Crisis Standards of Care
Technical Advisory Panel High-Level Meeting Notes
April 27, 2023

Breakout Room Objectives:

Members of the TAP breakout room were tasked with the following for each topic area,

- Reflect on the draft
- Identify gaps or areas that could have more clarity
- Discuss recommendations from the focus groups

Long Term Care Section

- Discussion of Draft Outline
    - Participants discussed the issue of facilitating transfers between long-term care facilities and hospitals during a crisis, specifically as it related to Covid.
        - It is important to have clear communication and coordination between the two entities, with a designated point person to limit confusion.
        - There is also a need for clear guidelines and templates to be easily accessible for all parties involved.
    - There should be staffing considerations and an emphasis on the importance of having the appropriate resources and equipment available for patients requiring higher levels of care.
- Daily Care and Life Enrichment
    - Questions
        - How can the activities of daily living (ADL) and resident life enrichment be modified during an emergency or crisis?
        - What are the unique challenges and threats to psychosocial and psychological health and wellness related to infection control and prevention measures?
        - What are key components of a facility engagement plan?
        - What are some new ways to keep residents physically, mentally and socially active and connected in an emergency or crisis?
    - Discussion
        - CMS rules dictate that only certified nurse aides (CNAs) or those with a waiver can perform activities of daily living in senior living facilities. However, family members can still be actively engaged in assisting with ADLs if deemed capable by the nursing staff, subject to CMS approval. During the COVID-19 pandemic, creative ways such as electronic communications and outside visits were used to engage families.
        - During a crisis, individuals in the building, such as accountants or billing personnel, can also assist in tasks such as delivering meals or helping in the dining room, subject to necessary training and safety protocols. However, flexibility in additional tasks may depend on CMS regulations. Training may be required, and the involvement of non-CNA personnel may be limited to certain areas such as the kitchen.

        - The severity and duration of a crisis do impact the ability to meet residents' needs, with immediate crises being easier to handle than prolonged ones, which can create voids in resources and staffing.
    - Many activities will be dependent on CMS regulations

LTC Recommendations	TAP Discussion
94. Transfer team (Joint Meeting Wording): Consider using a dedicated transfer team or staff member (in hospitals and long-term care facilities) to oversee patient transfers and ensure that all necessary information is communicated, and that follow-up communication occurs after the transfer. Ensure that individuals who are assigned as part of the transfer team have established communication with potential transfer sites and are responsible for providing oversight to the transfer process, including overseeing that all paperwork, such as medical and social needs, have been adequately communicated. The transfer team could consist of staff, social worker, ombudsman, or volunteer when feasible. Additionally, identify ways to address the feasibility of having dedicated transfer teams available 24/7, especially since transfers often happen outside of regular business hours.	One recommendation is having a dedicated transfer team or staff member to oversee transfers and ensure communication of necessary information and follow-up after the transfer. However, feedback suggests that training multiple people per facility and having a consistent process with transferring and training could replace the need for a dedicated transfer team. The discussion also raises the question of whether the transfer process is different for transfers in and out of the hospital and if a dedicated transfer team would be feasible. Concerns are raised about staffing patterns for a dedicated transfer team and the need for hospital medical staff to accept patients with acute medical needs from long-term care facilities.
80. Social Worker Role: Assign a social worker or point of contact for communication between facilities during the transfer process. Assigning a social worker or point of contact can help ensure that communication between facilities is seamless and any issues that arise are addressed promptly.	The group discussed the recommendation from focus groups to have a social worker fulfill the role of point of contact for long-term care facilities. However, concerns were raised about whether a social worker would be the best fit for the role, given that not all assisted living and nursing homes are required to have a social worker on staff. It was suggested that other staff members, such as a CNA, CMA, or case manager, could fulfill the role as long as they have the necessary competencies and a clear job description. The group also discussed the terminology used, with some suggesting that the term "social service designee" might be more appropriate in some cases. The group considered whether different levels of care would require different types of points of contact, such as during normal operations versus during a crisis.

LTC Recommendations	TAP Discussion
122. Multiple Communication Channels: LTC staff suggest using multiple communication channels, such as email and fax, to inform administrators of facilities and offer support. This can help ensure timely and effective communication and implementation.	Initial survey results showed that the majority believed it was feasible. However, there were concerns about the responsibility of sending communications and the possibility of information overload or the same information being shared repeatedly. It was clarified that the communication was between long-term care facilities, and it was suggested that keeping the information scheduled and concise would be more likely to be received well by facilities. It was also suggested that HCC's could play a role in communication and that the recommendation should include language about scheduled and concise communication.
115. Implement secure communication methods: Ensure that communication between hospitals and LTC facilities is conducted using secure methods to protect patient privacy and confidential information. This can help address concerns about the potential risks associated with faxing.	There is not a need for this recommendation to be included because HCC's will only share information between facilities that is properly vetted

Resource Load Balancing Section

- Discussion of Draft Outline
    - The idea of identifying specific populations that require additional consideration was brought up, but it was noted that this does not reduce the need to talk about equity for all in the overall plan.
    - The group discussed the unique perspectives for certain populations, including those in resource-poor areas and those with physical or cognitive disabilities, regardless of their location.
        - It was suggested that pregnant and maternity patients should be added to the special population section, although there was some concern about breaking out specific populations, such as those with in-stage renal disease or receiving chemotherapy. The lack of maternity services in some areas and the high risk of death for pregnant women during Covid were noted as reasons to include this population.
        - Mental health was also mentioned as a tough resource to begin with in their state.
    - A suggestion was made to include the RLB section either in the Appendix of Phase 1, or under or below the Equity and Ethical Considerations section.

RLB Recommendations	TAP Discussion
101. Transportation Contingency Plan: Develop a contingency plan that involves collaboration with transportation services in case of a crisis involving multiple residents returning to the long-term care facility. This plan should address transportation for residents who may live far away or have limited access to transportation.	The feasibility of this plan was discussed, with some participants expressing concerns about the availability of resources, particularly in rural and remote areas. Others noted that some facilities have their own transportation services or use what is available in their community, but this may be dependent upon the mode of transportation and whether it accommodates the needs of the patient and the returning level of care. Cost and insurance availability were also brought up as potential concerns for using EMS as an option. The group recognized that transportation is a complex issue and one that needs further attention, especially in times of crisis.
96. Technology Training: Provide training and support for staff on the use of technology, including electronic health records and video conferencing, to ensure effective communication between healthcare providers.	While the initial survey found it feasible, it was deemed a lower priority in crisis situations. Volunteers, especially high school and college students, were suggested to provide the training, though HIPAA training was a concern. The possibility of implementing it during conventional stages to prepare for crisis situations was also considered. There was a question about whether the training would include access to electronic health records, but it was deemed unnecessary for non-medical staff. The recommendation was also meant to ensure effective communication between health providers, not just between residents and their caregivers.

Public Communications Section

- Discussion of Draft Outline
    - A recommendation that expectation-setting regarding the frequency and type of information updates residents and caregivers receive during a crisis should have a bigger role in the section.
        - The Task Team discussed having this information as part of the welcome package when a resident enters a facility.
    - No other gaps were identified.