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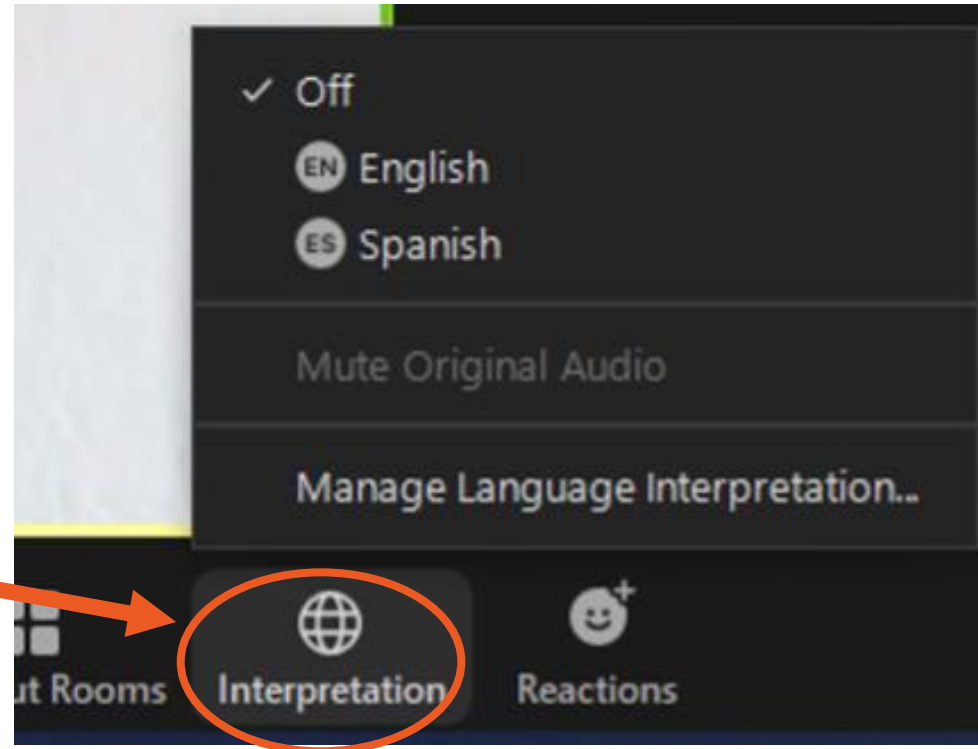
August 27, 2024

# **Oregon Crisis Care Guidance draft: Public Input Session**

**For Health Care and Public Health Partners**

# Interpretation

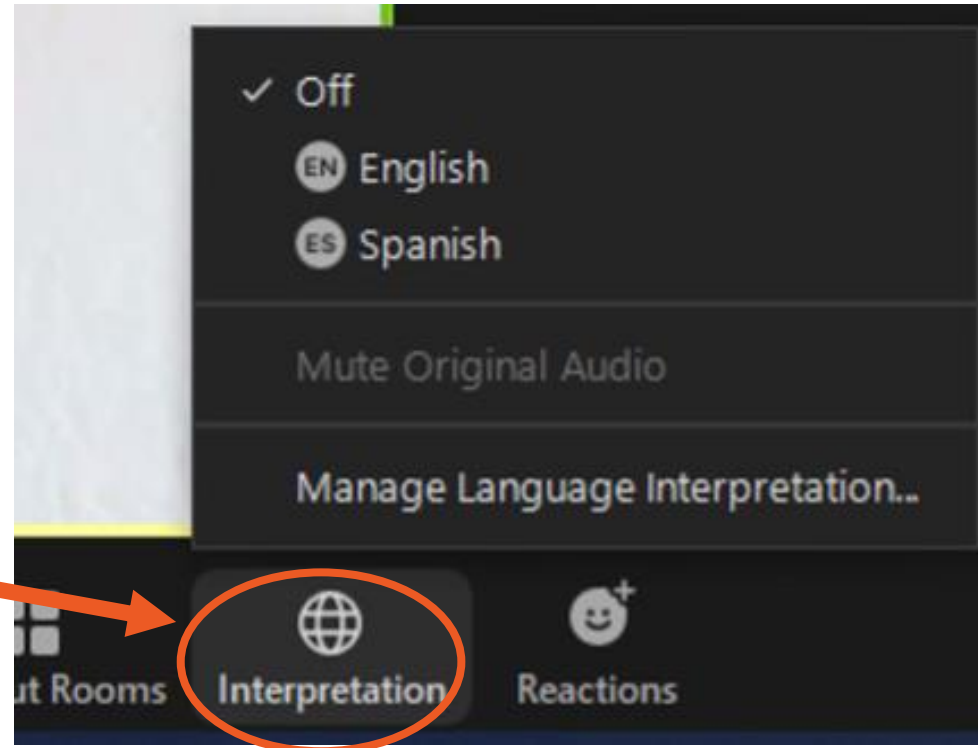
**Everyone** must select a preferred language by clicking on the “Interpretation” globe icon.



