Crisis Standards of Care

A Wisconsin Initiative for Better Overall Preparedness

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- Program Manager, Wisconsin Crisis Standards of Care Initiative
- 24 + years work in federal government
  - FEMA, NIH, CDC, State & Local EM, First Responders
- 5 + years private work – consulting
  - Know Your Care (ACA), WI Association for Justice, Google, CenturyLink
- Extensive work in project management and policy adaptation
- Extensive work involving diverse parties with competing objectives

Crisis Standards of Care (CSC)

- 30,000 Foot View
  - CSC History and IOM Guidance
  - When CSC and Why
  - CSC Project Goals
  - CSC Recommendations
  - SDMAC
  - CSC Framework and Tactics
  - Collaboration and Consensus
  - Proposed Work Plan
  - Questions and Feedback

Institutes of Medicine (IOM)

- In 2009, the IOM produced a Red Letter Report outlining the need for health care emergency preparedness in disaster type situations.

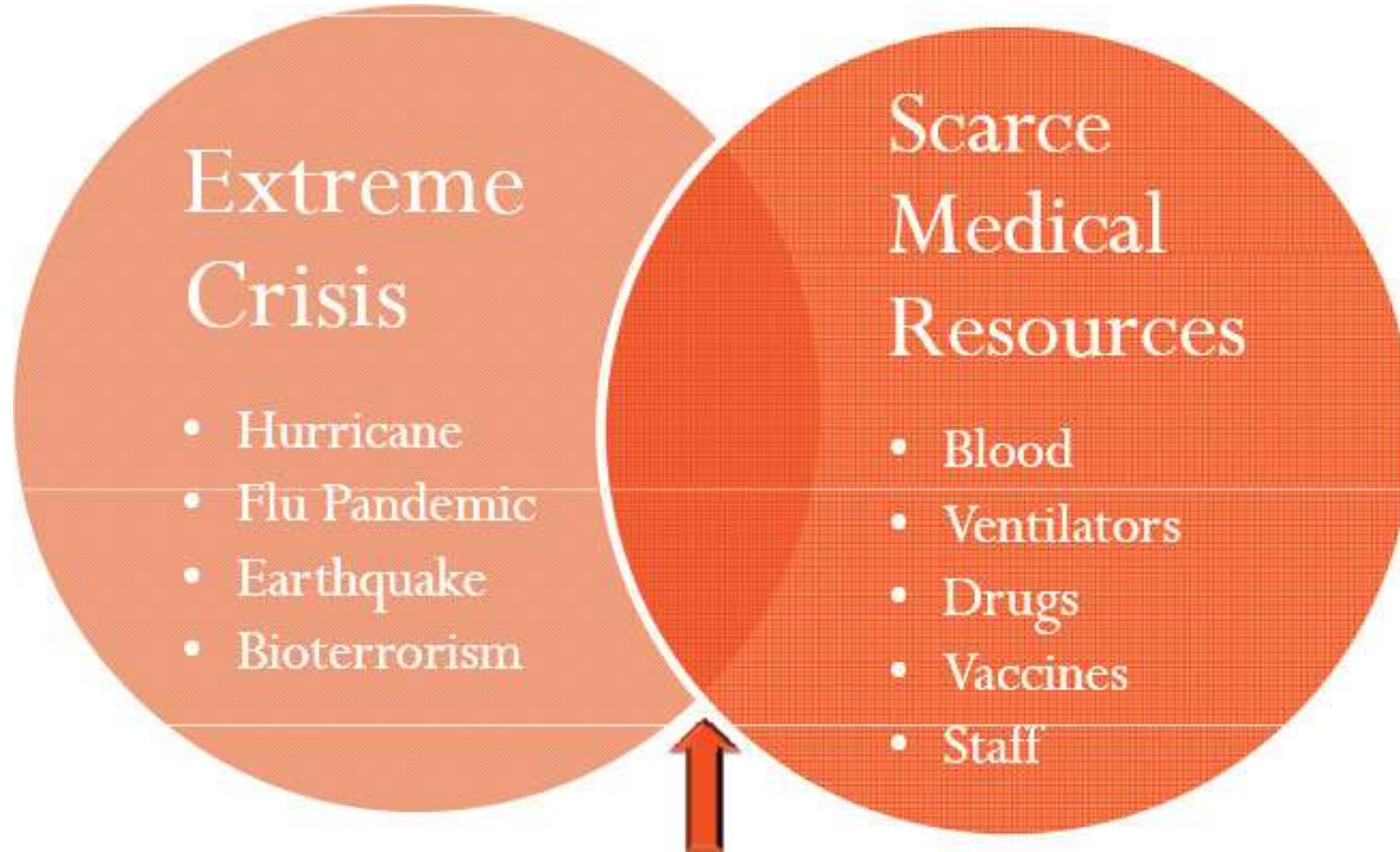
- The basis for Crisis Standards of Care planning in many states has been the follow-up report - 2012 IOM Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations.

