



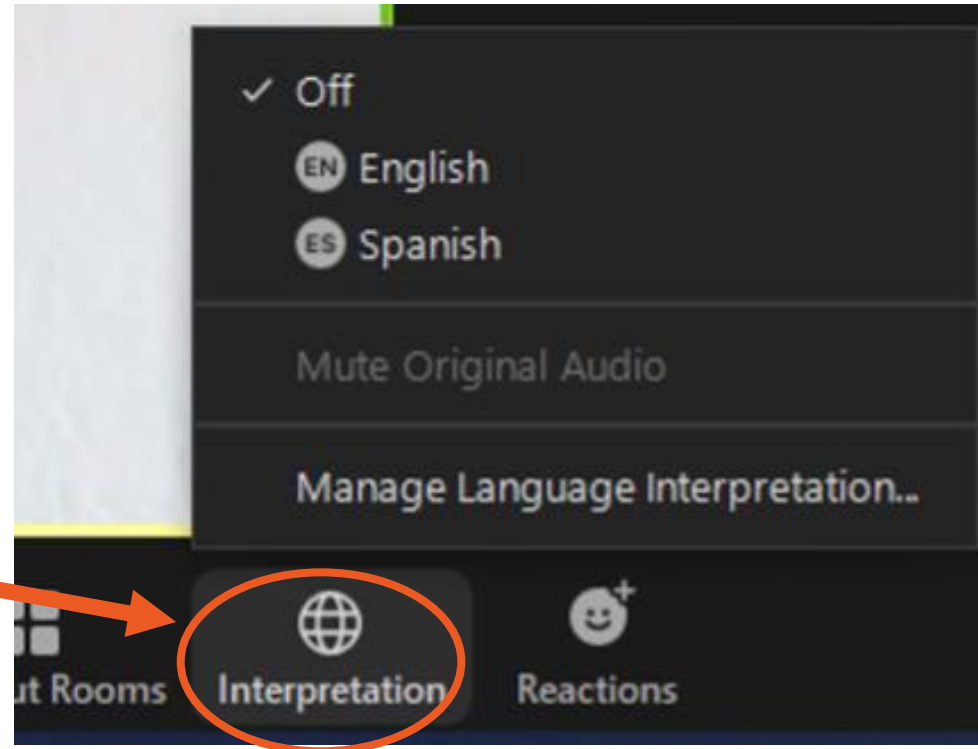
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September 5, 2024

Crisis Care Guidance Update for Past ORAAC Members

Interpretation

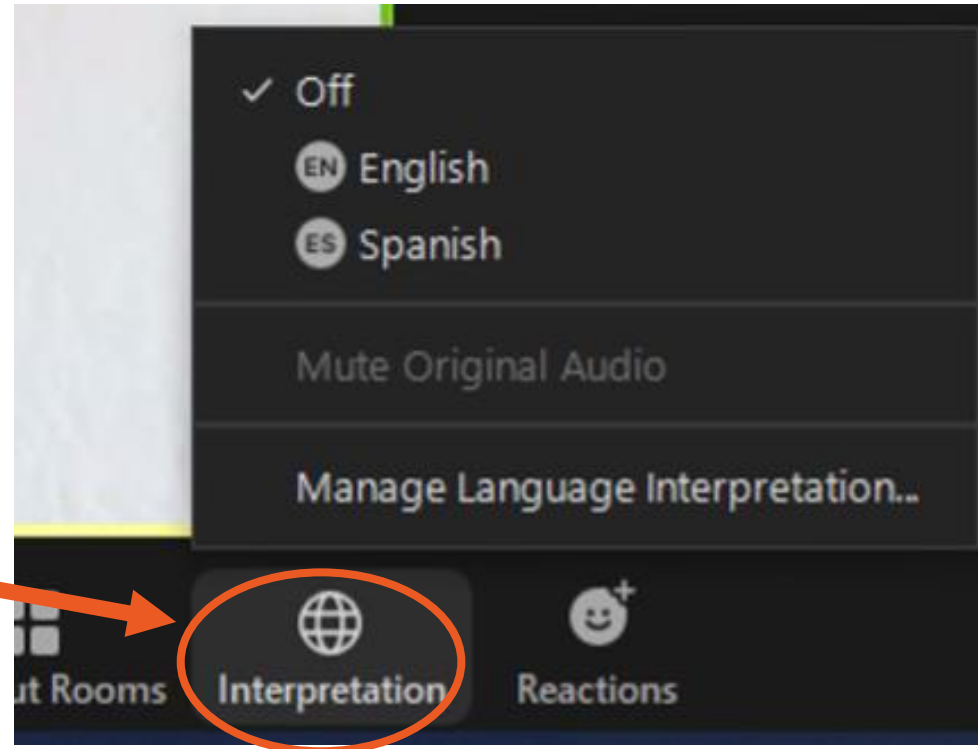
Everyone must select a preferred language by clicking on the “Interpretation” globe icon.



