Appendix H. Definitions

To ensure transparency and clarity, several terms used throughout the *Kansas Crisis Standards of Care Guidance* are defined in this section. The definitions have been adopted from the following sources:

- Arizona Crisis Standards of Care (AZ CSC)
- Centers for Disease Control and Prevention (CDC)
- Colorado Crisis Standards of Care
- Disaster Mitigation
- Kansas Health Association (KHA)
- Kansas Response Plan
- Minnesota Crisis Standards of Care Framework (MN CSC)
- National Academies of Sciences, Engineering, and Medicine (NASEM)
- Robert Wood Johnson Foundation (RWJF)
- U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center and Information Exchange (TRACIE)
- U.S. Department of Health and Human Services Public Health Emergency (HHS PHE)

Accountability – Maximizing situational awareness and incorporating evidence into decision making. (NASEM)

Allocation – Deciding who gets what medical resources and when during a crisis. (ASPR TRACIE)

Alternative Care Sites – A broad term for any building or structure of opportunity that is temporarily converted for healthcare use during an emergency to provide additional health capacity and capability for an affected community, outside the walls of a traditional established healthcare institution. (CDC-Federal ACS Toolkit)

Capacity – The ability to manage patients requiring very specialized medical care. (MN CSC)

Consistency – Treating like groups alike through institution/system/region policies, with careful deliberation and documentation when local practices do not follow common guidance. (NASEM)

Continuum of Care – Medical care that is rendered during a mass casualty event and occurs across three phases on a continuum: conventional to contingency to crisis care. (MN CSC)

Three Levels of Care: (ASPR TRACIE)

Conventional Care	The demand for care is less than the supply of resources. Level of care (i.e., spaces, staff and supplies) is consistent with daily practices within the institution.
Contingency Care	The spaces, staff, and supplies used are not consistent with daily practices but provide care that is functionally equivalent to usual patient care. Patients are not impacted by limits to care options available when services are functionally equivalent to usual patient care. The facility's Emergency Operations Plan is activated.
Crisis Care	The demand for care is greater than available resources despite contingency care strategies. Normal quality of standards of care cannot be maintained.

Correction Factor – For the purpose of the *Kansas Crisis Standards of Care Guidance*, a correction factor adjusts patients' triage scores to ensure that individuals from disadvantaged communities are not disadvantaged in the triage process.

Crisis Standard of Care (CSC) – A document providing all-hazards guidance to regional and local healthcare entities during a disaster where timing and severity of the disaster make it difficult to predict and anticipate resource needs in an abbreviated timeframe. It would be used during a disaster event or any scenario causing either a short-term or long-term strain on resources – like intensive care unit (ICU) beds, staff, medical equipment, or proper personal protective equipment (PPE) – that impacts patient care for those requiring critical or acute care.

Disaster: (State definition) The occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or man-made cause, including, but not limited to: fire, flood, earthquake, wind, storm, epidemic, air contamination, blight, drought, infestations, explosion, riot, or hostile military or paramilitary action. (Kansas Response Plan)

Disaster (Major): As defined by the Stafford Act, any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion, in any part of the U.S., which in the determination of the president causes damage of sufficient severity and magnitude to warrant major disaster assistance under the act to supplement the efforts and available resources of states, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby. (Kansas Response Plan)

Duty to/of Care – Aided by distinguishing triage decision makers from direct care providers and encompassing fidelity to the patient (non-abandonment as an ethical and legal obligation). (NASEM)

Duty to Steward Resources – Balances duty to community with duty to individual patient. (NASEM)

Equity/Equitable Distribution - Equity/equitable means that no person or group of people have greater barriers to getting the services and supports they need than other people experience. This may mean that all people are not treated the same in every situation. For some people, outside factors may influence their health. Outside factors could include poverty, discrimination, or a lack of access to housing, jobs, or healthcare. People who have these factors in their lives may not be as healthy as people who do not have these factors in their lives. In supporting health equity, the *Kansas Crisis Standards of Care Guidance* provides specific considerations to remove the influence these outside factors may have on how people may be offered limited hospital care or resources.

Health Equity – For purposes of the *Kansas Crisis Standards of Care Guidance*, authors adopted a recent and commonly referenced definition of health equity published by the Robert Wood Johnson Foundation. The term is defined in a way that allows for the concept to be applied in the actual use of a guidance resource as opposed to a theoretical concept. Health equity, in an applied method, refers to a state "when everyone has a fair and just opportunity to be as healthy as possible." This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. The KSCSCG recommends steps for hospitals, during times of preparedness (i.e., conventional and contingency stages), to rely on the development and implementation of policies and protocols that seek to address anticipated obstacles encountered during

times of crisis. Because steps to achieve equity require systemic changes and commitment to addressing cultural and environmental inertia, the document guides hospitals on the elements of allocating medical resources within a hospital setting during crisis by focusing on strategies aiming to mitigate structural inequities that contribute to disadvantaging those persons already marginalized, particularly during times of triage. The CSC strategies call for disallowing considerations of life expectancy beyond survival to discharge, quality of life considerations, social worth (aka instrumental value), categorical exclusion of any patient groups, and the removing of personal medical equipment (PME) from patients. In addition, the KSCSCG incorporates considerations of equitable treatment by aiming to increase transparency in decision making, strengthening open communication, and deploying "correction factors" in resource allocation protocols. (RWJF)

Healthcare Coalition: A group of individual healthcare and response organizations (e.g., hospitals, emergency medical services [EMS], emergency management organizations, and public health agencies) in a defined geographic location that play a critical role in developing healthcare system preparedness and response capabilities. HCCs serve as multiagency coordinating groups that support and integrate with ESF-8 activities in jurisdictional incident command systems (ICS). (TRACIE)

Hospitals: (KHA)

- **Acute Care Hospital** – A permanent institution primarily engaged in providing inpatient services, by or under the supervision of physicians, with registered professional nursing services 24 hours per day.
- **Critical Access Hospital** – An institution that provides not more than 25 acute care inpatient and swing-beds and must maintain an annual average length of stay of 96 hours or less per patient for acute inpatient care.

