

Full Summary of Focus Groups and Interviews

FINAL DRAFT

CRISIS STANDARDS OF CARE – PHASE II

KANSAS HEALTH INSTITUTE

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Introduction

Focus Groups and Key Informant Interviews

Outreach and Recruitment:

KHI conducted outreach through several ways including, 1) social media advertising, 2) asking partners to share opportunities for participating with their members, 3) TAP and CAB member recommendations. In total, 56 people expressed interest in participating in a focus group or key informant interview.

Participation:

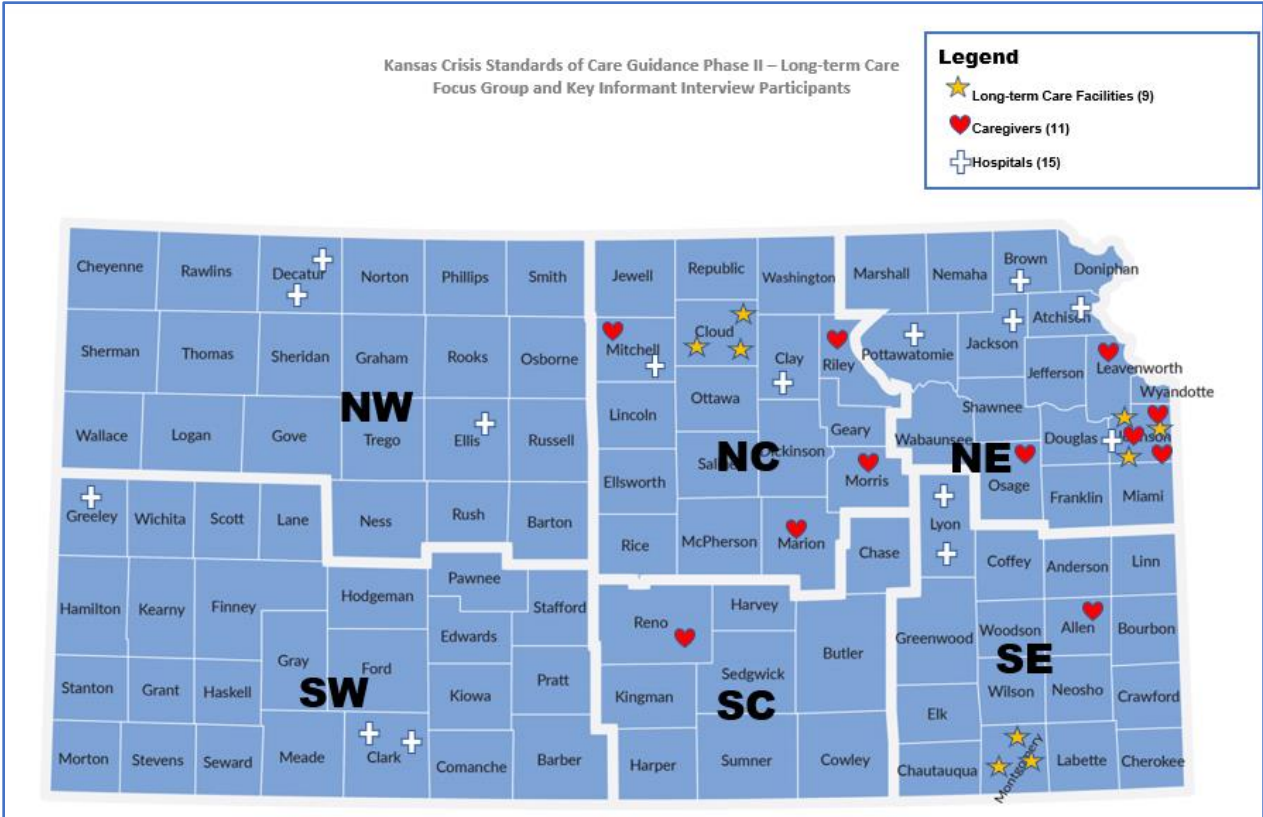
KHI conducted eight focus groups with long-term care facilities and hospitals as well as with caregivers for those in long-term care facilities. See the table below for participants by type and method.

Focus Group and Key Informant Interview Participants by Type

Participation Type	Long-term Care	Hospital	Caregiver
Focus Group	6	15	10
Key Informant Interview	3	N/A	1

Geographic Breakdown

During the recruitment process, participants were asked to complete a survey that included questions regarding geographic information. Please see the map below for participation by county and type of participants.



Note: Caregivers were asked, "In what county do you currently live?" while long-term care facility or hospital participants were asked, "Which County is your facility or organization located in?" In some cases, KHI reached out to participants who obtain their geographic information if they did not complete the survey to provide complete geographic information for all participants.

Source: KHI analysis of Phase II recruitment surveys and recruitment notes, 2023

Other Demographic Information

Other general demographic information is provided below, but not all participants answered every question. *Total Respondents: 14/24*

Hospitals and Long-Term Care Facilities:

- **Job Roles:** Among Hospitals and Long-Term Care Facilities, participants' job roles included physical therapists, administrators, nurses, and/or emergency management professionals.
- **Age:** All participants were at least 25 years of age, with the most common age group being between 45-54 years of age.
- **Race/Ethnicity:** All participants identified being White, Non-Hispanic.
- **Education:** Education levels ranged from Some College/Associate's Degree to Graduate Degree or Higher with the most common level at having a Graduate Degree or Higher.
- **Income:** For those that provided a response, income was at least \$99,000 or over with the most common income reported being between \$100,000-149,000.

Caregivers:

Other general demographic information is provided below, but not all participants answered every question. *Total Respondents: 8/11*

- **Age:** One caregiver cared for an individual between the ages of 25-34 and all others cared for individuals aged 65 and over.
- **Race/Ethnicity:** One caregiver noted the care for an individual who is African American, and all others noted they care for individuals who are White, Non-Hispanic.
- **Education:** Caregivers had varying levels of education, with 4 bachelor's degrees, 2 Some College/Associate's Degree and 1 high school diploma or GED.
- **Income:** Caregivers had varying income levels, ranging from \$30,000-39,999 to \$150-199,000

Worries and Concerns: Perspectives from Caregivers, Long-Term Care Staff, and Hospital Staff on Quality of Care, Resource Allocation, and Emotional Impact During Crisis

Question: What would worry you the most during a crisis, like a pandemic or a catastrophic public health event, when your loved one is in a long-term care facility? (**Caregivers, Long-Term Care Facilities and Hospitals**)

- **Caregivers are concerned about emergency preparedness, communication, and the mental and physical health of elderly residents during a crisis.**
- **Long-term care staff emphasize resource allocation, triage processes, and potential consequences of medical care rationing in hospitals during a crisis.**
- **Hospital staff are concerned about the emotional impact of rationing care on healthcare providers who are not trained to make such decisions, and how it may affect staff morale.**

Overall Summary

The feedback from all three groups, including caregivers, long-term care staff, and hospital staff, emphasized the concerns about the quality of care, access to medical care, and the impact of the crisis on elderly residents. While caregivers focused on emergency preparedness, communication, and the mental and physical health of residents, long-term care staff emphasized resource allocation, triage processes, and potential consequences of medical care rationing in hospitals. Additionally, the hospital focus group participants expressed concerns about the emotional impact of rationing care on healthcare providers who are not trained to make such decisions. They were worried about the difficulty of deciding who should receive care when resources are limited and how it may affect staff morale.

Potential Recommendations:

1. **Improve communication:** To address concerns about communication breakdown, long-term care facilities should establish clear communication channels with families and residents. Regular updates regarding safety protocols, emergency preparedness, and any outbreaks should

be provided. Additionally, long-term care facilities should explore alternative methods of communication, such as video calls or social media, to ensure that families can stay connected with their loved ones during times of crisis.

2. **Enhance emergency preparedness:** Long-term care facilities should develop and implement comprehensive emergency preparedness plans to address safety concerns during a crisis. The plans should outline procedures for disease prevention and control, medical care, communication, and the safety and wellbeing of residents. Staff members should receive regular training on emergency protocols and procedures to ensure preparedness in the event of a crisis.
3. **Coordinate transfers:** Strengthen the coordination between hospitals and long-term care facilities during patient transfers to avoid rapid transitions and ensure continuity of care.
4. **Increase access to medical care:** To address concerns about limited access to medical care during a crisis, long-term care facilities should explore ways to increase access to medical care for their residents. This could involve partnering with local healthcare providers to provide on-site medical services, establishing telemedicine services, or providing staff members with additional training to address complex medical needs. By increasing access to medical care, long-term care facilities can help ensure the safety and wellbeing of their residents during a crisis.
5. **Provide staff training:** Provide ongoing training and support to long-term care staff to adapt to changing guidelines and maintain high-quality care during crises.