- 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

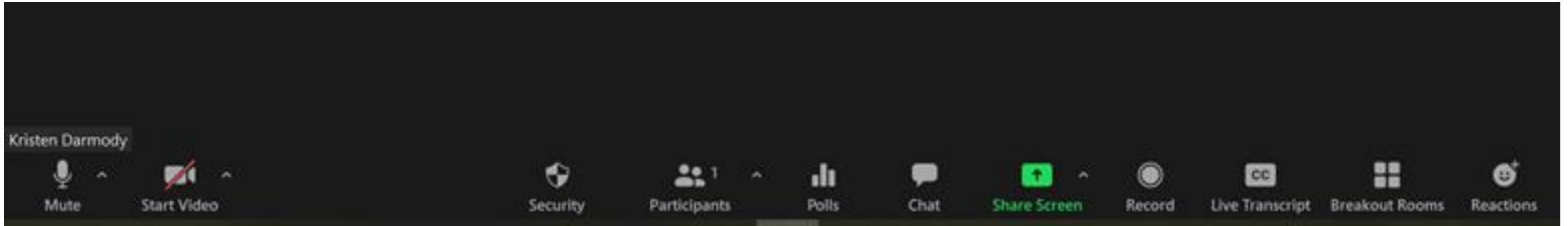
Meeting Resources

If you need support, we have:

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

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

Zoom Features



Your
microphone
and video
controls

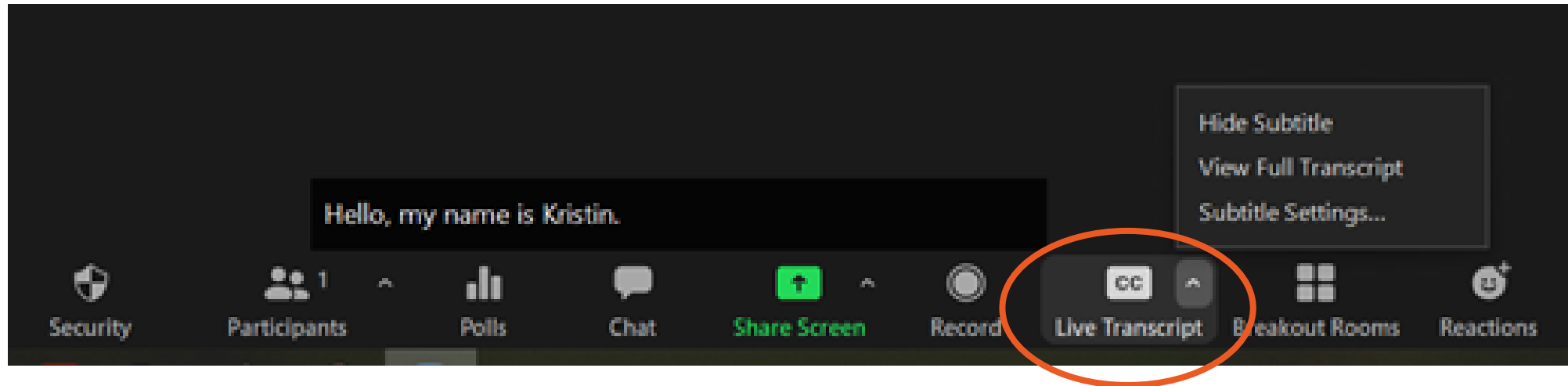


List of
who is
present



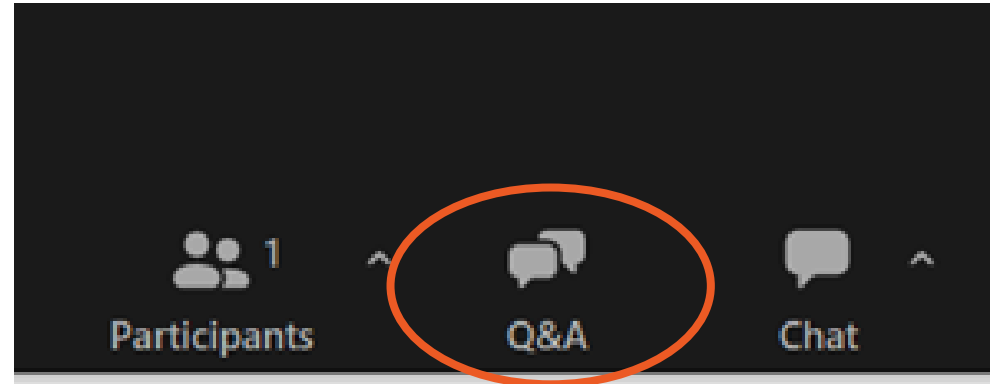
Chat feature
(will open in a
new window)

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



- 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

- Facilitators
 - Michael Anderson-Nathe
 - Alanna Hein
- OHA Presenter
 - Dana Hargunani, MD, MPH
- Guest Presenters
 - William Parker, MD, PhD
 - Patrick Lyons, MD, MSc

Meeting Purpose

- Share information about OHA's interim work since ORAAC finished.
- Share about emerging research in resource allocation.
- Listen to your input about the 2024 Oregon Crisis Care Guidance draft.

ORAAC Meeting Expectations

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.
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.

Agenda

- Welcome and introductions
- OHA interim work
- Overview of guidance changes
- Guest presentation
- Looking ahead
- Discussion
- Public input resources