- Click the globe to select your language preference.
- You can choose to hear the original audio at a lower volume or select “mute original audio” to stop hearing the original audio.

# Interpretación

**Todas las personas** deben seleccionar un idioma de preferencia haciendo clic en el ícono del globo terráqueo de “Interpretation” (Interpretación).



- Haga clic en el ícono del globo terráqueo para seleccionar su idioma de preferencia.
- Puede optar por escuchar el audio original con el volumen más bajo, o seleccionar “Mute original audio” (Silenciar audio original) para dejar de escuchar el audio original.



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# Welcome | How to Participate

# Meeting Resources

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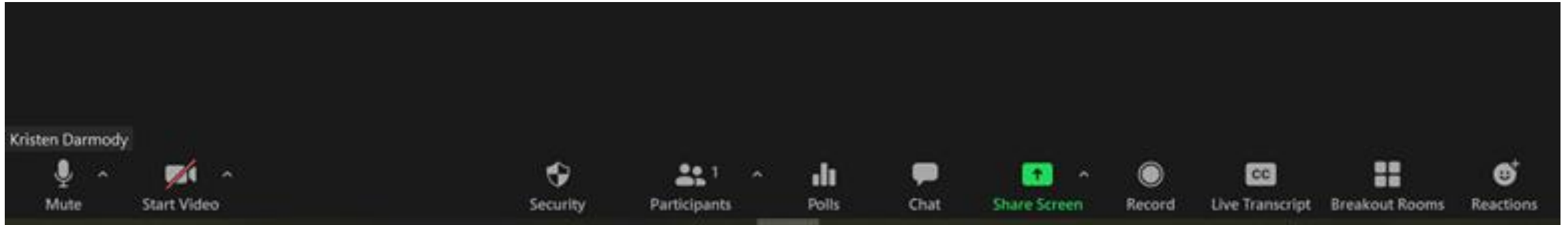
## If you need support, we have:

- Spanish language interpretation
- Communication Access Real-Time Translation (CART) captioning
- Technology support

Please contact Manuel Giraldo (OHA staff) at [manuel.giraldo@oha.oregon.gov](mailto:manuel.giraldo@oha.oregon.gov) if you need support with Zoom or any of these resources during today's meeting.

# Zoom Features

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Your  
microphone  
and video  
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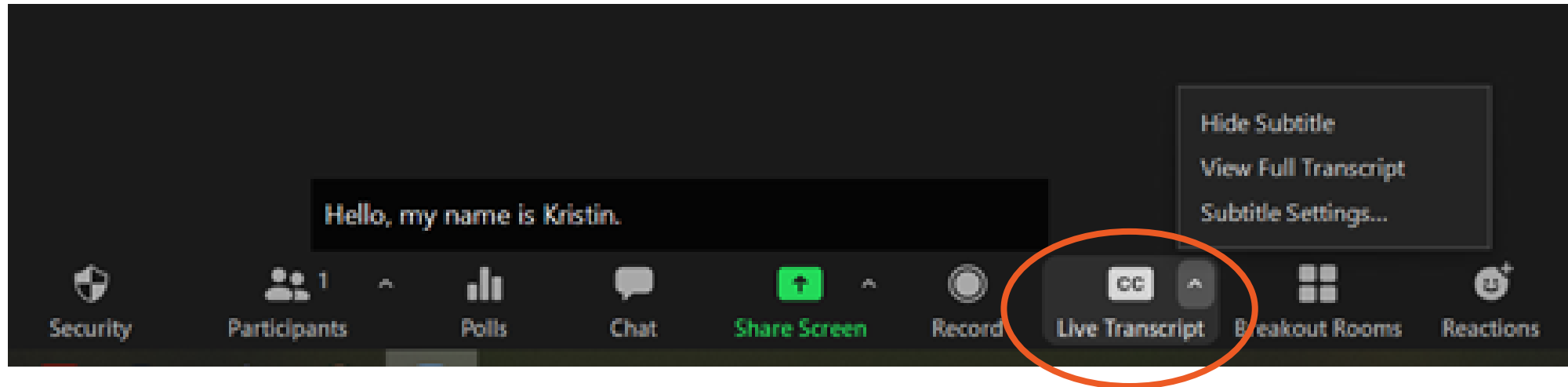