Detailed Summary

*The concerns raised by **caregivers** in the focus group and interviews primarily centered around ensuring the safety and access to reliable medical care for their loved ones in long-term care facilities during a crisis, while also highlighting the need for emergency preparedness and better communication between the facility, staff, families, and residents. They also expressed worries about the lockdown of the facility, missed opportunities for communication, and the impact of restricted visitation on the mental and physical health of elderly residents. Additionally, they discussed the difficulties that staff members faced with constantly changing guidelines. They also noted that some people opted to take their elderly family members home during this time, which posed significant challenges due to the complexity of their medical needs and lack of familiarity with their routines. Furthermore, several participants shared their experiences of outbreaks in long-term care facilities and difficulties accessing medical care for their loved ones during a crisis. However, some participants noted the importance of strict protocols to prevent the spread of diseases in long-term care facilities during a crisis, making them more comfortable about their loved ones' safety.*

*On the other hand, the **long-term care focus group and interview participants** expressed various concerns including a potential decline in the quality of care, ineffective triage or assessment processes, rapid transitions to long-term care facilities, an influx of sicker patients at these facilities, supply issues, bed shortages, and the deprioritization of patients with dementia. Participants emphasized the need to ensure that all patients receive adequate care and that resources are effectively allocated to avoid negative consequences.*

*The **focus group participants from hospitals** discussed the emotional impact that it would have on healthcare providers who are not trained to ration care, and the difficulty of making conscious decisions about who should receive care when resources are limited. The group expressed concern about the impact of rationing care on staff morale, particularly when they are put in a position to make difficult decisions. One participant shared a personal experience of watching a provider deal with the assessment of oxygen needs, and how challenging it was to witness. Another participant described the policy their facility developed to ensure equity and objectivity in decision-making.*

Anticipated Difficulties for Caregivers Operating Long-Term Care Facilities During a Crisis: Perspectives from Caregivers

Question: If a long-term care facility is operating during a crisis, what specific problems or difficulties do you think you might face as a caregiver? **(Caregivers)**

- **Challenges for long-term care facility caregivers during crises, including access and supply issues, staffing concerns, and the need for necessary support.**

Overall Summary

During focus groups and interviews, participants discussed potential challenges that caregivers may face when a long-term care facility operates during a crisis. These challenges include limited access to loved ones, disrupted routines for residents, concerns about availability of well-trained staff, and lack of vaccination requirements for staff. The participants highlighted the significance of ensuring access to supplies, medical care, and emotional support for residents and their caregivers during a crisis in a long-term care facility. They also expressed concerns regarding accountability, better crisis management planning, understaffing, and accessing information about their loved ones.

Potential Recommendations:

6. **Increase staffing levels:** Understaffing in long-term care facilities can exacerbate the challenges faced by caregivers during a crisis. Facilities should ensure adequate staffing levels to provide quality care and support to residents and caregivers, especially during a crisis when staff shortages may be more likely.

Informing About Hospital and Long-Term Care Facilities Operations During Crisis: Perspectives from Caregivers, Hospital and Long-Term Care Facilities Staff

Question: What are some good ways for long-term care facilities to let caregivers know about their operations during a crisis and how these changes will affect their loved ones? **(Caregivers)**

Question: How should LTC facilities such as nursing homes and assisted living facilities find out if their local hospitals are facing shortages and need to ration care? **(Long-Term Care Facilities and Hospitals)**

- **Personalized communication and various modes of communication are important to caregivers.**
- **LTC and hospital staff emphasized the critical role of communication and relationships between long-term care facilities and hospital.**

Overall Summary

Caregivers emphasized the need for personalized communication, using a variety of methods including phone calls, emails, voicemails, and letters, to keep them updated on changes in long-term care facilities operations that may affect their loved ones' care. The participants also stressed the importance of maintaining easily accessible information sources to keep caregivers informed during crises.

Participants from both long-term care facilities and hospitals also emphasized the crucial role of communication and collaboration during emergencies such as the COVID-19 pandemic. Long-term care facilities stressed the importance of regular meetings and open communication channels with hospitals to exchange information. The suggested communication methods included phone, fax, email, and social media platforms. Hospital participants discussed ways for long-term care facilities to find out if hospitals are facing shortages and need to ration care, such as picking up the phone for updates or being included in meetings with public health and hospitals. The use of tools like EMResource was also mentioned, but the inclusion of nursing homes in these tools was noted as a potential issue. Overall, effective communication and collaboration were seen as essential for ensuring the best possible outcomes for long-term care residents.

Potential Recommendations:

7. **Liaison Role:** Develop a liaison role between long-term care facilities and hospitals to facilitate ongoing communication and collaboration. This could involve designating a staff member from each facility to act as a liaison and setting up regular meetings to discuss shared concerns and updates.
8. **Regular Meetings:** Implement regular meetings and ongoing communication between long-term care facilities and hospitals to ensure that all parties are on the same page regarding patient care needs and resources, especially during times of crisis or public health emergencies.
9. **Communication Channels:** Establish open communication channels between long-term care facilities and hospitals, including phone, fax, email, and social media platforms like Facebook. Consider establishing a shared online platform for real-time information exchange and updates.
10. **Standardized Protocols:** Develop standardized protocols for communication and collaboration between long-term care facilities and hospitals, including clear lines of responsibility, communication methods, and escalation procedures for urgent situations.
11. **Training and Education:** Provide training and education to staff at both long-term care facilities and hospitals on effective communication and collaboration strategies, including active listening, clear and concise messaging, and conflict resolution skills.
12. **Communication Plan:** Develop a communication plan that includes various communication methods, such as email, phone calls, voicemails, and letters sent through regular mail, to keep caregivers informed during a crisis.

13. **Personalized Communication:** Personalize communication by having direct care providers, such as nurses, call caregivers for issues specific to their loved ones' care, rather than someone in the main office who may not be familiar with their specific case.
14. **Technology:** Use technology, such as Zoom or a dedicated phone line, to provide face-to-face contact or daily recordings of changes to keep caregivers updated.
15. **Accessible Information Sources:** Maintain information sources that are easily accessible for caregivers to stay informed during the crisis, such as a Facebook page with information on visiting time slots and pictures of activities.
16. **Real-Time Updates:** Consider using a system like PointClickCare that provides real-time updates via phones and voicemails if missed.

Detailed Summary

The caregivers emphasized the importance of clear and effective communication from long-term care facilities during a crisis, particularly regarding changes that may affect their loved ones. They preferred personalized communication, such as phone calls from someone who had provided direct care to their loved one, for issues specific to their loved ones' care. The participants suggested various communication methods, including email, phone calls, voicemails, and letters, and highlighted the importance of using technology, such as Zoom or a dedicated phone line, to provide face-to-face contact or daily recordings of changes to keep caregivers updated. They also stressed the need for information sources to be maintained and easily accessible for caregivers to stay informed during the crisis.

The key themes that emerged from the LTC focus group participants and interviewees are the importance of communication and relationships between long-term care facilities and hospitals, the need for ongoing dialogue and sharing of information to ensure continuity of care, and the call for a liaison between long-term care facilities and hospitals to work closely together. The participants emphasized the importance of regular meetings and open communication channels between long-term care facilities and hospitals to facilitate the exchange of information, especially during emergencies such as the COVID-19 pandemic. They suggested various communication methods such as phone, fax, email, and social media platforms like Facebook. Overall, the participants highlighted the critical role of communication and collaboration in ensuring the best possible outcomes for long-term care residents.

The focus group participants from hospitals discussed how long-term care facilities, such as nursing homes and assisted living facilities, can find out if their local hospitals are facing shortages and need to ration care. One participant suggested picking up the phone and calling the hospital for updates. Another participant suggested that long-term care facilities should be included in meetings with public health and hospitals to ensure better communication during a crisis. The use of tools like EMResource was also mentioned, but it was noted that nursing homes are not always included in these tools. The participants also discussed the need for better communication between hospitals and long-term care facilities during normal times.

Essential Information for Caregivers to Receive from Long-Term Care Facilities During a Crisis: Perspectives from Caregivers

Question: What kind of information do caregivers need to receive from their long-term care facility to support their loved ones during a crisis? **(Caregivers)**

- ***Caregivers need regular updates and clear communication about their loved ones' condition, facility operations, and any changes in protocols or guidelines.***

Overall Summary

The summary discusses the perspectives of focus group participants regarding the information that caregivers need to receive from long-term care facilities during a crisis such as COVID-19. Caregivers require regular updates on their loved ones' condition, including medical concerns, dietary needs, and direct interaction with family members through virtual communication tools. The participants also emphasized the need for additional staff training to better understand patients with dementia, clear communication about facility operations, and responsive facilities that listen to caregiver and family member concerns. Lastly, the group stressed the importance of clear and personalized communication from an approachable point of contact regarding the facility's COVID status, protocols, and changes to them.

Potential Recommendations:

The long-term care facilities should provide the following information to caregivers and residents:

17. **Regular Updates:** Regular updates on their loved ones' physical and emotional well-being with clear and personalized communication from an approachable and personable point of contact.
18. **Safety Measures:** Information about safety measures and protocols, including any changes to them.
19. **Medication:** Information about any changes in medication, medical concerns, and dietary needs of their loved ones.
20. **Direct Interaction:** Opportunities for direct interaction with their family member, including access to virtual communication tools.
21. **Rules and Procedures:** Clear communication with caregivers about facility operations, including any changes in rules or procedures, including staffing and other resources.
22. **Responsiveness:** A response to the concerns of caregivers and family members with a willingness to listen and make improvements where necessary.

The Impact of Hospital Care Rationing on Nursing Homes and Assisted Living Facilities: Perspectives from Hospital and Long-Term Care Facilities Staff

Question: How would rationing of care by hospitals impact nursing homes or assisted living facilities? **(Long-Term Care Facilities and Hospitals)**

- ***Communication, collaboration, and advanced planning between long-term care facilities and hospitals are critical.***

Overall Summary

Long-term care facilities and hospital staff expressed concerns about the impact of hospital care rationing on long-term care residents, including issues related to quality of care, availability of higher levels of care, staffing and resource allocation, and discharge policies. Communication and collaboration between facilities and hospitals was identified as critical, with advanced planning and ongoing evaluation needed to ensure continuity of care. Participants emphasized the need for hospitals to support long-term care facilities in preparing for potential rationing of care, including providing resources and expertise.

Potential Recommendations:

23. **Advance Planning:** Conduct regular assessments and advanced planning for emergencies, including clear definitions of needs and resources, to ensure long-term care facilities are prepared to provide appropriate care and support.
24. **Discharge and Readmission Policies:** Review and evaluate discharge and readmission policies for long-term care residents to ensure they are effective and meet the needs of residents.

