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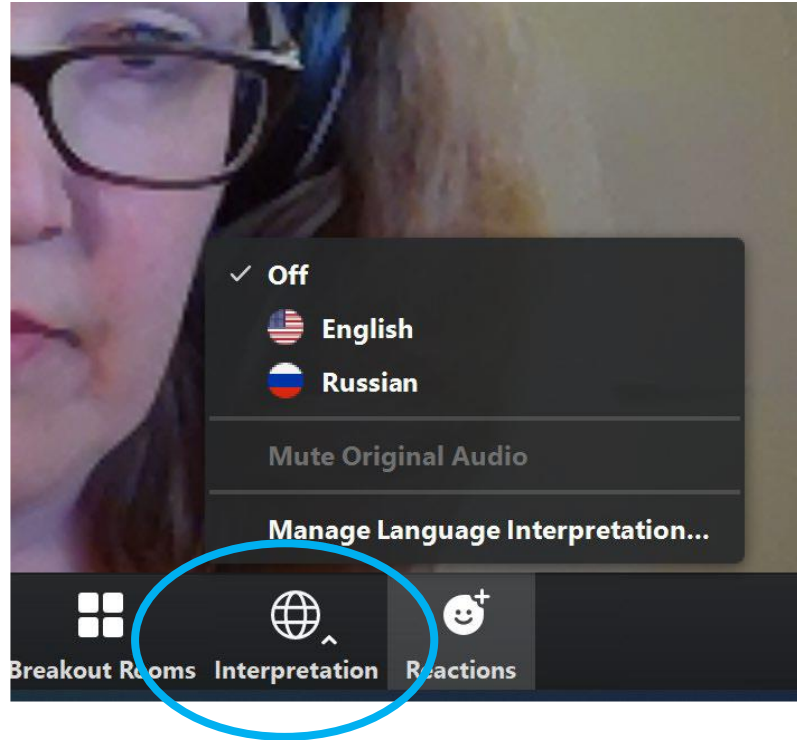
# Oregon Resource Allocation Advisory Committee

Advisory Committee Meeting

May 23, 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 Kristen Darmody at: 971-888-3358**

## **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 draft triage team and data collection recommendations and receive verbal public comments.

# Agenda

1. Welcome
  2. Online and verbal public comment + community engagement
  3. Review draft Triage Team & Data Collection recommendations
  4. Public Comment (approximately 2:25 p.m.)
  5. Additional feedback
  6. 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

# Public Comment and Community Engagement

# Options for Public Comment (1 of 2)

- 1. Written comments:** open until May 29, 2023. The public can access the written comment form in [English](#) or [Spanish](#).
- 2. Verbal comments:** at today's (May 23, 2023) and the June 15, 2023 full committee meeting. The public can sign up to provide verbal comments at the [ORAAC web page](#).



# Options for Public Comment (2 of 2)

- 3. Email:** The public can email comments to [OHA.resourceallocation@odhsoha.oregon.gov](mailto:OHA.resourceallocation@odhsoha.oregon.gov)
- 4. Accessibility:** Free help is available for those needing an accommodation to participate. Contact [Kristen Darmody](#).

# Community Engagement

## Two sessions

Option 1: May 24, 4:00-6:00 p.m.

Option 2: May 26, 9:30-11:30 a.m.

*ASL, Spanish interpretation, and captioning will be available.*

These sessions will focus on engaging **communities most impacted by health inequities** and understanding their **values, challenges they foresee, and ideas** when it comes to crisis care.

Outreach is focused on connecting with community members that **ORAAC members** serve.

# Triage Team and Data

# Oregon Interim Crisis Care Tool

- Existing language<sup>1</sup>: 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.

