Minutes from TAP Breakout Room
March 23, 2023

Highlighted text indicates revisions to the originally proposed recommendations.

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 facilities should develop and implement comprehensive emergency preparedness plans to address infection control and safety concerns during a crisis and conduct regular drills. Staff members, including temporary or agency staff, should receive regular training on emergency protocols and procedures to ensure preparedness in the event of a crisis.

   Feedback from TAP:
   - The group discussed the importance of emergency preparedness in healthcare facilities, including the need for infection control to be incorporated into quarterly drills and exercises.
   - They also talked about the challenge of staff turnover and suggested making protocols easily accessible and including emergency preparedness in staff orientation.
   - It was noted that emergency preparedness is typically done through the fire marshal's office as part of their life safety code, and that it is a requirement for annual surveys in healthcare facilities.
   - The group emphasized that emergency preparedness should be a daily occurrence and not just reserved for emergencies, as it needs to be second nature for staff to be successful.
   - The importance of including staffing agencies in emergency preparedness protocols was also discussed to avoid any gaps in staffing during an emergency.

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 Training (28): Provide additional training and support for staff members that provide care to patients and residents to prepare for an emergency, including how to make ethical decisions during an emergency.

   Feedback from TAP:
   - There was some confusion around whether this recommendation would be geared toward triage decisions or situational decision making, which could be misinterpreted as a structured process of triage.
   - They questioned whether this type of plan exists at the long-term care level. A TAP member provided an example of how long-term care facilities should have a working knowledge of the acuity level of their residents, but there may not necessarily be a triage process.

- Overall, the discussion was about the need for clarity and formalization of protocols in long-term care facilities to ensure ethics in decision-making during emergency situations.
- A member emphasized the need for staff to understand the reasons behind decisions related to resource allocation during a crisis. The participants agree that staff members should have at least some background knowledge on the decision-making process to better communicate with families and help them understand why certain decisions are being made.
- They discussed the need for patient-centered decision-making in cases where accelerated advanced care planning is required, and this is beyond a protocol-driven process of utilizing triage.
- Agreed to re-word this recommendation to adjust "resource allocation" wording to make it broader.

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

   Potential Revised Recommendation:

   Collaboration with Local Emergency Management Entities (63): Develop relationships with local emergency management professionals (e.g., Local Emergency Planning Committees, EMS and Healthcare Coalitions) to access supplies and resources during crises.

   Feedback from TAP:
   - Developing relationships and involving EMS in local emergency planning committees and healthcare coalitions is crucial.
   - Stakeholders such as hospitals, nursing homes, fire, law enforcement, and other businesses in the community should be involved.
   - Some counties lack active participation in LEPCs, making it difficult to move projects and meetings forward.
   - The language used, such as "emergency management teams," needs clarification.

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.

   Potential Revised Recommendation:

   Prompt alerts (131): Use an existing system (e.g., EMResource) or local health departments to disseminate prompt alerts through email, fax, phone calls, or text messages, to notify LTCs of a crisis in a timely manner. Would also need to clarify who owns the system and how alerts are determined

   Feedback from TAP:

   - Facilitator noted the focus group suggested that a system for prompt alerts would be helpful, but they may not have been aware of all the work being done.
   - The group acknowledged that not all long-term care facilities are not included in KSHAN alerts, a system that pushes out alerts to hospitals.
   - Long-term care facilities are being added to EMResource, and there are efforts to push messaging out through that system.

- Long-term care facilities would need to individually sign up for messaging, and HCCs could potentially assist with signing them up.
- Other suggestions included local health departments playing a role in notifying LTCs about emergency situations
- The group wanted clarification on who would decide to send out prompt alerts and who would be in charge of monitoring them.
- Suggested re-wording recommendation to note existing systems available for such alerts. The inclusion of AMBER alert was confusing, so suggested taking that out.

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.

   Potential Revised Recommendations:

   5. **Liaison Role (7):** Ensure Healthcare Coalitions (HCCs) are acting as a liaison between long-term care facilities and hospitals to facilitate ongoing communication and collaboration. This could involve ensuring a designated staff member from each facility is aware of and attends any relevant meetings.

   6. **Regular Meetings (8):** HCCs should hold regular meetings to ensure that long-term care facilities and hospitals are on the same page regarding patient care needs and resources, especially during times of crises or public health emergencies.