Detailed Summary

*The focus group participants and interviewees from **long-term care facilities** expressed concerns about the impact of hospital rationing on long-term care residents, particularly in terms of the quality of care and the availability of higher levels of care. They emphasized the importance of communication and collaboration between long-term care facilities and hospitals, with a need for ongoing dialogue and sharing of information to ensure continuity of care. They also called for advanced planning and assessment for emergencies, including clear definitions of needs and resources, and regular review and evaluation of communication and collaboration processes. Additionally, participants highlighted staffing and resource allocation issues, discharge and readmission policies, and the expertise and medical care available in long-term care facilities as key areas of concern.*

***Hospital staff** who participated in focus groups discussed the potential impact of hospital care rationing on nursing homes and assisted living facilities. They noted that these facilities often have limited resources and staff, which can lead to worse outcomes and long-term effects for patients. The participants highlighted the challenge of caring for acutely ill and dying patients, which nurses may not be fully prepared for. Some participants shared their experiences of having to ration care due to a shortage of staff and resources. They suggested that hospitals could offer support and resources to these facilities to help them prepare for potential care rationing. Overall, the focus groups emphasized the need for collaboration and communication between hospitals and other healthcare facilities to ensure the best possible care for patients.*

Ways to Prioritize Residents When Resources are Limited in Long-Term Care Facilities: Perspectives from Caregivers and Long-Term Care Facilities Staff

Question: When there are not enough resources, what do you think is the best way to decide which residents get available resources and when? (**Caregivers and Long-Term Care Facilities**)

- **Prioritizing resource allocation can be difficult, but it is important to meet both medical and mental health needs. (Caregivers)**

- ***Situational decision-making based on individual circumstances and medical assessments is necessary, and emergency plans have limitations. (Long-Term Care Facilities)***

Overall Summary

Caregivers and long-term care facility staff discussed strategies for addressing limited resources when providing care for residents, including involving family members and implementing triage systems. Clear communication with families was highlighted as important, and prioritizing both medical and mental health needs was emphasized. Long-term care facility staff found it difficult to determine which residents should receive resources and when, but stressed the importance of situational decision-making based on individual circumstances and medical assessments. The group also discussed the limitations of emergency plans and the ethical considerations of resource allocation during crises.

Potential Recommendations:

25. **Involve family members in care:** Family members can assist with certain tasks, such as providing emotional support and helping with daily activities. This can help to ease the burden on staff and ensure that residents receive the care they need.
26. **Emphasize the importance of mental health:** Meeting both medical and mental health needs is critical for overall well-being. Resources should be allocated to ensure that residents have access to mental health services, such as counseling and therapy.
27. **Emergency Plans:** Regularly review and update emergency plans based on lessons learned from past experiences and feedback from staff.
28. **Ethics Training:** Provide additional training and support for staff in emergency preparedness and response, including how to make ethical decisions about resource allocation.
29. **Volunteerism:** Encourage and support volunteerism among staff to help address staffing shortages during crisis situations.

Detailed Summary

During focus groups and interviews, caregivers discussed how to address situations where there are not enough resources to provide care for all residents. Some suggestions included having family members assist with certain tasks and implementing a triage system based on residents' levels of need during emergencies. Clear communication with families was also highlighted as important. The group acknowledged the difficulty of prioritizing resource allocation but emphasized the importance of meeting both medical and mental health needs. One participant suggested considering individual care plans as a fair way to allocate resources.

The focus group participants and interviewees from long-term care facilities suggested they found it difficult to answer the question of which residents should receive resources and when resources are limited, emphasizing the need for situational decision-making based on individual circumstances and medical assessments. The interviewees also acknowledged the limitations of emergency plans and the importance of learning from past experiences to improve crisis response. They highlighted the ethical considerations of decision-making and the challenges of allocating resources during emergency situations. The importance of volunteerism and staff allocation in emergency situations was also

discussed. Overall, the discussion emphasized the need for careful consideration and flexibility in resource allocation decisions during crisis situations.

Addressing the Healthcare Needs of Long-Term Care Residents During Hospital Rationing: Perspectives from Hospital and Long-Term Care Facilities Staff

Question: If residents of nursing homes or assisted living facilities need hospital services while hospitals are rationing care, what are the best ways to address their needs? (**Long-Term Care Facilities and Hospitals**)

- **Multi-pronged solutions should be implemented to address the needs of residents.**

Overall Summary

Participants in focus groups and interviews from long-term care facilities and hospital staff shared various solutions to address the needs of residents in nursing or assisted living facilities during a healthcare crisis. These included utilizing telehealth, providing onsite care, transferring patients, and having mid-level providers available. They also emphasized the importance of early intervention and aggressive treatments, preparing emergency plans, and loosening regulations during a crisis.

Potential Recommendations:

30. **Remote patient monitoring:** Surround facilities with additional support through remote patient monitoring or other technology-based solutions. Remote patient monitoring can help healthcare providers quickly identify changes in a resident's condition and provide appropriate interventions.
31. **Emergency plans:** Prepare emergency plans and get additional equipment. Emergency plans should be developed to ensure that staff members are prepared to respond to emergencies quickly and effectively. Additional equipment, such as heavy duty oxygen tank delivery systems, should be acquired to treat residents in place.
32. **Medical directors:** Utilize medical directors for guidance and standing orders. Medical directors can provide valuable guidance and oversight for healthcare providers, particularly in complex cases. By utilizing standing orders, healthcare providers can efficiently provide care to non-acutely ill residents without delay.
33. **Staff expertise:** Tap into experienced staff members. Experienced staff members can serve as mentors and resources for less experienced staff, improving the overall quality of care within the facility.
34. **Telehealth:** Utilize video visits and telehealth. Video visits and telehealth can be used to provide care to non-acutely ill residents, reducing the need for unnecessary in-person visits and minimizing exposure to infectious diseases.
35. **Mid-level providers available:** Mid-level providers, such as nurse practitioners or physician assistants, can provide quick answers to questions and address issues in a timely manner, improving the quality of care and reducing the workload of physicians.

Detailed Summary

The focus group participants and interviewees **from long-term care facilities** suggested several solutions, such as relying on medical directors for guidance and standing orders, tapping into experienced staff members within facilities, utilizing video visits and telehealth to provide care to non-acutely ill residents, and surrounding facilities with additional support through remote patient monitoring or other technology-based solutions. They also suggested preparing emergency plans and getting additional equipment, such as heavy-duty oxygen tank delivery systems, to treat residents in place. Some participants suggested having mid-level providers available for quick availability to answer questions and address issues in a timely manner.

Participants in a focus group of **hospital staff** discussed strategies to address the needs of residents in nursing or assisted living facilities if hospitals are rationing care. They suggested providing onsite care as much as possible, including offering monoclonal antibody treatment and using telemedicine visits. Volunteers could be sent to nursing homes to assist with tasks like feeding and vital sign monitoring. Collaboration and resource-sharing between facilities was also mentioned, including transferring stable patients to other facilities in exchange for patients who are more sick. However, the participants noted that strict regulations in the facilities could impede such efforts and recommended loosening those regulations during a crisis. They emphasized the importance of early intervention and aggressive treatments to prevent hospitalization.

Addressing the Healthcare Needs of Long-Term Care Residents During LTC Rationing: Perspectives from Long-Term Care Facilities Staff

Question: When care is being rationed at LTC facilities, what are the best ways to address the needs of residents? **(Long-Term Care Facilities)**

- **Collaboration, communication, and care: key strategies for addressing residents' needs in long-term care facilities.**

In focus groups and interviews with participants at **long-term care facilities** about how to address residents' needs during times of care rationing, several themes emerged. One participant spoke about the challenges of ethical dilemmas and trying to explain decisions to residents and families. Another participant discussed efforts to maintain morale and provide emotional support, including video calls with families. A third participant emphasized the importance of teamwork and all-hands-on-deck efforts, with everyone pitching in to provide whatever support they could within their scope of practice.

Potential recommendations:

36. **Foster a culture of open communication among staff, residents, and families.** This can help to manage expectations, build trust, and address concerns in a timely manner.
37. **Provide emotional support to residents and their families.** This can include video calls, activities that boost morale, and opportunities for residents to talk about their feelings and concerns.
38. **Encourage teamwork and collaboration among staff members.** During times of care rationing, it's essential for everyone to pitch in and do what they can to support residents and each other.

39. **Ensure that all staff members are trained to provide basic care tasks, such as passing out water and meals, responding to call lights, and engaging residents in activities.** This can help to reduce the burden on more specialized staff and ensure that residents receive the care they need.

Risk of Unmet Needs in LTC Facilities When Resources Are Limited: Perspectives from Caregivers, Hospital and Long-Term Care Facilities Staff

Question: When there are not enough resources at LTC facilities, which residents would be at greatest risk of having unmet needs? **(Caregivers and Long-Term Care Facilities)**

Question: When care is being rationed by hospitals, which residents in LTC facilities would be at greatest risk of having unmet medical needs? **(Long-Term Care Facilities and Hospitals)**

- ***Certain residents in long-term care facilities have unmet needs when resources are limited, including those with mobility issues, underlining medical conditions and dementia. (Caregivers, Hospitals and Long-Term Care Facilities)***

Overall Summary

All three groups - caregivers, long-term care facility participants, and hospital staff – identifies several groups of residents that might be a greater risk of having unmet needs, including those with language barriers, mobility issues, psychiatric diagnoses, and dementia. However, there are some differences in perspective. Caregivers and long-term care facility participants discuss the issue of retaliation and fear of speaking out against facilities, as well as the need for more support from the Long-Term Care Ombudsman. In contrast, hospital staff focus on increasing awareness and improving communication related to crisis standards of care guidance at the state and federal level. Additionally, long-term care facility participants specifically note that persons with dementia are particularly vulnerable during care rationing, while hospital staff identify residents without advocates or family members who can advocate for them as at greater risk of having unmet medical needs.