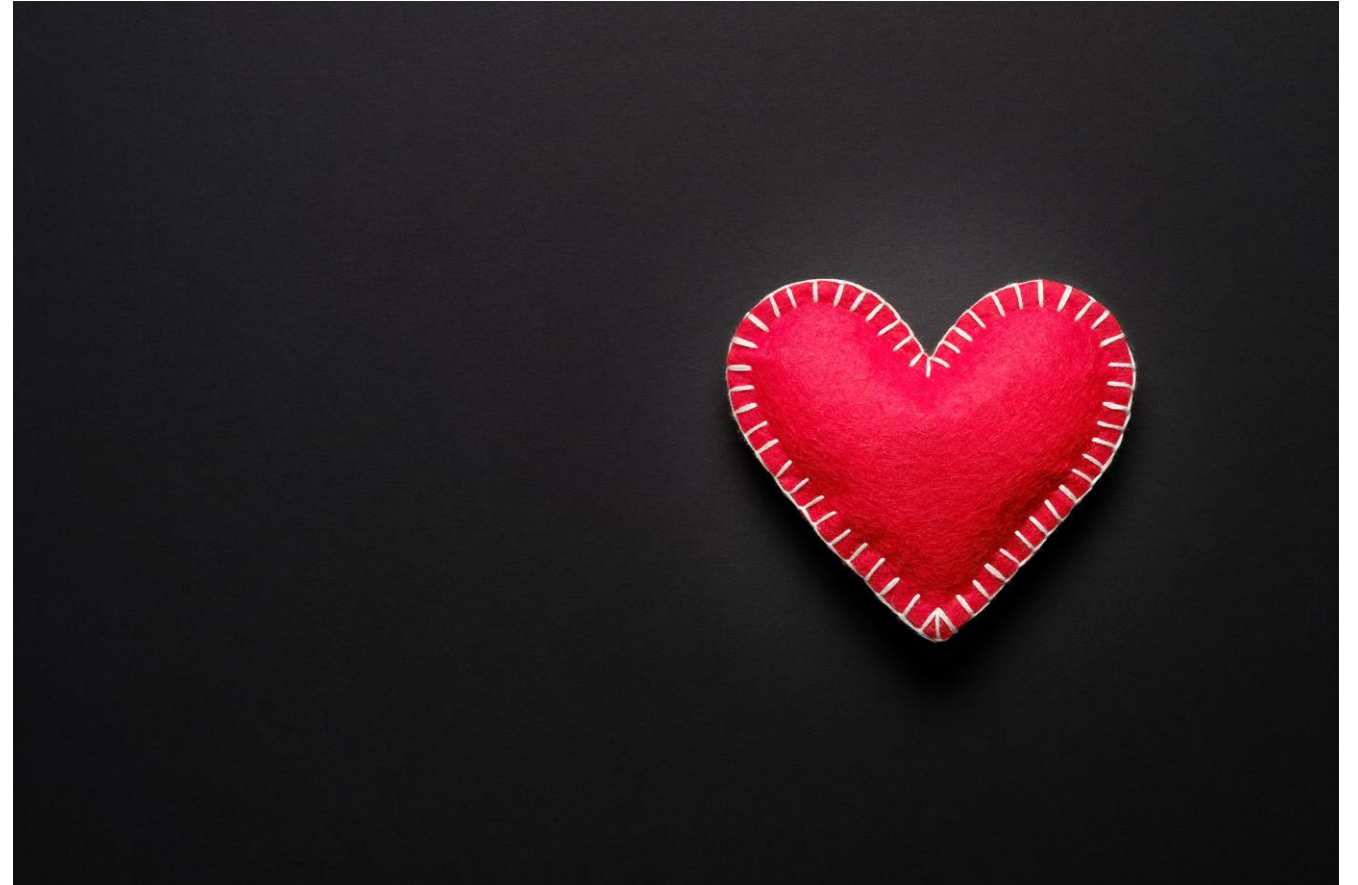
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OHA Interim Work

Gratitude

Thank you, ORAAC
members and consultants,
for your:

- Time Commitment
- Perspective
- Wisdom
- Patience



OHA Interim Work

- Consideration of ORAAC input, public input, community conversations
- Review of existing and emerging research
- Continued commitment to health equity
- Guidance goals:
 - Saving lives, and
 - Not worsening health inequities

Areas of Focus

- Content
 - Crisis care triage approach
 - Equitable chances tiebreaker
- Balance:
 - Hope & innovation
 - Knowledge of emerging research
 - Importance of preparedness
- Procedural justice
 - Language access
 - Community engagement



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Overview of Guidance Changes

Section: Preface (*new*)

- The specific guidance may not be achievable in the immediate setting of an acute event (e.g., mass casualty) whereby triage decisions will be needed in rapid sequence based on limited, clinical information.
- Oregon hospitals and providers should move into *proactive triage*¹ 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.

1. The U.S. Department of Health and Human Services' Administration for Strategic Preparedness and Response (ASPR) publication, "Template- Hospital Crisis Standards of Care Resource Allocation Annex" (2024)

Section: Background (*new*)

- Crisis care guidance history and updated definitions
- Oregon Resource Allocation Advisory Committee
- Guidance goals:
 1. Saving lives, and
 2. Not worsening health inequities.

Section: Crisis care assumptions

- Activation, Individualized assessment:
 - Reorganization
- Patient care preferences:
 - New references to guardianship, expected provider knowledge
- CSC triage team:
 - Additional representatives: community member, interpreter
 - Training:
 - Additions: implicit and explicit bias, trauma-informed care
 - Training to create, assess, and support an environment that does not activate bias
 - Support from hospital leadership: emotional support, preparedness
 - Focus on continuous learning, coaching, review of errors

Section: Crisis care triage

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.

