

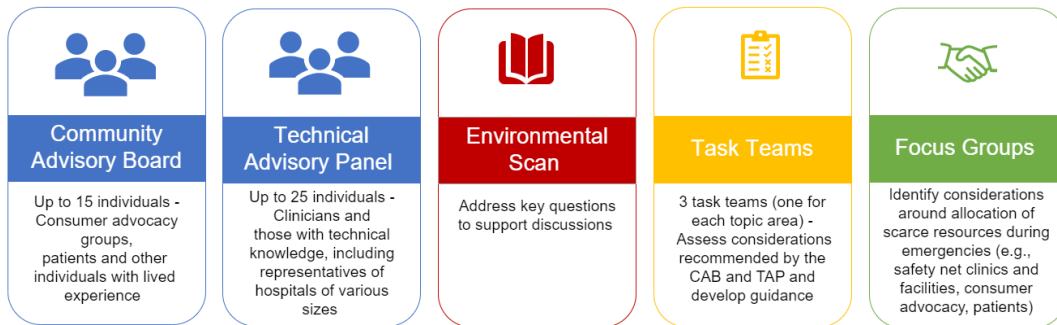
# Kansas Crisis Standards of Care Guidance: Phase II

## Overview

A Crisis Standards of Care (CSC) Guidance provides a framework for the fair allocation of scarce resources during emergencies. In 2022, a group of experts developed the Kansas Crisis Standards of Care Guidance (KSCSCG) for hospital settings. The guidance leveraged stakeholders' expertise and community representatives' lived experience. In 2023, the second phase will update the guidance in three areas: (1) long term care facilities; (2) resource load balancing; and (3) public communication.

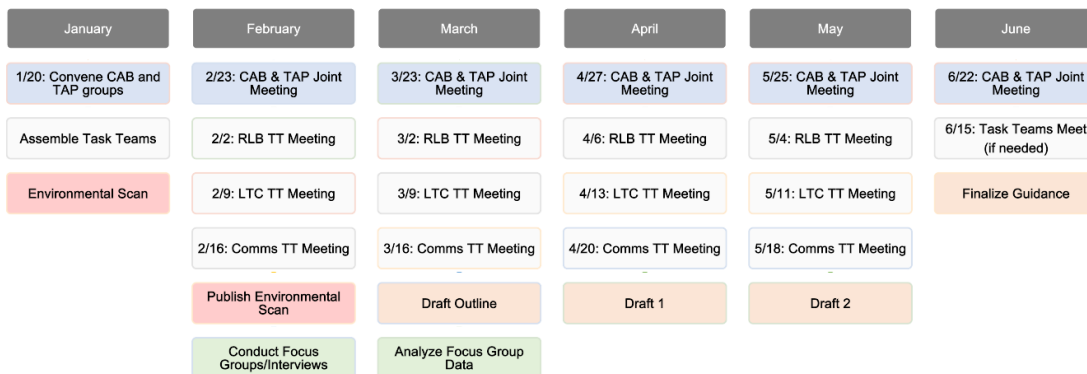
*Why is it important to address in the crisis standards of care guidance (CSC)?* Prior to COVID-19 long term care was rarely involved in statewide disaster preparedness discussions, public health discussions or emergency medical supply distributions and staffing assistance. The lack of guidance or systems for long term care contributed to increased illness and death rates for long term care facility residents. Lack of guidance and resource allocation made it difficult to address the issues of hospital transfers for long term care residents or people who need some type of supportive or step-down care after an acute hospital stay. COVID-19 made many hospitals and agencies realize how important a role long term care plays in our health care system and how quickly the system grinds to a halt without post-acute care options to help relieve hospital capacity surges.

## Project Components



## Timeline

The joint meetings will be once a month virtually (via Zoom) from January-June 2023. Each meeting will last about two hours, except for the first meeting. The first hour of the meeting will be conducted jointly. During the second part of the meeting, CAB and TAP will work separately in break out groups. Task Teams also will meet once a month from February-May 2023. The final guidance is due June 30, 2023.



RLB: resource load balancing; LTC: long term care; Comms: public communication; TT: task team

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## Overview of Components

### Community Advisory Board and Technical Advisory Panel

A Community Advisory Board includes consumer advocacy groups, caregivers and other individuals with lived experience, to uplift the experiences of people that would likely be impacted by the implementation of the Kansas Crisis Standards of Care Guidance. A Technical Advisory Panel (TAP) includes providers and other professionals with expertise across the three topics, including representatives across the state. Similar to Phase I, a Community Advisory Board (CAB) will work closely with the TAP to provide input throughout the process, and liaisons will serve in both groups. To learn more about liaisons, please see the *Liaisons* section on page 3.

### Community Advisory Board

The Board includes about 20 individuals. The main roles of the Board include:

- Attend monthly meetings.
- Participate in Task Teams.
- Share equity and other considerations on the three topic areas for Phase 2.
- Help develop questions for focus groups to gain community insights regarding considerations around the update to the guidance.
- Inform the development of recommendations.
- Provide feedback on the draft report.

### Technical Advisory Panel

The Panel will include about 25 individuals. The main roles of the Panel include:

- Attend monthly meetings.
- Participate on Task Teams.
- Participate in a structured process to update the KSCSG.
- Provide meaningful participation and assess evidence-based information.
- Assess considerations recommended by the Community Advisory Board.
- Contribute to and provide feedback on the guidance.