Potential Recommendations:

40. **Plan for Vulnerable Population:** Hospitals and long-term care facilities should create a specific plan for the management of vulnerable populations during care rationing. This plan should include strategies for identifying and prioritizing individuals at highest risk of unmet medical needs, such as elderly individuals with respiratory issues, all long-term care residents, and those with underlying diseases or conditions.
41. **Staffing Levels:** Participants recommended improving staffing levels in long-term care facilities to better meet the needs of vulnerable populations. This could include hiring more staff members or increasing the number of hours that staff members work.
42. **Caregivers as a Resource:** The focus group suggested involving caregivers as a resource to help meet the needs of residents in long-term care facilities. Caregivers could be trained to assist with certain tasks, such as helping residents with mobility issues or language barriers.
43. **Communication with Families:** Participants recommended improving communication with families to better understand the needs of residents and address any concerns they may have.

This could include regular check-ins with family members or creating a family council to provide feedback.

44. **Resources for the Long-Term Care Ombudsman:** Some participants suggested increasing resources for the Long-Term Care Ombudsman's office to better support residents and their families. This could include hiring more staff members or providing additional training for current staff members.
45. **Family Members Role:** Allow family members and volunteers to assist with non-medical tasks. The focus group recommended allowing family members and volunteers to assist with non-medical tasks, such as housekeeping or hair care. This could provide additional support for residents and alleviate some of the workload for staff members.
46. **Supplies:** Have extra supplies on hand for residents with physical disabilities or extensive assistance needs. Participants suggested having extra supplies on hand for residents with physical disabilities or extensive assistance needs to ensure that their needs are met in a time of crisis. This could include items such as extra oxygen tanks or specialized equipment.
47. **Monitoring system:** Develop and implement remote patient monitoring systems to identify and address the medical needs of residents who are unable to communicate effectively.
48. **Group activities:** Group activities that involve all residents to enable more efficient monitoring and detection of any medical issues.
49. **Residents with Dementia:** Provide special attention to individuals with dementia. Individuals with dementia should be given special attention during care rationing as they require an advocate to communicate their medical needs. Healthcare providers should work closely with caregivers to ensure that the needs of residents with dementia are adequately addressed during care rationing.

Detailed Summary

Caregivers discussed the risk of unmet needs for certain residents in long-term care facilities when resources are limited. They identified vulnerable populations, including those with language barriers, mobility issues, psychiatric diagnoses, and dementia. Strategies to address these needs include improving staffing levels, involving caregivers as a resource, and better communication with families. The group also discussed the issue of retaliation and fear of speaking out against facilities, as well as the need for more support from the under-resourced Long-Term Care Ombudsman. The participants recommended allowing family members and volunteers to assist with non-medical tasks and having extra supplies on hand for residents with physical disabilities or extensive assistance needs. Some participants specifically suggested increasing the resources available to the Long-Term Care Ombudsman's office to better support residents and their families.

The focus group and interview participants from long-term care facilities identified several populations at the highest risk of unmet medical needs during hospital care rationing, including elderly individuals with respiratory issues, all long-term care residents, and those with underlying diseases or conditions. The participants also noted that persons with dementia are particularly vulnerable during care rationing because their behavioral habits and needs do not fit hospital delivery models and they require an advocate to communicate their medical needs. Caregivers may be left guessing the needs of residents with dementia, making them particularly vulnerable during care rationing. The participants also discussed the potential impact of a shortage of medical resources within long-term care facilities during a crisis, including the inability to provide services such as dialysis and access to heart specialists.

*From the perspectives of **hospital staff**, including administrators and nurses, there are certain residents of long-term care facilities who are at greater risk of having unmet medical needs when care is being rationed by hospitals. These residents include those with chronic diseases, the elderly, those who are confused or have dementia, those who are not eating or dehydrated, and those without advocates or family members who can advocate for them. Strategies for increasing awareness and improving communication related to crisis standards of care guidance at the state and federal level are also being explored.*

Assessing the Impact of Limited Resources on Long-Term Care Facilities: Equipment, Supplies, and Personnel: Perspectives from Caregivers and Long-Term Care Facilities Staff

Question: When resources are limited, such as equipment, supplies, and personnel needed to provide care to residents, what would be the impact on your LTC facility? (**Long-Term Care Facilities**)

Question: What can be done to make sure there are enough staff to give good care to residents during a crisis when resources are limited? (**Caregivers**)

Question: If LTC facilities have to ration care, how should they adjust their operations such as staffing or services to meet the needs of residents? (**Long-Term Care Facilities**)

- **Understaffing is a critical issue in long-term care facilities, impacting patient care.**
- **Providing quality care through investment in resources and staff.**

Overall Summary

Both caregivers and LTC staff identify challenges related to staffing and resources in long-term care facilities, which have a significant impact on the quality of care provided to residents. The caregivers' focus group emphasizes the need for additional training and financial incentives to attract and retain well-trained staff. They suggest that family members and volunteers could supplement staffing. On the other hand, LTC staff reveal the impact of limited resources, including equipment, supplies, and personnel, on the quality of care provided to residents. They point out that the use of agency staff can be challenging in terms of knowing operations and communication. Inconsistent staffing can make it difficult for residents to build rapport with their caregivers, and personnel shortages can lower morale among staff and lead to turnover. Both groups agree that staffing and resource issues are significant challenges that long-term care facilities need to address.

Potential Recommendations:

Funding Recommendation

50. **Funding:** Limited resources are a significant barrier to providing quality care. The facility may need to consider seeking additional funding through grants or other sources to purchase necessary equipment and supplies, hire more staff, and provide competitive salaries and benefits.

Staffing Recommendations

51. **Retention Plan:** Personnel shortages and high turnover rates can be detrimental to the quality of care. A retention plan that includes competitive salaries, opportunities for professional development, and a positive work environment can help to improve morale and reduce turnover rates.
52. **Invest in staff:** Long-term care facilities need to value and invest in their staff through additional training, higher pay, and offering opportunities for career advancement. This can help to retain talented staff and reduce turnover rates.
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.
54. **Training program for agency staff:** The use of agency staff can pose challenges in terms of knowing operations and communication. Developing a training program that covers the facility's policies and procedures can help agency staff to provide quality care and improve communication.
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.

Emergency Preparedness Recommendations

56. **Reinstating Certification:** Reinstate healthcare workers with prior certification during emergencies, but exercise due diligence. Rules may need to be bent in emergencies to ensure that adequate care is provided to residents. However, this should be done while remaining diligent in excluding people who were previously removed from certification due to abuse or neglect. Additionally, state or federal governments could offer financial incentives to healthcare workers to stay in place during a crisis.
57. **Family members as volunteers:** Family members and volunteers can supplement staffing during a crisis by assisting with tasks such as feeding and answering call lights. This can help to alleviate some of the burden on staff and ensure that residents receive adequate care.
58. **Community-driven solutions for staffing shortages:** LTC facilities should work with local communities to identify and implement strategies for addressing staffing shortages during times of crisis. This could include partnering with local organizations or using incentives to attract staff to the area.
59. **Task-reassignment strategies:** To stretch nursing and aide resources during care rationing, LTC facilities can implement task-reassignment strategies. This involves identifying tasks that someone else can do and reassigning them accordingly.
60. **Utilize temporary agencies with caution:** While temporary agencies can provide staffing support during times of crisis, LTC facilities should be cautious about relying too heavily on these agencies. Temporary staff may not be familiar with the residents, which could impact the quality of care provided.
61. **Prioritize consistent staffing for dementia care:** Consistent staffing is especially important for dementia care, where familiarity and routine are crucial for residents' well-being. LTC facilities should prioritize consistent staffing in dementia care units, even during times of crisis.

62. **Adjust staffing roles and responsibilities:** Staff members suggested adjusting staffing roles and responsibilities to better meet the needs of residents during times of crisis or when care is being rationed. For example, hospitality aides could be brought in to assist with non-medical tasks, allowing nursing staff to focus on providing medical care.

Detailed Summary

*The focus group with **caregivers** discussed the issue of understaffing in long-term care facilities and its impact on patient care. They suggested that having more well-trained staff and cross-training employees could address the issue. They noted that long-term care facilities were understaffed even before the pandemic and that facilities need to invest in staff through additional training and higher pay. The group discussed the challenges of retaining staff in low-paying jobs and emphasized the importance of valuing and supporting staff. In a crisis, they suggest bending rules while remaining diligent in excluding previously removed staff. They recommend financial incentives to retain staff and suggest that family members and volunteers could supplement staffing. Money is seen as the primary factor in attracting and retaining staff, while family and volunteers could serve as a supplement to existing staffing.*

*The focus group and interviews with **staff at a long-term care** facility have highlighted various challenges that impact the quality of care provided to residents. These challenges include limited resources such as equipment, supplies, and personnel, which can be further exacerbated during crises like the COVID-19 pandemic. The use of agency staff can also pose challenges such as inconsistent staffing, communication issues, and high costs, which can strain the facility's budget and lower morale among staff.*

To address staffing shortages, LTC staff discussed community-driven solutions and strategies for stretching nursing and aide resources. However, they emphasized the need for consistent staffing in dementia care and the potential limitations of using temporary staff who are not familiar with the residents. Additionally, staff members highlighted the importance of a care-focused approach that prioritizes quality of care over cost-cutting measures, regardless of whether the facility is for-profit or not-for-profit.

