

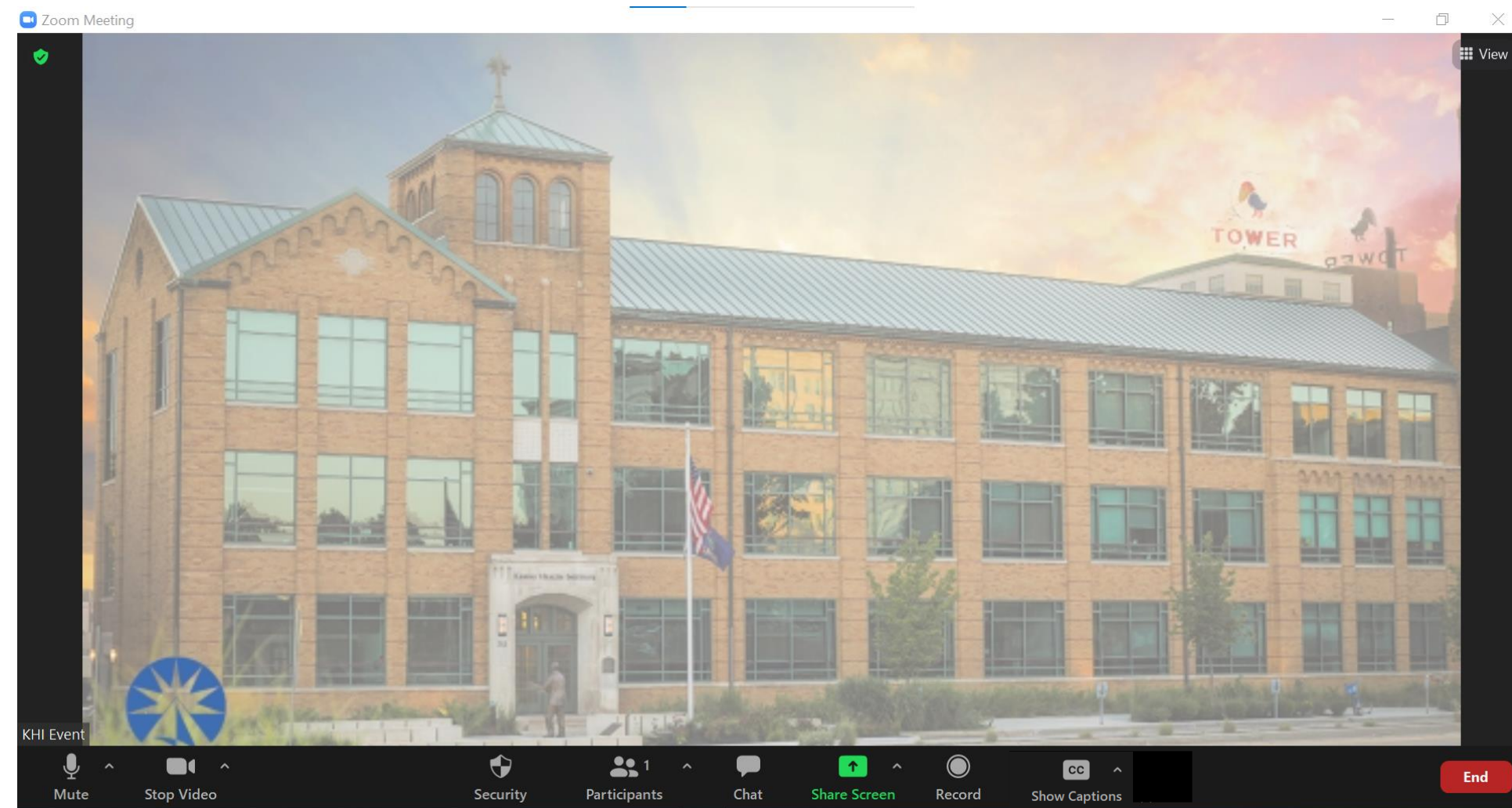


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Kansas Crisis Standards of Care Guidance

Phase II: Joint Meeting
March 23, 2023





View: Switch between Speaker and Gallery view.

