

TODAY'S AGENDA

- 9:00 a.m. Welcome
- 9:05 a.m. Joint Meeting Feedback
- 9:20 a.m. Communications Section
- 10:10 a.m. Glossary Modifications
- 10:30 a.m. Focus Group Recommendations
- 10:55 a.m. Next steps
- 11:00 a.m. Adjourn

Public Communication Draft Update

- **Statewide and Local Information Sharing Systems**
- System administrators
- Partnerships
- Collaborating entities
- Modes of communication
- **Long term care communications by population**
- Older adults in all geographic areas and facility types
- Equity considerations by population
- Alternative Staffing
- **Appendices**
- Multiple appendices for FAQs (residents, family and representatives)
- Message Map
- Communication Plan Flow Chart
- Plain Language Glossary and Definitions from Phase I
- CO-S-TR Model

Statewide and Local Information Sharing Systems

System Administrators

- Associations: How long-term care facilities can get connected to state associations
- Kansas Association of Area Agencies on Aging (K4AD)
- Community Based Organizations
- Kansas Statewide Homeless Coalition
- Kansas Long-Term Care Ombudsman

Partnerships

- County Emergency Management
- Healthcare Coalition (HCC)
- EOC Partners group
- Local Government – city/county
- Local Health Departments
- Kansas Department of Health and Environment
- KDADS

Collaborating Entities

- Hospitals etc.
- Emergency Management System,
- Member facilities (hospitals, LTC),
- Health Departments,
- Emergency Medical Services
- Area Agencies on Aging, Adults 60+, unpaid and professional caregivers,
- Aging and Disability Resource Center, persons with disabilities; BI; general public
- Provider agencies that provide direct services to those experiencing homelessness
- The inclusion of the long-term care ombudsman is critical to facilitate communication between family members, multiple providers and the residents.
- Community Health Centers and Community Based Clinics
- School districts (liaisons)
- Legislators/ Policymakers
- Advocacy organizations

Modes of Communication

The following modes of communication may be used to convey messages to the appropriate audiences. Social media may be an effective way to reach large audiences quickly but is subject to security issues and missed messaging from those who are not regular users. LTC facility websites are an effective outlet and will require security measures to ensure a designated public communications officer is the one receiving and disseminating messaging. Automated emails and text messages or using real-time update communication systems may be useful to reduce burden on staff during a contingency and crisis.

The following list are potential modes of communication that facilities may consider using for public communication.

- Facility website
- Email/Mail Distribution lists
- Text messaging
- Local radio
- Local newspapers
- Local television
- Internal facility channel
- Newsletters
- KSHC website
- Social Media

Communications Considerations by Population

This section will describe special considerations for reaching residents in these care settings.

- Older Adults
- Older Adults in Rural and Frontier Areas of Kansas
- Older Adults in Non-Nursing Facilities
- Older Adults Receiving Home and Community Based Services

Equity Considerations by Population

This section may describe special considerations for reaching residents in these care settings or needing specific types of communication to fit the population's needs. PIOs should consider the demographics of their facility and their community when crafting messages.

- Deaf and Hard of Hearing Populations
- Refugee/immigrant (cultural/structural barrier)
- Rural and Frontier

Other Staffing Sources

This section lists other staffing sources, not inclusive but some to consider, that can be utilized when crisis standards of care are activated in long-term care facilities. Clearly defined volunteer positions may be utilized for managing public communication with those calling facilities for information with developed FAQ questions and answers. Volunteers may be used to share specific resident information during crisis scenarios only.

- Community Health Workers (CHWs)
- Social Services
- Medical students
- Public Health Students
- Volunteers (e.g., students; RSVP; Americorps; campus – more independent residents)

Talking Points and FAQs

As part of the communication to patients and families, it is important to relay information in a compassionate, responsive and understandable way. The KSCSCG provides “Talking Points” or frequently asked questions (FAQs) handouts that can be used and given to the healthcare staff, patients, and their families. These documents should be readily available at any conventional-contingency-crisis (CCC) level of care for healthcare staff and communities to access. The following should be considered:

- Provide the patient and family with mental health resources.
- Provide the patient and family with alternative options or resources if current hospital resources are unavailable, which includes getting help for patients and families for advance care planning to name and agent and document treatment preferences (i.e., living will).
- Provide the patient and family with supportive and palliative care and/or hospice care contacts and referrals.
- Obtain contact information for a designated family member and schedule specific follow-up discussions as needed.
- Contact the patient’s primary care provider and notify them of any resource allocation decisions and plans.

Public Communications

- Message Map Template

Scenario: Target Population: Stakeholder(s): Concern:	Key Message 1	Key Message 2	Key Message 3
	1. Support Point	1.	1.
	1.		
	1.		

Appendices

- Appendix A. COVID-19 Experience
- Appendix B. Preparation Before Crisis
- Appendix C: Roles and Responsibilities Detailed Chart
- Appendix F. Crisis Standards of Care FAQ for Healthcare Staff [Template]
- Appendix G. Crisis Standards of Care FAQ for Patients [Template]
- Appendix H. Crisis Standards of Care Questions for Consideration for Long-Term Care Residents

Phase 1 - Glossary

- Accountability
- Allocation
- Alternative Care Sites
- Capacity
- Consistency
- Continuum of Care
- Levels of Care
- Correction Factor
- Crisis Standard of Care
- Disaster (state definition)
- Disaster (Major)
- Duty to/of Care
- Duty to Steward Resources

Phase 1 - Glossary

- Equity/Equitable Distribution
- Health Equity
- Healthcare Coalition
- Hospitals (acute care, critical access)
- Indicator
- Medical Resources
- Mitigation
- Personal Medical Equipment
- Population of Focus
- Proportionality
- Surge
- Transparency in Decision Making
- Triage
- Triage Coordinator
- Trigger

Focus Group Recommendations

- 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.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	

Focus Group Recommendations

- 53. Consistent staffing schedules: Consistent staffing schedules can help residents to build rapport with their caregivers and improve communication among staff. The facility can consider offering incentives to staff who are willing to work a consistent schedule.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	

Focus Group Recommendations

- 85. Accompany residents to the hospitals: If possible, accompany the resident during the transfer to provide emotional support and to communicate the resident's needs to the hospital staff. This is particularly important for those with cognitive impairments or other conditions that require special attention.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	

RLB TT Recommendation: **When feasible and depending upon patient needs and safety, have a family member or staff member** accompany the resident during the transfer to provide emotional support and to communicate the resident's needs to the hospital staff. This is particularly important for those with cognitive impairments or other conditions that require special attention.

Focus Group Recommendations

- 55. Value staff: The focus group emphasized the importance of valuing staff and ensuring that they are in it for the right reasons, namely a love for working with the elderly. Long-term care facilities should emphasize these values during the hiring process and provide ongoing support to their staff to ensure that they remain motivated and committed to their work.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	

Focus Group Recommendations

- 120. Training and Support: LTC staff suggest that trainings would be helpful, especially during a crisis. Joint training offerings through KDHE's Joint Provider Surveyor Training can provide a channel for communication and training for leadership, key staff, and surveyors. Distribution through trade associations can also be a helpful means of communication.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	