Resource - Load Balancing

Considerations for Resource Load Balancing in Hospitals: Perspectives from Hospital Staff

Question: What should hospitals consider as they make decisions regarding how to implement resource load balancing? **(Hospitals)**

Question: When hospitals need to transfer patients between hospitals, what factors should be considered and why? **(Hospitals)**

Question: When patients need to be transferred between hospitals, what are some ways to ensure that their medical needs are being met? **(Hospitals)**

- **Considerations for patient acuity, staffing ratios, clinical experience, and internal capabilities.**

Overall Summary

In summary, the focus group discussion among hospital staff revealed the importance of considering patient acuity, staffing ratios, clinical experience, and internal capabilities when transferring patients between hospitals. The COVID-19 pandemic highlighted challenges such as limited resources, transportation difficulties, staffing shortages, and financial challenges. The need for improved communication, coordination, and sharing of medical records between hospitals was also identified. To minimize potential risks and challenges associated with patient transfers during a crisis, hospitals can improve staffing, communication, and coordination, explore alternative transportation options, and revise regulations such as the No Surprises Act.

Potential Recommendations:

63. **Collaboration with EMT:** Develop relationships with local emergency management teams to access supplies and resources during crises.
64. **Transportation:** Enhance transportation resources and services in rural areas to address transportation challenges during pandemics or emergencies.
65. **Considerations for Transfers:** Consider patient acuity, staffing ratios, and clinical experience when making decisions related to patient care and transfers.
66. **Medicare waivers:** Medicare waivers can help hospitals waive certain regulations and requirements during a crisis, such as prior authorization requirements for certain treatments or procedures.

Detailed Summary

*During a focus group discussion among **hospital staff**, the participants, who were from both small and large hospitals, discussed the importance of considering patient acuity, staffing ratios, clinical experience, and internal capabilities such as ICU and critical care capabilities. They also highlighted the challenges smaller hospitals faced in accessing supplies during the COVID-19 pandemic, as well as the benefits of having a close connection with local emergency management teams.*

When transferring patients between hospitals, several factors need to be considered, such as the severity of the patient's condition, the resources available at the sending and receiving hospitals, bed availability, transfer capabilities, staffing crisis, and transportation challenges. Additionally, the appropriate level of care required by the patient, including the need for specialized resources, such as ventilators, should also be considered. EMS availability and the patient's ability to get back home after treatment are also essential factors. During the COVID-19 pandemic, hospitals faced challenges with patient exchanges, such as a lack of available beds, the need to call multiple EMS agencies, longer transfer distances, and difficulties in preparing families for transport out of state to unknown places. Staffing situations, like the shortage of qualified staff in ICU and surgery, and the financial challenges with billing, also contributed to the difficulties in patient transfers. Overall, transportation was identified as a significant challenge during the pandemic, especially in rural areas with limited resources.

Furthermore, participants discussed other challenges associated with transfers discussed by participants included limited resources, such as equipment and staff, as well as the need for improved communication and coordination between hospitals during patient transfers. There is also a need for a unified system for

sharing medical records and information between hospitals to ensure that patients' medical needs are met during transfers.

Risks

Potential risks and challenges associated with transferring patients between hospitals during a crisis include a lack of available receiving facilities for acute cases such as strokes and heart attacks, insufficient equipment for EMS crews, insurance and prior authorization barriers, limited availability of ALS services, weather conditions, and waiting for a bed at the transferring facility. These issues can be minimized by improving staffing, communication, and coordination between hospitals, utilizing Medicare waivers, revising regulations such as the No Surprises Act, and ensuring adequate resources and equipment for EMS crews. Additionally, hospitals can consider swapping lower acuity patients to free up resources for higher acuity transfers and exploring alternative modes of transportation such as fixed wing aircraft.

Communication Strategies for Smooth and Safe Hospital Transfers: Perspectives from Hospital Staff

Question: What are the communication strategies that should be in place between hospitals to ensure a smooth and safe transfer process? **(Hospitals)**

- ***Setting up transfer centers, facilitating communication, and sending medical records can help streamline hospital transfers.***

Overall Summary

To ensure a smooth transfer process between hospitals, strategies include setting up a transfer center, conducting phone calls between medical professionals, and sending printed medical records with the patient. A service called Mission Control has also been found helpful in coordinating transfers. However, challenges with electronic medical records' interoperability and limitations in sharing staff and equipment between hospitals exist.

Potential Recommendations:

67. **Standardized transfer protocols:** Establish clear and standardized protocols for transferring patients between hospitals to ensure that all necessary information is communicated accurately and efficiently.
68. **Electronic health records:** Use electronic health records to facilitate the easy and secure sharing of patient information between hospitals, reducing the risk of communication errors.
69. **Communication training:** Provide regular training to hospital staff on effective communication techniques, including active listening, clear and concise messaging, and timely follow-up.
70. **Communication channels:** Set up dedicated communication channels between hospitals, such as phone lines or secure messaging platforms, to facilitate timely and efficient communication.
71. **Coordination meetings:** Organize regular meetings between hospitals to discuss transfer processes, identify potential issues, and collaborate on solution.

Detailed Summary

Several strategies are mentioned to ensure smooth and safe transfer processes between hospitals. These include having a transfer center to facilitate communication between the transferring and receiving hospitals, conducting nurse-to-nurse and doctor-to-doctor phone calls to relay patient information, and sending printed medical records and imaging with the patient to ensure important information is received by the receiving hospital.

One resource that multiple interviewees found helpful was Mission Control, a service that helped coordinate transfers by making calls to potential receiving hospitals and providing a secure online platform for communication and updates. This service saved time for hospital staff and acted as an additional member of the team during the transfer process. It also provided data on transfers and resource utilization for quality and safety reporting.

Some participants suggested that having agreements or understandings between hospitals to use services like Mission Control could improve the transfer process, especially during a crisis when transfers may need to occur outside of established pathways.

It is also noted that electronic medical records may not be easily transferable between hospitals due to lack of interoperability or interfacing between different systems. This can result in the need to print and scan medical records to send with the patient.

In terms of sharing staff or equipment between hospitals, some interviewees mentioned that they have only shared staff with affiliated hospitals, and sharing equipment is rare and would only occur in extreme situations with local entities that could ensure quick training and return of the equipment.

Centralized Data and Communication Systems: Managing and Distributing Workloads Across Hospitals: Perspectives from Hospital Staff

Question: What are your thoughts about using a centralized data and communication system to manage and distribute workloads across hospitals? **(Hospitals)**

- **Concerns about data entry burden and reliability of existing systems were raised for centralized data and communication system.**

Overall Summary

Participants in a discussion about the use of a centralized data and communication system for managing and distributing workloads across hospitals raised concerns about the additional burden of data entry and potential duplication of efforts, as many hospitals are already required to submit staffing and bed availability data to the NHSN. Reliability and accuracy of data in existing systems like EMResource were also called into question, with suggestions that its effectiveness could be improved with consistent usage. Current methods of communication about capacity, such as person-to-person calls and agreements with nearby facilities, were acknowledged, but challenges were noted during times of crisis.

Potential Recommendations:

72. **Data Reporting:** To avoid duplication of efforts and reduce the burden on hospital staff, it may be helpful to integrate the centralized data and communication system with existing reporting systems, such as NHSN. This could allow for automatic data sharing and reduce the need for manual data entry.
73. **Accurate and Consistent Data Input:** To improve the reliability and accuracy of data in the centralized system, it may be helpful to implement incentives or requirements for hospitals to consistently update the system. This could include financial incentives, performance metrics, or regulatory requirements.
74. **Communication and Coordination:** To facilitate communication and coordination among hospitals, it may be helpful to develop a centralized communication portal that allows facilities to quickly share information about staffing and bed availability. This could help to streamline communication and reduce the reliance on person-to-person communication.
75. **Formal Transfer Agreements:** To improve the ability to transfer patients during a crisis, it may be helpful to establish formal agreements among hospitals for transfers. This could include predefined protocols and processes for transferring patients, as well as agreements on sharing resources and staff.
76. **Training and Support:** To ensure that hospital staff are familiar with and comfortable using the centralized system, it may be helpful to provide training and ongoing support. This could include training sessions, user guides, and a helpdesk to assist with any issues that arise.

Detailed Summary

The participants discussed the idea of using a centralized data and communication system to manage and distribute workloads across hospitals. Some hospital administrators and nurses have expressed that using a centralized data and communication system to manage and distribute workloads across hospitals sounds good in theory, but there are challenges to its implementation. Furthermore, participants expressed concerns about the additional burden of inputting data into another system, given the existing workload on hospital staff. They also mentioned that they are already required to submit information about staffing and bed availability to NHSN as a government requirement, and would prefer not to duplicate efforts.

There were also concerns about the reliability and accuracy of the data in such a system, as some interviewees mentioned that EMResource, an existing system, has not been consistently updated by all facilities. Some participants suggested that EMResource could be used more effectively if everyone used it accurately and consistently.

The participants mentioned that in the current system, communication about staffing and bed availability is often done through person-to-person communication, with hospital staff calling other facilities to find capacity. One participant mentioned a portal within a healthcare system that allows facilities to quickly communicate their capacity. Some participants also mentioned having agreements with nearby facilities for transfers, but noted that these facilities are often full during a crisis.