Indicator – A "measurement or predictor of change in demand for healthcare services or availability of resources" (e.g., a tornado warning, report of several cases of unusual respiratory illness). An indicator may identify the need to transition to contingency or crisis care (but requires analysis to determine appropriate actions). (MN CSC)

Medical Resources – In a healthcare setting, resources are referred to as spaces (i.e., hospital beds), staffing (i.e., medical personnel) and supplies (i.e., medications and medical equipment) that are used to provide healthcare services.

Mitigation – A wide variety of measures taken before an event occurs that will prevent illness, injury, and death and limit the loss of property. (Disaster Mitigation)

Activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. (Kansas Response Plan)

Personal Medical Equipment (PME) – Personally owned is the private property of an individual, of durable medical equipment, which can withstand repeated use and is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of an illness or injury, and is appropriate for use in the home. For example, a wheelchair or home ventilator. (POMS HI 00610.200)

Population of Focus – Populations that are at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability. Populations may include racial and ethnic groups, including persons of Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races and persons of Hispanic ethnicity; rural/urban residents; children; pregnant women; persons who are LGBTQIA+; older adults; persons with chronic illnesses; persons with housing instability or who are homeless; immigrant populations; displaced persons; persons with limited English proficiency; persons with low literacy; persons with low income; persons with disabilities; and others. (KHI HI-C)

Proportionality – Burdens should be commensurate with need and appropriately limited in time and scale. (NASEM)

To only restrict care to the degree needed and no more (TRACIE)

Surge – The ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. (HHS PHE)

Transparency in Decision Making – Candor and clarity about available choices as well as acknowledgement of the painful consequences of resource limitation. (NASEM)

Triage – The sorting out and classification of patients or casualties to determine priority of need and proper place of treatment. (CDC)

Triage coordinator - The triage coordinator is responsible for overseeing the triage of patients, either directly or through managing the individuals who are directly performing triage.

Trigger – A decision point at which scarcity of resource requires adaptations to healthcare delivery along the continuum of care (contingency, conventional, and crisis). This is the point at which resource allocation focuses on the community, emphasizing population health rather than individual outcomes. (AZ CSC)

A “decision point about adaptations to healthcare service delivery” that requires specific action. A trigger event dictates action is needed to adapt healthcare delivery and resources. Triggers can be scripted or non-scripted. Scripted triggers are built into Standard Operating Procedures (SOPs) and are automatic ‘if/then’ actions. Non-scripted triggers require additional analysis and consideration involving management and supervisory staff. (MN CSC)

Appendix I. Acronym Glossary

ACH – Acute Care Hospital

ACS – Alternate Care Site

ADI – Area Deprivation Index

ASL – American Sign Language

ASPR – The Office of the Assistant Secretary for Preparedness and Response

CA – Clinical Advisors

CDC – Centers for Disease Control and Prevention

CAB – Community Advisory Board

CAH – Critical Access Hospital

CBA – Collective Bargaining Agreement

CCC – Conventional-Contingency-Crisis

CEC – Clinical Ethics Consultation

CEO – Chief Executive Officer

CMO – Chief Medical Officer

CNO – Chief Nursing Officer

COO – Chief Operating Officer

CSC – Crisis Standards of Care

EF – Ejection Fraction

EMS – Emergency Medical Services

EOC – Emergency Operations Center

EOP – Emergency Operations Plan

FAQ – Frequently Asked Questions

FQHC – Federally Qualified Health Centers

GCS - Glasgow Coma Scale

GFR – Glomerular Filtration Rate

HCC – Healthcare Coalition

HHS – U.S. Department of Health and Human Services

HPP – Hospital Preparedness Program

ICU – Intensive Care Unit

KDEM – Kansas Division of Emergency Management

KDHE – Kansas Department of Health and Environment

KHI – Kansas Health Institute

KSCSCG – Kansas Crisis Standards of Care Guidance

LVAD – Left Ventricular Assist Device

MELD – Model for End Stage Liver Disease

NASEM – National Academies of Sciences, Engineering, and Medicine

PIO – Public Information Officer

POLST – Physicians Orders for Life Sustaining Treatment

PME – Personal Medical Equipment

PPE – Personal Protective Equipment

PTSD – Post-Traumatic Stress Disorder

RRC – Readiness and Response Coordinator

SEOC – State Emergency Operations Center

SOFA – Sequential Organ Failure Assessment

SVI – Social Vulnerability Index

TAP – Technical Advisory Panel

TPOPP – Transportable Physician Orders for Patient Preference

TRACIE – Technical Resources, Assistance Center and Information Exchange