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Environmental Scan and Literature Review: Crisis Standards of Care (CSC)

Background

[Detailed methodology will be included in appendix.]

Articles in this review were primarily identified through a PubMed search within EndNote using the following search terms: crisis standards of care, equity, disabilities, race, workforce, resources, scarcity, transparency, ethics, surge, triage, and staffing. Certain state Crisis Standards of Care (CSC) plans were reviewed to address the priority research questions listed below. Final methodology, including specific search terms and exclusions, will be compiled when the review is finalized. Key findings and research methods were taken directly from the articles, government documents, and law reviews.

The Minnesota, Colorado, and Arizona Crisis Standards of Care guidelines reviewed were selected because the plans are featured resources in the TRACIE Healthcare Emergency Preparedness Information Gateway, and other national sites. While no reviews rate quality, these states did well in national comparisons for completeness and for meeting review criteria. Each of these plans addresses the core research questions and can serve as a model for content, key considerations, and planning.

While all plans shared similar content areas, plans differed in the level of detail. In contrast to the Minnesota plan with a high-level operations plan and several attachments serving as stand-alone guides, the Arizona plan is very detailed in its Clinical Concept of Operations. Colorado's plan is the longest, its operations detail level falls between the other two states and includes lengthy resource sections in the appendix. All plans have been updated in the past two years with Colorado's posted plan being updated most recently. The output of this review is organized into "evidence tables" that are focused on specific areas of focus which were translated into research questions.

Articles and state Crisis Standards of Care guidelines cover multiple areas of focus and are included in multiple evidence tables. Relevant findings in each evidence table reflect the research question. The tables were created to facilitate writing for Phase 2 of the Kansas Crisis Standards of Care Guidance. This document was not written for publication and therefore may include abbreviations, phrasing, and other elements that do not adhere to the publication style for the organizations charged with producing it. Finally, this is a draft and should not be reviewed as complete or final – missing or needed sections can be added during for already reviewed articles.

Long-Term Care Services and Supports (LTSS)

Background

[Detailed methodology will be included in Appendix A.]

Many states have updated their crisis standards of care (CSC) guidance to address the unique challenges posed by the COVID-19 pandemic and to address the health disparities and racial/ethnic injustices highlighted during the pandemic. While many frameworks, guidance documents, and resources exist to help healthcare systems and stakeholders prepare for and respond to emergencies with CSC) few specifically address the needs of long-term care facilities (LTC).

The Johns Hopkins Bloomberg School of Public Health developed guidance on protecting individuals in Long-term Care Facilities (LTCF) to promote preparedness and response efforts within the facilities. Their recommendations include improving situational awareness, ensuring proper infection prevention and control, maintaining adequate staffing levels, supporting screening and testing of residents and staff, isolating sick and quarantined residents, and reducing the risk of staff and resident exposure.

The Arizona Department of Health Services has developed specific long-term facility COVID-19 guidance that mirrors the recommendations of Johns Hopkins. The guidance includes sections on proper infection education, prevention and control; screening and testing of staff and residents; facility quarantine plans for residents and return to work plans for staff; and optimizing PPE and supply access.

The Post-Acute and Long-Term Care (PALTC) facility's emergency preparedness program and supporting emergency operations plan (EOP) also address the unique challenges posed by COVID-19, including: potential staffing shortages and limited resources; crisis communication; significant modifications to operations to prevent the spread of the virus; and coordination with other hospitals, PALTC facilities, local government, and PALTC organizations.

The Centers for Medicare and Medicaid Services (CMS) has established emergency preparedness requirements through its Emergency Preparedness Final Rule, which includes LTC requirements for emergency plans, policies and procedures, communication plans, training and testing, and emergency and standby power systems. The rule also includes interpretive guidance and surveyor's guidance for determining compliance.

The review output is organized into evidence tables that focus on specific areas of interest and are based on research questions. The articles and state Crisis Standards of Care (CSC) guidelines cover a range of topics and are reflected in multiple evidence tables. Each evidence table highlights relevant findings that align with the research question. These tables were created to support the development of updated Kansas CSC guidelines. Please note that this document is not intended for publication and may contain abbreviations, phrasing, and other elements that do not conform to the publication standards of the organizations responsible for

producing it. Additionally, this is a draft version and should not be considered complete or final. Any missing or needed sections can be added during the review of previously assessed articles.

Long-Term Care Services and Supports (LTSS) Research Questions

Q1. What communication strategies exist for long-term care (LTC) facilities during crisis standards of care?
Q2. How do states implement communication considerations into their CSC plans for LTC facilities?
Q3. What populations in long-term care facilities might be at risk of experiencing inequities as the result of CSC implementation?
Q4. What ethical considerations have been used to determine who gets scarce resources in long-term care facilities and who does not?
Q5. What is evidence-based practices or validated tools for guiding triage and clinical decision-making in long-term care facilities?
Q6. What strategies have been used to address long-term care staffing concerns during CSC implementation?
Q7. What role does long-term care facilities play in resource load balancing? Who are the decision makers?
Q8. What do older adults in long-term care facilities experience when hospitals are in crisis mode?

Q1. What public communication strategies exist for long-term care facilities during crisis standards of care (CSC)?

Summary of Evidence

During a crisis, public communication plays a crucial role in ensuring that all relevant stakeholders are informed and prepared to respond to the crisis. This communication must be an ongoing process, starting from the onset of the crisis and continuing until its resolution. This communication typically occurs through a variety of channels, including official statements and press conferences from government officials and public health agencies, as well as through social media and traditional news outlets. Public communication must take place from the start of a crisis until the end. Communication considerations are considered for most sections of state CSC plans. For many existing CSC plans, long-term care facilities may or may not be specifically mentioned in guidance or considerations. For plans to remain general and be applicable to different types of healthcare providers, “healthcare facilities” are used throughout guidance.

Findings from the reviewed CSC plans discuss strategies for enhancing communication and decision-making in long-term care (LTC) facilities, specifically for those receiving long-term services and supports (LTSS). These strategies include activating family councils, assigning staff as primary family contacts, utilizing gerontological social work students to assist LTC staff and requiring frequent virtual visitations. The plans suggest that to maintain the relationship between residents of LTC facilities and their families during the COVID-19 pandemic and future crises, the federal government, state and local leaders, and long-term care facilities should take proactive measures.[1]

Key Findings

- **Family Participation Enhances LTC Communication**: The families of LTSS recipients play a crucial role in improving communication within LTC facilities.
- **The Inclusion of a Long-term Ombudsman:** The inclusion of the long-term care ombudsman is critical to facilitate communication between family members, multiple providers and the residents.
- **Improving Communication Channels:** Strategies to strengthen communication channels in LTC facilities include activating family councils, assigning staff as family contacts, using social work students to support LTC staff, and encouraging virtual visitations.

Figure 1. What communication strategies exist for long-term care facilities during crisis standards of care?

