

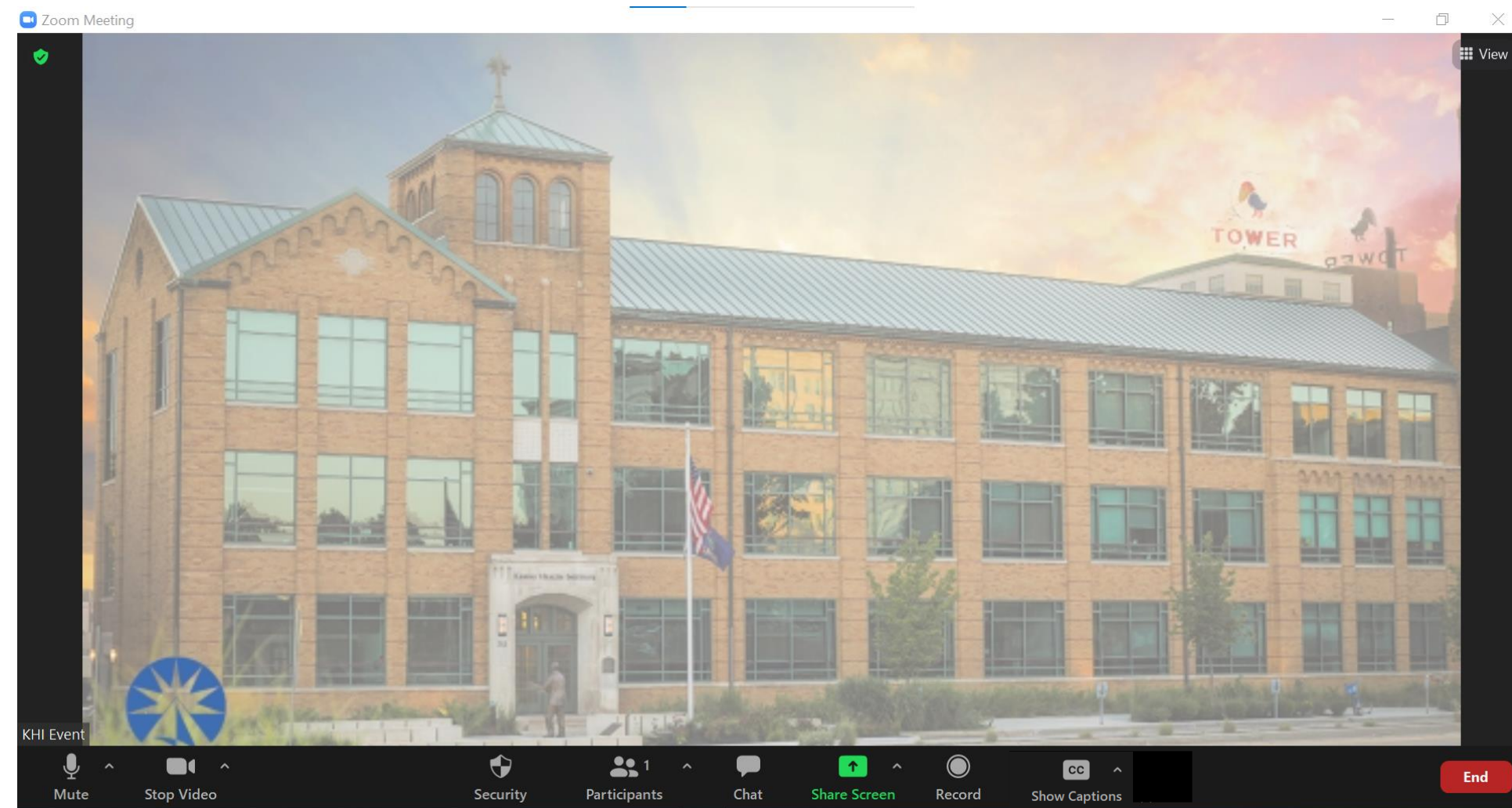


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Kansas Crisis Standards of Care Guidance

Phase II: Joint Meeting
April 27, 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. Draft Progress
- 10:10 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



