

Crisis Standards of Care Technical Assistance Panel Meeting

*May 12, 2022
2:00-5:00 p.m.*

High-Level Overview of Meeting

This a high-level summary of TAP's Meeting #4 discussion. For additional contexts and information regarding specific topics, page numbers from the TAP's Detailed Meeting Notes were referenced throughout the summary.

TAP May 12 Meeting Agenda:

2:00pm – Welcome
2:05pm – CAB Update
2:20pm – Focus Group Update
2:30pm – Discussion on Legal Considerations, Plan, Activation and Deactivation
2:45pm – Discussion on Roles and Responsibilities
3:00pm – Discussion on Communication
3:45pm – Subgroup Report Out and Discussion on Triage Framework
4:40pm – Discussion on Plan Maintenance
4:55pm – Next Steps
5:00pm – Adjourn

CAB and Focus Group Update

Throughout the discussions, TAP members were provided with overviews of relevant focus group findings and CAB recommendations. For additional contexts and information regarding specific findings and recommendations, please refer to page numbers from the TAP's Detailed Meeting Notes.

CAB Overall Recommendations 1.1 and 1.2 (page 2)

TAP members received an overview of Rec 1.1 and 1.2 regarding surge status in all levels of care. The TAP members agreed to the following consideration:

- **Rec 1.1 and 1.2:** Adding the concept of Rec 1.1 and 1.2 to the Kansas CSC guidance document.

CAB Recommendation 1.3 Personal Medical Equipment (page 4)

TAP members received an overview of Rec 1.3 regarding personal medical equipment. The TAP members agreed to the following consideration:

- **Rec 1.3:** Adding the Rec 1.3 language (with minor revisions) to the Kansas CSC guidance document.
- **PME Donation Process:** Consider developing a donation process for patients or their next of kin to donate PME's that they no longer need.

Discussion on Legal Considerations, Plan Activation and Deactivation

TAP members heard from KDHE regarding the sections on legal considerations, plan activation, and deactivation of CSC at the state level. The Kansas CSC document is meant to provide guidance for local government and facilities in absence of a state declaration. The following are key points from the overview: (page 5)

- Crisis standards of care recommendations will be presented as a voluntary set of guidelines developed with the input of several different experts and stakeholders.
 - Hospitals may elect to use these recommendations to create standard operating procedures during a public health emergency.
- Activation of a CSC should be up to the affected facility or facilities.
- The deactivation of the CSC will be at the discretion of the individual hospital(s) and should be based on their surge level or the status of the facility resources that triggered the localized CSC activation.

Discussion on Communication

CAB Recommendation 1.8 and 1.9 Triage Process (page 6)

TAP members reviewed Rec 1.8 and 1.9 regarding the clear and plain communication of the triage process and final triage decisions to patients. TAP members also reviewed a list of FAQs pulled from the Washington CSC Plan as a consideration to provide a document with talking points for healthcare staff and patients. The TAP members agreed to the following consideration:

- **Rec 1.8 and 1.9:** Adding Rec 1.8 and 1.9 language (with minor revisions) to the Kansas CSC guidance document.
- **FAQs:**
 - Ensure that hospitals have FAQs documents readily available at any conventional-contingency-crisis (CCC) levels of care for healthcare staff and communities to have access to.
 - Include a question in the FAQs that patients do have the ability to refuse treatment if they wish to.

Triage Decisions (Relating to Rec 1.9) (page 8)

TAP members reviewed an example from Washington CSC Plan on their development and use of a communication team to assist in communicating the final triage decisions and allocation processes (alongside with the provider) to the patient or their next of kin. The goal of the communication team, from the Washington's CSC Plan, is to ensure that final decisions and allocation processes are communicated clearly to patients and provide additional support for and reduce the risk of burnout and moral distress of providers when sharing the difficult decisions.

Discussion on Roles and Responsibilities

TAP members were provided a list of roles identified in the 2013 Kansas Modified Protocols and were asked to identify roles that were missing and should be included in the Kansas CSC guidance document. Please refer to *page 9* for the table of roles identified by TAP members.

Subgroup Report Out and Discussion on Triage Framework

TAP members heard from subgroup members regarding their proposal for triage team, scoring tools, correction factors, and tiebreakers.

Triage Process and CAB Recommendations 1.4, 1.5, 1.6, and 1.7 (page 10)

TAP members reviewed recommendations that were concepts that can be adopted in the Kansas CSC guidance document to ensure the practices are done in preparation at the conventional phase. The TAP members agreed to the following consideration:

- **Rec 1.4, 1.5, 1.6, and 1.7:** Adding the concepts of Rec 1.4, 1.5, 1.6, and 1.7 to the Kansas CSC guidance document.

Triage Team Make Up (page 12)

TAP members reviewed the subgroup's proposal regarding the makeup of the triage team and the experiences required. The triage team is comprised with an experienced clinician, medical ethicist, and administrative assistant, which can be developed at the individual hospital, hospital system, or regional level. The size of the team will be dependent on the size of the hospital, hospital system, or region. The TAP members agreed to the following consideration:

- Language to clarify that practicing physicians can be on the triage team if they are not required to complete their duties for the day.

- Palliative care physicians should not be in the triage team because they can later rotate to a team that provide comfort measures at bedside.

Scoring Tools, Correction Factors, and Tiebreakers (page 13)

TAP members reviewed scoring tools, correction factors, and tiebreakers proposed by the subgroup. The TAP members agreed to the following consideration:

- **Rec 1.12 and 1.13:** Agreeing to Rec 1.12 and 1.13 language to the Kansas CSC guidance document.

Areas:	Criteria Agreed Upon By TAP:
Promote Population Health Outcomes	<ul style="list-style-type: none"> • Use hospital survivals to discharge. • Use SOFA Scoring Tool • Include the White & Lo statement on chronic stable disabilities NOTE: Pediatrics tools will be selected by TAP members with pediatric experiences.
Promote Justice and Equity	<ul style="list-style-type: none"> • Using ADI as a correction tool for SOFA scores. NOTE: SVI score (especially for individuals with disabilities) may be considered as a potential tool.
Tiebreakers	<ul style="list-style-type: none"> • Pregnant patients • Random selection

Appeals Process (page 15)

TAP members reviewed an appeal process from the White and Lo paper. A CAB liaison shared that CAB members wanted an appeal process to give patients the sense of fairness if the process was not conducted as how it was supposed to. The TAP members agreed to the following consideration:

- **Appeal Process:** TAP members agreed to including the development of an appeal process in the Kansas CSC guidance document.

Discussion on Plan Maintenance

Due to limited time, TAP members were given a quick overview of the measures and indicators (page 16) that TAP members can review. There was a suggestion to develop a measure during annual review of CSC, which a list of data measures was included.

Follow up items

TAP members were asked to review the measures and indicators that would be used for the CSC plan maintenance. Members were asked to send an email to Hina Shah (hshah@khi.org) and Wendy Dang (wdang@khi.org) of what should be considered or removed from the list by May 27.

Anyone interested in becoming a reviewer for the preliminary draft should send an email to Hina Shah (hshah@khi.org) by May 23. Reviewers and authors will be informed of the next subgroup meeting via email in the near future.

Additionally, TAP members were advised of the following meetings:

- Jun 24, *Joint Meeting #2 at 2:00 p.m.*