Source Title, Date, Authors	Policy Area(s)	Description of the Resource	Relevant Findings
[2] Amid the COVID-19 Pandemic, Meaningful Communication between Family Caregivers and Residents of Long-Term Care (LTC) Facilities is Imperative, Edem Hado & Lynn Friss Feinberg, (2020)	COVID-19 Caregivers Communication Family Adult Care Homes Long-Term Care Pandemics Social Support Long-term care	This article is based on a blog published by the AARP Public Policy Institute on April 7, 2020. The article found that to contain the transmission of COVID-19 in long-term care facilities, federal health officials issued strict visitation guidelines, restricting most visits between residents and visitors. Many older adults rely on visitors and family care for social support and to maintain their health, well-being, and safety in long-term care facilities, and therefore need to stay connected to their families.	Families of individuals receiving long-term services and supports (LTSS) play an important role in improving communication in long-term care (LTC) facilities. These families assist with navigating the system, facilitate communication with providers and participate in shared decision-making. To improve communication channels between the resident, provider and family, the article suggests implementing several strategies, including activating family councils, assigning staff as primary contacts for families, utilizing gerontological social work students to assist LTC full time employees and requiring frequent virtual visitations. The inclusion of the LTC ombudsman may also be beneficial in facilitating these efforts.
[3] Long Term Care Requirements: Centers for Medicare and	ASPR Tracie	CMS Guidance and Final Rule document that provides recommendations on LTC facilities for	The communication plan must contain the following: Names, contact information and primary and alternative means to communicate for staff, service entities, residents' physicians,

Figure 1. What communication strategies exist for long-term care facilities during crisis standards of care?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of the Resource**	**Relevant Findings**
Medicaid (CMS) Emergency Preparedness Final Rule (2021). ASPR Tracie.	Communication Plan (Section C) Emergency Preparedness	how they must develop and maintain an emergency preparedness communication plan and review and update the plan annually.	other facilities and volunteers; Federal, State, tribal, regional, or local emergency preparedness staff; the State Licensing and Certification Agency; the Office of the State Long-Term Care Ombudsman; and other sources of assistance. The plan must also contain a method for sharing resident information and medical documentation for residents under the LTC facility's care, as necessary, with other healthcare providers to maintain the continuity of care. Must Also Contain: • A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4). • A means of providing information about the LTC facility's occupancy, needs, and its ability to aid, the authority having jurisdiction or the Incident Command Center, or designee. • A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.
[4] Crisis Standards of Care Brief: Public Messaging (2022). ASPR Tracie.	ASPR Tracie Defining Crisis Fair Decisions Personal Expectations and Action	The document outlines key aspects of crisis care to educate the public. It explains the concept of crisis care in a clear and concise manner, highlighting potential shortages of resources during a crisis and the process for making fair decisions in crisis care scenarios. Additionally, it provides an overview of	**What can the public expect?** • Healthcare facilities will do whatever they can to avoid rationing decisions. • As hospitals become more overwhelmed, patients are more likely to have poor outcomes or die compared to conventional (daily) operations. • Whenever possible, decisions will be made consistently and according to the best available evidence.

Figure 1. What communication strategies exist for long-term care facilities during crisis standards of care?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of the Resource**	**Relevant Findings**
	Public Communication Resource Shortage Examples	what the public can expect from their care during a crisis.	• Healthcare facilities will strive to avoid any bias or consideration of age, race, gender, disability, or other non-medical factors (excepting that advanced age may carry an independent increased risk for death – for example from COVID-19 – and may be included in consideration if that is the case). • Healthcare providers will always aim to provide comfort and relieve suffering, regardless of any shortage in resources. Providers will also seek second opinions when needed and will look for the best available evidence to help them make decisions. • The most common crisis care issue will be the lack of trained staff – hospitals will often need to use staff that are not as experienced with intensive care to work in those areas. **What can the public do?** • The only way to keep the healthcare system out of crisis is to prevent demand from exceeding the resources available. Reduce the burden on the healthcare system by following any public health guidelines, using emergency services only for emergencies, and asking others to do the same. • Understand and accept that the best care available may not be what you expect; there may be delays and limited choices of where you receive care. • Always seek care if you are experiencing chest pain, trouble breathing, possible stroke symptoms, or other emergencies.

Figure 1. What communication strategies exist for long-term care facilities during crisis standards of care?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of the Resource**	**Relevant Findings**
			• Make sure that you and your loved ones have documented your wishes for end-of-life care (e.g., if you would want to be on a ventilator for a prolonged period with little potential of survival, or if you would want aggressive treatment even if multiple body systems were failing). This can help ensure your wishes are respected and keep you from receiving treatments you may not want.
[5] Emergency Preparedness requires a Communications Plan (2014). American Health Care Association (AHCA), National Center for Assisted Living (NCAL).	Communication Plan Confidentiality Media plan Planning Ahead Stakeholders Team-based	Communication Plan Guidance outlines considerations for developing a comprehensive communication plan with a focus on media communication during a crisis.	The plan highlights the importance of forming an Emergency Communications Team (ECT) or assigning a designated person within the broader Incident Management Team. It is crucial that stakeholders, including first responders, utility companies, residents and families, media outlets, healthcare organizations, and regulators, receive customized messaging and contact information. To ensure that accurate information is communicated during a crisis, it is recommended that the Emergency Communications Team receive training in evaluating and communicating facts, which may change as new information becomes available. This training should encompass various communication scenarios with families and the media. Additionally, it is important to identify a designated primary and secondary spokesperson who is knowledgeable about policies, procedures, and the history of the situation. To aid the media in their reporting, it is suggested that the facility's website be kept up-to-date with relevant information that can be easily accessed.

Figure 1. What communication strategies exist for long-term care facilities during crisis standards of care?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of the Resource**	**Relevant Findings**
			Basic Steps for Media Plan: 1. Prepare pre-draft emergency statements that incorporate relevant language from the organization's mission statement. 2. Make a list of communication channels (e.g., radio, TV, newspapers and senior publications). 3. Prepare media "kits" (e.g., organization history, general information). In an emergency there will not be time to prepare media materials.
[6] COVID-19: Considerations, Strategies, and Resources for Crisis Standards of Care in Post-Acute and Long-Term Care (PALTC) Facilities (2020). COVID-19 Healthcare Resilience Working Group.	Communication Considerations Crisis Communication Team Strategies	Working Group Report to inform changes to operations and care processes during crisis standards of care	The "Communications" section (*Page 10*) of the working group report highlights the significance of effective communication in during crisis . It covers the steps required to establish communication channels with relevant stakeholders, including , families residents, staff, vendors, providers, community healthcare organizations, hospitals, home health agencies and public health departments.

Figure 1. What communication strategies exist for long-term care facilities during crisis standards of care?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of the Resource**	**Relevant Findings**
[7] Medical Operations Coordination Centers (MOCC)/ Patient Load-Balancing: Summary of Lessons Learned during COVID-19 (2022). ASPR Tracie.	Communication Coordination Patient Load-Balancing	This article, published by ASPR Tracie, provides a summary of the key lessons learned by Medical Operations Coordination Centers (MOCCs) during the COVID-19 pandemic.	All MOCCs had a dedicated phone number with redundant communication pathways. Coordination, communication, and partnerships were key in moving patients when traditional referral partners could not accept transfers. The ability to monitor bed availability in hospitals combined with quantitative surge indicators helped staff identify needs and available assets and determine the best support available for hospitals under surge stress.
[8] Missouri Guidance for Long-Term Care Facilities (2021). Missouri Department of Health and Senior Services.	COVID-19 Long-Term Care Ombudsman	The Missouri Guidance for Long-Term Care Facilities (2021) is a comprehensive resource published by the Missouri Department of Health and Senior Services. This guidance provides information and recommendations for long-term care facilities in Missouri, aimed at ensuring the health, safety, and well-being of residents and staff. The guidance covers various aspects of long-term care, including infection prevention and control, resident care, and communication with resident representatives, among others. This resource serves as a valuable tool for long-term care facilities in Missouri to reference and implement best practices to protect the health of residents and staff during the ongoing pandemic and beyond.	If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), facilities must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology.