Helpful Hints for Zoom Meeting

Technical questions about your Zoom connection or functionality?

> Find **'KHI, Valentina Blanchard'** in the Participants list to connect for assistance.

Mute

Video: Stop or start your individual video

Participants listing: Find a participant to message

Chat: Use this feature to enter questions and comments.

Closed Captions: Option for participants

TODAY'S AGENDA

9:00 a.m.	Welcome
9:05 a.m.	Task Team Updates
9:20 a.m.	Role of HCCs & Role of EMS Services
9:50 a.m.	Focus Group Findings
10:05 a.m.	Breakout Rooms
11:25 a.m.	Closing Reports



Meeting Commitments

Group Agreements

- Be present
- Listen with curiosity
- Come ready to discuss and compromise
- Don't hesitate to ask clarifying questions
- Balance between listening and talking
- Keep remarks succinct and on topic
- Lean into discomfort and courage
- Keep it confidential



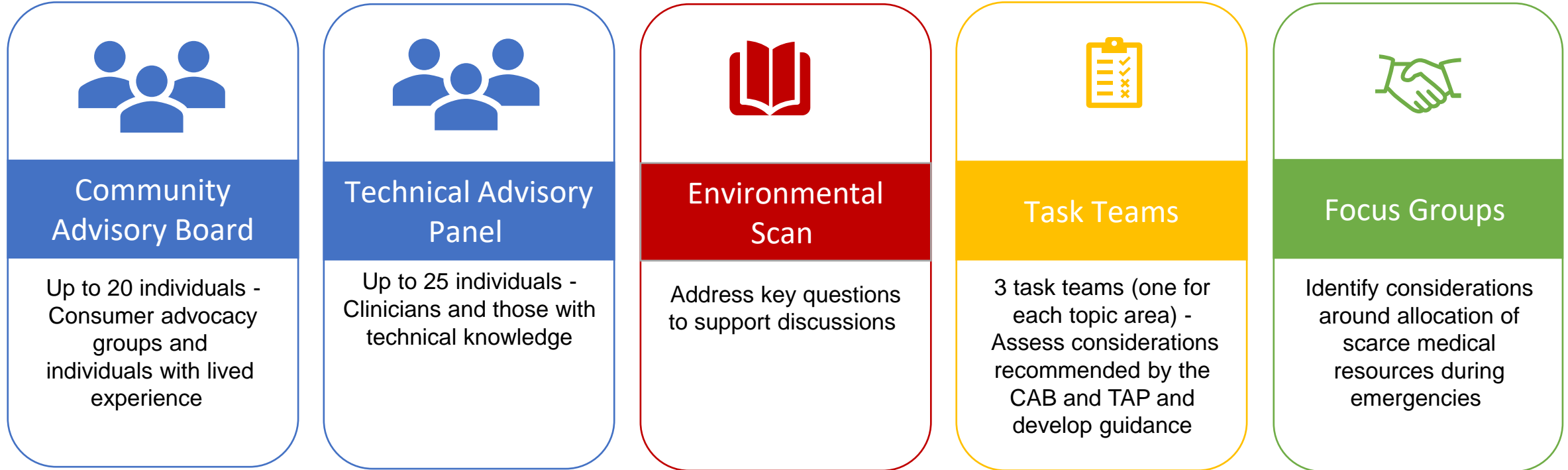
Project Progression



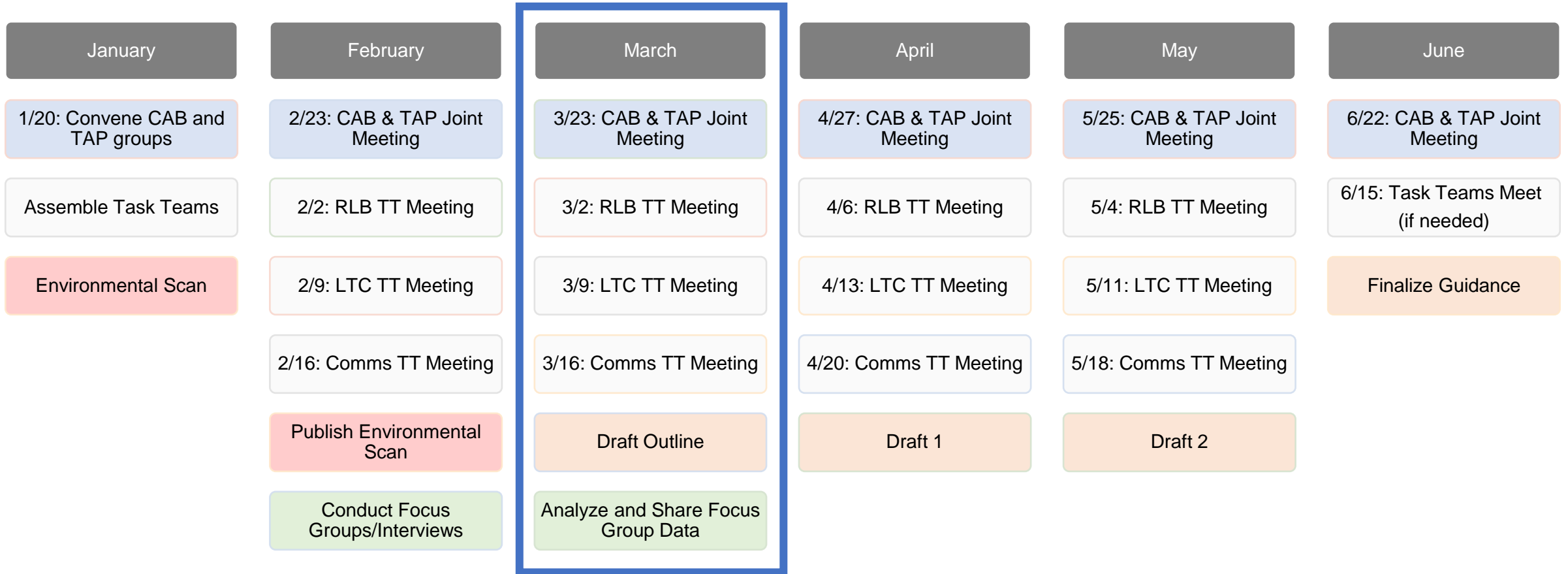
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Key Components



CSC Phase II Timeline



RLB: resource load balancing; LTC: long term care; Comms: public communication; TT: task team



Task Team Overview



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Task Team Overview

Task Teams met in March

- Resource Load Balancing
- Long-Term Care
- Public Communication



Ed Bell, KDHE
Role of Health Care Coalitions (HCCs)

Con Olson, TECHS EMS
Role of Emergency Management Systems (EMS)