List of  
who is  
present



Chat feature  
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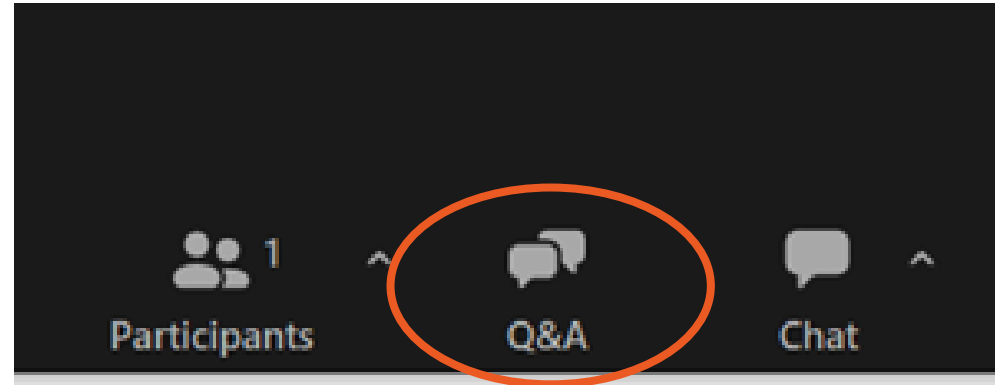
# Captions and Transcript



- Click the small arrow next to “CC Live Transcript” to access caption controls.
- You can hide the subtitles or view the full transcript.

# Q&A Feature

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- Click on the Q&A icon in your task bar.
- Type your question in the box.
- Choose to submit with your name attached or anonymously.
- The host and co-hosts will see your question and respond live in the meeting or in writing in the Q&A box.



# Introductions

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- OHA Presenter:
  - Dana Hargunani, MD, MPH
- Facilitators:
  - Michael Anderson-Nathe
  - Alanna Hein

# Meeting Expectations

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- Accessibility is everyone's responsibility.
- Make space for others to contribute, take space if you haven't.
- Listen and ask questions to understand what others are saying.

# Public Records

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Information submitted for the purpose of providing feedback and comments to the Oregon Health Authority may be subject to public disclosure under Oregon public records law.

# This Content May Be Difficult

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If today's content is difficult for you, please take the steps you need to care for yourself. This might include:

- Turning off your video.
- Stepping away from the meeting.
- Contacting the Health Security, Preparedness and Response Program to find other ways to receive this information at:
  - [health.security@odhsoha.oregon.gov](mailto:health.security@odhsoha.oregon.gov), or
  - 971-673-1315 (voice).

# Meeting Purpose

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1. Share background on Oregon's Crisis Care Guidance.
2. Describe changes to the new guidance.
3. Explain how OHA's draft guidance would be used in a widespread emergency.
4. Answer your questions about the guidance.
5. Listen to your input.

# Agenda

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1. Introduction
2. Background on Crisis Care Guidance
3. Crisis Care Guidance History
4. New Guidance Overview
5. Public Input
6. Next Steps and Closing

We will pause for questions as time allows.



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# Background on Crisis Care Guidance

# Crisis Standards of Care and Guidance

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**Crisis standards of care** is health care that is provided differently than during normal operations. These changes are necessary due to a crisis, such as a widespread emergency or overwhelming disaster when many people need health care at once. For example: during a pandemic or following a large earthquake.