Figure 1. What communication strategies exist for long-term care facilities during crisis standards of care?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of the Resource**	**Relevant Findings**
[9] Long-Term, Home Health, and Hospice Care Planning Guide for Public Health Emergencies (2016). Centers for Disease Control	Communication Coordination Barriers	The purpose of the meeting was to identify barriers to communication and coordination barriers facing the long-term care sector and to address the role that stakeholders, public health departments, and emergency management agencies can play in reducing the expected surge of patients on hospitals and other healthcare sectors within the community during a public health emergency. The Planning Guide resulted from the meeting.	Implementing crisis standards of care within a facility or agency requires clear communication to personnel, residents/patients, and their family members or legal next-of-kin, as outlined in the Long-Term, Home Health, and Hospice Care Planning Guide for Public Health Emergencies (2016), published by the Centers for Disease Control. Providing advanced warning of the implementation of crisis standards of care helps stakeholders prepare for its impact by educating them on what to expect. Multiple modes of communication should be identified, and an up-to-date contact list of community partners and suppliers should be kept. The facility or agency should also identify sources for information and appoint individuals to receive and interpret it. During an emergency, the facility or agency may need to interact with the news media. A designated liaison officer and an alternate should be appointed to communicate with the media and a translation service should be considered to use during a public health emergency. Specific steps may include: • Determine when and how the implementation of crisis standards of care will be communicated to personnel. • Determine when and how the implementation of crisis standards of care will be communicated to residents/patients and their families or legal next-of-kin.

Figure 1. What communication strategies exist for long-term care facilities during crisis standards of care?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of the Resource**	**Relevant Findings**
			• Identify other external partners or other external entities that should be notified of the implementation of crisis standards of care in your facility or agency and determine when and how they will be notified. • Determine what public messaging should be developed with regard to the implementation of crisis standards of care, when it should be developed, and who should develop it. • Determine how public messaging on crisis standards of care can be coordinated within your facility or agency as well as with your external partners and other external entities. • Determine how you will notify family members or legal next-of-kin of the death of a resident/patient that may have been prevented under normal standards of care.
[10] Surge Capacity Concepts for Health Care Facilities: The CO-S-TR Model for Initial Incident Assessment; September 11, 2008; Hick JL, Koenig KL, Barbisch D, Bey TA.	Plan Model Common framework used by states	The resource is a guide for healthcare facilities to assess and respond to surges in patient demand during a public health emergency. The CO-S-TR Model for Initial Incident Assessment provides a framework for healthcare facilities to assess their capacity to respond to a sudden increase in patients and prioritize actions to ensure the safety and well-being of both patients and staff. The authors provide guidance on how to identify and mitigate potential barriers to providing care during a surge, and how to	The CO-S-TR model stands for "CO" stands for command, control, communications, and coordination and ensures that an incident management structure is implemented. "S" considers the logistical requirements for staff, stuff, space, and special (event-specific) considerations. "TR" comprises tracking, triage, treatment, and transportation: basic patient care and patient movement functions. Communication with internal and external partners is critical to successful event management. Communication Considerations: 1. Appropriate paging groups and callbacks activated? 2. Public information officer appointed? 3. General employee information release (paging, hotline, other)

Figure 1. What communication strategies exist for long-term care facilities during crisis standards of care?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of the Resource**	**Relevant Findings**
		effectively communicate with partners and stakeholders. The model has been used to create resource cards for state plans, such as Michigan and Colorado.	4. Initial media messages crafted and briefing scheduled? (spokesperson/s identified?) 5. External partners notified of events and situation? 6. “Media monitor” appoint\ted? States such as Colorado, Idaho and Minnesota use the CO-S-TR model for resource allocation cards for different types of care during conventional, contingency and crisis levels of care.
[11]How to Utilize the New HHS Crisis Standards of Care Framework for PALTC Facilities, October 14, 2022, American Association of Post-Acute Care Nursing (AAPACN)		The article, written by the AAPACN about the Healthcare Resilience Working Group (HRWG) project and it’s the standards of care and areas of impact. It explains how facilities should use the HRWG document to guide their decisions and provides information on how to access this important resource. The article highlights the significance of the HRWG project and its impact on healthcare facilities, making it a valuable resource for healthcare professionals.	The article highlights the importance of communication between healthcare facilities, including post-acute and long-term care (PALTC) facilities and hospitals, in managing patient transfers and resource allocation during a public health emergency. The article notes that actions taken to preserve conventional standards of care in one area may require the introduction of contingency or crisis level standards in another area. For example, conserving staff and personal protective equipment (PPE) resources may require a shift towards virtual visitations using remote communication technologies, while still allowing access to support persons and end-of-life visits by family, friends, and clergy. (Reference: Communication Considerations in the Long-Term, Home Health, and Hospice Care Planning Guide for Public Health Emergencies (2016). Centers for Disease Control).

Q2. How do states implement communication considerations into their CSC plans for LTC facilities?

Summary of Evidence

Communication is indicated as an ongoing and necessary consideration throughout state CSC plans. Some plans directly address the public; but overall, CSC plans generally address providers and use technical and complex language when discussing clinical processes and procedures during times when crisis standards of care are deployed. The Minnesota, Colorado, and Arizona Crisis

Standards of Care guidelines reviewed were selected because the plans are featured resources in the TRACIE Healthcare Emergency Preparedness Information Gateway. While no reviews rate quality, these states did well in national comparisons for completeness and for meeting TRACIE review criteria. Each of these plans addresses the core research questions and can serve as a model for content, key considerations, and planning.

Key Findings

- **Tools Developed by Hospitals:** Many of the same communication strategies used by hospitals would be applicable to LTC facilities. For example, Arizona's communication section includes information system, operations and target audience. The same systems that share information on available beds in a hospital system would be relevant to an LTC setting.

Figure 2. How do states implement communication considerations into their CSC plans for LTC facilities?

State Plan; Date	Policy Area(s)	Audience	Relevant Findings
[12] Arizona Crisis Standards of Care Plan: A Comprehensive and Compassionate Response; 2021	Communication Systems Communication System Administrators Alert system Communication Section Shared web-based tools Target Audience	The General Public, Local health depts., hospitals, healthcare providers, epidemiologists, infection control	For the communication section, the plan includes a table which includes the information system, description of the system, administrator for the system and the target audience. Systems may include alert networks, web-based tools used to share information/track patients, systems to track available beds, and the electronic incident management tool used by response entities.
[13] Colorado Department of Public Health and Environment (CDPHE)	Conventional, contingency and crisis levels of care.	Hospitals, providers, EMS, ICS, state and local health departments and public health partners, healthcare entities, facilities, workforce	Plan includes conventional, contingency and crisis level indicators for public safety answering point/public safety communication for Emergency Medical Services (EMS).

Figure 2. How do states implement communication considerations into their CSC plans for LTC facilities?			
State Plan; Date	**Policy Area(s)**	**Audience**	**Relevant Findings**
All Hazards Internal Emergency Response and Recovery Plan ANNEX B: Colorado Crisis Standards of Care Plan Last amended May 12, 2022	Communication activities are integrated into multiple sections of the CSC plan. Regional Resource Cards		The plan includes regional resource cards for communication and coordination at each level of care for different types of care (e.g., palliative care). For dispatch centers, plan indicates that centers may consider the implementation of a telehealth process to allow for direct EMS communication with the patient. Page 147 (Appendix G6), offers guiding principles for healthcare entities, including long-term care facilities and home care services as CSC is being deployed. Principles include ensuring consistent and timely communication with stakeholders, resource counts through shared tracking systems are accurate, enhancing communication channels to elevate patient concerns and provide educational opportunities to share best practices—specifically during a pandemic.
[14] **Minnesota** Department of Health, Patient Care Strategies for Scarce Resource Situations; 2021	Conventional, contingency and crisis levels of care Ethical Values Scarce Resource Allocation Regional Resource Cards	Health care facilities	Document includes resource cards for scarce resource allocation. Document also includes ethical values as front matter in the document. Communication activities are integrated into multiple sections of the document. Front matter communication consideration: Facilities and personnel implementing these strategies in crisis situations should assure communication of this to their healthcare and public health partners to assure the invocation of appropriate legal and regulatory protections in accord with State and Federal laws.
[15] **Massachusetts** Crisis Standards of Care	Communication activities are	Healthcare facilities	The emergency plan emphasizes the importance of clear and frequent internal and external communication during crisis

Figure 2. How do states implement communication considerations into their CSC plans for LTC facilities?			
State Plan; Date	**Policy Area(s)**	**Audience**	**Relevant Findings**
Planning Guidance for the COVID-19 Pandemic. October 6, 2020.	integrated into multiple sections of the CSC plan.		events. Effective communication is essential to convey information, maintain situational awareness, and collaborate with hospitals, Emergency Medical Services (EMS), alternate care systems, healthcare personnel, and the public.

