Crisis Standards of Care

Joint Community Advisory Board and Technical Assistance Panel Meeting

April 27, 2023

9:00am-11:30am

Agenda

9:00am	Welcome
9:05am	Task Team Updates
9:20am	Draft Update
10:10am	Breakout Rooms
11:25am	Closing Remarks

Meeting Materials

Agenda; Task Team Minutes; Appendix Z

Participants

Community Advisory Board: Ami Hyten; Jan Kimbrell, Glenda DuBoise, Amy Burr, Irene Caudillo, Liz Hamor, Matthew Neumann, Tony Carter, Monica Cissell, Sherrie Vaughn

Technical Advisory Panel: Dennis Cooley, Devan Tucking, Jeanne Gerstenkorn, Carrie Wendel-Hummell, Patrick Gaughan, James Roberts, Joan Duwve, John Carney, Ron Marshall, Amy Kincade, Dan Goodman, Carla Keirns, Linda MowBray, Scott Brunner, Lillian Lockwood

KDHE: Ed Bell, Rebecca Adamson

KHI: Hina Shah; Sheena Schmidt; Valentina Blanchard, Emma Uridge

Task Team Updates

- ***Resource Load Balancing Task Team***
    - The task team reviewed the draft outline and focused on the recommendations for the writing team. They emphasized the need for the writing to be attentive to the specific needs of individuals with disabilities, special groups such as pediatrics, and individuals with demand.
    - Alternatives to transfer were discussed, such as telemedicine or providing treatment in place. Ambulance transfer assumptions were part of that conversation and alternative options were discussed.
    - Regular assessments and advanced planning were highlighted as important factors that need to be included in the writing and must match up with federal regulations.
    - The feasibility of having a staff member or family member accompany the individual during transfer and the responsibility for follow-up care was discussed, and the importance of including the family's role in decision-making was emphasized.
    - The language for discharge planning was discussed, and the importance of using understandable and consistent language throughout the document was highlighted.

    - The overall resource deprivation in the system was discussed, and the need to look at load balancing and resource movement, particularly in deprivation areas, during the conventional phase.
- ***Long-Term Care Task Team***
    - Finalized continuum care indicators and triggers, emphasizing the need for an all-hazard approach to preparedness, planning, and exercises.
    - Discussed the importance of communication between long-term care facilities and healthcare coalitions and explored the possibility of a central supply distribution to support shortages.
    - Considered visitation policies and the use of volunteer caregivers, particularly for patients with dementia, while balancing safety concerns for residents and staff.
    - Emphasized the need for communications and community involvement in long-term care facility planning.
    - Focus group recommendations included considering technology for communication, ensuring HIPAA compliance, and exploring funding considerations for additional resources in long-term care facilities.
- ***Public Communications Task Team***
    - Early communication is important: It was emphasized that communities should not wait until a crisis to communicate. Communication should occur during both conventional and contingency periods. Starting communication processes early on makes it easier when crises occur.
    - Caution with social media: There was a discussion on the use of social media for communication, and the importance of knowing its limitations. Privacy issues, especially with platforms like Facebook, were a concern. It was suggested to use portals, specific text messaging programs, or email to maintain privacy, instead of social media.
    - Separating types of information: Two types of information and communication were discussed: individual/patient information and general facility information. These should be thought of as separate and distinct, and different individuals on staff may be responsible for each type of communication.
    - Communication should be concise and less frequent: Recommendations from the focus groups indicated that communication should be concise, easily understood, and less frequent. However, there may be situations where frequent communication is necessary.
    - Communication training: Communication training is important and should occur early on, in conventional or contingency situations. There may be instances where specific information needs to be given during a crisis, and in-time training sessions and discussions should be available.
    - Red file system: There was discussion about the utility of a red file system (used in the past) for compiling information that needs to be communicated amongst caregivers, families, and providers, particularly around the time of transfer.
    - Avoiding specific branding systems: While not necessarily a bad system, it was recommended to avoid mentioning specific branding systems and instead talk in broad terms.
- ***Discussion***
    - There should be an emphasis on the challenges of being "resource rich versus research poor," particularly in the long-term care facilities that face workforce issues and turnover. Developing a crisis plan for these facilities can be daunting, especially given the struggle at conventional and surge levels. It might be helpful to explore the possibility of

additional legislative support for long-term care and acute care hospitals in rural areas to provide ongoing training and support systems necessary for crisis readiness. The group could recommend additional support and funding for long-term care facilities and hospitals in preparation for future crises.

- There also was discussion around the priorities of and consensus building among decisionmakers, the ongoing impact of the pandemic and the necessary actions to prevent future outbreaks.

