

Short Summary of Focus Groups and Interviews

FINAL DRAFT

CRISIS STANDARDS OF CARE – PHASE II

PREPARED BY: 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:

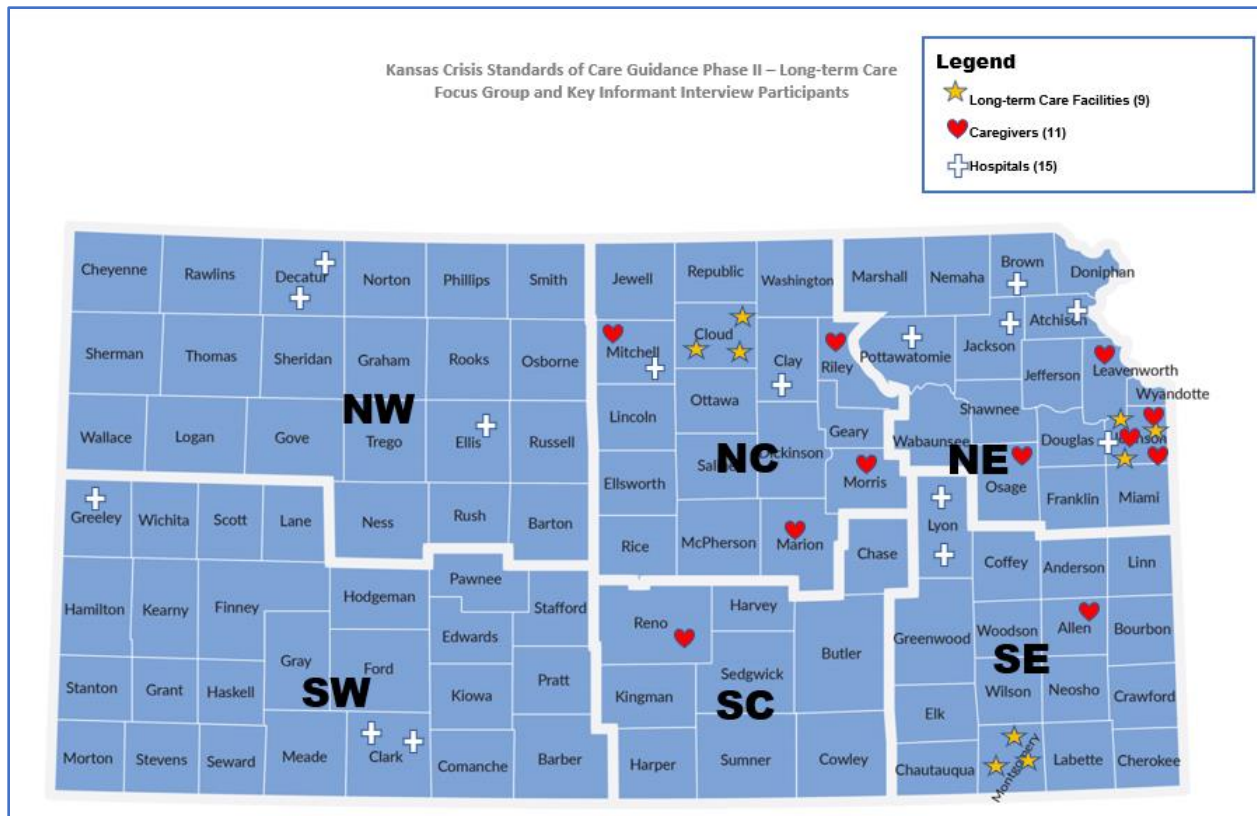
KHI conducted eight focus groups during late February and early March, 2023 with a total of 35 participants among staff members and administrators from long-term care facilities and hospitals as well as with caregivers for those in long-term care facilities. See the table below for participants by type 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 in order 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 Responses: 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 Responses: 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

Section 1: Navigating Challenges and Information Needs for Caregivers in Long-Term Care Facilities During Crises

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

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.

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

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.

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

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.

[Essential Information for Caregivers to Receive from Long-Term Care Facilities During a Crisis: Perspectives from Caregivers](#)

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.