Q3. What populations in long-term care facilities (LTCF) might be at risk of experiencing inequities as the result of CSC implementation?

Summary of Evidence

Covid-19 has disproportionately affected older adults and those with chronic conditions placing residents of LTCF at higher risk for serious complications due to COVID-19 including death. More than 40 percent of COVID-19 deaths were attributed to nursing home residents. LTCF house some of the most at-risk populations for morbidity and mortality related to COVID-19.

In addition, COVID-19 has brought to light disadvantages faced by people with disabilities in the healthcare system. Residents of LTCF may be especially vulnerable in a public health crisis, making it critical for CSC to address the vulnerabilities, including staffing and resources needed to cope with an emergency. High minority nursing homes had 61 percent more COVID-19 related deaths as compared to nursing homes with no minorities. Policies that prohibit family visitation can exacerbate existing vulnerabilities, such as difficulty in self-monitoring symptoms or communicating independently. It is especially important for family members with a long-standing understanding of a resident's needs to provide extra caregiving to those with disabilities or communication difficulties.

Key Findings

- **Community Consistency in Care Delivery:** The implementation of CSC raises similar risks of inequities in both LTC settings and hospitals, with a focus on aging and disability.
- **Board of Aging Criticizes Minnesota's Consideration of Age in Clinical Determinations:** Minnesota received criticism from their Board on Aging for considering age as a potential discriminatory factor in clinical determinations of likelihood of survival to discharge.
- **Importance of Fair and Equitable Processes:** To ensure that the CSC are fairly constructed and implemented, it is important to have fairness, equitable processes, engagement, education, communication, and the rule of law as part of the framework.

- **Vulnerability of LTC Residents in Public Health Crises.** Residents of long-term care facilities are seen as especially vulnerable in public health crises, requiring CSC to account for staffing and resources, and relying on staff and family caregiving for safety and well-being.
- **Addressing Resource Disparities in High-Minority Nursing Homes**: High-minority nursing homes have a higher rate of COVID-19 related deaths compared to facilities with no minorities. This disparity highlights the need for additional resources, such as funding for staffing and personal protective equipment, for nursing homes serving high minority populations during a pandemic.

Figure 3. What populations in long-term care facilities might be at risk of experiencing inequities as the result of CSC implementation?

Source Title, Date, Authors	Policy Area(s)	Description of Resources	Relevant Findings
[16]MN Board on Aging CSC Position Paper	Resource allocation Communication Agism	This position paper, approved by the Minnesota Board of Aging (MBA) on September 18, 2020, was written in response to the Minnesota Department of Health's CSC plan. The MBA expressed concerns about the disproportionate impact of the COVID-19 pandemic on long-term care facilities (LTC) and the consideration of age in the allocation of scarce resources. The paper outlines the MBA's position on the importance of addressing aging issues in the CSC plan.	MBA requested that the CSC guidelines are made in collaboration with MBA and the Ombudsman for Long-term Care and in discussions related to healthcare standards relating to people living in long-term care settings. Although the MN plan was highly regarded in many aspects, it allows for the potential use of discriminatory factors, such as age or disability, in clinical prognostication of likelihood of survival to discharge. The MBA expressed concerns about the consideration of age and disability in the scarce allocation of resources.
[17]Disability Rights as a Necessary Framework for Crisis Standards of Care and the Future of Health Care, Hastings Center Report May-June 2020	Disability rights	This Hastings Center Report was published in the May-June 2020 issue and summarized the 2010 Institute of Medicine's (IOM) "Summary of Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations." The four IOM elements are:	Residents of long-term care facilities are seen as especially vulnerable in a public health crisis. CSC must account for their vulnerability, including staffing and resources needed to cope with an emergency. The restrictions on visitors and communal dining can be onerous and increase the reliance on staff for safety and well-being. Family members with a long-standing relationship and understanding of the resident's needs can provide extra caregiving, especially for those with disabilities or

Figure 3. What populations in long-term care facilities might be at risk of experiencing inequities as the result of CSC implementation?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resources**	**Relevant Findings**
		• Fairness in Crisis Standards of Care: The IOM guidelines emphasize the importance of ensuring that CSC are recognized as fair by all those affected by them to the highest degree possible. • Equitable Processes: The guidelines stress the need for transparency, consistency, proportionality, and accountability in CSC to ensure that they are fair to all affected parties. • Community and Provider Engagement, Education, and Communication: The IOM guidelines emphasize the importance of active collaboration with the public and stakeholders to ensure that CSC are effectively implemented. • Rule of Law: The IOM guidelines state that CSC should be empowered by the rule of law to ensure that necessary and appropriate	difficulties in communication. Hospital visits offer an opportunity for this extra caregiving.

Figure 3. What populations in long-term care facilities might be at risk of experiencing inequities as the result of CSC implementation?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resources**	**Relevant Findings**
		actions and interventions are taken.	
[18]High-Minority Nursing Homes Disproportionately Affected by COVID-19 deaths. https://www.frontiersin.org/articles/10.3389/fpubh.2021.606364/full Accessed January 17, 2023.	Inequities Race and ethnicity disparities LTC Mortality	The report uses CMS's nursing home COVID-19 public file to study the relationship between nursing home racial/ethnic mix and COVID-19 morality.	The study found that after controlling for other facility characteristics, high-minority nursing homes had 61 percent more COVID-19 deaths compared to facilities with no minorities. This suggests that nursing homes serving high minority populations may require additional resources, such as funding for staffing and PPE, to better respond to a pandemic.

Q4. What ethical considerations have been used to determine who gets scarce resources in long-term care facilities and who does not?

Summary of Evidence

The ethical considerations of who gets scarce resources and who does not are closely tied to the discussions around health equity and access to care. All state plans reviewed include an ethics section and articulate the ethical principles, including equity, that serve as the framework. Minnesota has created a stand-alone ethical framework for transitions between conventional care, contingency care and crisis care. The framework addresses facility/systems level policies and procedures grounded in ethical guidance, and clear transparent decision making.

The focus of hospital guidelines on scarce resource allocation, such as ICU beds and medical equipment, may differ from the scarce resources faced by long-term care facilities (LTC). Out of hospital specific continuum of care examples frequently include staffing (Q6), PPE, medications, and community derived services. Regardless of the resource, the core ethical principles remain the same including fairness, duty to care, duty to steward resources, transparency in decision-making, consistency, proportionality, and

accountability. As healthcare providers strive to be person-centered first, the recognition of a duty to a wider community comes second. When resources reach a crisis level, prioritization of available resources and treatments become based on likelihood of immediate or near-term survival with treatments under consideration. Truth telling is a core ethical principle that must be reinforced during a time of crisis.