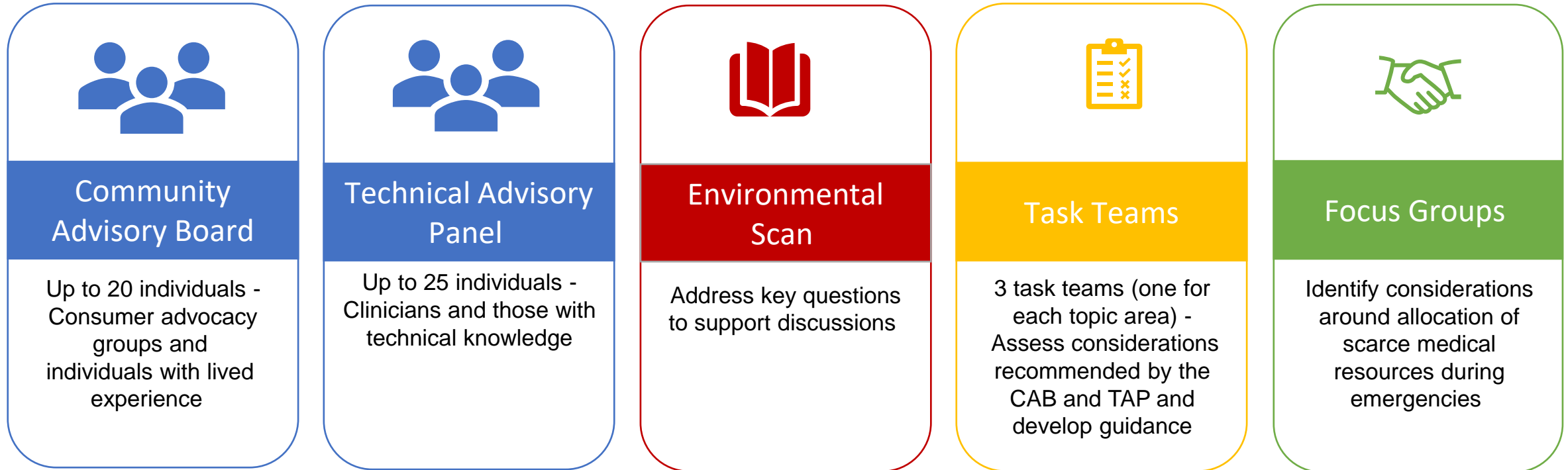
Project Progression



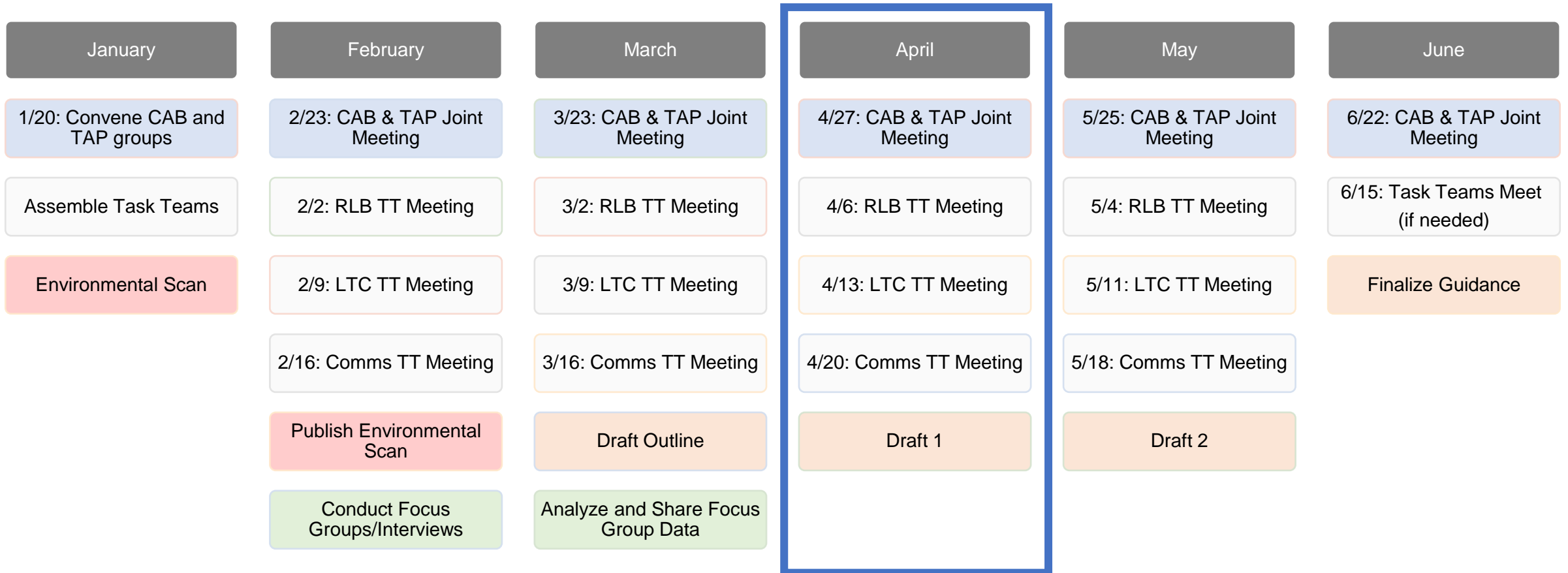
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Key Components