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FOCUS GROUP FINDINGS

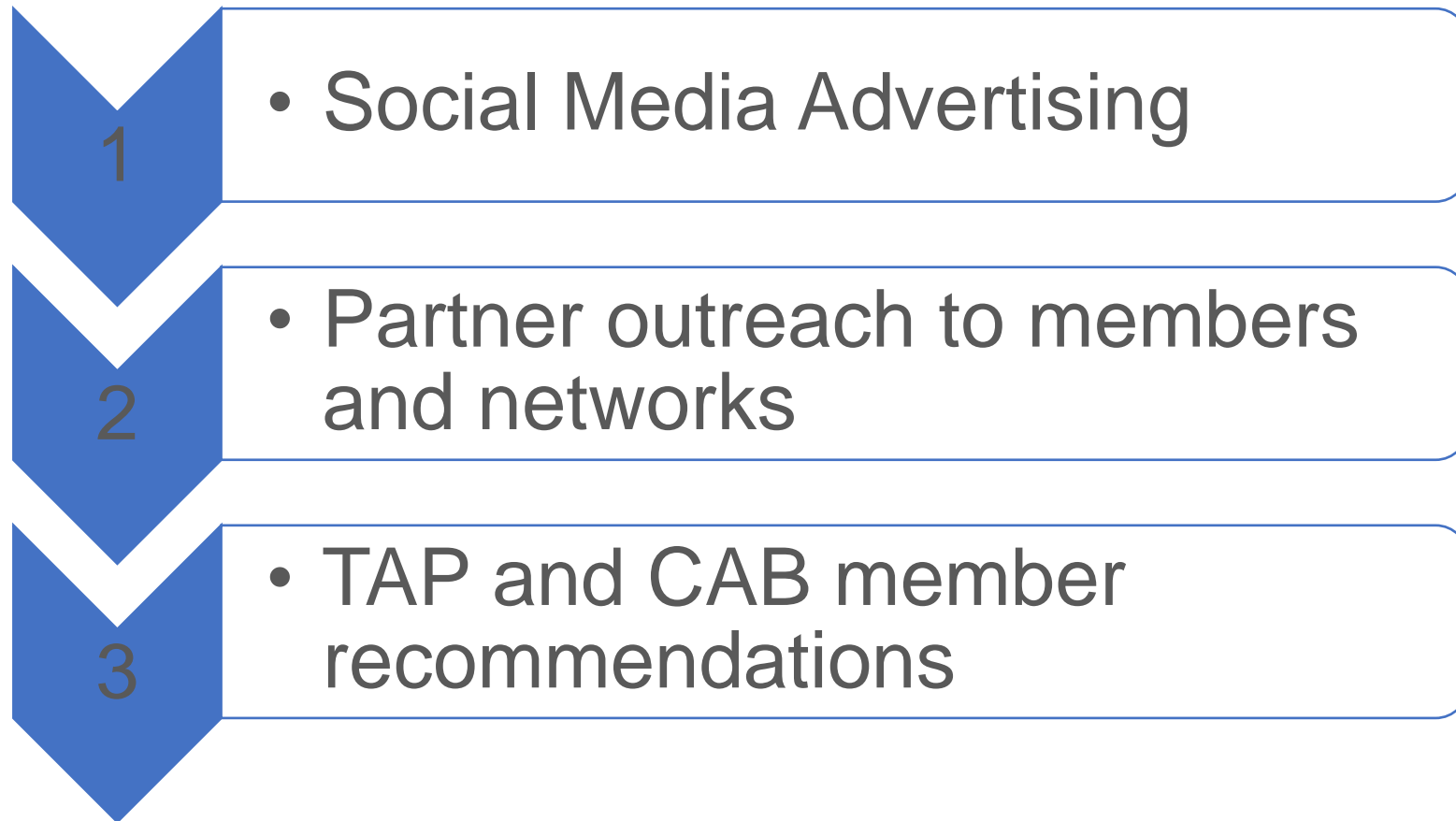


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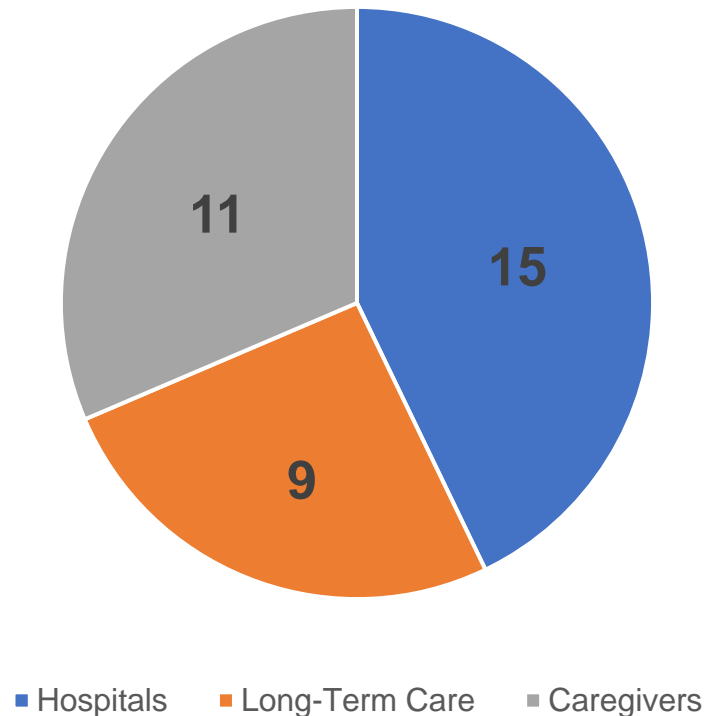
Focus Group and Key Informant Interviews

