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**Kansas Crisis Standards of Care Guidance Phase II**  
**Long Term Care Task Team Minutes**  
Thursday, May 11, 2023  
9-11 a.m.

**Meeting Materials:**

- Agenda
- Public Communication Draft
- Focus Group Recommendations

**Agenda:**

9:00 am – Welcome  
9:05 am – Joint Meeting Feedback  
10:30 am – Review Communication Section Guidance  
10:55 am – Wrap Up  
11:00 am - Adjourn

**Attendees:**

LTC Task Team members: Ami Hyten, JD (Topeka Independent Living Resource Center, Inc); Dennis Cooley, MD; John Carney, MEd (Center for Practical Bioethics), Linda Mowbray (Kansas Health Care Association); Jamie Gideon (Alzheimer's Association); Glenda DuBoise, MS, Kansas AARP;

KDHE Staff: Ed Bell  
KHI Staff: Cynthia Snyder, Emma Uridge, Sheena Schmidt

**Feedback on the joint meeting**

***TAP Breakout***

**Resources and Staff Turnover**

- Discussed ongoing challenges with resources and staff turnover, even outside of crisis situations.
- Recognized the need for long-term care facilities (LTCs) to address this issue in order to be better prepared for future crises.

**Planning for Future Crises with Limited Resources**

- Explored the dilemma of LTCs planning for future crises while operating under-resourced even during normal times.
- Highlighted the importance of finding innovative solutions and strategies to mitigate the impact of limited resources during emergencies.

**Review of LTC Outline**

- Reviewed the outlines of each section related to LTC management during crises.
- Specifically discussed the significance of communication between facilities, coordination of transfers, and the utilization of templates such as the red file program for smooth transitions.
- Emphasized the challenges of maintaining infection control and safety while preventing isolation among residents, considering the long-term negative effects of isolation.
- Examined the potential impact of CMS (Centers for Medicare and Medicaid Services) regulations on mitigating isolation, including the possibility of involving volunteers or caregivers for support when necessary.

**Transfer Teams and Coordination**

- Questioned the barriers and feasibility of implementing transfer teams within LTCs, considering the existing staffing challenges.
- Explored the definition and role of a "transfer team" and whether a designated point of contact, such as a social worker, could facilitate coordination between facilities.
- Considered the involvement of Health Care Coordinators (HCCs) in improving communication and coordination between LTC facilities.
- Note that secure communication methods between facilities might already be in place, potentially reducing the need for additional measures.

***CAB Breakout***

**Technical Information as a Barrier**

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- The group acknowledged that the technical nature of the information presented posed a barrier to people's understanding and access to relevant systems.
- Recognized the need to address this issue to ensure that the information and systems are accessible to all.

**Role of CAB Members.**

- Emphasized the importance of CAB members acting as conduits, bringing concerns and feedback from their constituencies back to the decision-making process.

**Avoiding Interruptions in Daily Care**

- Stressed the significance of avoiding any interruptions in daily care, even during a crisis.
- Underlined the importance of ensuring that essential aspects of care remain in place to safeguard the well-being of residents.

**Concerns around Visitation**

- Discussed the sense of unfairness experienced by families when they were not allowed to visit their loved ones in LTC facilities.
- Addressed the need to balance safety measures with the emotional well-being and connection between residents and their families.

**Involving Residents, Families, and Caregivers**

- Explored the potential for residents, families, or caregivers to serve as valuable resources for communication during a crisis.
- Discussed the possibility of involving them in assisting their loved ones during challenging times, recognizing their unique insight and ability to provide support.

***Additional Discussion for Guidance Introduction***

There was discussion focused on the guidance introduction. John Carney will work on drafting this section with KHI staff. The following points were raised from discussion:

**Addressing the Impact of Being Under-Resourced**

- The question was raised about whether the document would include a section addressing the broader issue of being under-resourced in an environment heavily impacted by crises in the future.
- Emphasized the distinction between experiencing trauma and potential fatalities, referencing Dr. Fauci's interview on the uncertainties surrounding the pandemic.
- Suggested the inclusion of an overview highlighting the environmental impact of a pandemic-like crisis, while acknowledging that LTC facilities already operate in under-resourced environments.

**Congregate Living and Drug-Resistant Diseases**

- Noted that the population living in congregate environments, such as LTC facilities, is at risk of drug-resistant diseases even outside of crisis situations.
- Highlighted the efforts made by LTC homes to identify the root causes of drug resistance and mitigate the associated issues.

**Importance of Addressing Special Populations**

- Raised the concern that special populations, including children and individuals with disabilities, often receive less attention and focus in crisis management efforts.
- Urged the need to acknowledge and emphasize the potential impact on these populations from the outset.

**Public Communication Draft Review**

The group discussed the Public Communications Outline.

***Section: Statewide and Information Sharing Systems***

- Includes System Administrators, Partnerships and Collaborating Entities
- Guidance may include a crosswalk or alignment with infection control guidance from the Kansas Division of Emergency Management (KDEM) and the Kansas Department of Health and Environment (KDHE).
- The section may include pharmacies, suppliers, therapeutic entities (infusions, etc.), dialysis centers or services, and other off-site services residents may commonly utilize.
- Hospital liaison role emphasized in the context of community network partnerships.

