Long Term Care: First Class Staff and Third-Class Recognition
By Emily Downing, MD, on behalf of the Minnesota Association of Geriatrics Inspired Clinicians

In response to recent stories about COVID-19 cases and deaths in long term care settings (“12 dead in coronavirus outbreak at nursing home in New Hope,” and “13 dead from COVID-19 at Catholic nursing home in Minneapolis, as deadly clusters grow”), our association of more than 100 geriatric physicians, nurse practitioners and other professionals hasn’t seen coverage that fairly or accurately describes what is happening in the congregate senior living settings that we support as medical directors and primary care providers.

What is true is that COVID-19 disproportionately impacts the lives of older Minnesotans and their families. The pandemic is particularly impactful in nursing home and assisted living communities who serve our frail elderly. Each day these communities house and support around 100,000 vulnerable adults.

There have been numerous headlines about COVID-19 deaths in senior communities with negative connotations of suboptimal care. It is disheartening when the unsung heroes of this pandemic are the workers showing up each day to provide care and support to some of the most vulnerable Minnesotans. Long term care workers are putting their own lives at risk to ensure our loved ones are cared for and safe – but for some reason, this has not merited front page positive attention.

Providing daily care support is physically and emotionally demanding. Staff are working hard to ensure vulnerable Minnesotans receive the services they need. There are many senior communities with staff who are working extra shifts due to covering for staff who are quarantined. The staff should receive praise for their tireless efforts to care for our vulnerable population.

The lack of an adequate supply of personal protective equipment (PPE) is also a concern for slowing the spread of COVID-19 and adequately protecting staff and residents. Like many healthcare settings, senior communities are doing what they can to extend their current limited supplies of gowns, masks, and face shields. Protecting staff and residents remains a top priority. Senior communities have done a remarkable job given the resources available to them.

Infection control and social distancing can be a challenge in senior communities due to the close proximity of resident rooms and double-occupancy rooms. The reality is congregate living settings have an increased risk of transmission from close living quarters and staff who come into the senior community each day, where our most vulnerable population live. Senior community staff are working diligently to keep COVID-19 either out of their community or preventing the spread by following guidelines aimed at keeping residents and staff as safe as possible.

As in the recent Star Tribune article by Chris Serres and Glenn Howatt highlighting deaths, there is also misinformation about “a patchwork of screening measures”. The reality is that screening measures and visitor restrictions are based on guidelines from the federal and state departments of health. It should also be made clear that senior communities are not withholding testing. Senior communities are
working with their providers and medical directors to test as tests become available. We all agree testing is a priority, but any blame cast on senior communities for lack of testing is misdirected.

Everyday workers across the state show up at nursing home and assisted living communities with the personal mission to serve. They deserve our accolades, our support, and our sincere thanks. As clinicians in geriatrics working alongside our senior community colleagues, we want to highlight the very important role you have in caring for our vulnerable population and acknowledge the first-class care you are providing to Minnesota’s frail elderly.

**About MAGIC** - The Minnesota Association of Geriatrics Inspired Clinicians (MAGIC) is a membership organization whose purpose is to support its members as they advocate for, and serve those, with complex medical needs. Its predecessor organization, the Minnesota Medical Directors Association, was founded in 1978. Website: www.minnesotageriatrics.org

Respectfully,

Dr. Emily Downing, MAGIC President