Considerations for Resident Transfers between Long-Term Care Facilities and Hospitals: Perspectives from Caregivers and Long-Term Care Facilities Staff

Question: When long-term care facilities need to move a resident to hospital, what things should they consider so that they can make the best decisions for a resident? **(Caregivers)**

Question: When residents need to be transferred between hospitals and long-term care facilities, what are some ways to ensure that the medical needs of the residents are being met? **(Long-Term Care Facilities and Hospitals)**

- ***Multiple factors need to be considered when transferring a resident from a long-term care facility to a hospital, including the reason for the move, familiarity with doctors, distance, and communication with family and caregivers.***
- ***Send accurate transfer sheets and accompany residents to the hospital.***
- ***Lack of clear guidance and consensus on transfer protocols, as well as incomplete information exchange, contributed to challenges.***

Overall Summary

Caregivers emphasized the importance of considering multiple factors such as reason for transfer, familiarity with doctors, and communication with family. The involvement of caregivers in decision-making and the provision of staff to accompany residents during transportation were also noted as essential. Partnering with hospice was suggested to avoid exposing residents to COVID-19 patients in hospitals.

LTC staff focused on ensuring continuity of care, which involved sending accurate transfer sheets and providing thorough reports to hospital staff. Challenges included meeting the medical and emotional needs of residents during transfer, especially those with cognitive impairments, and staffing shortages.

Hospital staff faced challenges such as LTC facilities stopping admissions during the pandemic, fear and anxiety among LTC facilities due to COVID-19 outbreaks, staffing shortages, and incomplete information exchange. Some hospital staff suggested developing alternative care sites to address these challenges, but implementation proved difficult.

Potential Recommendations

77. **Condition:** Consider the resident's condition and whether they need to be transferred to a higher level hospital or facility. It is important to evaluate the resident's condition and determine whether they need to be transferred to a higher-level hospital or facility with more specialized care or equipment.
78. **Communication:** Communicate with the resident's family or caregiver to keep them informed about the transfer and options available. Communication with the resident's family or caregiver is essential to ensure that they are aware of the transfer and understand the options available. This can help reduce anxiety and ensure that everyone is on the same page.

79. **Documentation:** Provide documentation such as a discharge summary, transfer summary, or medication list to the receiving facility. It is important to provide the receiving facility with all necessary documentation to ensure that they have a complete understanding of the resident's medical history and current conditions.
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.
81. **Best Interest:** Verify that the transfer is in the residents best interest and ensure that their needs and preferences are taken into account. It is important to consider the resident's medical condition, treatment options, and overall well-being when making the decision to transfer them to a hospital. This can help ensure that the resident receives the best possible care and support during the transfer process.
82. **Essential Information:** Ensure that the receiving facility has all necessary medical information, including medical history, allergies, and special needs or preferences of the resident. It is important to ensure that the receiving facility has all necessary medical information to provide the best possible care for the resident.
83. **Develop clear guidance and protocols:** Establish clear guidelines and protocols for transferring patients between hospitals and LTC facilities, taking into account the specific needs of patients and the capacity of the facilities.
84. **Use social need sheets:** Use social need sheets to ensure that the emotional needs of the resident are met during the transfer process. This will help to make the process less traumatic for the resident.
85. **Accompany residents to the hospitals:** If possible, accompany the resident during the transfer to provide emotional support and to communicate the residents needs to the hospital staff. This is particularly important for those with cognitive impairments or other conditions that require special attention.
86. **Provide accurate transfer sheets:** Provide accurate transfer sheets that contain all the relevant information about the resident, including medical history, medications, and any special needs. This will ensure that the hospital staff have all the information they need to provide proper care for the resident.
87. **Provide thorough reports:** Provide thorough reports to the hospital staff about the resident's normal behaviors and needs. This will help the hospital staff to better understand the resident and provide appropriate care
88. **Follow up on care and needs:** Follow up on the care and needs of the resident after transfer. This will ensure that continuity of care is maintained and any issues that arise can be addressed promptly.
89. **Consider alternative care sites:** Evaluate the feasibility and effectiveness of alternative care sites to offload patients from hospitals and avoid sending them to LTC facilities with COVID-19 outbreaks. This could help alleviate pressure on both hospitals and LTC facilities.

Detailed Summary

In a focus group discussion about transferring residents from long-term care facilities to hospitals, caregivers emphasized the need to consider multiple factors, including the reason for the move,

familiarity with doctors, distance, and communication with family. Policies and procedures for voluntary and involuntary discharges and consistent communication between facilities were also discussed as important. The involvement of caregivers in decision-making and the provision of staff to accompany residents during transportation were also noted as essential. In the context of COVID-19, participants shared their experiences and suggested partnering with hospice to avoid exposing residents to COVID-19 patients in hospitals. Communication with families, documentation, and coordination between healthcare providers were also emphasized as important for a smooth transfer process.

The perspective of the **LTC staff** regarding the transfer of residents between hospitals and long-term care facilities is largely centered around ensuring continuity of care for the residents. This involves sending accurate transfer sheets, providing thorough reports to the hospital staff, and following up on the care and needs of the residents after transfer.

One challenge faced by LTC staff is ensuring that the medical and emotional needs of residents are being met during the transfer process, particularly for those with cognitive impairments or other conditions that require special attention. LTC staff often try to send a staff member with the resident during the transfer to provide emotional support and to help communicate the resident's needs to hospital staff.

Another challenge faced by LTC staff is staffing for transfer situations. Sending a staff member with the resident can be difficult due to staffing shortages and the erratic nature of transfer requests. In these cases, providing accurate reports on the resident's normal behaviors and needs is especially important.

During the transfer process between hospitals and long-term care facilities (LTC), **hospital staff** have expressed several concerns and considerations. One major issue was that some LTC facilities stopped accepting patients during the pandemic, creating a bottleneck for tertiary care centers and resulting in patients who needed skilled care being cared for in hospitals far from their homes.

Another concern was the fear and anxiety among LTC facilities due to outbreaks of COVID-19, which led to some staff walking out and facilities being hesitant to accept patients with COVID-19. This resulted in some facilities sending patients to hospitals even when they weren't sick enough to need hospital care, and others not accepting patients when they had space to do so. The lack of clear guidance and consensus on when patients could be transferred from hospitals to LTC facilities also contributed to the challenges.

Staffing shortages in LTC facilities were another significant issue. The facilities struggled to maintain adequate staff to provide quality care, and the pandemic exacerbated the problem. High pay rates for CNAs and LPNs in LTC facilities to attract and retain staff made it difficult for hospitals to compete.

The lack of standardized forms and incomplete information exchange between hospitals and LTC facilities was also identified as a challenge. Hospital staff noted that they sometimes didn't receive all the necessary information about a patient when they were transferred from an LTC facility.

Some hospital staff suggested the development of alternative care sites to offload patients from hospitals and avoid sending them to LTC facilities with COVID-19 outbreaks. However, there were difficulties in implementing such sites, and the idea did not come to fruition in some areas. To address some of these challenges, one solution that was implemented was the development of user agreements that allowed LTC facilities to have read-only access.

Mitigating Risks and Challenges in Transferring Residents Between Hospitals and Long-Term Care Facilities During a Crisis: Perspectives from Long-Term Care Facilities Staff

Question: What are the potential risks and challenges associated with transferring residents between hospitals and long-term care facilities during a crisis. How can these issues be minimized? (**Long-Term Care Facilities Staff**)

- ***The need to minimize risks in long-term care transfers through effective communication, technology, family involvement, policies, and training.***

The **LTC staff** who participated in focus groups and interviews discussed potential risks and challenges associated with transferring residents between hospitals and long-term care facilities. These challenges included miscommunication and omissions in the transfer process, particularly with temporary and agency staffing. Other challenges included new or unfamiliar staff members, lack of access to medical history, and staffing shortages. The staff suggested several strategies to address these challenges, such as building relationships and communication channels before a crisis occurs, involving family members and caregivers in decision making, and utilizing technology to ensure proper documentation and communication. They also suggested having policies and checklists in place to minimize risks and ensure follow-up communication.

Potential Recommendations:

90. **Technology:** Use technology to ensure proper documentation and communication during transfers. This can include electronic health records and other digital tools that allow for real-time updates and sharing of information.
91. **Family Members as Decision -Makers:** Involve family members and caregivers in the decision-making process and the transfer process to ensure the well-being of the resident. This can include keeping them informed of the transfer process and soliciting their input when making decisions.
92. **Checklists:** Develop and implement policies and checklists to ensure that all necessary information is communicated, and that follow-up communication occurs after the transfer. This can include checklists for medical equipment, medications, and other necessary items.
93. **Training:** Provide training and education for staff on communication skills, documentation, and other transfer-related topics. This can help ensure that all staff are on the same page and are able to effectively communicate with each other and with other healthcare providers.
94. **Transfer team:** Consider using a dedicated transfer team or staff member to oversee transfers and ensure that all necessary information is communicated, and that follow-up communication occurs after the transfer.

Use of Technology in Transfer Process: Perspectives from Long-Term Care Facilities Staff

Question: How can technology be used to facilitate the transfer process and ensure that the appropriate medical information is available to healthcare providers? **(Long-Term Care Facilities Staff)**

- ***Need for better communication and technology use to improve the transfer process.***

According to **LTC staff** who participated in the focus groups and interviews, the use of tablets and video visits during the COVID-19 pandemic, was successful in allowing remote visits between residents and families. However, the use of electronic health records (EHRs) is limited due to the lack of a universal documentation system, and the reliance on paper is necessary. Communication between facilities and hospitals is crucial, and ongoing meetings should be established to review and update processes, identify needs, and share resources, including PPE and equipment. The use of EHRs can streamline communication between healthcare providers but ensuring that the communication happens is a challenge. Communication strategies that ensure smooth and safe transfer processes include sending face sheets with critical information and providing family members and caregivers with the opportunity to provide feedback and input in the decision-making process.