Recruitment Strategies



Focus Groups and Key Informant Interviews

Participation by Focus Group and Interview Type



Participation Highlights:

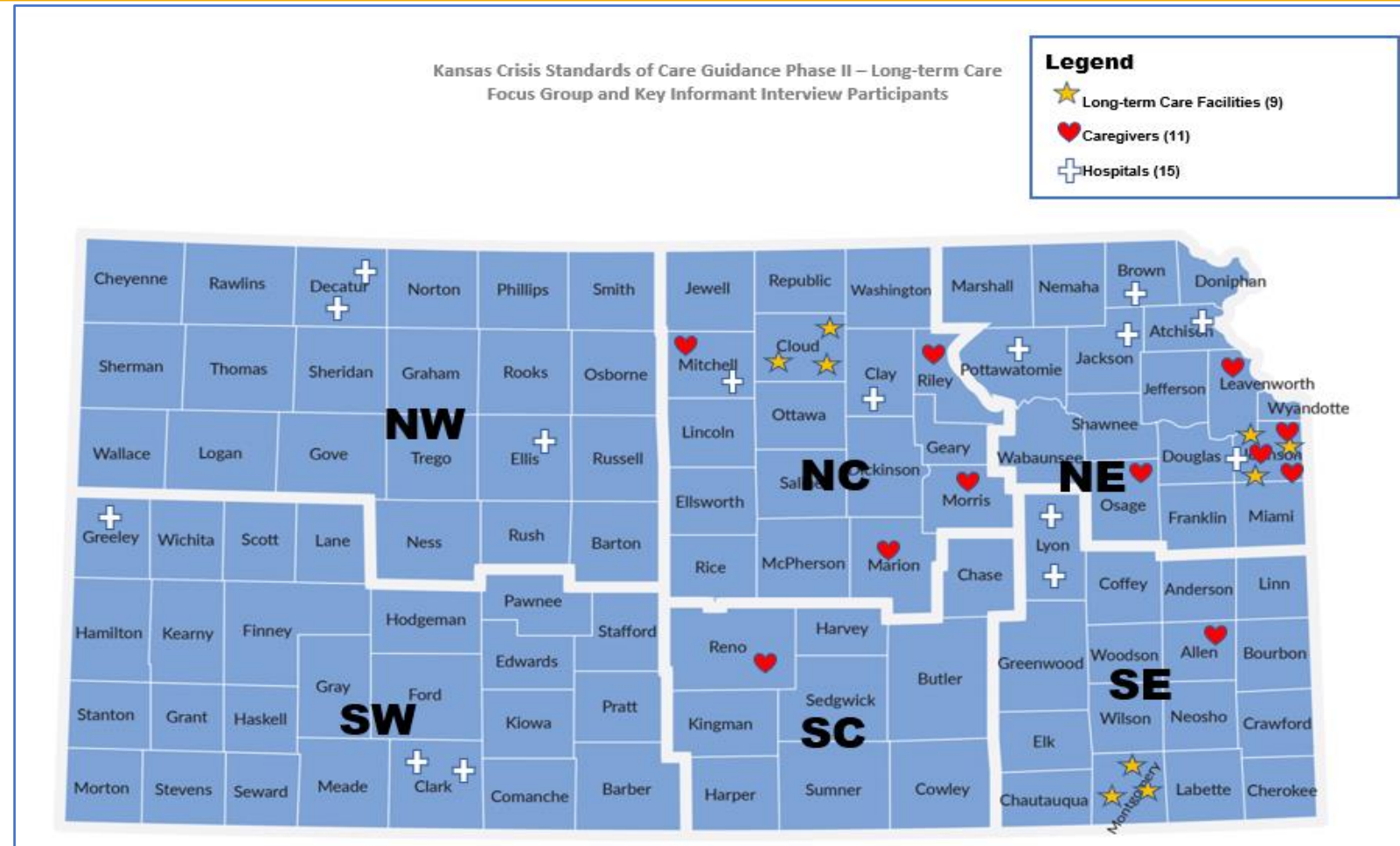
- 56 individuals expressed interest in participating in a focus group or interview
- KHI conducted 8 focus groups during late February, early March 2023.
- 35 individuals participated: 31 - in focus groups and 4 in interviews.