Prognosis Determination

- 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

Triage Priority Groups

Group patients into four priority groups based on the triage team's estimation of each patient's hospital survival chances if given the resource:

Priority group 1	Priority group 2	Priority group 3	Priority group 4
≥90% chance of hospital survival	89–50% chance of hospital survival	49–11% chance of hospital survival	≤10% chance of hospital survival

Equitable Chances Tiebreaker

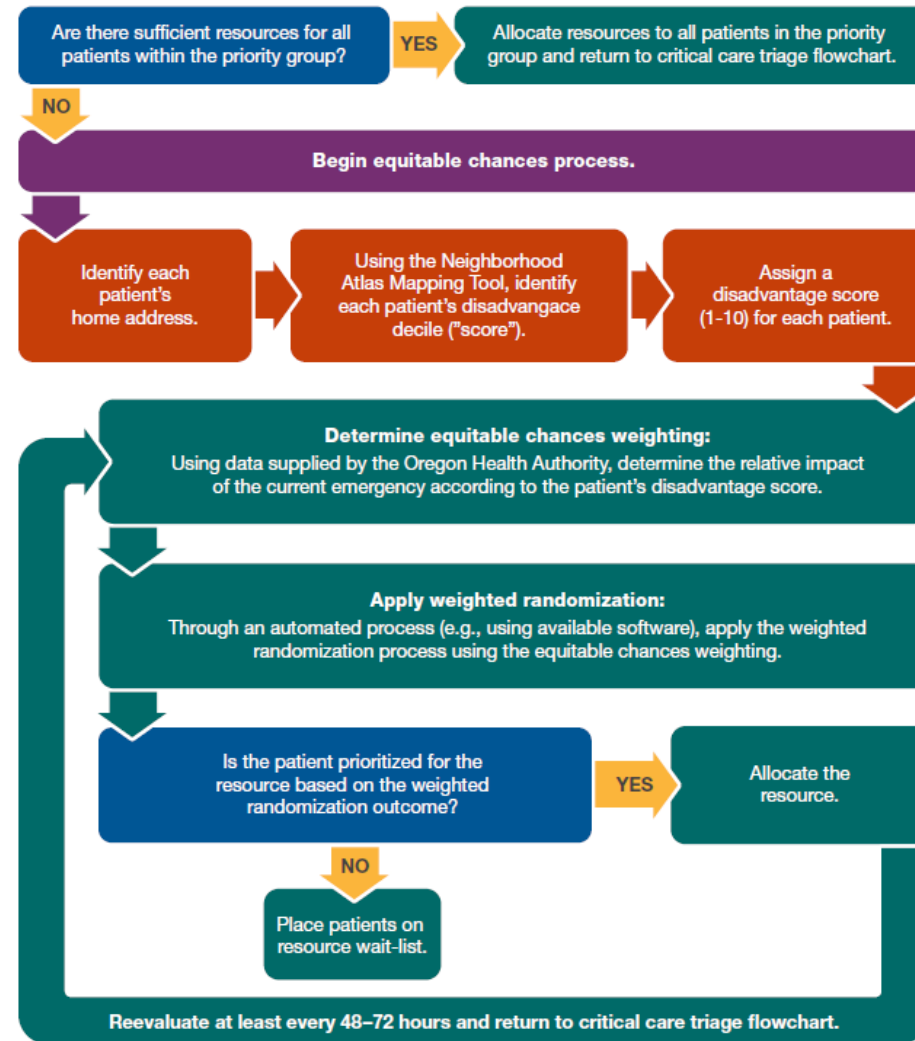
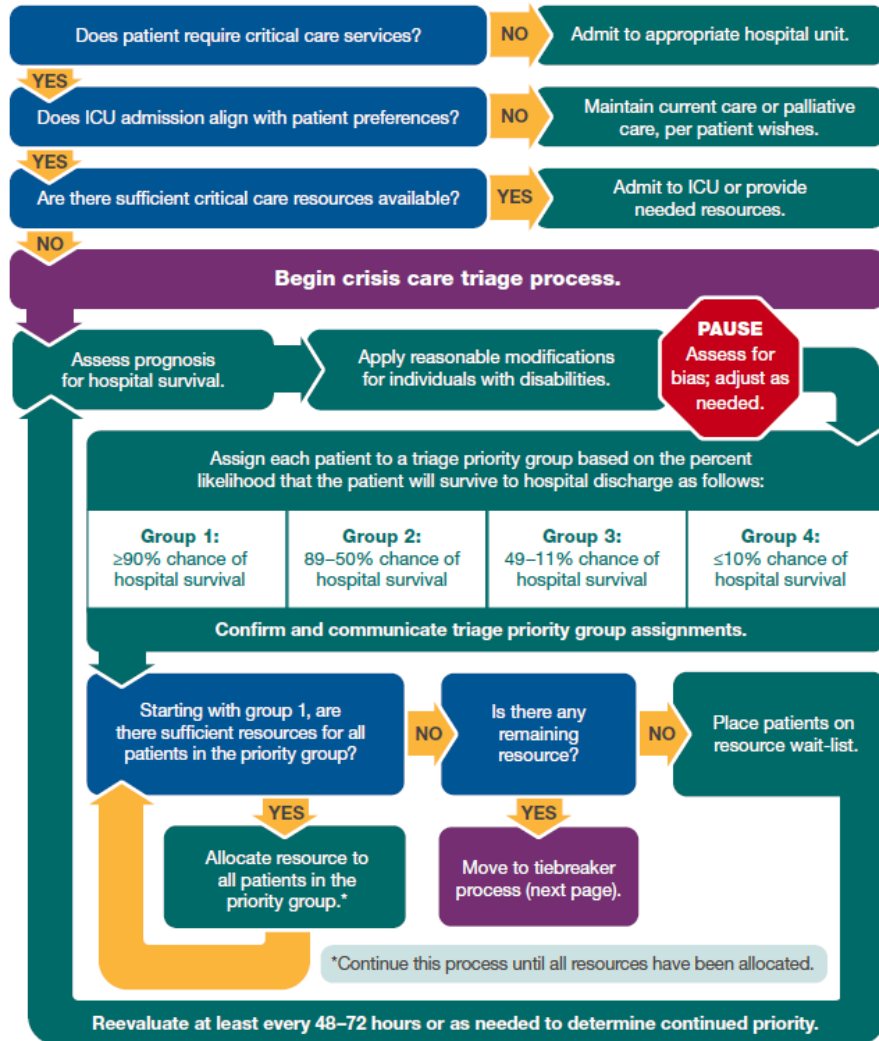
1. Identify each patient's home address, or if the patient is houseless.
2. Based on the patient's home address, identify their disadvantage decile (or "score"; e.g., number from 1-10) using nationally available data called a disadvantage index.
3. Use data published from OHA that shows the estimated 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.
4. Apply weighted randomization process.