Potential Recommendations:

95. **Universal documentation system:** Develop and implement a universal documentation system to facilitate the exchange of medical information between facilities and hospitals.
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.
97. **Transfer Protocols:** Develop protocols and guidelines for transferring residents between LTC facilities to ensure the safe and smooth transfer of critical information, including name, date of birth, allergies, medication.

Transfer back to LTC Facility Form Hospital: Perspectives from Caregivers

Question: When hospital needs to move a resident back to a long-term care facility, what things should they consider so that they can make the best decisions for a resident? **(Caregivers)**

- ***Ineffective communication and paperwork between hospitals and long-term care facilities can lead to confusion and stress for caregivers and residents when transitioning back to long-term care.***

The focus group discussed important factors to consider when a hospital needs to move a resident back to a long-term care facility. One of the key issues identified was the breakdown in communication and paperwork between the hospital and the long-term care facility, causing confusion and stress for caregivers and residents. They emphasized the need for a clear discharge plan and involving caregivers in decision-making. A person-centered approach and social sheet were suggested to provide information about residents' preferences and needs, and clear communication and collaboration between healthcare providers, caregivers, and residents were emphasized to ensure the best possible outcomes. The participants also raised concerns about transportation for residents and suggested the need for a contingency plan involving collaboration with transportation services. One interviewee noted that they

typically only receive a call from the nursing home when their loved one is picked up from the hospital, not from the hospital itself.

Potential Recommendations:

98. **Discharge Plan:** Develop a clear discharge plan that includes recommendations for care and involves caregivers in decision-making. This plan should be communicated between the hospital and the long-term care facility to avoid confusion and stress for caregivers and residents.
99. **Social Sheet:** Use a person-centered approach and social sheet to provide information about residents' preferences and needs. This approach will help build trust and make the transition smoother for residents.
100. **Communication:** Ensure clear communication and collaboration between healthcare providers, caregivers, and residents to ensure the best possible outcomes. This collaboration should involve follow-up care and communication between nurses in the hospital and long-term care facilities. Improve communication between the hospital and caregivers by providing them with updates on the resident's condition and discharge plan.
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.

Transfer Between LTC Facilities: Perspectives from Caregivers

Question: When long-term care facilities need to move a resident to a different facility, what things should they consider so that they can make the best decisions for a resident? **(Caregivers)**

- ***Prioritizing Residents Mental and Physical Well-Being***

The caregivers agreed that family members should be involved in the decision-making process when a resident needs to be transferred between facilities or to a hospital. The participants also noted that the facility's location, access to healthcare professionals, and the resident's mental and physical well-being should be considered when choosing the new facility. One of the caregivers shared an example of their mother-in-law being moved to a facility four hours away during COVID-19 and the negative impact it had on her mental health. The caregivers emphasized that residents should be at the center of decision-making, and they are not just "cattle to be moved around."

Potential Recommendations:

102. **Caregiver Involvement:** Long-term care facilities should involve family members and caregivers in the decision-making process regarding the transfer of residents to different facilities or hospitals. This can help ensure that the resident's needs are met and that the transfer is as smooth as possible.
103. **Align with Resident Needs:** Facilities should consider the mental and physical health of residents when deciding which facility to transfer them to. This includes factors such as the distance from family members and familiar surroundings, as well as the availability of necessary medical care and therapy.

104. **Home Concept:** Facilities should recognize that residents' rooms are their homes, and that moving them to a new facility can be a traumatic experience. When considering transfers, facilities should prioritize the well-being and comfort of the resident and should involve family members and caregivers in the decision-making process.

Caregivers as Decision-Makers: Perspectives from Caregivers and Long-Term Care Facilities Staff

Question: What can be done to involve caregivers in the decision-making regarding the transfer process to make sure that the residents are taken care of? **(Caregivers)**

Question: How can family members and caregivers be involved in the decision-making process and the transfer process to ensure the well-being of the resident? **(Long-Term Care Facilities Staff)**

- **Caregivers should be informed as soon as possible when a transfer is necessary.**

Overall Summary

Both groups emphasize the need for personalized care and recognize the role of family members and caregivers in providing information about the resident's needs, preferences, and medical history. However, the LTC staff perspectives also highlight the need for support and education for family members and caregivers to navigate the process and advocate for their loved one's needs. The family members and caregivers' perspectives focus more on the need for timely and transparent communication about the transfer process and their loved one's status during transfers. Additionally, they highlight the importance of medical staff paying attention to their loved one's specific needs, such as hearing or vision impairments.

Potential Recommendations:

105. **Medical/Social Sheet:** Develop a standardized one-page sheet that describes the resident's health history and personality to accompany them to the hospital. This document should include information about medical conditions, medications, allergies, and any other relevant information that can help medical staff provide appropriate care.
106. **Caregiver Involvement:** Ensure that family members and caregivers are involved in the decision-making process, especially when their loved one has dementia or other communication difficulties. Caregivers should be notified as soon as possible when a transfer is necessary and given the opportunity to provide information about their loved one's needs and preferences.
107. **Coordination:** Improve communication and coordination between long-term care facilities and hospitals. This includes ensuring that medical records and other relevant information are transferred along with the resident and that medical staff at the hospital are aware of the resident's history and needs.
108. **Training about Non-Medical Needs:** Train medical staff at both long-term care facilities and hospitals to be attentive to the specific needs of residents, especially those with hearing or vision problems.

109. **Alternative Approaches:** Consider alternative approaches to transfers, such as telemedicine or on-site medical care, to minimize the need for transfers and ensure continuity of care.
110. **Provide support and education:** LTC staff should provide resources and information to family members and caregivers to help them navigate the decision-making and transfer process and feel more empowered to advocate for their loved one's needs.
111. **Monitor and evaluate:** LTC staff should continuously monitor and evaluate the effectiveness of family involvement in decision-making and transfer processes to identify areas for improvement and make necessary changes.

Detailed Summary

*During a focus group discussion, **caregivers** shared their experiences with transfers from long-term care facilities to hospitals for their loved ones. They highlighted that often there is a lack of communication and paperwork between the facilities, causing delays and confusion at the hospital. Participants suggested that a one-page sheet describing the resident's health history and personality should accompany them to the hospital to ensure continuity of care. They also emphasized the importance of involving family members and caregivers in the decision-making process and being informed about the transfer process. Participants expressed a desire to be involved in decision-making and communication about their loved one's status during transfers. They noted that caregivers should be informed as soon as possible when a transfer is necessary, and they should be given the opportunity to ask questions and provide information about their loved one's needs and preferences. Participants shared personal stories of having to take care of their loved ones with hearing aids or vision problems, and how important it is for medical staff to pay attention to these needs during transfers.*

*The perspectives of **long-term care (LTC)** staff who participated in focus groups and interviews emphasize the importance of family involvement in decision-making and transfer processes to ensure the well-being of residents. They highlight the need for effective communication and transparency between healthcare providers, family members, and caregivers. LTC staff also stress the significance of involving family members and caregivers in the transfer process to make it more personalized and comfortable for the resident. They recognize that family members and caregivers may need support and education to navigate the process and advocate for their loved one's needs. Additionally, LTC staff emphasize the need for continuity of care by involving family members and caregivers in providing information about the resident's medical history, preferences, and care needs. Overall, LTC staff perspectives highlight the importance of a collaborative approach involving all stakeholders to ensure the best outcomes for residents.*

Communication Between Long-Term Care Facilities and Hospitals: Perspectives from Long-Term Care Facilities Staff

Question: What are the communication strategies that should be in place between hospitals and long-term care facilities to ensure a smooth and safe transfer process? (**Long-Term Care Facilities Staff**)

- **Communications should include a mix of strategies and technology.**

To summarize, the LTC staff interviewed stressed the need for effective communication strategies between hospitals and LTC facilities for patient transfers. Regular meetings and standard communication elements were seen as important for facilitating better transfers, and one participant shared a positive experience with a hospital manager creating a checklist to ensure preparedness. However, challenges with current communication methods, particularly faxing, were also highlighted, and the need for more secure and standardized approaches was emphasized. Additionally, concerns about honesty and transparency in communication between facilities and hospitals were raised, and video conferencing was suggested as a potential solution to improve assessment of patients' conditions.

Potential Recommendations:

112. **Establish regular meetings:** Encourage hospitals and LTC facilities to hold regular meetings to discuss patient transfer processes and any challenges that may arise. This can help foster better communication and coordination between the two parties.
113. **Standardize communication elements:** Implement standardized communication elements between hospitals and LTC facilities to ensure that important information is consistently shared and recorded accurately. This can include using standardized forms or checklists for patient transfers.
114. **Explore alternative communication methods:** Consider alternative communication methods, such as video conferencing, to improve communication and assessment of patients' conditions. This can help mitigate concerns about transparency and honesty in communication between facilities and hospitals.
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.

Supporting Long-Term Care Facilities: Ensuring Consistent Communication of State and Federal Crisis Standards of Care Guidance: Perspectives from Hospitals and LTC

Question: What support should the state provide in order to consistently inform long-term facilities about state and federal crisis standards of care guidance? (**Long-Term Care Facilities and Hospital Staff**)

- ***Emphasis on importance of clear communication, coordination, and preparedness for effective crisis response in hospitals and long-term care facilities.***

Overall Summary

Both hospital and long-term care (LTC) staff stress the significance of clear and consistent communication from the state during a crisis. They highlight the challenges of frequently changing guidance and suggest more succinct and less frequent messaging to reduce confusion. They also emphasize the importance of coordination with emergency management to ensure access to resources like PPE and supplies and recommend training for better crisis preparedness. Hospital staff specifically

mention the need for coordination among agencies and counties, while LTC staff mention the need for financial support and suggest joint training offerings through KDHE's Joint Provider Surveyor Training.