Focus Groups and Key Informant Interviews

Geographic Highlights:

- Participation included individuals from every region in Kansas (KDHE region)
- Most of the participants were from Northeast and North Central Kansas



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



Focus Groups and Key Informant Interviews

Hospitals and Long-term Care Facilities

- Total Respondents: 14/24

Note: Not all respondents answered every question
Source: KHI Analysis of Pre-Focus Group and Interview Survey, 2023

Job Roles

- Physical Therapist
- Administrator
- Nurse
- Emergency Management

Age

- At least 25 years of age
- Most common age group, 45-54
- Race/Ethnicity White, Non-Hispanic

Education

- Ranged from Some College/Associate's Degree to Graduate Degree or Higher
- Most common level, Graduate degree or higher

Income

- At least \$99,000
- Most common income level, \$100,000-149,000



Focus Groups and Key Informant Interviews

Caregivers
Total
Respondents:
8/11

Age (Individuals cared for)

- At least 25 years of age
- Most common age group, 65 and over

Race/Ethnicity (Individuals cared for)

- One caregiver cared for a Black/African American
- All others cared for White, Non-Hispanic residents

Education (Caregivers)

- Ranged from High School Diploma or GED to Bachelor's Degree
- Most common level, Bachelor's Degree

Income (Caregivers)

- Ranged from \$30,000 – \$199,000

Note: Not all respondents answered every question

Source: KHI Analysis of Pre-Focus Group and Interview Survey, 2023



Focus Groups and Interviews: Key Findings

Challenges and Information Needs for Caregivers in Long-term Care Facilities During Crises

- **Worries and concerns:** quality of care, access to medical care, and the impact of the crisis on elderly residents, including emergency preparedness, communication, resource allocation, and potential consequences of medical care rationing in hospitals, especially around the mental and physical health of staff and residents.
- **Anticipated difficulties for Caregivers during crisis:** Limited access to loved ones, disrupted routines, concerns about well-trained staff availability, and lack of vaccination requirements for staff, and the importance of ensuring access to supplies, medical care, and emotional support for residents and caregivers.
- **Informing caregivers about facility operations during crisis:** Effective communication and collaboration were seen as essential for ensuring the best possible outcomes for long-term care residents, with caregivers emphasizing the need for personalized communication and participants from both long-term care facilities and hospitals stressing the importance of regular meetings and open communication channels to exchange information during emergencies.
- **Essential Information Caregivers need from LTCs during crisis:** the need for long-term care facilities to provide regular updates on loved ones' conditions, including medical concerns, dietary needs, and virtual communication tools, additional staff training to understand dementia patients, clear communication about facility operations, and an approachable point of contact for clear and personalized updates on COVID protocols.



Focus Groups and Interviews: Key Findings

Addressing the Needs of Residents

- **Addressing Healthcare Needs of Residents:** Participants suggested utilizing telehealth, providing onsite care, and having mid-level providers available as solutions to address the needs of residents in nursing or assisted living facilities during a healthcare crisis. Additionally, they stressed the importance of early intervention and aggressive treatments, preparing emergency plans, and loosening regulations during a crisis.
- **Risk of unmet needs in LTCs when resources are limited:** Several groups of residents that might be at a greater risk of having unmet needs were noted, including those with language barriers, mobility issues, psychiatric diagnoses, and dementia. Caregivers discussed the issue of retaliation and fear of speaking out about their concerns.