Draft Updates

- ***Levels of Care***
  - Conventional Care: The demand for care is less than the supply of resources. The level of care (i.e., spaces, staff and supplies) is consistent with daily practices within the institution.
  - Contingency Care: The spaces, staff, and supplies used are not consistent with daily practices but provide care that is functionally equivalent to usual patient care. Patients are not impacted by limits to care options available when services are functionally equivalent to usual patient care. The facility's Emergency Operations Plan is activated.
  - Crisis Care: The demand for care is greater than available resources despite contingency care strategies. Normal quality standards of care cannot be maintained.
- ***Resource Load Balancing Draft***
  - The draft section contains:
    - Definition of resource load balancing for hospitals, which may involve prehospital distribution of patients, transferring patients to facilities with more capacity, or moving resources to support overwhelmed facilities. Additional considerations around the definition including how to weave equity into it.
    - Information for hospitals on community network partners, such as local emergency managers, health departments, and healthcare facilities.
    - Triggers and indicators for creating an emergency apparatus plan, including example scenarios for EMS triggers and hospital triggers.
    - Strategies for staffing, supplies, and hospital space, including alternative care sites.
    - Special populations section, including pediatric care and ADA recommendations.
    - Communication of allocation decisions, including how to communicate resource crises, transfer processes, and decision-making to patients, families, and caregivers.
    - Appendices include roles and responsibilities chart for community network partners, resource challenges by disaster type, EMS triage guide, lessons from COVID-19, and data collection elements from the EM resource.
  - The draft is still under review and includes discussions on who belongs on the list of community network partners and what might be missing. The document is structured to provide facilities with the information needed for resource load balancing effectively.
  - No Discussion
- ***Public Communications Draft***
  - The draft includes:
    - A section on statewide and local information sharing systems, which includes communication systems such as KS-HAN, SERV-KS, and others that provide

critical information from KDHE to entities like long-term care facilities, mental health centers, and local health departments.
        - Effective communication strategies during times of crisis, including appointing a public information officer or spokesperson, working with community-based organizations and long-term care ombudsman associations to keep messages unified, and identifying key partnerships with entities such as healthcare coalitions, emergency management, local government, decision makers, and advocacy organizations.
        - Modes of communication such as websites, email, text messaging, local radio, newspapers, television, and internal communication networks. The draft emphasizes the importance of communicating with specific populations, such as older adults in rural and frontier areas of Kansas, older adults in non-nursing facilities, and those receiving home and community-based services.
        - Equity considerations in communication, such as crafting messages for the deaf and hard of hearing populations and adapting communication to fit the needs of refugee and immigrant populations. This includes compliance with accessibility requirements, such as closed captioning on local television news.
        - Identifying alternative staffing options such as volunteers from the community, medical and public health students, and social services to handle communication during surges or crises.
    - Discussion
        - Keeping COVID-19 guidelines at the top of mind will help avoid overlooking important information during times of crisis.
        - There is a balance between attending relevant meetings and not spending an excessive amount of time and resources on meetings that are not relevant to a specific facility or area.
        - There have been concerns about “reliable” information and frustrations with changing information.
            - A better term may be “most current” or “best available at this time” and/or providing a date on information that is shared so it is easy to distinguish between new and old information.
        - A suggestion was made for creating a protocol for emergency documents or important tools to be easily accessible.
- ***Long Term Care (LTC) Draft***
    - The draft contains:
        - Long-Term Care Guidance Updates: The long-term care guidance will be a separate document from the current Phase One guidance but will mirror some sections of it. It will cover topics such as ethics, concept of operations, transfers, and policy for fair allocation. It will be an annex or separate guidance that will be that will focus on optimizing the use of resources during an emergency or crisis in a LTC. It will have sections on what to do during conventional phases to set up the facility to best manage the crisis and what to do during a surge.
        - All Hazards Approach: The guidance will take an all-hazards approach, not being specific to one type of disaster, as most disasters have several components to them and can be complex. The group has thought through and included language around slow onset or fast onset, whether it's disease-driven or a natural disaster like a tornado.

        - Contingency Plans: The concept of operations part of the guidance will include critical functions, delegation of authority, and plans for each phase (conventional, contingency and crisis)
    - Discussion
        - One of the largest issues is patients who have been cleared for discharge to a lower level of care but are Medicaid pending, as facilities do not accept them until they receive Medicaid benefits, so they end up occupying acute care beds. But, due to staffing issues, hospitals are unable to accept patients who require acute care.
        - Using resources from other states may not be helpful since Kansas does not have a mechanism to issue a statewide alert. The lack of long-term care hospitals independently going into crisis standards of care is a concern, and the public communications task team is discussing ways to address this issue.