<sup>1</sup>Oregon Interim Crisis Care Tool:

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le4019c.pdf>

# 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.



# March Meeting Review and Recommendations

# March Small Group Discussions (1 of 2)

- Triage team role/responsibility
  - What role/responsibilities can the triage team hold to advance health equity during crisis care?
  - Considering the interim tool, what can OHA improve or clarify in the role and responsibilities of the triage team to advance health equity?
- Team make-up/representation
  - In an ideal scenario, who participates on the triage team?
  - What changes would you make to the interim tool to develop triage teams that are healthy equity focused?

# March Small Group Discussions (2 of 2)

- Training, experience, supports
  - What training, experience or expertise is important for triage team members to advance health equity?
  - What ongoing support should triage team members receive as they serve this role?
- Data
  - What data should be collected during triage to identify and mitigate future health inequities?
  - What type of resources will be needed to ensure we have a strong data collection process to evaluate triage?

# **Draft Recommendations based on March Meeting Triage Team and Data Collection**

# Themes

- Community involvement on the triage team
- Inclusion of interpreters where needed
- Consistency across teams/hospitals/health systems
- Consistent training for everyone in the state who serves in this role
- Concern for small/rural hospital's ability to staff a team
- How to record and store data for later evaluation

# Triage: General

- Ensure culturally specific and linguistically appropriate materials and interpretation are available for all patient populations
- Consider creating statewide guide for triage team members outlining priorities and processes
- Ensure transparency and communicate publicly

# Triage Team Role and Responsibility

## (1 of 2)

- Ensure clear and concise language and messaging when defining and communicating roles and outcomes
- Ensure continuous quality improvement (QI)
  - Create a continuous QI system and learning environment
  - Document mistakes, concerns, complaints, and any other issues with service or role
  - Identify opportunities for group learning and QI efforts
  - Identify processes to address complaints or concerns real-time

# Triage Team Role and Responsibility

## (2 of 2)

- Timely and efficient work
  - Work within timeframe needed for decisions
- Maximize approaches that limit bias and discrimination
  - Establish common factors associated with bias and discrimination, then work to reduce these
- Promote consistency of triage across teams, systems
  - Participate in statewide learning and quality improvement opportunities



# Triage Team Members/Representation

- Include a community representative on the triage team
  - Build trust
  - Participate in complex decision making
  - Could include a community health worker (CHW)
- Include bilingual, bicultural interpreters to assist the triage team
- Explore various options for triage team “service area”
  - Triage team options to support smaller hospitals
  - Local/regional options for triage team service (e.g., functions at hospital, health system, regional, or state level)

# Trainings, Experience and Supports

- Requirement for strong, comprehensive training
  - Including training in: diversity, equity and inclusion, discrimination and implicit bias, and antiracism
- Training regarding factors that tend to drive bias and discrimination
  - E.g., fatigue, stress, fear, lack of preparedness
- Prioritize strong communication skills and communication training
- Training regarding populations served by the hospital/facility and cultural responsiveness

# Data Collection

- Importance of bicultural, bilingual interpreters for data collection
- Collect data regarding the point in time that patient preferences are identified or confirmed e.g., advance directives
- Include standards and capture measures of equity and inclusion
- Data collection regarding personal medical devices should include whether functioning properly, knowledge of proper use
- Need technology tools to efficiently capture data for future real-time or future quality review
- Consider technology tools for purpose of quality oversight (e.g., recordings of triage team discussions)

# Additional Feedback and Discussion

# Discussion Questions

- Are there any key recommendations that were not captured in the presentation today?
  - Please review the detailed March notes regarding committee member input in the document titled “*ORAAC Triage and Data Collection: Small Group Visioning*”
- Are there any recommendations you don’t agree with? If so, why?
- What is one major challenge you think triage teams will need to overcome to be successful?
- What is your one top recommendation for OHA related to triage teams or data collection?

# Report Out

# Next Steps

# June Meetings

- **June 15, 10 am- noon**
  - Purpose: Review the final considerations on triage options and a multi-criteria approach
- **June 29, 9:30 am- 11:30 am (final ORAAC meeting)**
  - Purpose: Finalize recommendations to submit to OHA and evaluate overall committee process



# Thank You