***Section: Modes of Communication***

**Acknowledgment of Different Reception of Communication:**

- Agreement on the importance of recognizing that individuals receive different modes of communication differently, and this aspect should be included in the guidance.

**Official and Trustworthy Communication:**

- Emphasized the need to ensure all communication is official, including using letterhead, providing a clear date, and explicitly identifying it as current guidance including what it is replacing.
- Highlighted that written communication tends to be perceived as more trustworthy than other forms such as email or social media.

**Commented [EU1]:** public communications we should put a pin on making sure all communications are done with accessibility Captioning, ASL interpretation, etc.  
•Definitions and FAQs could help with this

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- Recognized the importance of appropriately selecting communication modes based on the audience and information being conveyed, such as utilizing a volunteer page on a Facebook group if appropriate.
- Suggested including a message map in the appendix for addressing previous information versus new information and communicating it appropriately.
- Consensus on the significance of updating all communications with this essential component.

Section: Special Considerations by Population

- The group discussed defining frontier area and adding ASPR definition of frontier area per KDHE.
- Emphasized the importance for Public Information Officers (PIOs) to consider the demographics of both LTC facilities and their respective communities when developing messages.
- Highlighted the significance of working with community members and leveraging natural gathering places to effectively share information.

Section: Other Staffing Sources

- The group discussed the use of volunteers (e.g., students, RSVP, AmeriCorps, campus – more independent residents) for communication with resident’s families and consider changing to medical reserve corps.
- To group specified volunteers would help residents with technology or communicating with family members; they might be privy to how to treat PHI and be trained on those issues.
- Determining who is allowed to share specific resident information should be addressed by the facilities, as it can be problematic when communicating about individual residents.

Protecting Sensitive Patient and Facility Information

- KDHE raised concerns about potential breaches of Protected Health Information (PHI) and suggested including vetted and credentialed individuals (e.g., medical reserve corps) instead of relying solely on volunteers, which would require approval from the State of Kansas.
- The feasibility of setting aside a room for communication purposes was discussed, and it was suggested that social service staff could aid if feasible.

Section: Talking Points and FAQs

- National organizations produced advanced care planning documents for pandemic-specific planning, and these may be different for various disaster types.
- When circumstances change externally and internally, these documents need to be updated.

Section: Phase 1 Glossary

- Long-term care specific terms will be added as guidance is developed.
- Add: Activities of Daily Living, Enrichment
- Add: Rural and frontier definitions

Focus Group Recommendations

Social Worker Role:

- The discussion highlighted the importance of including the necessary features or duties in the role of a social worker or social service designee in LTCs.
- It was noted that the specific term for this role in LTCs is "social service designee," and Kansas regulatory definition will be included in the glossary.

Consistent Staffing Schedules:

- Members indicate facilities are still experiencing nursing staff and challenges, losing staff and burn out is a significant issue; staffing agency use has come down a little bit along with prices, but still the biggest issue is getting people that want to work in that environment in the door.

Accompany Residents to Hospitals:

- **It depends on the situation.** Facilities should check with EMS on who can accompany individuals during a transfer.

Value Staff:

- State agencies, such as KDHE, expressed that they should not dictate specific hiring decisions to improve staffing, but rather encourage creating a work environment that values staff.
- Despite the Public Health Emergency (PHE) ending, staffing challenges persist, with a lack of empathy from some advocates and individuals who question why staffing hasn't improved. There is a tension

**Commented [EU2]:** Add to guidance: Regulation 26-39-100 state definitions: (sss) "Social services designee" means an individual who meets at least one of the following qualifications:(1) Is licensed by the Kansas behavioral sciences regulatory board as a social worker;(2) has a bachelor's degree in a human service field, including social work, sociology, special education, rehabilitation counseling, or psychology, and receives supervision from a licensed social worker; or(3) has completed a course in social services coordination approved by the department and receives supervision from a licensed social worker on a regular basis.(ttt) "Social worker" means an individual who is licensed by the Kansas behavioral sciences regulatory board as a social worker.

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between the expectation to "get your act together" and the feasibility or ease of taking immediate action. The importance of showing compassion in addressing staffing challenges was emphasized.

**Training and Support:**

- The discussion highlighted that training conducted outside the facility could create barriers and suggested adjusting training to include remote offerings to overcome this challenge.
- It was proposed to expand joint provider training and involve KDHE to enhance familiarity with the training among their staff, indicating the importance of their involvement.
- The wording for training during a crisis was recommended to be changed to emphasize its significance, specifically stating "especially for a crisis situation."

**Action Items**

- The facilitator and John Carney were assigned the task of collaboratively drafting the introductory information to reflect the points discussed regarding lessons learned from COVID-19.
- Draft will be reviewed by KFMC staff providing LTC technical assistance.
- KHI will continue to work with authors to draft the sections and reviewed and will share with the group by the end of the month.
- Can send author’s version of the drafts to add in comments if any members would like to see progress and provide comments.
- One more meeting can be held if needed.