Focus Groups and Interviews: Key Findings

Impact on Long-term Care Facilities

- **Impact of Limited Resources on LTCs:** Long-term care facility staff and caregivers both agree that staffing and resource challenges have a significant impact on the quality of care provided to residents.
 - For example, 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.
- **Impact of Hospital Care Rationing on LTCs:** 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 and readmission practices. 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.



Focus Groups and Interviews: Key Findings

Resource Load Balancing

- **Resource Load Balancing in Hospitals:** 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.
- **Resident Transfers:**
 - **Between Hospitals and LTCs:** The breakdown in communication and paperwork between the hospital and the long-term care facility causes confusion and stress for caregivers and residents. The involvement of caregivers in decision-making and the provision of staff to accompany residents during transportation were noted as essential, which involved sending accurate transfer sheets and providing thorough reports to hospital staff. Ensuring continuity of care was emphasized by LTC staff during transfers between long-term care facilities and hospitals.
 - **Between LTCs:** Caregivers stressed the importance of considering the well-being and preferences of the resident when making decisions about transferring them to a new facility, emphasizing the need for a person-centered approach.



Focus Groups and Interviews: Key Findings

Communication

- **Strategies for Smooth and Safe Hospital Transfers:** 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 Hospitals and LTCs:** Regular meetings and standard communication elements were seen as important for facilitating better transfers. Challenges with current communication methods, particularly faxing, were also highlighted, and the need for more secure and standardized approaches was emphasized. 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:** Participants raised concerns about the use of a centralized data and communication system for managing and distributing workloads across hospitals due to 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 National Healthcare Safety Network (NHSN).



BREAKOUT ROOMS

5-minute Break



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Breakout Rooms

CAB/TAP Agenda

- Focus Group Recommendations



CAB & TAP BREAKOUT ROOMS



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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 to prepare for an emergency, 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.



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.



Caregivers and Family Involvement

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.



Patient Transfer and Continuity of Care

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.

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.

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.



Patient Transfer and Continuity of Care (2)

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

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.

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.



Staffing and Retention

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.



Wrap Up



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Upcoming Meetings

January	February	March	April	May	June
1/20: Convene CAB and TAP groups	2/23: CAB & TAP Joint Meeting	3/23: CAB & TAP Joint Meeting	4/27: CAB & TAP Joint Meeting	5/25: CAB & TAP Joint Meeting	6/22: CAB & TAP Joint Meeting
Assemble Task Teams	2/2: RLB TT Meeting	3/2: RLB TT Meeting	4/6: RLB TT Meeting	5/4: RLB TT Meeting	6/15: Task Teams Meet (if needed)
Environmental Scan	2/9: LTC TT Meeting	3/9: LTC TT Meeting	4/13: LTC TT Meeting	5/11: LTC TT Meeting	Finalize Guidance
	2/16: Comms TT Meeting	3/16: Comms TT Meeting	4/20: Comms TT Meeting	5/18: Comms TT Meeting	
	Publish Environmental Scan	Draft Outline	Draft 1	Draft 2	
	Conduct Focus Groups/Interviews	Analyze Focus Group Data			

RLB: resource load balancing; LTC: long term care; Comms: public communication; TT: task team



Meeting Materials Webpage

Webpage includes:

- Meeting materials for joint and task teams
- Environmental Scan
- Focus Group Questions

Webpage does NOT include:

- Guidance drafts (sent via Sharepoint)

LINK: [2023 Crisis Standards of Care: Phase 2 | Kansas Health Institute \(khi.org\)](https://www.khi.org/2023-Crisis-Standards-of-Care-Phase-2)





THANK YOU!

Any Questions?



You can connect with us at: hshah@khi.org or tlin@khi.org



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