

Crisis Standards of Care Phase II Resource Load Balancing Task Team

March 02, 2023

2:00pm – 4:00pm

Agenda

- 2:00 p.m. Welcome
- 2:05 p.m. Review Joint Meeting Discussion
- 2:25 p.m. Statewide guidance and alignment with RLB guidance
- 2:30 p.m. Pre-hospital RLB Discussion
- 3:50 p.m. Questions for CAB and TAP
- 3:55 p.m. Next Steps

Attendees

RESOURCE LOAD BALANCING (RLB) TASK TEAM			
Name	Title	Organization	Meeting Attended
Alice Weingartner, MEd	Chief Strategy Officer	Community Care Network of Kansas	X
Ami Hyten, JD	Executive Director	Topeka Independent Living Resource Center, Inc	
Carla Keirns, MD, PHD	Associate Professor	University of Kansas Medical Center	X
Chrisy Khatib, LBSW, LAC	Deputy Director, Adult Protective Services	Kansas Department for Children and Families (DCF)	
Con Olson	KEMSA Administrator Society President	Kansas Emergency Medical Services Organization (KEMSA)	
Delmar White, MDiv	Pastor	New Mount Zion Missionary Baptist Church	
Devan Tucking	Response & Recovery Services Section Chief	Kansas Department of Emergency Management (KDEM)	
Dennis Cooley, MD	Pediatrician		X
Ed Bell	Preparedness Deputy Director	Kansas Department of Health and Environment (KDHE)	X
Glenda DuBoise, MS	State Director	Kansas AARP	X
Janet Kimbrell, CNA, CMA, CPM	Caregiver & Advocate		X
John Carney, MEd	Retired Executive	Center for Practical Bioethics	X
Kathy Keck	Caregiver & Advocate		
Linda Adams-Wending	Board President	Kansas State Nurses Association (KSNA)	X
Ron Marshall, MLS(ASCP)DLM, MHA	Director, Preparedness and Regulatory Affairs	Kansas Hospital Association (KHA)	

Steve Simpson, MD	Professor of Medicine	The University of Kansas Medical Center (KUMC)	X
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KHI: Sheena Schmidt, Valentina Blanchard, Hina Shah

KDHE: Rebecca Adamson

Joint Meeting Review and Policy Landscape:

- Reflection: Dr. White’s discussion on the models in Arizona were very interesting, but there are worries about feasibility. There are a lot of concerns around regionalization of resources and as long as the incentives are not in the centralized direction and the regulatory framework isn’t there, there will continue to be limitations and barriers.
 - As the regulatory restrictions are imposed by state statutes and the Kansas Legislature and will most likely not be changing, we have to work within those guardrails.
 - The ideal centralized model could be put into the appendices, but for the purposes of the document, it needs to be focused on the local level.
- Thinking about partnerships that can be made in the conventional and contingency stages (i.e. building relationships with county commissioners, emergency managers, etc.) so facilities can work with them quickly when a crisis occurs.
 - Rural Health Clinics (RHCs) and maybe even hospitals came together during the pandemic to address workforce issues through sharing staff. This was primarily done to avoid the costs of agency staffing groups. It could be a model to look at in a local or regional capacity
- Next joint meeting will involve the regulatory framework and current laws that the Crisis Standards of Care Guidance needs to work within.

Pre-hospital RLB Discussion

- Agencies to potentially include in Roles and Responsibilities section:
 - Kansas Board of Healing Arts
 - Local Area Fire Department Volunteers
 - County Sherriff’s Departments
 - Local EMS Agencies
 - Kansas Bureau of Investigations
- Transportation Strategies:
 - Dispatch
 - **ACTION ITEM:** Determine what Kansas already has in place for EMS triage
 - Ambulance/Transport:
 - **ACTION ITEM:** Determine what Kansas already has in place for transport criteria
 - When ambulances aren’t available, what else can be used?
 - Funeral transport vehicles
 - Meals on Wheels
 - Organizations that transport patients to appointments (American Cancer Society, American Red Cross)
 - Air transport
 - SUV group in Saline County (have picked up staff to get them to work)

- Civil Air Patrol
- Drones for small equipment (insulin, temperature problems)
 - Consideration in future when technology permits
- How do we encourage facilities to formulate list or have access to list?
 - In Saline County, the hospital administrators keep and update lists
- Transportation Destinations to potentially include:
 - Community Health Centers
 - Community-Based Clinics

Hospital RLB Discussion

- What agreements are currently available?
 - There are many existing agreements, and they are usually not publicly available
 - Health Care Coalitions (HCCs) may have information on what agreements currently exist
 - There may be a group of Kansas Rural Hospitals who cooperate and share big equipment and staff and consult with one another in problem solving
 - Sunflower Health Network:
 - https://www.kansastag.gov/AdvHTML_Upload/files/2022%20Kansas%20Response%20Plan.pdf
- If not for transportation, what do facilities share, if anything?
 - HCCs that have purchased equipment with KDHE grant funding must share it across the coalition; this is an ASPR requirement
 - This could include mobile equipment such as MRI and CT scans
 - Should we be asking “what is your hospital willing to share?”
 - Are there incentives other states have offered?
 - Resource: <https://hbr.org/2021/06/preparing-hospitals-for-the-next-pandemic>
 - Staffing
 - Innovative ideas such as sending medical professionals to a LTC facility instead of transferring several patients to a hospital
 - Facilities may have MOUs in place already or ones that could be put in place, but need to be careful about CMS and insurance bed requirements, as there are certain things you can do in certain beds with specific staff
 - Communications Task Team should think about the swiftness of regulation changes during the pandemic that allowed for licensure changes and how to communicate that to the public
- How are conversations had on the back end about hospitals not accepting patients or resource shortages without alarming the public?
 - During COVID, there were Local Emergency Preparedness Committee (LAPC) meetings held regularly to communicate this information
 - Not all facilities may know who to reach out to for information
 - It will be important for the guidance to have language encouraging facilities to be part of their local HCC and LAPCs
 - Can include preparedness email and HCC map in document

- **ACTION ITEM:** Follow up with KDHE to get language on LAPC involvement
- HCCs are contracted to talk with each other and have a liaison that talks to KDHE
 - If information is fed locally, it will make its way up to the top