CSC Phase II Timeline



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



Task Team Updates



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Task Team Updates

Task Teams met in April

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



Draft Progress



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Levels of Care

Conventional, Contingency and Crisis Care

Conventional Care	The demand for care is less than the supply of resources. 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 of standards of care cannot be maintained.

Source: [ASPR TRACIE](#)



Resource Load Balancing Draft Update

RLB Definition

Information for Hospitals

- Community Network Partners (local emergency manager, local emergency planning committee, LHD, EMS, HCCs, health care facilities, KHA)
- Triggers (how to incorporate triggers, EMS triggers, hospital triggers)
- Strategies (staffing, supplies, hospital space, alternative care sites, EMS and transportation, transportation between hospitals)

Special Populations (pediatric care, ADA recommendations)

Communication of Allocation Decisions

Appendices

- Roles and responsibilities chart
- Resource challenges by disaster type
- EMS triage guide (START, JumpSTART protocols)
- Lessons from COVID-19 (update from Phase I)
- EMResource Data Collection Elements



Public Communication Draft Update

Statewide and Local Information Sharing Systems

- System administrators
- Partnerships
- Collaborating entities
- Modes of communication

Long term care communications by population

- Older adults in all geographic areas and facility types
- Equity considerations by population
- Alternative staffing

Appendices

- Multiple appendices for FAQs (residents, family and representatives)
- Message Map
- Communication Plan Flow Chart
- Plain Language Glossary and Definitions



Public Communications

Communication Plan Flow Chart

Audience	Buckets	Conventional	Contingency	Crisis
Patient, Resident, facility, etc	Who is the spokesperson?	<i>Nurse</i>		<i>Patient – General Public - volunteer</i>
	Where to get reliable information			
	Know your community population --			



Public Communications

Message Map Template

Scenario: Target Population: Stakeholder(s): Concern:	Key Message 1	Key Message 2	Key Message 3
	1. Support Point	1.	1.
	1.		
	1.		



Long Term Care Draft Update

Overview – Draft under review - Sarah

Concepts of Operations – Draft under review - Camille

Critical Functions

Delegation of Authority

Staffing Contingency Plan

Other Staffing Considerations

Transfers and Medical – Draft under review - Carter

Transfers

Hospital Liaison

Medical care and Treatment

Advance Care Planning

Communications – Input from Communications TT

Daily Care and Enrichments – Future Discussion TT and review



Daily Care and Life Enrichment

- 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?