Key Findings

- **Scarcity of Resources in Hospitals vs. LCT Settings**: In hospital settings, scarce resources include ICU and medical equipment like ventilators. In LTC, scarce resources may include medical equipment and PPE, but also include palliative and critical care usage medication, therapies, and one-on-one care from visiting loved ones.
- **LTC as Part of a Wider Community of Healthcare System:** LTC facilities exist within a community of healthcare systems and there may be ethical considerations surrounding supplies being diverted to higher acuity patients in other systems.
- **Collaborative Crisis Standards for Holistic Health Management:** Implementing crisis standards must be part of a system-wide approach in which all stakeholders, including health professionals and the public, participate in transparent decision-making.
- **Continuum of Care Approach:** The framework follows a continuum of care approach, taking into account the availability of a 14-day and 5-day supply of medications, with recommended strategies at each stage. Triage teams are recommended to prioritize scarce resources during a crisis.
- **Strategies for Scarcity Management:** The framework includes strategies for managing the scarcity of medications, such as conserving, substituting, adapting, reallocating, and prioritizing resources. Facilities are encouraged to consult with the state's pharmaceutical advisory panel for guidance on allocation decisions.

Figure 4. What ethical considerations have been used to determine who gets scarce resources in long-term care facilities and who does not?

Source Title, Date, Authors	Policy Area(s)	Description of Resources	Relevant Findings
[19]IOM (Institute of Medicine). 2013. Crisis standards of care: A toolkit for indicators and triggers. Washington, DC: The National Academies Press.	Equipment and supplies	The Institute of Medicine of the National Academies prepared a CSC toolkit, which includes indicators and triggers, discussion participants, key questions in a slow-onset scenario, key questions in a non-notice scenario, decision support tools for different	The out-of-hospital specific continuum of care (as listed in Table 9-1 on page 179) highlights examples of indicators of a crisis in equipment and supplies such as the diversion of supplies to higher acuity patients, shortages that require rationing, and the reuse and repurposing of equipment that is no longer adequate. In response to these challenges, difficult decisions must be made to fairly allocate available resources through

Figure 4. What ethical considerations have been used to determine who gets scarce resources in long-term care facilities and who does not?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resources**	**Relevant Findings**
		indicator categories at different stages of a crisis.	rationing, and a centralized supply distribution system is needed to support equitable allocation.
[20]Recommended Policy for Fair Allocation of Currently Used Medications at High Risk for Becoming Scarce https://drive.google.com/file/d/1N8b0LmFCQUNALp2bMtmdrdFYXzcYoUtD/view	Medication supply Ethics	The purpose of this document is to outline a plan for the fair and ethical allocation of scarce medications to the populations in need.	The framework guides the ethical considerations of healthcare providers, systems and facilities to support the consistent and equitable allocation of currently used, non-pandemic specific medications; minimizing suffering due to limited supply and provide a legal framework for triage decisions in the allocation. Ethical principles are mirrored in the Colorado CSC full document. Their guiding principles are beneficence, justice, fidelity, veracity and respect for persons. Continuum of care is based on a 14-day supply and 5-day supply availability. Strategies are recommended at each stage along with thresholds. Strategies include situational awareness, conserve, substitute, adapt, reallocate, prioritize and planning. For prioritizing at the crisis level, it was recommended that each facility deploy a triage team using a tier approach for allocation/re-allocation of scarce resources including medications. Facilities may consult with the state's pharmaceutical advisory panel. The appendix includes a list of medications that might become scarce during the pandemic, palliative care and critical care usage, shortage risk, impact and substitutions within class.
[21]COVID-19: Considerations, Strategies, and Resources for CSC in Post-Acute and Long-	Ethics	FEMA through a COVID-19 Healthcare Resources Working Group developed an overview of general considerations, potential strategies, and existing resources for potential changes in operations and care process.	Practical example of ethical considerations related to the use of inhaled bronchodilators in a LTC setting is used to illustrate the tension between equity and benevolence toward individuals while also treating the community fairly and equitably.

Figure 4. What ethical considerations have been used to determine who gets scarce resources in long-term care facilities and who does not?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resources**	**Relevant Findings**
term Care (PALTC) Facilities			
[22]Gostin LO, Friedman EA, Wetter SA. Responding to Covid-19: How to Navigate a Public Health Emergency Legally and Ethically. Hastings Cent Rep. 2020;50(2):8-12. doi:10.1002/hast.1090 https://www.ncbi.nlm.nih.gov/pubmed/32219845 Accessed February 15, 2022	Ethics Scarce resource allocation	The paper delves into the ethical and legal considerations surrounding the allocation of limited health resources during times of overstretched capacity. It examines the challenges faced by marginalized populations in accessing necessary care, and raises questions about the ethical obligations towards vulnerable individuals who may be separated from their loved ones and support systems. Additionally, the paper explores the delicate balance between preserving public health and upholding civil liberties.	Implementing crisis standards must be part of a system-wide approach in which all stakeholders, including health professionals and the public, participate in transparent decision-making.

Figure 4. What ethical considerations have been used to determine who gets scarce resources in long-term care facilities and who does not?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resources**	**Relevant Findings**
[23]Ethical Framework for Transition Between Conventional, Contingency, and Crisis Conditions in Pervasive or Catastrophic Public Health Events with Medical Surge Implications Minnesota Crisis Standards of Care Updated November 24, 2021	Ethics	The Minnesota framework provides ethical considerations for managing challenges in pervasive or catastrophic public health events. The framework has been updated to clarify fair process requirements for expedited decision-making. They no longer address specific allocation of specific resources, or other challenges related to types of interventions (e.g, CPR) like in previous guidance.	Recommended ethical framework: • Accountable, transparent, and trustworthy • Promote solidarity and mutual responsibility • Respond to needs respectfully, fairly, effectively, and efficiently. Recommended ethical objectives: • Protect the population's health by reducing mortality and serious morbidity • Respect individuals and groups • Strive for fairness and protect against inequity.

Q5. What are evidence-based practices or validated tools for guiding triage and clinical decision-making in long-term care facilities?

Summary of Evidence

Communications is discussed with Q1 and Q2 and is an essential component of clinical decision-making and guided triage.

Advance Care Planning (ACP) discussions with patients and families are critically important for determining patient preference for medical care during a public health emergency. These discussions should cover wishes for resuscitation, intubation, prolonged aggressive multi-organ failure support during dialysis and hospitalization. Having up-to-date advanced care plans for residents' better positions facilities to adapt CSC in a way that balances resident wishes and available resources. Even with the factors that place LTC residents at higher risk of contracting and complications from COVID-19, residents can still have good outcomes.

Maximizing resources is a consideration throughout the continuum of care as a facility moves from conventional to contingency to crisis. Several examples of the continuum of care for LTCF include criteria as well as triggers and tactics. PPE burn rate is given as an indicator of supplies and equipment in conventional times. Contingency preservation strategies of PPE and medications initiated if supplies are not likely to stretch to the next delivery. Tactics including limited reuse of N95s and face masks, ration use of critical medications and collaborate with pharmacy to substitute available medications for those that are unavailable.

Also included in the decision making is what should a facility do when they can no longer provide care. Resource load balancing is considered in Q7 and Q8.

Key Findings

- **Hospital-centered Triage:** In hospital-centered CSC state plans, triage and clinical decision-making are primary based on patient factors such as limitations of the SOFA scores and other patient factors (e.g., underlying diseases and current response to treatment).
- **Focus on Resource Maximization in LTC:** In LTC, the focus is on maximizing resources and establishing effective communication between different components of the healthcare system.
- **LTC-Specific Guidance:** The Arizona Department of Health Services has developed guidance for LTC to support best practices for preventing, detecting, and controlling the spread of COVID-19 within a facility.
- **Time-Limited Trials for Resource Allocation**: In times of shortages, allocation of resources may be based on time-limited trials, where patients must show medical improvement to continue receiving treatment. If improvement is not achieved, the patient will no longer receive treatment.

Figure 5. What are evidence-based practices or validated tools for guiding triage and clinical decision-making in long-term care facilities?