[Section 2. Addressing the Needs of Residents](#)

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

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.

[Addressing the Healthcare Needs of Long-Term Care Residents During Hospital Rationing: Perspectives from Hospital and Long-Term Care Facilities Staff](#)

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.

[Addressing the Healthcare Needs of Long-Term Care Residents During LTC Rationing: Perspectives from Long-Term Care Facilities Staff](#)

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.

[Risk of Unmet Needs in Long-Term Care Facilities When Resources Are Limited: Perspectives from Caregivers, Hospital and Long-Term Care Facilities Staff](#)

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.

Section 3. Impact on Long-Term Care Facilities

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

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.

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

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.

Section 4. Resource - Load Balancing

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

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.

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

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.

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

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.

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

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.

Transfer back to LTC Facility From Hospital: Perspectives from Caregivers

The **caregivers** 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.

Transfer Between LTC Facilities: Perspectives from Caregivers

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."

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

Both groups, **caregivers and LTC staff**, 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.

Section 5. Communication

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

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.

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

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.

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

Participants from **hospitals** 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.

Section 6. Guidance Dissemination

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

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.

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

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.

Section 7. Lessons Learned

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

Both **hospital staff and long-term care (LTC)** 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.

Key Recommendations

Note: The number in parentheses included in each recommendation indicates its number in the summary document.

I. Emergency Preparedness and Response

1. **Enhance emergency preparedness (2):** Long-term care facilities should develop and implement comprehensive emergency preparedness plans to address safety concerns during a crisis and conduct regular drills. Staff members should receive regular training on emergency protocols and procedures to ensure preparedness in the event of a crisis.
2. **Ethics Training (28):** Provide additional training and support for staff in emergency preparedness and response, including how to make ethical decisions about resource allocation.
3. **Collaboration with EMT (63):** Develop relationships with local emergency management teams to access supplies and resources during crises.
4. **Prompt alerts (131):** 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.

II. Communication and Collaboration between Facilities

5. **Liaison Role (7):** 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.
6. **Regular Meetings (8):** 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.

III. Technology and Remote Support

7. **Telehealth (34):** Utilize video visits and telehealth.
8. **Explore alternative communication methods (114):** Consider alternative communication methods, such as video conferencing, to improve communication and assessment of patients' conditions.

IV. Caregivers and Family Involvement

9. **Caregivers as a Resource (42):** The focus group suggested involving caregivers as a resource to help meet the needs of residents in long-term care facilities.

10. **Family Members as Decision-Makers** (91): Involve family members and caregivers in the decision-making process and the transfer process to ensure the well-being of the resident.

V. Staffing and Retention

11. **Retention Plan** (51): 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.
12. **Community-driven solutions for staffing shortages** (58): LTC facilities should work with local communities to identify and implement strategies for addressing staffing shortages during times of crisis
13. **Adjust staffing roles and responsibilities** (62): 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.

VI. Patient Transfer and Continuity of Care

14. **Standardized transfer protocols** (67): Establish clear and standardized protocols for transferring patients between hospitals to ensure that all necessary information is communicated accurately and efficiently.
15. **Formal Transfer Agreements** (75): To improve the ability to transfer patients during a crisis, it may be helpful to establish formal agreements among hospitals for transfers.
16. **Transfer team** (94): 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.
17. **Discharge Plan** (98): Develop a clear discharge plan that includes recommendations for care and involves caregivers in decision-making.
18. **Alternative Approaches** (109): Consider alternative approaches to transfers, such as telemedicine or on-site medical care, to minimize the need for transfers and ensure continuity of care.
19. **Monitor and evaluate** (111): 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.

VII. Implementation of KSCSC and Support

20. **Data Reporting** (72): 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.
21. **Coordinated adoption and rollout** (127): Relevant state agencies should consider adopting and rolling out the guidance simultaneously in both hospital and long-term care settings to ensure consistent and effective implementation.
22. **Online platform for clarification** (129): Consider creating an online platform where healthcare staff can ask questions and see previously answered questions for clarification on the guidance.