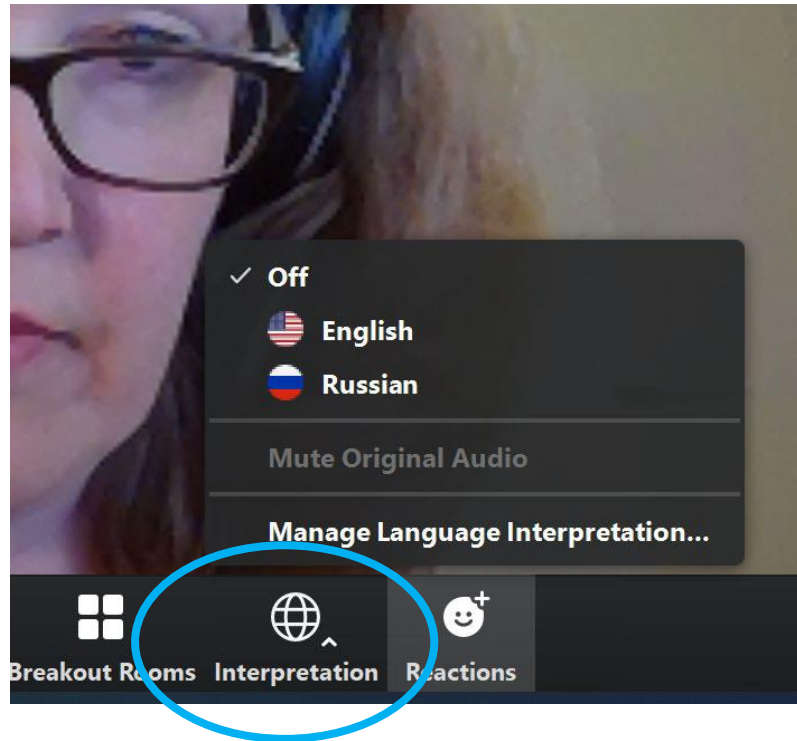

Oregon Resource Allocation Advisory Committee

Advisory Committee Meeting

March 21, 2023



Interpretation



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

Meeting Resources

If you need support, we have:

- Simultaneous Spanish language interpretation
- Technology support
- Note taker

➤ **If you have a need, contact Lisa Bui at: 503-576-9321**

Please note that this meeting will be open to the PUBLIC

1. The general public may be in attendance
2. The meeting summary will be posted to OHA's website

Purpose

- Engage in discussion on topics related to Triage Team & Data Collection to begin forming draft recommendations

Agenda

1. Welcome
 2. Triage Approaches subcommittee update
 3. Triage Team & Data Collection review
 4. Small group discussions
 5. Break
 6. Report back from small groups
 7. Closing and next steps
- Total 120 minutes (2 hours)

Working Agreements

1. Keep the patients and communities who have been marginalized by mainstream institutions, like the healthcare system, at the center of the discussion
2. Be mindful of paternalism in discussions about elders, people with disabilities, and BIPOC communities
3. Acknowledge the importance of all the services, supports, systems, and perspectives that are present in this committee
4. Be cognizant of how you speak and what you say so we can all understand one another
5. Recognize that participation and engagement looks different for everyone
6. Keep an open mind and come with a willingness to learn and to share
7. Move in the spirit of trust and love
8. Be clear in your communication

Triage Approaches

Subcommittee Update

Triage Team and Data

Oregon Interim Crisis Care Tool

- Existing language: CSC triage team (1 of 4)

A CSC triage team should be designated by the hospital for implementing critical care resource allocation determinations. Those serving as representatives of the triage team should not be caring for the patient being triaged, unless that is impossible given the staffing capabilities of the hospital. Triage staff must recuse themselves from triage determinations for patients they are personally treating unless no other option exists.

CSC triage team (2 of 4)

When possible, it is recommended that a hospital's CSC triage team consist of:

- Two to three senior clinicians with experience in triage (e.g., critical care, emergency medicine, trauma surgery, etc.). This should include at least one physician and one nurse. These clinicians should be licensed and actively participating in their field.
- A medical ethicist with experience and training as a healthcare ethics consultant.
- An expert in diversity, equity and inclusion.
- An administrative assistant to record all triage team decisions and maintain necessary records and documents.

CSC triage team (3 of 4)

In order to best mitigate implicit bias, to the greatest extent possible each hospital should have a group of triage officers and a triage team that adequately reflects the diversity of the patient population served by the hospital in terms of demographics such as race, ethnicity, disability, preferred language, sexual orientation and gender identity.

Every attempt should be made to assemble a team that reflects the diversity of the community and population served by the hospital. Diversity among triage officers is intended to promote health equity and to mitigate against the perpetuation of health disparities in resource allocation.

CSC Triage Team (4 of 4)

Members of a hospital's triage team with the responsibility to determine allocation of scarce resources should also have training in implicit bias and anti-racism. If staff with this training are not immediately available, such training for triage team members should be attained as soon as possible.

Data Collection and Transparent Communication

See [OAR 333-505-0036 \(Notice and Documentation of Triage Decisions\)](#)

- Hospital Requirements During Emergency Impacting Standard of Care
- OHA's permanent rule [OAR 333-505-0036](#) was effective January 24, 2023.

Data Collection (1 of 3)

Document for each patient that is subject to a triage decision:

- The patient's medical record number.
- The hospital's name and location.
- The patient's date of birth.
- The patient's sexual orientation and gender identity, if known.

Data Collection (2 of 3)

- The patient's race, ethnicity, language, and disability, in accordance with OAR chapter 943, division 70.
- Whether, at the time of presentation at the hospital, the patient was using a personal ventilator or other personal medical treatment equipment or resources.
- The patient's home address, whether they are unhoused, or whether their housing status is unknown.

Data Collection (3 of 3)

- The patient's care preferences, as documented in an advanced directive, portable orders for life-sustaining treatment (POLST), or as communicated by a health care representative, support person, or a family member.
- The patient's triage prioritization and outcome.

Small group discussions

Groups

1. Triage team role/responsibility
2. Team make-up/representation
3. Training, experience, supports
4. Data

Break

Please return in 5 minutes

Report back from small group breakouts

Next steps

- Meeting outline and recommendation development
- Community and public engagement

Closing

- Check-out via chat
- One word to describe how you are feeling about today