

## **Minutes from CAB Breakout Room April 27, 2023**

### **LTC Section**

CAB members discussed the LTC section outline.

- Members indicated that the guidance is technical in nature, and stressed how important plain language will be to make the guidance user-friendly.
- Some suggested it will be helpful to have all of this information so that they can communicate it with their community members.

### **Daily Life and Enrichment**

Questions:

- How can the activities of daily living (ADL) and resident life enrichment be modified during an emergency or crisis?
- What are the unique challenges and threats to psychosocial and psychological health and wellness related to infection control and prevention measures?
- What are key components of a facility engagement plan?
- What are some new ways to keep residents physically, mentally and socially active and connected in an emergency or crisis?

Overview of Discussion:

CAB members discussed questions related to daily care and life enrichment during a crisis.

- Interruptions of daily care (e.g., bathing, hair brushing and basic hygiene) is unacceptable and disruptions to these processes should be avoided at all costs. The group discussed how residents have rights and these basic needs (ADLs) need to be met
- Participants shared experiences of unique ways to prevent isolation during a COVID-19 or pandemic emergency (e.g., utilize smaller groups or still hold conversations by separating into smaller groups, or keeping distance).
- During the Covid-19 pandemic, stories and complaints were raised about residents going days and weeks without basic hygiene needs being met.
- CAB members discussed COVID-19 and how staff could leave the facility, go into public, and then return to the facility; but family were barred from visitation.
- The resident's family could have served as a resource to accomplish daily care tasks and enrichment activities.
- Overall, CAB members agreed that residents need to be cared for with kindness, hospitality, and compassion. Even during a crisis, staff should prioritize keeping residents calm, engaged, and not feeling isolated.

### **RLB Section**

CAB members indicated that during the pandemic, some facilities were overwhelmed with COVID-19 cases and families were upset when residents had to be transferred to these facilities.

### **RLB Definition**

CAB members reviewed the definition of resource load balancing in the context of long-term care.

- Some facilities have been historically under-resourced and may not be equipped with the necessary resources when a crisis occurs.

- The group discussed the importance of including these considerations (i.e. how should balancing resources be done in an equitable way? How do we include considerations for historically under resourced groups or areas in RLB decisions?)
- Balancing implies that there is a give-and-take that is already happening.

### **Resources for Hospitals**

CAB Members discussed the community network partners that should be included for hospitals to consider as they are communicating RLB information. They reviewed the list of partners included in the draft and provided additional organizations to consider adding to the list:

CAB members indicated the AAAs, Local community organizations, Centers for Independent Living (CILs), home care and hospice agencies, and Managed Care Organizations (MCOs) were integral for resources. Other suggestions included: AARP KS , Community Mental Health Centers (CMHCs), CROs and local National Alliance on Mental Illness (NAMIs) to assist with mental health needs

#### **Additional Discussion:**

CAB members said residents wishing to transition from facility care to home and community-based care should be allowed to when feasible, and this transition should be as seamless as possible.

- All effort and ability to release a resident to their family or to return back into their home and community should be made, at the request of the resident and their family.

### **Public Communication Section**

CAB members discussed how many residents and families prefer written communication, rather than receiving information via call, email, or Facebook. The example shared was from the caregiver perspective, where they need written instructions from a provider or decision-maker to be able to ensure accountability for following through with doctor's orders with the LTC facility. Written communication is perceived as being more trustworthy.

They emphasized the need to have various modes of communication available because people consume information differently.

### **Communication Flow Chart**

CAB members attempted to complete the flow chart targeting residents with dementia and their families and caregivers. It was ultimately decided that this tool will be most useful toward larger populations and these flow charts should not be created to address specific residents and their families.

- Obtaining accurate and current information will be crucial to ensure the communication flow charts are usable and reflective of the crisis.
- The flow chart and message map templates and examples should be kept in a place where people can easily find and access them.