BREAKOUT ROOMS

5-minute Break



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Breakout Rooms

CAB/TAP Agenda

- Draft progress and reflection
- Identify gaps or areas that could have more clarity
- Focus Group questions



CAB & TAP BREAKOUT ROOMS



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LONG TERM CARE SECTION



Long Term Care Section

Overview – Draft under review - Sarah

Concepts of Operations – Draft under review - Camille

Critical Functions

Delegation of Authority

Staffing Contingency Plan

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Transfers

Hospital Liaison

Medical care and Treatment

Advance Care Planning

Communications – Input from Communications TT

Daily Care and Enrichments – Future Discussion TT and review

Appendices



Daily Care and Life Enrichment

- How can the activities of daily living (ADL) and resident life enrichment be modified during an emergency or crisis?
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Long-Term Care Section - Glossary

Accountability

Allocation

Alternative Care Sites

Capacity

Consistency

Continuum of Care

Levels of Care

Correction Factor

Crisis Standard of Care

Disaster (state definition)

Disaster (Major)

Duty to/of Care

Duty to Steward
Resources



Long Term Care Section - Glossary

Equity/Equitable Distribution

Health Equity

Healthcare Coalition

Hospitals (acute care, critical access)

Indicator

Medical Resources

Mitigation

Personal Medical Equipment

Population of Focus

Proportionality

Surge

Transparency in Decision Making

Triage

Triage Coordinator

Trigger



Focus Group Recommendations

Joint Meeting Wording: Consider using a dedicated transfer team or staff member (in hospitals and long-term care facilities) to oversee patient transfers and ensure that all necessary information is communicated, and that follow-up communication occurs after the transfer. 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. The transfer team could consist of staff, social worker, ombudsman, or volunteer when feasible. Additionally, identify ways to address the feasibility of having dedicated transfer teams available 24/7, especially since transfers often happen outside of regular business hours,

Recommendation Checklist

Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	

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



Focus Group Recommendations

80. Social Worker Role: Assign a social worker or point of contact for communication between facilities during the transfer process. Assigning a social worker or point of contact can help ensure that communication between facilities is seamless and any issues that arise are addressed promptly.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

90. Technology: Use technology to ensure proper documentation and communication during transfers. This can include electronic health records and other digital tools that allow for real-time updates and sharing of information.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

122. Multiple Communication

Channels: LTC staff suggest using multiple communication channels, such as email and fax, to inform administrators of facilities and offer support. This can help ensure timely and effective communication and implementation.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

115. Implement secure communication methods: Ensure that communication between hospitals and LTC facilities is conducted using secure methods to protect patient privacy and confidential information. This can help address concerns about the potential risks associated with faxing.

Recommendation Checklist

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

53. Consistent staffing schedules: Consistent staffing schedules can help residents to build rapport with their caregivers and improve communication among staff. The facility can consider offering incentives to staff who are willing to work a consistent schedule.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

55. Value staff: The focus group emphasized the importance of valuing staff and ensuring that they are in it for the right reasons, namely a love for working with the elderly. Long-term care facilities should emphasize these values during the hiring process and provide ongoing support to their staff to ensure that they remain motivated and committed to their work.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

106. Caregiver Involvement: Ensure that family members and caregivers are involved in the decision-making process, especially when their loved one has dementia or other communication difficulties. Caregivers should be notified as soon as possible when a transfer is necessary and given the opportunity to provide information about their loved one's needs and preferences.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

119. Succinct and Less Frequent

Messaging: LTC staff suggest that messaging be more succinct and less frequent, and that guidance be more open to account for the unique variables of each community. This can help facilities keep up with changing information.

Recommendation Checklist

Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

111. Monitor and evaluate: 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.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

110. Provide support and education: LTC staff should provide resources and information to family members and caregivers to help them navigate the decision-making and transfer process and feel more empowered to advocate for their loved one's needs.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

114. Explore alternative communication methods: Consider alternative communication methods, such as video conferencing, to improve communication and assessment of patients' conditions. This can help mitigate concerns about transparency and honesty in communication between facilities and hospitals.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

120. Training and Support: LTC staff suggest that trainings would be helpful, especially during a crisis. Joint training offerings through KDHE's Joint Provider Surveyor Training can provide a channel for communication and training for leadership, key staff, and surveyors. Distribution through trade associations can also be a helpful means of communication.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

85. Accompany residents to the hospitals: If possible, accompany the resident during the transfer to provide emotional support and to communicate the resident's needs to the hospital staff. This is particularly important for those with cognitive impairments or other conditions that require special attention.

Recommendation Checklist

Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	

RLB TT Recommendation: **When feasible and depending upon patient needs and safety, have a family member or staff member** accompany the resident during the transfer to provide emotional support and to communicate the resident's needs to the hospital staff. This is particularly important for those with cognitive impairments or other conditions that require special attention.