**Crisis care guidance** helps hospitals and health care providers make decisions in an emergency based on available resources.



# Triage

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Triage is a common medical process that involves a quick evaluation of patients to determine:

- The seriousness of their illness, and
- Who should be treated first.

Triage is used every day in outpatient clinics, emergency departments, and trauma units.

# Triage in Crisis Care

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During crisis care, “triage” refers to the prioritization process to determine which patient(s) will receive life-saving resources when there are not enough for everyone who needs them. Crisis care triage is also called “resource allocation” or crisis standards of care.

The process includes several steps:

- To assess the likelihood of survival for each patient, and
- To determine who will get treatment first.

# Crisis Care Activation

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Oregon hospitals may use crisis care triage if:

- Their life-saving resources are severely limited,
- The number of patients who need these resources exceeds its capacity, and
- There is no option to transfer patients to other health care sites.

OHA expects the need for crisis care triage to be rare. If the hospital has enough life-saving medical resources, it will offer them to all patients who may benefit.

# Crisis Care Notification

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Hospitals must tell the public and Oregon Health Authority when crisis care standards are being used. If a hospital needs to use crisis care triage, they must comply with state regulations to post this information on their website and in the hospital.<sup>1</sup>

In the event of impending scarcity, OHA will work with Oregon hospitals to maximize the capacity of the entire health care system and ensure needed care is provided to as many patients as possible.

1. Oregon Administrative Rules Chapter 333, Division 505:  
<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=301096>

# Ongoing Emergency Preparedness

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The need to activate crisis care standards should be rare or fully prevented. Broader efforts are essential to protect the public and reduce health inequities, such as ensuring:

- Emergency preparedness (proactive resource planning, practicing emergency plans)
- Access to culturally-responsive health care
- Supports for patients with disabilities
- A diverse health care workforce
- Coordination across regions
- Partnerships with communities most affected by health inequities

# Check-in

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- What questions do you have about crisis care triage and activation?



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# Crisis Care Guidance History

# Crisis Care Guidance in Oregon: Timeline (1 of 2)

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- **2018:** Crisis care guidance published in Oregon after a multi-year, statewide, health system effort.
- **Spring/summer 2020:** Serious concerns raised regarding 2018 guidance.
- **September 2020:** OHA announced it will not rely on the 2018 guidance.
- **December 2020:** OHA published Principles in Promoting Health Equity in Resource Constrained Events.



# Crisis Care Guidance in Oregon: Timeline (2 of 2)

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- **January 2022:** OHA published Interim Oregon Crisis Care Tool.
- **May 2022 – July 2023:** Oregon Resource Allocation Advisory Committee (ORAAC) met.
- **August 2024:** *New Oregon Crisis Care Guidance draft released and public input.*
- **~October 2024:** 2024 Oregon Crisis Care Guidance finalized.

# Past Concerns about Crisis Care Guidance

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Many people had concerns about the 2018 guidance. Some filed a complaint with the federal government. They were concerned that:

- Communities most impacted by health inequities did not have an opportunity to contribute or give feedback.
- The guidance would create barriers to health care, and discriminate against people who experience inequitable burden of chronic health conditions, such as:
  - Communities of color,
  - Tribal communities, and
  - People with disabilities.

# Oregon Resource Allocation Advisory Committee

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In May 2022, OHA brought together the Oregon Resource Allocation Advisory Committee (ORAAC) to:

- Review crisis care guidance methods publicly,
- Learn about different views on crisis care, and
- Get input for new crisis care guidance.

# ORAAC

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- Included 25 committee members representing health systems, hospitals, clinics, public health, culturally specific organizations or communities, the disability community, the aging community, and beyond.
- Held meetings for over a year.
- Completed their recommendations in July 2023.

# OHA and ORAAC Commitments

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- We will center hope and innovation in our work and not be limited by current practices or known options for triage.
- We will work to promote public health and achieve procedural justice through transparency, seeking community input on emerging recommendations, assessing local cultural values regarding resource allocation, considering this information as part of guidance development.
- We will prioritize input from communities who face the greatest health inequities.