Potential Recommendations:

116. **Clear and Consistent Communication:** Hospital staff emphasize the importance of clear and consistent communication from the state during a crisis. Having a unified voice with regular communication about guidance and expectations can help to reduce confusion and make it easier for facilities to stay informed.
117. **Coordination and Engagement:** Coordination among different agencies and counties is crucial to ensure consistency and avoid conflicting information. LTC staff also recommend better engagement with emergency management at the county level to ensure access to necessary resources, such as personal protective equipment (PPE).
118. **Timely and Well-Considered Updates:** Hospital staff suggest that updates to guidance should be made in a timely and well-considered manner. Frequent or hasty updates can result in wasted time and resources, so clear, consistent, and well-considered communication is important.
119. **Succinct and Less Frequent Messaging:** LTC staff suggest that messaging be more succinct and less frequent, and that guidance be more open to account for the unique variables of each community. This can help facilities keep up with changing information.
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.
121. **Financial Support:** LTC staff mention that financial support is necessary to implement guidance effectively. Providing financial resources can help facilities adhere to guidance standards of care and crisis standards of care guidance.
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.

Detailed Summary

Hospital staff have emphasized the importance of clear and consistent communication from the state during a crisis. They suggest that having a unified voice with regular communication about guidance and expectations would help to reduce confusion and make it easier for facilities to stay informed. Coordination among different agencies and counties is also crucial to ensure consistency and avoid conflicting information.

During the COVID-19 pandemic, staff in long-term care facilities experienced challenges in accessing personal protective equipment (PPE), and they recommend better engagement with emergency management at the county level to ensure access to necessary resources.

Additionally, hospital staff suggest that updates to guidance should be made in a timely and well-considered manner. During a crisis, frequent or hasty updates can result in wasted time and resources as facilities struggle to implement constantly changing procedures. By providing clear, consistent, and well-

considered communication and ensuring access to resources, the state can better support long-term care facilities and hospitals in adhering to guidance standards of care and crisis standards of care guidance.

LTC staff noted that while the information was provided adequately, it was changing frequently from the federal to state level, making it difficult for facilities to keep up. They suggested that messaging be more succinct and less frequent, and that guidance be more open to account for the unique variables of each community.

Another interviewee suggested email communication to inform administrators of the facilities and offer support. They also suggested that trainings would be helpful, especially during the COVID-19 crisis, as they were taken aback and did not know the best things to do to handle the outbreak at first. They mentioned that faster access to supplies could have made a difference.

Another participant recommended joint training offerings through KDHE's Joint Provider Surveyor Training, which could provide a channel for everyone involved, including leadership of facilities, key staff, and surveyors. They also suggested that distribution through trade associations would be a helpful means of communication.

Finally, participants mentioned that financial support would be necessary to implement the guidance effectively. They suggested that email, fax, and money would be helpful means of communication and implementation.

Applying Lessons Learned: Best Practices for Enhancing the Transfer Process During Future Crises in Long-Term Care Facilities: Perspectives from Hospitals

Question: How can best practices and lessons learned from previous crises or emergencies be applied to the transfer process during future events? **(Hospitals)**

- ***Effective communication and preparedness measures are key to improving transfers between hospitals and long-term care facilities during crises.***

Overall Summary

Both hospital staff and long-term care (LTC) facility participants emphasized the importance of communication and preparedness measures in applying best practices and lessons learned from previous crises to the transfer process during future events. The hospital staff highlighted the need for self-organization and sharing resources and information among hospitals to facilitate efficient transfers. They also discussed the importance of adapting policies from larger hospitals to address specific challenges and the need for standardized best practices and better communication among oversight agencies to reduce confusion. They mentioned the benefits of telehealth waivers, flexibility in the average length of stay, and the ability to increase bed capacity during a crisis. Additionally, they suggested having a centralized entity to streamline the transfer process. In contrast, the LTC facility participants focused on the importance of having updated medication and treatment records, emergency supplies, and face sheets with contact information readily available. They also discussed the need for clear communication about the reasons for a transfer and basic information about the person being

transferred. They shared past experiences that led to lessons learned and the need to rewrite emergency protocols to improve preparedness.

Potential Recommendations:

123. **Improve Regulatory Clarity:** Encourage better communication and coordination among oversight agencies to reduce confusion and contradictions in regulations and guidance during a crisis. This can help healthcare facilities navigate regulations more effectively and efficiently.
124. **Leverage Telehealth and Flexibility Measures:** Advocate for the continuation of telehealth waivers, flexibility in the average length of stay, and the ability to increase bed capacity during crises to improve patient care and resource allocation. Establish a Centralized Transfer Entity: Consider creating a centralized entity to coordinate and streamline the transfer process between hospitals and LTC facilities. This can reduce delays and improve efficiency during emergencies.
125. **Enhance Preparedness Measures:** Encourage LTC facilities to have updated medication and treatment records, emergency supplies, and face sheets with contact information readily available. This can help facilitate smoother transfers and ensure continuity of care.
126. **Review and Update Emergency Protocols:** Encourage hospitals and LTC facilities to regularly review and update their emergency protocols based on lessons learned from previous crises. This can help improve preparedness and response during future events.

Detailed Summary

In the discussions about how best practices and lessons learned from previous crises can be applied to the transfer process during future events, several key points were mentioned. One point brought up by **hospital staff** was the importance of self-organizing quickly and sharing resources and information among hospitals to facilitate efficient transfers. Additionally, the importance of receiving and adapting policies from larger hospitals to address specific challenges, such as pediatric surges, was highlighted as a way to quickly respond to changing conditions.

Another point raised was the challenge of navigating multiple and sometimes contradictory regulations and guidance from different oversight agencies during a crisis. The need for standardized best practices and better communication among oversight agencies was identified to reduce confusion and frustration for healthcare facilities.

The discussion also touched on the benefits of telehealth waivers, flexibility in the average length of stay, and the ability to increase bed capacity during a crisis. These measures allowed healthcare facilities to provide care more effectively and efficiently when facing resource constraints. Finally, the idea of having a centralized entity to streamline the process of arranging transfers to and from facilities was suggested to reduce delays and improve efficiency in future emergencies.

The participants from the **long-term care (LTC) facilities** emphasized the importance of communication and having preparedness measures in place to improve the transfer process during future events or crises. One interviewee mentioned the need for clear communication about why a person is being transferred and providing basic information about them. Another interviewee discussed the importance of having a book with medication administration records (MARs) and treatment records (TARs) that is

regularly updated in case of power outages or internet issues. They also suggested having a paper version of these records, as well as having emergency supplies such as food, water, flashlights, and call bells for residents. Additionally, they emphasized the importance of having face sheets with contact information readily available in case of evacuation. The interviewee mentioned a past experience with a bomb threat evacuation that led to lessons learned and the need to rewrite emergency protocols due to lack of preparedness. The strategies mentioned are now part of their facility's plan.

Promoting Awareness and Implementation of the Kansas Crisis Standards of Care Guidance for Crisis Resource Allocation: Perspectives from Hospitals

Question: What are some potential strategies to increase awareness of how to implement the Kansas Crisis Standards of Care Guidance in development regarding how to allocate medical resources during crisis? **(Hospitals)**

- ***Increasing awareness can be achieved through simultaneous adoption, accessible guidance, clear communication, and support from key agencies.***

Overall Summary:

In a series of focus groups and interviews, LTC and Hospital staff provided insights on strategies to increase awareness and implementation of the Kansas Crisis Standards of Care Guidance. Key suggestions included simultaneous adoption and rollout by KDHE and KDADS, standardizing and making the guidance accessible and concise, creating an online platform for clarification, minimizing reporting burdens, ensuring clear communication and support, and implementing prompt alerts to notify administrators of a crisis. Participants emphasized the need for clear, easily understood information and support for effective implementation.

Potential Recommendations:

127. **Coordinated adoption and rollout:** Encourage KDHE and KDADS to adopt and roll out the guidance simultaneously in both hospital and long-term care settings to ensure consistent and effective implementation.
128. **Standardization and accessibility:** Standardize the guidance and make it easily accessible, concise, and written in layman terms to minimize ambiguity and facilitate understanding among healthcare staff.
129. **Online platform for clarification:** Consider creating an online platform where healthcare staff can ask questions and see previously answered questions for clarification on the guidance.
130. **Clear communication and support:** Ensure clear communication with those who will be implementing the guidance, and offer support and assistance in implementation, such as on-site visits to walk through guidelines.

131. **Prompt alerts:** Implement a system for prompt alerts through email, fax, phone calls, or text messages, similar to an AMBER alert system, to notify administrators of a crisis in a timely manner.

Detailed Summary

In a series of focus groups and interviews, hospital administrators, nurses, and long-term care facility staff discussed strategies to increase awareness and implementation of the Kansas Crisis Standards of Care Guidance. One administrator suggested that the Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) should both adopt and roll out the guidance simultaneously to ensure it is adopted effectively in both hospital and long-term care settings. Nurses suggested standardizing the guidance and making it easily accessible, concise, and written in layman terms to avoid ambiguity. They also suggested having an online platform to ask questions and see previously answered questions for clarification. A long-term care staff member cautioned against overwhelming facilities with excessive reporting to multiple agencies and suggested keeping reporting simple and to one agency to allow staff to focus on patient care.

*Suggestions from **LTC staff** included clear communication with those who would be implementing the guidance and offering support and assistance in implementation, such as on-site visits to walk through guidelines. Participants also emphasized the importance of prompt alerts through email, fax, phone calls, or text messages, similar to an AMBER alert system, to notify administrators of a crisis. Additionally, participants highlighted the need for information to be concise and easily understood, and to minimize reporting burdens on facilities.*