Focus Group Recommendations

50. Funding: Limited resources are a significant barrier to providing quality care. The facility may need to consider seeking additional funding through grants or other sources to purchase necessary equipment and supplies, hire more staff, and provide competitive salaries and benefits.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



RESOURCE LOAD BALANCING



Resource Load Balancing Section

RLB Definition

Information for Hospitals

- Community Network Partners (local emergency manager, local emergency planning committee, LHD, EMS, HCCs, health care facilities, KHA)
- Triggers (how to incorporate triggers, EMS triggers, hospital triggers)
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Special Populations (pediatric care, ADA recommendations)

Communication of Allocation Decisions

Appendices

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Resource Load Balancing Section

RLB Definition

Load-balancing may involve prehospital distribution of patients among area healthcare facilities, transferring patients from overwhelmed healthcare facilities to ones with more capacity (space, staffing, and equipment), or moving resources to support an overwhelmed facility.

Many other considerations affect these load-balancing operations and the successful provision of care, including appropriate emergency medical services (EMS) transportation, hospital staffing, and availability of personal protective equipment (PPE) and medical care supplies, including medications and equipment such as ventilators that may also be managed through healthcare coalition and/or state processes.



Resource Load Balancing Section

Resources for Hospitals

- Roles and Responsibilities
 - Local Emergency Manager
 - Local Emergency Planning Committee
 - County Health Department
 - Emergency Medical Services (EMS)
 - Kansas Health Care Coalitions (HCCs)
 - Healthcare Facilities
 - Area Agencies on Aging
 - Local Community Organizations (e.g., ministerial alliance, others)
 - CILs
 - Home care and Hospice Agencies
 - MCOs



Resource Load Balancing Section

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Equity and Ethical Considerations	
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Modification of CSC While Activated	
Deactivation of CSC	
Guidance Maintenance	

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Appendix J. Membership	



Focus Group Recommendations

101. Transportation Contingency Plan: Develop a contingency plan that involves collaboration with transportation services in case of a crisis involving multiple residents returning to the long-term care facility. This plan should address transportation for residents who may live far away or have limited access to transportation.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

96. Technology Training: Provide training and support for staff on the use of technology, including electronic health records and video conferencing, to ensure effective communication between healthcare providers.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

91. Family Members as Decision-

Makers: Involve family members and caregivers in the decision-making process and the transfer process to ensure the well-being of the resident. This can include keeping them informed of the transfer process and soliciting their input when making decisions.

Joint Meeting Wording: To prioritize the well-being of residents, facilities are encouraged to take all feasible measures to actively involve family members and caregivers in both the decision-making and transfer processes.

Recommendation Checklist

Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

100. Communication: Ensure clear communication and collaboration between healthcare providers, caregivers, and residents to ensure the best possible outcomes. This collaboration should involve follow-up care and communication between nurses in the hospital and long-term care facility. Improve communication between the hospital and caregivers by providing them with updates on the resident's condition and discharge plan.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



Focus Group Recommendations

95. Universal documentation system: Develop and implement a universal documentation system to facilitate the exchange of medical information between facilities and hospitals.

Recommendation Checklist	
Feasibility	
Stage of Crisis (Conventional, Contingency, Crisis)	
Wording Suggestions	



PUBLIC COMMUNICATIONS



Public Communication Draft Update

Statewide and Local Information Sharing Systems

- System administrators
- Partnerships
- Collaborating entities
- Modes of communication

Long term care communications by population

- Older adults in all geographic areas and facility types
- Equity considerations by population
- Alternative Staffing

Appendices

- Multiple appendices for FAQs (residents, family and representatives)
- Message Map
- Communication Plan Flow Chart
- Plain Language Glossary and Definitions from Phase I
- CO-S-TR Model



Public Communications

Communication Plan Flow Chart



Audience	Buckets	Conventional	Contingency	Crisis
	Who is the spokesperson ?			
	Where to get accurate/current information			
	Know your community population --			



Public Communications

Message Map Template

Scenario: Target Population: Stakeholder(s): Concern:	Key Message 1	Key Message 2	Key Message 3
	1. Support Point	1.	1.
	1.		
	1.		



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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