about disease transmission to help facilities respond to and prepare for outbreaks.



The “What”

The COVID-19 pandemic demonstrated the magnitude in which nursing homes and other congregated living facilities are vulnerable to infectious diseases. Long term care (LTC) facilities were impacted heavily due to lack of staffing, lack of personal protective equipment (PPE), lack of infection prevention expertise, and poor preparedness to respond to COVID-19's magnitude. Though Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) funding the Michigan Department of Health and Human Services (MDHHS) supported bringing in expertise for infection prevention in LTC facilities.

MDHHS increased their staff to include 20 subject matter experts in nursing, data analysis, and infection prevention. This team provided both remote and onsite assistance to LTC facilities through helping to secure PPE, assisting with patient transfers, validating facility prevention plans, and observing policies, procedures, and practice - all with a non-regulatory and consultative approach. Along with response to COVID-19 outbreaks, they assisted in preparing facilities for increases in cases before they occurred by using a data driven approach that included several metrics such as vulnerability indices and community transmission levels.



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The team has responded to nearly **4,000 inquiries** since **October of 2020** and completed **340 in-person site visits**. Predictive analytics were used to reach out to almost **1,800 facilities** prior to them reporting an outbreak.

The “So What”

Strengthening LTC facility preparedness plans, practices, and procedures will help to reduce the burden of future infections on our vulnerable LTC residents and staff. The team has responded to nearly 4,000 inquiries since October of 2020 and completed 340 in-person site visits. Predictive analytics were used to reach out to almost 1,800 facilities prior to them reporting an outbreak.

The team has also added depth to its Healthcare Associated Infections program. As the pandemic has waxed and waned, staff have shifted focus to other infectious disease priorities in long term care settings, such as antibiotic resistant "super bugs." They have also been able to expand their scope to other vulnerable settings like shelters, jails and prisons, dialysis facilities, and hospitals. The team has responded to over 350 inquiries not related to COVID-19.

The “Now What”

The non-regulatory approach and relationships built during the pandemic have been instrumental in building trust between facilities and MDHHS for problem solving and assistance around numerous non-COVID-19 infection prevention responses.

MDHHS is now attempting to replicate this model by providing funding and training to Michigan’s 45 local health departments (LHDs), so that they can function in a similar role to MDHHS. Currently, 24 LHDs in Michigan are undergoing Infection Prevention related training.

The additional depth has been instrumental to expansion of control and prevention of infections in healthcare and other vulnerable settings. Without this additional bandwidth the state and local health departments in Michigan would be limited to responding to only a handful of infectious disease priorities, certainly limiting the ability to do proactive preparedness related outreach, which may be critical to limiting the impact of the next epidemic or pandemic. With continued funding MDHHS can work to make sure the most vulnerable populations are not disproportionately impacted by routine or novel infectious disease threats.

Key contributors to this project include The MDHHS Infection Prevention and Resource Assessment Team (IPRAT); The MDHHS Surveillance for Healthcare Acquired and Resistant Pathogens Unit (SHARP); and Michigan’s 45 Local Health Departments.