

**Minutes from CAB Breakout Room
March 23, 2023**

- 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.

Potential Revised Recommendation:

Enhance Emergency Preparedness (2): Long-term care should develop and implement comprehensive emergency preparedness plans to address safety concerns during a crisis and conduct regular drills. All staff members, including permanent, temporary, and agency staff, as well as Certified Nursing Assistants (CNAs), should receive regular training on emergency protocols and procedures to ensure preparedness in the event of a crisis. Particular focus should be placed on addressing any non-compliance with emergency preparedness requirements and the inadequacy of training and drills.

Feedback from CAB:

- **Address Non-Compliance and Ineffective Implementation:** Call for greater enforcement of emergency preparedness rules and stronger consequences for non-compliance, such as the need to go through recertification. Consequences for non-compliance should go beyond citations from the fire marshal and should be impactful enough to encourage facilities to prioritize emergency preparedness.
- **Include Temporary and Agency Staff in Training:** Ensure that staff members, including Certified Nursing Assistants (CNAs), are aware of and participate in regular drills to enhance their preparedness for emergencies. Address the concern of temporary and agency staff being inadequately trained and unfamiliar with a facility's emergency plan. Ensure that both permanent and temporary staff receive appropriate training and are informed about emergency preparedness protocols.
- **Hold Staffing Agencies Accountable:** Emphasize the responsibility of staffing agencies to provide emergency preparedness training to their staff. Staffing agencies often fail to provide training to their staff, and the burden of training should not fall solely on facilities in need of extra staff. Both facilities and staffing agencies should be held accountable for ensuring staff are adequately trained in emergency preparedness.
- **Revise Language to Include Staffing Agencies:** Consider changing the language in emergency preparedness rules to refer to "providers" rather than "long-term care facilities." This change would help ensure that staffing agencies are also held accountable for compliance with emergency preparedness requirements and are not exempt from training their staff, given the critical role they play in providing care in long-term care facilities.

- 2. Ethics Training (28):** Provide additional training and support for staff to prepare for an emergency, including how to make ethical decisions about resource allocation.

Potential Revised Recommendation:

Ethics and DEI Training (28): Provide additional training and support for staff to prepare for an emergency, including how to make ethical decisions about resource allocation. Incorporate diversity, equity, and inclusion (DEI) training as a fundamental component of ethics training to ensure that staff are equipped to address the diverse needs and identities of individuals, prevent discrimination, and promote equitable care, especially during crisis situations.

- Make sure that Diversity, Equity, and Inclusion (DEI) training is part of the ethics training.
- One individual noted that DEI is not always perceived as a pressing issue in rural Kansas healthcare and long-term care facilities, particularly during the pandemic when the focus was on caring for the population. The participant emphasized that, if DEI training is included in crisis standards of care and is aimed at long-term care, it should be relevant for everyone across the state, including rural and elderly individuals.

3. Collaboration with EMT (63): Develop relationships with local emergency management teams to access supplies and resources during crises.

- No specific changes

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.

Feedback from CAB:

- Use state associations and licensing authorities (such as KDADS) as channels to disseminate crucial information quickly to administrators and key staff. However, some participants noted that not all facilities belong to provider associations, so alternative methods of communication should also be considered.

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.

Potential Revised Recommendation:

Liaison Role (7): Develop a liaison role between long-term care facilities and hospitals to facilitate ongoing communication and collaboration. The liaison role could be assigned to an existing staff member within each facility, rather than creating a new position. This staff member would act as a point of contact and coordinator between the long-term care facility and hospital. Clearly define the liaison role and its responsibilities, which may include facilitating communication, coordinating patient transfers, and ensuring that essential information is shared between facilities.

Feedback from CAB:

- The role could be assigned to an existing staff member, rather than creating a new position.
- Clearly define the liaison role and its responsibilities.
- The need for accountability and mutual understanding between healthcare facilities and hospitals.

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.

- No specific changes

7. 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.

- No specific changes

8. 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.

- No specific changes

9. Transfer protocol templates (67): Establish templates for transferring patients between hospitals (and LTC and hospitals) to ensure that all necessary information is communicated accurately and efficiently.

Feedback from CAB:

- Transfer protocols should include information about the social needs of the residents.
- The transfer protocol templates should include minimum requirements for information to be submitted during transfers, with consideration given to including transferable physician orders for patient preferences (TPOPP).

10. Formal Transfer Agreements (75): To improve the ability to transfer patients during a crisis, it may be helpful to establish formal agreements among hospitals and hospitals and LTC for transfers.

Feedback from CAB:

- Formal transfer agreements should be established before crises, detailing the process for transfers between facilities.
- Emphasis was placed on honoring the resident's right to choose, particularly when there is a difference of opinion between the resident and their family. If the resident has expressed their wishes in advance, those wishes must be honored.

11. Transfer team (94): Consider using a dedicated transfer team or staff member (in hospitals and LTC) to oversee transfers and ensure that all necessary information is communicated, and that follow-up communication occurs after the transfer.

Feedback from CAB:

- Ensure that individuals who are assigned as part of the transfer team have established communication with potential transfer sites and are responsible for providing oversight to the transfer process, including overseeing that all paperwork, such as medical and social needs, have been adequately communicated.
- Identify ways to address the feasibility of having dedicated transfer teams available 24/7, especially since transfers often happen outside of regular business hours.

12. Discharge Plan (98): Develop a clear discharge plan that includes recommendations for care and involves caregivers in decision-making.

Potential Revised Recommendation:

Discharge Plan (98): Develop a clear discharge plan that includes recommendations for care and involves caregivers in decision-making. The plan should be shared with caregivers at a long-term care facility and indicate a recommendation for the receiving long-term care facility to proactively engage with patients' caregivers or family members to discuss their concerns, preferences, and any relevant information.

Feedback from CAB:

- As a standard practice, discharge plans from hospitals to long-term care facilities should include a specific recommendation for the receiving long-term care facility to proactively engage with patients' caregivers or family members to discuss their concerns, preferences, and any relevant information. The plan should be also shared with a patients' caregivers or family members.

13. 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.

- No specific changes

14. 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.

- No specific changes

15. 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.

Feedback from CAB:

- There are a lot of challenges that facilities face in offering competitive salaries. An article outlining the pay for travel nurses during the pandemic was shared and facilities were not able to compete with these opportunities.

16. 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.

- No specific changes

17. Adjust staffing roles and responsibilities (62): Staff members suggested adjusting staffing roles and responsibilities at LTCs to better meet the needs of residents during times of crisis or when care is being rationed.

- No specific changes