# Health Equity

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Oregon will have established a health system that creates health equity when all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments, to address:

- The equitable distribution and redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices

# Check-in

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- What questions do you have about the history of crisis care guidance in Oregon?
- What questions do you have about the Oregon Resource Allocation Advisory Committee?



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# Overview of the 2024 Oregon Crisis Care Guidance



# Updated Guidance

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- OHA considered the ORAAC recommendations, past public input, and available research to inform the changes in the 2024 Oregon Crisis Care Guidance draft. Next steps:
  - OHA will consider all additional public input before finalizing the new 2024 Oregon Crisis Care Guidance.
  - Once finalized, the new guidance will replace the 2022 Oregon Interim Crisis Care Tool.

# Guidance Goals

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OHA has developed the 2024 Oregon Crisis Care Guidance draft based on the shared goals of:

1. Saving lives, and
2. Not worsening health inequities.

# Key Changes to Oregon's Crisis Care Guidance

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OHA made the following key changes to crisis care guidance in Oregon as part of the 2024 update:

- Added a preface and background section,
- Added a statement of goals for crisis care,
- Updated information about triage teams, and
- Revised the crisis care triage approach.

# **Section by section overview**

**2024 Oregon Crisis Care Guidance draft**

# Preface

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- The specific guidance may not be achievable in the immediate setting of an acute, mass casualty event whereby triage decisions will be needed in rapid sequence based on limited, clinical information.
- Oregon hospitals and providers should move into proactive triage informed by Oregon's crisis care guidance as quickly as possible if there are limited, life-saving resources.
- The principles of non-discrimination, health equity patient-centered decision making, and transparent and effective communication should inform decision making.

# Background

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- Crisis care guidance history and definitions
- Oregon Resource Allocation Advisory Committee
- Guidance goals

# Crisis Care Assumptions

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- Activation
- Individualized assessments
- Patient care preferences
- Crisis care triage team:
  - Additional members: a representative from the community, an interpreter to support communication
  - Training: to create, assess, and support an environment that does not activate bias
  - Support from hospital leadership

# Crisis Care Triage

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## Overview of Changes:

- Removes the use of the Sequential Organ Failure Assessment (SOFA) and modified SOFA in crisis care triage.
- Prioritizes patients based on the assessment by the triage team of each patient's prognosis for hospital survival using pertinent, objective, medical information.
- Uses estimated patient prognosis to assign patients to “triage priority groups,” rather than ranking the priority of each patient in order of their individual, estimated hospital prognosis.
- Replaces randomization with equitable chances criterion for use in a tiebreaker situation.



# Crisis Care Triage Steps (Slide 1 of 4)

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To determine which patient or patient(s) get a life-saving resource in short supply, hospitals and health care providers should use the following steps:

1. Estimate each patient's chances of survival in the hospital using precise clinical information. This includes specific data related to the function of the heart, lungs, kidneys, blood, liver, and brain.

The triage team must use reasonable modifications to assess patients with disabilities.

# Prognosis determination

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Prognosis for hospital survival should be assessed using clinical information (not scored using SOFA/mSOFA), such as:

- Renal: need for renal replacement therapy due to the acute illness\*
- Specified CV, respiratory, hematologic, hepatic, and neurologic data
- Other: presence of any severe medical condition that is expected to impact hospital survival based on best available objective data and condition-specific clinical expertise

\*Creatinine measurement and chronic dialysis status should not be considered as they may reduce accuracy, deepen health inequities.

# Crisis Care Triage Steps (Slide 2 of 4)

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2. Group patients into four priority levels based on the triage team's estimation of each patient's hospital survival chances if given the resource:
  - Group one: greater than or equal to 90 percent
  - Group two: 89-50 percent chance
  - Group three: 49-11 percent
  - Group four: less than 10 percent

# Crisis Care Triage Steps (Slide 3 of 4)

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3. Pause to check for consistency and bias.
4. Finalize assignment of patients to triage priority groups. Group one gets the highest priority for the resource. Group four gets the lowest priority for the resource. The amount of resource available will determine how many people get the needed, life-saving resource.

# Crisis Care Triage Steps (Slide 4 of 4)

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5. If there are not enough resources for everyone within a priority group, use the “equitable chances” tiebreaker.
6. For any patient that does not receive the needed resource, their care should continue and they should be placed on a waiting list for the resource.