Source Title, Date, Authors	Policy Area(s)	Description of Resources	Relevant Findings
[24]IOM (Institute of Medicine). 2013. Crisis standards of care: A toolkit for indicators and triggers. Washington, DC: The National Academies Press.	Contingency, Crisis and Return to Conventional Equipment and supplies Communications Surveillance data	The Institute of Medicine of the National Academies prepared a CSC toolkit for indicators and triggers. The report outlines discussion participants, key questions in a slow-onset scenario, key questions in a non-notice scenario, decision support tools for different indicator categories at different stages of a crisis. The toolkit has a special section on out-of-hospital care which highlights how the out-of-hospital system could be impacted both directly (damage to a facility) or indirectly	Key Issues: The out-of-hospital system could be impacted either directly or indirectly in a public health crisis. The engagement of care delivery partners is critical to ensuring that resources are maximized. Maximizing resources improves access to care and reduces the pressure on ED and inpatient care. Creating bi-directional communication linkages among components of the out-of-hospital providers helps ensure the ability to function effectively during a crisis. Subset of key questions: Slow-onset scenario 1. What relevant information is accessible pertaining to out-of-hospital (home care, hospice, long-term care, clinics, etc.) capacity and resources?

Figure 5. What are evidence-based practices or validated tools for guiding triage and clinical decision-making in long-term care facilities?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resources**	**Relevant Findings**
	Space and infrastructure Staffing	(requested support during a hospital surge).	2. What additional information could be accessed in pre-event planning for contingency or crisis response? 3. What indicators demonstrate that patient care services can no longer be sustained? 4. What would be done when alternate care facilities are at capacity? 5. What would be done when hospice patients are seeking treatment in acute care facilities? Subset of key questions: No-notice scenario 1. What relevant information is accessible to pertaining to out-of-hospital (home care, hospice, long-term care, clinics, etc.) capacity and resources? 2. How would this information drive actions? 3. What strategies can be used to prevent home ventilator patients and those seeking medication from needing to go to overtaxed hospitals to seek assistance? 4. What would be done when there are not enough staff for those seeking care at alternate care sites? 5. How do stakeholders ensure consistency and coordination of community-derived patient care goals? 6. How is interdependence among organizations managed within the medical specialty and with other healthcare delivery systems?

Figure 5. What are evidence-based practices or validated tools for guiding triage and clinical decision-making in long-term care facilities?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resources**	**Relevant Findings**
			The toolkit also includes a table of indicators: surveillance data, community and communications infrastructure, staff, space/infrastructure, and equipment/supplies. For each category, the table includes specific indicators, triggers and tactics at each of the stages of contingency, crisis and return to conventional.
[25]Arizona Crisis Standards of Care Plan: A Comprehensive and Compassionate Response; 2021	Out-of-Hospital Providers Palliative Care and Comfort Care	Arizona's Crisis Standard of Care plan, while hospital focused, includes a brief section on resources and considerations for other healthcare systems. The CSC plan includes the coordination of the State Disaster Medical Advisory Committee (SDMAC) and Arizona Department of Health Services (ADHS) with local health departments and state-designated healthcare coalitions.	Specific to long-term care facilities the plan recommends the SDMAC: 1. Maintain situational awareness with all types of long-term care facilities through associations partners. 2. Implement and/or develop CSC guidelines for LTC. 3. Consult with HEOC for Part 1135 waivers, which facilitate the admission of new patients not necessarily requiring LTC. Similar recommendations are made for group homes and congregate settings.
[26]Arizona Department of Health Services Long-term Care Facility COVID-19 Guidance; 2022	Preparedness plans Staffing PPE and supplies Visitation Admission criteria	In addition to the Arizona CSC plan, ADHS prepared specific facility guide. The document serves as guidance to LTC facilities such as skilled nursing and residential healthcare to implement best practices for the prevention, detection and infection control necessary to contain the spread of COVID-19 within a facility. Live links throughout the document lead to templates, plan guidance, public health	The guide covers signs and symptoms, risk factors, identify plans and resources, testing plan and resources, plan for managing COVID-19 in the facility, assessing cleaning and hand hygiene, PPE inventory and supply access, visitor restrictions, staff screening, resident screening, staff education, resident education, vaccinations, response to new cases, contact tracing approach, admission criteria and staffing concerns.

Figure 5. What are evidence-based practices or validated tools for guiding triage and clinical decision-making in long-term care facilities?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resources**	**Relevant Findings**
		and professional resources, and contacts.	
[27]Colorado Department of Public Health and Environment (CDPHE) All Hazards Internal Emergency Response and Recovery Plan ANNEX B: Colorado Crisis Standards of Care Plan Last amended May 12, 2022	Out of hospital care providers	The full CSC plan includes a brief section on out of hospital care providers. Modeled scarce resource allocation protocols after Minnesota Healthcare System Preparedness Program.	While long-term care facilities are not discussed in depth. There are several topics in the plan that are relevant to LTC. Key ethical principles, dialysis as a scarce resource and healthcare staffing sections are relevant to decision making in a LTC setting. Scarce Resource Strategies from Minnesota Healthcare System Preparedness Program. Flow charts for decision to allocate resources or treatment to a patient in multiple crisis scenarios.

Figure 5. What are evidence-based practices or validated tools for guiding triage and clinical decision-making in long-term care facilities?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resources**	**Relevant Findings**
[28]Minnesota Department of Health Long Term Care Preparedness Toolkit, 2017 https://www.health.state.mn.us/communities/ep/ltc/toolkit.pdf	Emergency operations planning tool Decision making Ethical guidelines Staff care plan Regional resource and support agencies	The toolkit was developed in 2016. The toolkit was designed to be used by LTC facility owners, administrators and staff. Information includes sample templates, forms and suggested resources. After discussing the overall approach the toolkit is primarily appendix based.	Plan focuses on incident command structure and all-hazards approach that could directly or indirectly affect the facility.
[29]Minnesota Crisis Standard of Care Framework Minnesota Department of Health Concept of Operations Updated February 25, 2020	State CSC Plan	The Minnesota framework includes a community risk profile and the recommendation that regional healthcare coalitions (HCC) plan for specialized needs.	The Risk Profile section of the plan identifies the demographics of groups that may have different and specialized needs during a disaster. Pre- and post-incident assessments are recommended to determine the needs of affected communities, assist in estimating the number of people requiring special services, and the type of outreach needed to reach them.
[30]COVID-19: Considerations, Strategies, and Resources for CSC in Post-Acute and Long-term Care (PALTC) Facilities	Response and operations Daily care and enrichment Medical care and treatment	FEMA through a COVID-19 Healthcare Resources Working Group developed an overview of general considerations, potential strategies, and existing resources for potential changes in operations and care process.	Sample continuum of care resources demonstrate the kinds of information and level of detail needed to develop useful indicators. For example, surveillance data indicators for COVID-19 rate in the facility and county positivity rate in the last week. For each of the areas: surveillance data, community and communications infrastructure, staff, and supplies and equipment indicators, triggers and tactics are outlined.

Figure 5. What are evidence-based practices or validated tools for guiding triage and clinical decision-making in long-term care facilities?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resources**	**Relevant Findings**
	Transport and transfer Communications (internal and with families) Ethical considerations Legal Advance Care Planning		The document also offers strategies specific to response and operations, daily care and activities, medical care and treatment, and transport and transfer. The Incident Command System (ICS) provides a road map for disaster management and has been used by both private and public sectors. It provides standardization that can help improve the ability of an organization to respond to a disaster and can be adapted to fit a facility's specific needs. Advanced Care Planning is a patient-centered approach to determining patient preference for medical care in an emergency.
[31]**Long-Term, Home Health, and Hospice Care Planning Guide for Public Health Emergencies,** 2016, Centers for Disease Control	Situational awareness Continuity of operations Facility operations Crisis Standards of Care Staffing Fatality management	Planning guide for long-term care facilities created by stakeholders from LTCs, home health, hospice care, public health departments, hospital associations, and emergency management agencies.	A planning worksheet questions include: • What will you do with residents/patients for whom you no longer have the ability to provide care? • What other long-term, home health, or hospice care facilities or agencies can you coordinate care? • Do your facilities or agency's medical resources need to be reprioritized? If so, how will you reprioritize them?