Disadvantage Index example

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

Crisis Care Triage Algorithm



Sections: Data collection and transparent communication

- Unchanged

Oregon Administrative Rule 333-505-0036(3)(b)-(d) outlines specific communication and data collection requirements for hospitals when crisis standards of care are activated.



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Questions about the content?



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Guest Presentation



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Looking Ahead

Future of This Work

- OHA will review and consider all public input before finalizing the 2024 Oregon Crisis Care Guidance this fall
- This work cannot be stagnant:
 - Training, systems development, proactive resource planning
 - Ongoing, broad emergency preparedness
 - Ensure OHA and partners with diverse experiences continually assess new published research and learnings to inform updates to future crisis care guidance when needed
 - Build partnerships with communities that continue to face the greatest health inequities



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Discussion

Public Records

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.

Options for Providing Public Input

OHA wants your 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:

- Provide input during today's meeting
- Complete the following short survey: <https://bit.ly/CCG-Survey-ENG>
- Send an email to health.security@odhsoha.oregon.gov



Please provide input and spread the word!



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Public Input Resources

Resources for Public Input

You can access the 2024 Oregon Crisis Care Guidance draft on OHA's website at: 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, and
4. A **web page** with information about these resources.

Language Access

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

Thank you!

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 or 971-673-1315 (voice). We accept all relay calls.