### Task Teams

The task teams will include up to 10 CAB/TAP members. Those who choose to serve on a task team will increase their commitment by 10-15 hours. The main role of teams will include:

- Meet once a month virtually from February-May 2023.
- Participate in a structured process to create new sections of the guidance.
- Provide meaningful participation and assess evidence-based information to contribute to the guidance.
- Assess considerations recommended by the CAB and TAP.
- Contribute to and provide feedback on the guidance.

### Liaisons

Ami Hyten, J.D., the Executive Director of the Topeka Independent Living Resource Center, Inc., will serve as the liaison for the CAB, and Dr. Dennis Cooley, a pediatrician, will serve as the liaison for the TAP. These liaisons will act as important connections between the CAB, TAP and task teams. Their duties will include offering input on the meeting agenda and materials, attending CAB and TAP meetings and task team meetings, sharing perspectives from the groups they represent and assisting in reviewing and drafting assigned sections of the guidance.

## Kansas Crisis Standards of Care Guidance: Phase II

### Environmental Scan

KHI will review the most recent available research and available guidance around the three topic areas from other states to identify best practices. We will also summarize findings from resources such as [ASPR TRACIE](#).

### Focus Groups

The purpose of the focus group is to understand the concerns and considerations of individuals representing long-term care facilities, hospitals, consumer advocacy groups, and caregivers regarding the allocation of medical resources, such as staff, supplies (e.g., beds, medication, personal protective equipment, ventilators), facilities, and health care services in nursing homes and long-term care facilities during the implementation of crisis standards of care.

We plan to recruit and convene four focus groups with up to 45 individuals between February 1, 2023, and March 15, 2023; however, the start date will be subject to the IRB determination date.

- One focus group will include up to 10 staff from long-term care facilities and up to 5 staff from hospitals.
- One focus group will include up to 10 individuals from consumer advocacy groups.
- Two focus groups will be conducted with caregivers of individuals in long-term care facilities, with one being in English and another one being in Spanish.

We will also conduct up to 10 interviews with caregivers. Focus group participants will not include members of the CAB or TAP.

### Kansas Health Institute's Role

The Kansas Health Institute (KHI) is a non-profit educational organization committed to improving the health of Kansans through nonpartisan research, education and engagement that support effective policymaking. KDHE has contracted KHI to facilitate updating the Kansas CSC plan, including stakeholder engagement. The TAP will be facilitated by Hina B. Shah, M.P.H., who has more than 10 years of experience as a senior survey director and project manager in the field of public health and social science. Her experience also includes facilitation of task forces focusing on the Kansas child welfare, senior care and behavioral health systems. Valentina Blanchard, M.P.H., L.M.S.W., also will support the TAP. Prior to joining KHI, she was a discharge planner for patients receiving mental health services at a jail in Georgia. She also has experience providing social work consulting services for adolescent and young adult patients.

## Kansas Crisis Standards of Care Guidance: Phase II

### Terms

*Please note that the terms below may be modified. The terms serve as a starting point for discussion.*

**Caregivers:** Family members or friends who typically provide unpaid, long-term, community based care and assistance to older adults and people with chronic health conditions or disabilities who reside in long-term care facilities. Even in long-term care facilities, caregivers continue to provide ongoing support.

**Consumer advocates:** Advocates for residents of nursing homes, board and care homes, assisted living facilities and similar adult care facilities. They work to resolve problems of individual residents and to bring about changes at the local, state and national levels that will improve residents' care and quality of life.

**Crisis standards of care guidelines:** Crisis standards of care guidelines are the guidance for medical providers when medical resources are limited so providers can allocate resources in the fairest way.

**Focus Group Participants:** For purposes of some of the questions asked in this focus group, we use the term rationing of care. The goal of rationing is for everyone to receive some level of care, but they may not receive the same access to medical resources (such as beds, ventilators, nurses, etc.) that they would have received if there was not a crisis.

**Hospitals:** Providers or administrators from hospitals and health systems who oversee and/or administer resource load balancing.

**Long-term Care:** The healthcare and supportive services provided to individuals who need assistance with their daily activities, such as bathing, dressing, eating, and mobility. This type of care can be provided at home or in a facility setting. In Kansas, long-term care facilities include nursing home, long-term care units of critical access hospital, assisted living facilities, residential healthcare facilities and Home Plus. Most residents long-term care facilities are older adults, particularly those over 85 years of age. However, there are also younger residents in these facilities with mental health conditions, intellectual disabilities and/or physical disabilities.

**Long-term care facility staff:** sometimes referred to as “direct patient care”, and including nurses, nursing assistants, therapists, and paraprofessionals; and administration and management (staff management teams, compliance and regulatory professionals, nursing directors, and facility managers/owners).

**Long-term Care Unit in Hospitals:** Long term care unit means a unit that provides physician services and continuous nursing supervision for patients who are not in an acute phase of illness and who currently require nursing care that is primarily of a convalescent, restorative or long term nature. Medicare-certified, distinct-part, long term care units are included.

**Medical Resources:** Staff, supplies (e.g., beds, medication PPE, ventilators), facilities and health care services.

**Resource Load Balancing:** The distribution of patients among healthcare facilities or providers to manage demand and ensure that patients receive timely and appropriate care.