# Critical Care Triage Algorithm



# Equitable Chances Tiebreaker

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- Hospitals will need a tiebreaker if more patients are in a triage priority group than resources available.
- If a patient already has a limited medical resource, they will continue to get it.
- For all other patients, the equitable chances process is used to break a tie. In this way, all patients have a chance to get the lifesaving resource. Some patients will get additional priority, beyond equal chance, if regional data shows they are more likely to be impacted by the emergency.

# Equitable Chances Description (Slide 1 of 2)

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1. Identify each patient's home address, or if the patient is houseless.
2. Based on the patient's home address, identify their disadvantage decile (or "score"; e.g., number from 1-10) using nationally available data called a disadvantage index.
3. Use data published from OHA that shows the estimated impact of the emergency for people with their disadvantage score. This information is used to determine if any patient will get "extra chances" or "extra weight" to get the resource compared to other patients.



# Disadvantage Index Example

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## Area Deprivation Index (ADI):

- Seventeen (17) total factors measured across four themes:
  - Income, education, employment, housing quality
- Level of measurement is at the census block (neighborhood)
- Data source: American Community Survey
- Maintained/validated: University of Wisconsin, Madison

# Equitable Chances Description (Slide 2 of 2)

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This weighted process gives higher chances to receive a limited, life-saving resource to patients in proportion to their estimated impact by the emergency. As an example:

- A patient has the highest disadvantage score (=10).
- The estimated impact associated with that score is a three times higher death rate than for someone with the lowest disadvantage score.
- Using equitable chances tiebreaker, the patient's chances of getting the needed resource would increase by three times.
- A hospital can use a computer system to apply the weighting.

# Equitable Chances Tiebreaker



# Final Sections of the Guidance

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## Crisis Care Triage, continued:

- Assessing hospital survival in children
- Chronically ventilated patients
- Ongoing triage
- Appeals

Transparent Communication

Data Collection

Innovation and Prevention

# Check-in

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- What questions do you have about the 2024 Oregon Crisis Care Guidance draft?



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# Resources for Public Input

# Resources

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You can access the 2024 Oregon Crisis Care Guidance draft on OHA's website at [www.oregon.gov/crisiscareguidance](http://www.oregon.gov/crisiscareguidance).

We have also prepared the following resources to support community members to engage with this complex topic:

1. A plain language document that describes the crisis care guidance in plain terms.
2. A short video available in [English](#), [ASL](#), and [Spanish](#).
3. An “FAQ” document with answers to frequently asked questions.
4. A web page with information about these resources.

# Language Access

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The 2024 Oregon Crisis Care Guidance draft and the supporting resources are available in the following languages on the OHA website at [www.oregon.gov/crisiscareguidance](http://www.oregon.gov/crisiscareguidance):

- Arabic
- Chinese, Simplified
- English
- Korean
- Portuguese
- Somali
- Vietnamese
- Chinese, Traditional
- Chuukese
- Hmong
- Marshallese
- Russian
- Spanish



# Accessibility

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You can get the 2024 Oregon Crisis Care Guidance draft document free of charge in:

- Other languages
- Large print
- Braille, or
- A format you prefer.

Contact the Health Security, Preparedness and Response Program at [health.security@odhsoha.oregon.gov](mailto:health.security@odhsoha.oregon.gov) or 971-673-1315 (voice). We accept all relay calls.

# Options for Providing Public Input

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OHA wants your public input on the 2024 Oregon Crisis Care Guidance! The public input period will close on **September 13, 2024**.

You can provide your input about the draft guidance in any of the following ways:

- Share your comments during today's public input session or write them down in the chat or Q&A section of the Zoom meeting.
- Complete the following short survey: <https://bit.ly/CCG-Survey-ENG>.
  - The online survey is available in languages other than English.
- Send an email to [health.security@odhsoha.oregon.gov](mailto:health.security@odhsoha.oregon.gov).



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# Public Input

**Please share your feedback on the 2024 Oregon  
Crisis Care Guidance draft**

# Thank you

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You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Health Security, Preparedness and Response Program at [health.security@odhsoha.oregon.gov](mailto:health.security@odhsoha.oregon.gov) or 971-673-1315 (voice). We accept all relay calls.