Q6. What strategies have been used to address long-term care staffing concerns during CSC implementation?

Summary of Evidence

In long-term care facilities (LTCF), staffing can be a scarce resource, and challenges to staffing and carrying out mission-critical functions can be impacted by factors such as availability of staff, access to childcare, paid sick leave, transportation, and education on safe use of personal protective equipment (PPE) and vaccines. Understanding the staffing needs of each critical function and the minimum requirements of those functions are key components of CSC planning. Examples of critical functions are outlined in the Minnesota Long-term Care Contingency Staffing Plan templates and include clinical care, food services, building operations, housekeeping, administrative operations and other functions that cannot be delayed or postponed.

Similar to the staffing discussion in hospital settings, adjusting patient-to-staff ratios and being transparent about providing a certain level of care in times of surge could be beneficial for staff and patient expectations. Colorado outlines the staffing issues that are also specific to long-term care: lack of assistance with activities of daily living (ADL) both basic and instrumental, medications being given late, wound care delays, prolonged shifts without breaks or staff relief, and exclusion of visitors who would normally provide required caregiving for complex needs of disabled or demented patients. Colorado lists the limits of liability for staff and facilities during an emergency. Colorado also had a medical advisory group on healthcare staffing. While the focus is on a hospital setting, much of the same material is applicable to LTCF.

Key Findings

- **Consideration of Limited Staffing:** In times of crisis, limited or reduced staffing in times of crisis should be taken into account in CSC planning and continuum of care staffing.
- **Alternative Staffing Options:** The continuum of care for staffing should include alternative staffing options, cross-training and training minimums, as well as involvement of family members as caregivers.
- **Critical Functions:** Critical functions are the daily job functions essential for delivering services and should be a key component of the staffing plan.
- **Reporting of Staffing Information:** In Arizona, LTC facilities report their scheduled staffing, current variance, and minimum number of staff by category needed to meet resident care needs to their local health department. This facilitates the allocation of staffing across systems and the implementation of emergency staffing through advance registered volunteers and medical reserve corps.

Figure 6. What strategies have been used to address long-term care staffing concerns during CSC implementation?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resource**	**Relevant Findings**
[32]IOM (Institute of Medicine). 2013. Crisis standards of care: A toolkit for indicators and triggers. Washington, DC: The National Academies Press.	Staffing	The Institute of Medicine of the National Academies prepared a CSC toolkit for indicators and triggers. The report outlines discussion participants, key questions in a slow-onset scenario, key questions in a non-notice scenario, decision support tools for different indicator categories at different stages of a crisis.	The toolkit also includes a worker functional capacity table as a resource. The table (3.1, p.90) outlines key indicators for each of the stage of the continuum of care. For example, employees working more than 150 percent of usual shift duration and increased sick calls are listed as indicators of a contingency phase. Examples of indicators of a crisis include decreased productivity, error rates increase, and compromised function of operations. Out of hospital specific continuum of care (table 9-1, p. 179) examples of indicators of a contingency include: decreased availability of staff for work and closure of schools. Examples of staffing indicators of a crisis include: critical shortages of staff, and staff are asked to volunteer to provide care to higher acuity patients (alternate care sites and hospital surges). The same table also discusses triggers (decision points) and tactics for the continuum of care. At the contingency level, triggers listed are the need for staffing augmentation and tactics include provisions needed to allow family members to augment care. At the crisis level, triggers include the inability to provide necessary healthcare staff for patient support and tactics include family members as care givers.
[33]Arizona Department of Health Services Long-term Care Facility COVID-19 Guidance; 2022	Staffing	In addition to the other resources provided, the guide includes staffing considerations related to education, screening, vaccination, and release from isolation resources.	Arizona has the capacity for LTC to contact the local health department with staffing issues. The advance registration of volunteers and medical reserve corps allows emergency management to rapidly identify and mobilize healthcare volunteers.

Figure 6. What strategies have been used to address long-term care staffing concerns during CSC implementation?

Source Title, Date, Authors	Policy Area(s)	Description of Resource	Relevant Findings
			LTC facilities report scheduled staffing, current variance, and minimum number of staff by category needed to meet resident care needs.
[34]Colorado Department of Public Health and Environment (CDPHE) All Hazards Internal Emergency Response and Recovery Plan ANNEX B: Colorado Crisis Standards of Care Plan Last amended May 12, 2022	Staffing	The Colorado CSC plan has a primary focus on hospitals. The Medical Advisory subgroup, healthcare staffing included LTC and overall workforce considerations in their discussions and recommendations.	Similar staffing issues are acknowledged in skilled nursing and long-term care facilities: 1. Lack of assistance with activities of daily living (ADL) both basic and instrumental. 2. Medications being given late. 3. Wound care delays. 4. Prolonged shifts without breaks or staff relief. 5. Exclusion of visitors who would normally provide required caregiving for complex needs of disabled or demented patients. Recommendations for state action related to support for the workforce protection, workforce expansion, best use of existing workforce and improvement in hospital throughput. The Colorado plan did have protection from liabilities included in the plan as follows: The conduct and management of the affairs and property of each hospital, physician, health insurer or managed healthcare organization, healthcare provider, public health worker, or emergency medical service provider shall be such that they will reasonably assist and not unreasonably detract from the ability of the state and the public to successfully control emergency epidemics that are declared a disaster emergency. Such persons and entities that in good faith comply completely with

Figure 6. What strategies have been used to address long-term care staffing concerns during CSC implementation?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resource**	**Relevant Findings**
			board of health rules regarding the emergency epidemic and with executive orders regarding the disaster emergency shall be immune from civil or criminal liability for any action taken to comply with the executive order or rule. C.R.S. § 24-33.5-711.5(2).
[35]Minnesota Department of Health Long-Term Care Emergency Preparedness website, https://www.health.state.mn.us/communities/ep/ltc/index.html Long-term Care Contingency Staffing Plan Template Webinar, https://www.youtube.com/watch?v=GxprGVzsAcA	Staffing Critical functions Essential supplies	Minnesota Department of Health created in 2020 the Long-Term Care Contingency Staffing Plan template to assist LTC facilities to coordinate strategies to ensure continuity of operations. The plan, like the LTC CSC, takes an all-hazards approach. The staffing plan also has a training webinar on YouTube TV. The webinar is focused on COVID-19.	Critical functions are the job functions that your organization does on a daily basis to deliver services. The response section of the guidance has a continuum of care to support the minimum staffing required in the critical functions assessment above.

Q7. What role do long-term care facilities play in resource load balancing?

Summary of Evidence

Load balancing in a LTCF has considerations for residents that need hospitalized, hospital discharge patients who need LTC, and discharge to home or other facilities when resident needs aren't able to be met at the facility. As with many of the topic areas communication between hospitals, local public health and other out-of-hospital care providers is essential to be able to effectively address a crisis. Like with staffing and critical functions, templates and worksheets are tools that help facilities think through all the tasks and who is responsible for each task.

Key Findings

- **Encouragement of LTC Participation:** Long-term care facilities are encouraged to play a significant role in a healthcare system's crisis standards of care (CSC) plan, even though participation is not required.
- **Consideration of Unique Patient Population and Resources:** If included, long-term care facilities should be invited to contribute to the creation of the CSC plan and take into consideration each facility's unique patient population and resources, while meeting CMS requirements.
- **Inclusion of Non-Medical Resources:** In addition to medical resources, non-medical resources such as food, water, and other non-medical equipment should be considered within the CSC.
- **Key Considerations for LTC Facilities:** The following sections should be thought through for LTC facilities: coordination of care, legal and regulatory, finance, infection control, resource management, safety and security, mental health, culture and religion, education and training, and communication.

