

Crisis Standards of Care Phase II Resource Load Balancing Task Team

February 02, 2023

2:00pm – 4:00pm

Agenda Items

Approx. Time

2:00p.m.	Welcome and Introductions	Sheena Schmidt, KHI
2:15p.m.	Purpose and Scope	CAB and TAP Liaisons
2:30p.m.	Review State Plans & Determine Template for Guidance	
	Confirm Lead Authors and Reviewers	Sheena Schmidt, KHI
3:40p.m.	Questions for Team:	Group Discussion
	- Questions for CAB and TAP	
3:55p.m.	Next Steps	Sheena Schmidt, KHI

Meeting Materials

Agenda; Resource Load Balancing Membership List; Key Findings from Environmental Scan; Arizona Crisis Standards of Care (RLB portions); Colorado Crisis Standards of Care (RLB portions)

Attendees

RESOURCE LOAD BALANCING (RLB) TASK TEAM			
Name	Title	Organization	Meetings Attended
Alice Weingartner, MEd	Chief Strategy Officer	Community Care Network of Kansas	
Ami Hyten, JD	Executive Director	Topeka Independent Living Resource Center, Inc	X
Carla Keirns, MD, PHD	Associate Professor	University of Kansas Medical Center	X
Chrisy Khatib, LBSW, LAC	Deputy Director, Adult Protective Services	Kansas Department for Children and Families (DCF)	X
Con Olson	KEMSA Administrator Society President	Kansas Emergency Medical Services Organization (KEMSA)	
Delmar White, MDiv	Pastor	New Mount Zion Missionary Baptist Church	
Devan Tucking	Response & Recovery Services Section Chief	Kansas Department of Emergency Management (KDEM)	
Dennis Cooley, MD	Pediatrician		X
Ed Bell	Preparedness Deputy Director	Kansas Department of Health and Environment (KDHE)	X

Glenda DuBoise, MS	State Director	Kansas AARP	X
Janet Kimbrell, CNA, CMA, CPM	Caregiver & Advocate		X
John Carney, MEd	Retired Executive	Center for Practical Bioethics	X
Kathy Keck	Caregiver & Advocate		
Linda Adams-Wendling	Board President	Kansas State Nurses Association (KSNA)	
Ron Marshall, MLS(ASCP)DLM, MHA	Director, Preparedness and Regulatory Affairs	Kansas Hospital Association (KHA)	
Steve Simpson, MD	Professor of Medicine	The University of Kansas Medical Center (KUMC)	X

Project Staff: Sheena Schmidt (KHI). Valentina Blanchard (KHI), Rebecca Adamson (KDHE), Hina Shah (KHI)

Welcome and Introductions

What is one item you want the guidance to address?

- Understanding how we can achieve a bidirectional flow from smaller hospitals to bigger hospitals and back
- Thoughts about how we can minimize the impact of resource issues during an emergency
- Ability for individual hospitals to declare a crisis and explore long-term care facility operations
- How we move the guidance document forward and how the end result will impact older adults
- Lived experience
- Navigating the difficulties present in the medical system
- Expanding on the document build last year and making it the best guidance we can make

Purpose and Scope

The goal of the task team is to draft the Resource Load Balancing (RLB) section of the Kansas Crisis Standards of Care Guidance (KCSCG) based off of evidence-based information and considerations recommended by the Community Advisory Board (CAB) and the Technical Advisory Panel (TAP).

The role of the liaisons is to help bridge CAB and TAP groups, so the KCSCG is not siloed between groups (i.e., hospitals and communities are separate and not working together).

Key Considerations

Key considerations to be addressed include lessons observed from COVID-19 resource impacts, how resource status and needs are reported, how patients and residents are moved between facilities, and Memorandums of Agreement (MOAs) and Memorandums of Understanding (MOUs).

Questions

- Are we addressing agreements among hospitals, between long-term care facilities, or between the two?

- The guidance document can be inclusive of both. Many hospitals and counties, or facilities across state lines in border counties, already have these agreements.

Discussion

- The agreements may also want to include ambulance services and facilities, as people have to get back and forth between big and little hospitals. It would make sense for these to be pre-existing.
- The group could consider a checklist of what to think about having in place.

Environmental Scan

Key findings from the five Resource Load Balancing research questions were reviewed. The full environmental scan is in the process of being reviewed for distribution.

- No questions or discussion by group

Proposed Outline

The proposed outline for the Resource Load Balancing Section of the KCSCG is broken down into four main sections: Prehospital and Emergency Medical Services, Hospitals and Acute Care Facilities, Long-Term Care Facilities, and Communication of Allocation Decisions. Within those sections, are sub-sections for Roles and Responsibilities, Alternate Care Sites, Resource Load Balancing Tactics (Transportation, Medical Resources, Staffing) and Special Populations.

Discussion

What are some indicators and triggers to decide how to ensure the best possible outcome?

- Information-sharing between facilities
 - An overwhelmed facility should not be transferring patients or residents to another facility that is overwhelmed as this creates more problems.
 - A centralized communication system may be the best way to address this. EMResource or a similar program (Arizona utilizes a Surge Line) would allow for near real-time bed availability. This resource is currently available but has not been implemented into LTC facilities.
- Step-down facilities
 - Designating facilities or appropriate places with services for patients who need care but may be at risk of infecting others (I.e., a patient no longer needs acute care in a hospital, however, would expose residents at a LTC facility if transferred there).
 - Some managed care companies have tried to get facilities to designate a wing for those in “transition,” but you must have the appropriate staffing.
 - A step-down could also mean a step home with other services in place (e.g., telehealth, respiratory therapy, access to medications). If community resources can be activated and keep an individual at home, it puts less burden on the facilities.
- Facilities need to be encouraged to speak the same language – there isn’t an agreement on triggers between facilities.

What are equity considerations?

- Resource load balancing is the way to overcome or mitigate geographical disparity as well as racial and ethnical disparities
- There is a risk in assuming all populations can use the internet functionally to answer questions about their health status, whether it be at home or in a facility, which can make individuals reluctant to seek health services.
- The group should consider the skillsets available in rural areas and adapt recommendations and guidance to those anticipated skillsets.

Concept of Operations

- The first section of 'Prehospital and Emergency Medical Services' may need to be expanded to terminology more encompassing of emergency response in general.

Special Populations

- May include the following: pediatrics, adults who could benefit from support in decision-making (e.g., Alzheimer's/Dementia, neurological impairments, IDD, those without a caregiver, those with communication barriers)
- Recommendation to pull this section out, rather than repeat it under each phase.
- Facilitator suggested asking CAB about which special populations may be important to address

Questions for CAB/TAP, Experts to Hear From

- KDEM's responsibility and role during a crisis?
- Transportation/Ambulance representative
- Critical access CEO or someone involved at that level
 - Mid and large hospital staff as well
- Resources provided:
 - Mitigating inequities and Saving Lives with ICU Trige during the Covid Pandemic .CRITICAL CARE Perspective (Dec 2020)
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7874325/>

ACTION ITEMS

- Email articles sent by Doug White to group regarding equity and state efforts in Arizona (KHI)
- Ask KDEM to provide overview of their roles and responsibilities (KHI, Devan/Jonathan)
- Get EMS perspective on what works or doesn't work for transportation (KHI, Con Olson/Joe House)