   Feedback from TAP:
   - The group discussed recommendations 5 and 6 together.
   - The Facilitator clarified that some communities are already participating in regional facility meetings or ad hoc meetings with facilities they work with regularly.
   - Healthcare coalition meetings are recommended to break all the members together and take advantage of the opportunity to collaborate.
   - The recommendation is to have the HCC hold the liaison role in these meetings and hold regular meetings.

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.

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.

   Potential Revised Recommendations:

   7. **Caregivers as a Resource (42):** The focus group suggested involving able, available and willing caregivers as a resource to help meet the needs of residents in long-term care facilities when possible.

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

Feedback from TAP:

- Long-term care facilities can use caregivers as a resource and involve them in helping to make decisions to alleviate some of the strain. Family members and caregivers should be counted as an asset for the resident and be involved in decision-making.
- Caregivers and family members can be identified as a volunteer base to help with decision-making.
- The lessons learned from the COVID-19 pandemic, including restrictions on facility access, can be used to elevate family members and caregivers as a resource rather than excluding them.
- Regulations and laws must be considered, but efforts can be made to explore ways to involve family members and caregivers in decision-making, such as identifying limitations and exploring what can be put in place to allow their involvement.
- The group suggested re-wording the recommendation to include able, available and willing caregivers. Given some federal guidelines and other regulations, the group considered softening the language to "when possible"

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.

   Potential Revised Recommendation: Consider this recommendation to include utilizing a health passport for residents during the transfer process.

   Feedback from TAP:

   - Existing agreements with other facilities should be considered and worked on.
   - A transfer team may be needed to oversee transfers and ensure all necessary information is communicated.
   - The idea of a health passport for transfers was discussed.

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.

    Potential Revised Recommendation: Consider removing this recommendation due to lack of feasibility.

    Feedback from TAP:

    - Hospitals have transfer agreements, but these may not always be effective or used in a disaster or emergency where beds and staff are scarce.

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.

    Potential Revised Recommendation: 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. The team could consist of staff, social worker, ombudsman or volunteer when feasible.

Feedback from TAP:

- Hospitals have discharge coordinators and discharge teams.
- Long-term care facilities typically have a social service desk or social worker to help with coordinating discharges.
- Community health workers could play a role in transfer teams in long-term care facilities, but the workload and facility size could affect their feasibility.
- Nurses or staff members are sometimes sent with patients during transfers to ensure that they have everything they need, and the information is communicated properly.
- The idea of having volunteers or ombudsman accompany patients during transfers was raised, but the availability of such people would need to be considered.
- The circumstances of the transfer, such as whether the patient is going by ambulance or not, would also need to be considered when considering the feasibility of a transfer team.
- Volunteers or ombudsmen could potentially help in some cases, depending on the urgency of the transfer.
- The group also suggested using the National Guard or other resources for this purpose, but that would require a state declaration of emergency.

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

    Potential Revised Recommendation: No changes were suggested

    TAP Feedback:

    - The group discussed discharge planning during emergencies and the need for clear plans.
    - A member shared resources in the chat, such as a healthcare passport.
    - There was concern about residents being discharged too quickly, without proper notification or guidance.
    - The group noted the requirement for discharge instructions and plans for all hospital patients, but one member explained it can be a slow and cumbersome process of notifying the MCO or care manager when an individual goes to the hospital.
    - It was noted that involving caregivers in discharge planning is important for keeping them informed.

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.

    Potential Revised Recommendation:

    Alternative Approaches (109): Consider alternative approaches to transfers, such as telemedicine (when allowable) or on-site medical care, to minimize the need for transfers and ensure continuity of care. Could include language about ensuring proper training of technology, auditing and ensuring proper use.

    TAP Feedback:

    - The group discussed alternative approaches that could be used during a crisis: Using telehealth or telemedicine initiatives to connect long-term care facilities with hospitals or healthcare providers, and/or providing handheld devices, such as iPads, for communication and remote care.

- The group noted that there may need to be waivers in place to allow for using telemedicine and other alternative approaches
- The group noted grants and funding for facilities to purchase necessary devices and equipment.
- Indicated need for auditing of facilities that receive funding to ensure proper use and compliance.
- Noted there should be collaboration between long-term care facilities and local hospitals or healthcare providers to establish agreements and contracts for telemedicine services.
- Operationalizing telemedicine services at the facility level by ensuring necessary permits and agreements are in place.
- Dispersing devices and equipment throughout the community, including to the AAAs.

The facilitator noted the following recommendations and informed TAP that they would be covered in the upcoming task team meetings. There was no specific discussion on the following recommendations:

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.

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.

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.

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.