Figure 7. What role do long-term care facilities play in resource load balancing?

Source Title, Date, Authors	Policy Area(s)	Description of Resource	Relevant Findings
[36]**Long-Term, Home Health, and Hospice Care Planning Guide for Public Health Emergencies,** 2016, Centers for Disease Control	Situational awareness Continuity of operations Facility operations Crisis Standards of Care Staffing Fatality management	A planning guide for long-term care facilities has been created by stakeholders from LTCs, home health, hospice care, public health departments, hospital associations, and emergency management agencies.	Long-term care facilities are expected to play a large role when surge capacity is met at hospitals and other healthcare agencies. Provides multiple worksheets/activities and checklists to assist in creating a plan. These worksheets help facilities think through each step of a task, a space to write what a facility's response would be, and who is responsible for that task.

Figure 7. What role do long-term care facilities play in resource load balancing?			
Source Title, Date, Authors	**Policy Area(s)**	**Description of Resource**	**Relevant Findings**
			It is important to not only determine medical resources that will be needed or may be strained, but also food, water and other non-medical equipment. The Crisis Standards of Care section specifically addresses: • coordination of care • legal and regulatory • finance • infection control • resource management • safety and security • mental health • culture and religion • education and training • communication
[37]**Long Term Care Requirements CMS Emergency Preparedness Final Rule,** ASPR TRACIE, updated 2021	Emergency preparedness CMS Long-term care	This document gathers the CMS language for long- term care facilities' emergency preparedness requirements. Facilities should refer to the specific statutes and regulations for the exact language and interpretation of the requirements. The document serves as a resource for reference.	LTC facilities have the option o participate in a healthcare system's crisis standards of care plan. If included, they should contribute to the creation of the plan, take into account each facility's unique patient population and resources, and be able to meet requirements set forth by CMS.

Q8. What do older adults in long-term care facilities experience when hospitals are in crisis mode?

Summary of Evidence

During a crisis, EMS agencies may experience significant delays, and healthcare facilities may become overwhelmed with patients. This may necessitate considering alternative options for managing patients who would normally be transferred to hospitals. The

status of local hospitals and other alternate care sites should be communicated to inform destination decisions. When funeral homes and crematoria are at capacity, a contingency plan may be necessary to accommodate the removal of deceased residents.

Key Findings

- **Change in Threshold for Hospital Transport:** During a crisis, a change in the threshold for transporting residents from LTC facilities to hospitals for acute evaluations and treatment and non-emergency conditions may need to be considered.
- **Overwhelmed EMS Services:** Emergency medical services and healthcare facilities that would normally respond during conventional times may be overwhelmed and unable to meet the increased demand.
- **Collaboration with Hospitals and Funeral Homes:** In collaboration with hospitals and funeral homes, LTC can develop an alternative plan, including temporary morgues, if funeral homes reach capacity.

Figure 8. What do older adults in long-term care facilities experience when hospitals are in crisis mode?

Source Title, Date, Authors	Policy Area(s)	Description of Resource	Relevant Findings
[38]**COVID-19: Considerations, Strategies, and Resources for Crisis Standards of Care in Post-Acute and Long-Term Care (PALTC) Facilities,** U.S. Department of Health and Human Services, 2020	PALTC facilities Crisis Standards of Care Transport and transfers	Provides an overview of general considerations for post-acute and long-term care facilities during a crisis. It is designed to complement existing CSC plans.	In a crisis situation, LTC facilities may decide to change the threshold for transport for acute evaluations and treatments, as well as defer transportation for non-emergency conditions. EMS agencies and healthcare facilities will be overwhelmed so alternative options for patients who would be transferred to the hospital in conventional times will need to be discussed. Disposition of remains may be difficult if funeral homes or crematoria are full or near capacity. A contingency plan should be in place for respectful removal.

Appendix A. Long-Term Care Services and Supports Research Methodology

This section outlines the research methods, sources used, criteria, search terms and search phrases for how research questions 1-8 were answered.

Research Question	Methods	Sources	Criteria	Search Terms and Phrases
Q1. What communication strategies exist for long-term care (LTC) facilities during crisis standards of care?	The listed search terms and phrases were entered into Google search engine and the following sources were used to identify relevant resources.	National Academy of State Health Policy (NASHP); ASPR Tracie; PubMed; Kansas State University Academic Library	Peer reviewed literature must be published between 2017-2022. State crisis standards of care plans must be published between 2020 and 2023.	**“Communication” and the following phrases and terms:** “long-term care facilities” and “crisis standards of care”; “Conventional, Contingency and Crisis Levels of Care” and “long-term care facilities”; “post-acute and long-term care (PALTC)” and “crisis standards of care”
Q2. How do states implement communication considerations into their CSC plans for LTC facilities?	State plans were identified from ASPR Tracie, NASHP and the Phase I Environmental Scan and Literature Review given to KDHE.	State Agency Websites	State crisis standards of care plans must be published between 2020 and 2023.	**“Communication” and the following phrases and terms:** “long-term care facilities”, “crisis standards of care state plans”; “Conventional, Contingency and Crisis Levels of Care state plans” and “long-term care facilities”; “post-acute and long-term care (PLATC)” and “crisis standards of care state plans”

Research Question	Methods	Sources	Criteria	Search Terms and Phrases
Q3. What populations in long-term care facilities might be at risk of experiencing inequities as the result of CSC implementation?	Through PubMed, articles generated through terms and phrases were reviewed and categorized by key question terms	ASPR Tracie; PubMed; State Agency Websites	Peer reviewed literature must be published between 2017-2022. State crisis standards of care plans must be published between 2020 and 2023. Recommended by other resources.	**“Crisis standards of care” and the following phrases and terms:** “long-term care”, “nursing homes”
Q4. What ethical considerations have been used to determine who gets scarce resources in long-term care facilities and who does not?	Through PubMed, articles generated through terms and phrases were reviewed and categorized by key question terms	ASPR Tracie; PubMed; State Agency Websites	Peer reviewed literature must be published between 2017-2022. State crisis standards of care plans must be published between 2020 and 2023. Recommended by other resources.	**“Crisis standards of care” and the following phrases and terms:** “long-term care”, “nursing homes”
Q5. What is evidence-based practices or validated tools for guiding triage and clinical decision-making in long-term care facilities?	Through PubMed, articles generated through terms and phrases were reviewed and categorized by key question terms	ASPR Tracie; PubMed; State Agency Websites	Peer reviewed literature must be published between 2017-2022. State crisis standards of care plans must be published between 2020 and 2023. Recommended by other resources.	**“Crisis standards of care” and the following phrases and terms:** “long-term care”, “nursing homes”
Q6. What strategies have been used to address long-term care staffing	Through PubMed, articles generated through terms and phrases were	ASPR Tracie; PubMed; State Agency Websites	Peer reviewed literature must be published between 2017-2022.	**“Crisis standards of care” and the following phrases**

Research Question	Methods	Sources	Criteria	Search Terms and Phrases
concerns during CSC implementation?	reviewed and categorized by key question terms		State crisis standards of care plans must be published between 2020 and 2023. Recommended by other resources.	**and terms:** "long-term care", "nursing homes"
Q7. What role do long-term care facilities play in resource load balancing?			Peer reviewed literature must be published between 2017-2022. State crisis standards of care plans must be published between 2020 and 2023. Recommended by other resources.	Long-term care resource load balancing; long-term care crisis
Q8. What do older adults in long-term care facilities experience when hospitals are in crisis mode?			Peer reviewed literature must be published between 2017-2022. State crisis standards of care plans must be published between 2020 and 2023. Recommended by other resources.	Long-term care resource load balancing; long-term care crisis

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