Crisis Standards of Care
Technical Assistance Panel Meeting
April 14, 2022
2:00-5:00 p.m.

High-Level Overview of Meeting
This a high-level summary of TAP's Meeting #3 discussion. For additional contexts and information regarding specific topics, page numbers from the TAP's Detailed Meeting Notes were referenced throughout the summary.

TAP April 14 Meeting Agenda:
2:00pm – Opening Remarks
2:05pm – Level-Setting and CAB Update
2:30pm – Discussion on COVID-19 Experience
3:20pm – Brief Overview of Required Items for Incident Management Framework
3:25pm – Break (5 minutes)
3:30pm – Discussion on Scoring Tools and Tier Systems
4:50pm – Next Steps
5:00pm – Adjourn

Crisis Standards of Care (CSC): Project Overview and Level-Setting
TAP members were reminded that the Kansas CSC guidance document's focus is around hospital settings only and is a foundational document that may expand to other settings in the future. Although COVID-19 experiences will be discussed in the meeting, TAP members were reminded that the Kansas CSC guidance document is intended to be utilized for all types of crises (i.e., pandemics, natural disasters, mass casualty, etc.).

Discussion on COVID-19 Experiences
TAP members heard from multiple speakers about COVID-19 surge data from Mission Control by Motient and lessons learned from the healthcare coalitions, local health departments, and Stormont Vail Hospital. *(For additional contexts and information regarding specific topics, please refer to page numbers from the TAP's Detailed Meeting Notes.)*

HEALTHCARE COALITION (HCC) COVID-19 AFTER-ACTION REPORT/IMPLEMENTATION PLAN (AAR/IP) (*page 4*)
TAP members received an overview of HCC roles during the COVID-19 response, which included providing information management and sharing for the Kansas Division of Emergency Management, and how their work made positive impacts in the COVID-19 response, such as the following:

- The HCC were quickly involved to provide additional information regarding the concept of operation, which allowed the incident commander to have more information to make more informed decisions.
- The HCC were able to move and work with their membership organization to increase and improve information management and sharing, which included allowing to adjust timeframes for resource deployments (i.e., personal protective equipment). In addition, HCC continued to assist with information management after state operation centers were no longer running.
- The HCC were able to increase the supplies and resources to address the resource issue through funding from COVID-19 grants and hospital preparedness funding.
- The HCC utilized their network to assist hospitals within their regions in patient transfers.

MISSION CONTROL BY MOTIENT (*page 4-7*)
TAP members received a data presentation on COVID-19 surge data that was collected by Mission Control to understand how stressed the healthcare system was in Kansas. As the facility capacity reaches towards 3.0 in the capacity index, then the facility is on the verge of collapsing or into early stages of collapse. The amount of time spent from the patient waiting for transport related to the capacity index (or the amount of time spent in the emergency room and the increased risk of patients' dying while waiting) is around 2.5 from the data collected thus far. When discussing mitigation strategies and at what level of the capacity is strained, the

metrics are provided to drive the discussion to put mitigation in place. *If you have additional questions regarding Mission Control, Dr. Watson* (rwatson@motient.io) *is available to answer questions regarding the data.*

LESSONS LEARNED FROM LOCAL HEALTH DEPARTMENTS (*page 8*)
The Kansas Association of Local Health Departments provided the following lessons learned at the local health department level relating to scarce resources and equity concerns that would be useful in a hospital setting:

- Best to solve any equity matters before a situation develops.
- Remember that in a crisis, workers are looking for the path of least resistance.
- It is unlikely that, when demand for service is high, that providers are going to be interested in taking a lot of extra steps when there is so much demand from those who don't need additional steps to reach.

LESSONS LEARNED FROM STORMONT VAIL HOSPITAL (*page 8*)
Stormont Vail Hospital provided an overview of the following of what they did to modify their CSC protocols:

- SVH reviewed the Sequential Organ Failure Assessment (SOFA) Score and the Kansas 2013 Modified Protocol document to implement them into policies. SVH setup meetings to modify the 2013 guidelines to make them more objective during the pandemic.
- SVH walked through the policies and protocols with the providers to engage the team to focus on the medical conditions that the patients may present. SVH realized that they needed a tool that was objective to aide in the clinical decision-making process.
- SVH also practice scenarios and tied them to the incident command levels to prepare their teams for surges.

Brief Overview of Required Items for Incident Management Framework

The speaker for the discussion on incident management framework was unable to attend the meeting. This discussion will take place in May.

Discussion on Scoring Tools and Tier Systems

TAP members reviewed and discussed potential usage of scoring tools and correction factors in the Kansas CSC guidance document. *(For additional contexts and information regarding specific topics, please refer to page numbers from the TAP's Detailed Meeting Notes.)*

SCORING TOOLS AND TIER SYSTEMS
TAP members reviewed some potential scoring tools (*page 9-11*) that could be included in the Kansas CSC guidance document, such as the SOFA Score, Modified SOFA Score, Frailty Score, HOSPITAL Score, LACE Score, NEWS-2 Score, Pneumonia Severity Index, HEART Score, Injury Severity Score, Pediatric SIRS Criteria, PLOD-II Score, SNAPPE-II Score, and NICHD-OT Criteria. TAP members agreed that scoring tools should be included in the document since they are objective measures that can be used for clinical decisions. There were discussions utilizing correction factors to address equity and account for pre-existing conditions in scoring tools.

CORRECTION FACTORS
TAP members reviewed two potential indices (*page 11-13*) to utilize as correction factors in scoring tools. Social Vulnerability Index (SVI) and Area Deprivation Index (ADI) are useful tools, but both tools lose its effectiveness as the population becomes more dispersed. There were discussions that TAP and CAB members would need to discuss together on how to make accommodations for the tools to be effectively utilized.

CAB SURVEY REGARDING TRIAGE TEAM
KHI staff/CAB facilitator provided an overview of the survey administered (*page 13-14*) to clarify CAB's perspectives on several issues and respond to TAP's questions addressed to CAB during the March 10 meeting. CAB facilitator shared CAB's perspectives regarding a potential make up of a triage team. There were some concerns shared by TAP members regarding the triage team including families and power of attorneys in the triage clinical decision-making process. There was a suggestion that the role of families and power of attorneys to engage in the decision-making process can be done before the triage process begin.