- The Wisconsin Crisis Standards of Care Initiative **follows all IOM Guidelines and Recommendations.**

Institute of Medicine (IOM) Key Elements

- Seek community and provider engagement;
- Adhere to ethical norms with strong ethical grounding;
- Seek Necessary Legal Protections for Healthcare Practitioners;
- Consistency in Crisis Standards of Care Implementation with Clear Indicators, Triggers, and Lines of Responsibility; and
- Evidence-based Clinical Processes and Operations.

When Might We Need Crisis Standards of Care?



Possible CSC Disaster Types

- Relatively small-scale mass injury/illness events:
  - bus crash, tornado, multiple shootings, local epidemics/small disease out- breaks
- Large-scale natural disasters:
  - Hurricanes Maria, Sandy, Katrina; moderate earthquake; large-scale flooding, such as Hurricane Harvey
- Complex mass casualty events:
  - large-scale shootings (Las Vegas, Orlando) or bombings (Boston Marathon) with many victims, mass casualty burn events (Rhode Island nightclub), chemical or radio- logical incidents, limited-scale bioterrorism, limited outbreaks of lethal and contagious infectious diseases, such as Ebola or SARS
- Catastrophic health events:
  - nuclear detonation, large-scale bioterrorism, severe pandemic, or major earthquake

When Is CSC Necessary?

"Note that in an important ethical sense, entering a crisis standard of care mode is not optional,

<u>It Is A Forced Choice</u>,

based on the emerging situation. Under such circumstances, failing to make substantive adjustments to care operations – i.e., not to adopt crisis standards of care – is very likely to result in greater death, injury or illness."

IOM - *2012*

Catastrophic Disaster Defined

- Most or all of the community's infrastructure is impacted.
- Local officials are unable to perform usual roles for a period of time extending well beyond the initial aftermath of the incident
- Most or all routine community functions are immediately and simultaneously disrupted
- Surrounding communities are similarly affected, and thus there are no regional resources

(IOM, Introduction and CSC Framework 1-15)

CSC Assumptions

- Resources are unavailable or undeliverable across the continuum of care
- Similar strategies being invoked by other healthcare delivery systems
- Patient transfer not possible
- Access to medical countermeasures (vaccine, meds, antidotes, blood) likely to be limited. Available local, regional, state, federal resource caches (equip, supplies, meds) have been distributed- no short term resupply

(IOM, Introduction and CSC Framework 1-15)

Crisis Standards of Care Defined

The level of care **POSSIBLE** during a crisis or disaster due to limitations in supplies, staff, environment, or other factors. These standards will usually incorporate the following principles:

- Prioritize population health rather than individual outcomes;
- Respect ethical principles of beneficence, stewardship, equity, and trust;
- Modify regulatory requirements to provide liability protection for healthcare providers making resource allocation decisions;
- Designate a crisis triage officer and include provisions for palliative care in triage models for scarce resource allocation.

(IOM, Crisis Standards of Care, 1-10)

”Crisis Care” vs. Crisis Standards of Care

Example of Care Continuum

Incident demand/resource imbalance increases →

Risk of morbidity/mortality to patient increases →

← Recovery

	Conventional	Contingency	Crisis
Space	Usual patient care space fully utilized	Patient care areas re-purposed (PACU, monitored units for ICU-level care)	Facility damaged/unsafe or non-patient care areas (classrooms, etc.) used for patient care
Staff	Usual staff called in and utilized	Staff extension (brief deferrals of non-emergent service, supervision of broader group of patients, change in responsibilities, documentation, etc.)	Trained staff unavailable or unable to acequately care for volume of patients even with extension techniques
Supplies	Cached and usual supplies used	Conservation, adaptation, and substitution of supplies with occasional re-use of select supplies	Critical supplies lacking, possible re-allocation of life-sustaining resources
Standard of care	Usual care	Functionally equivalent care	Crisis standards of care[a]

Normal operating conditions

Extreme operating conditions

Indicator: potential for crisis standards[b]

Trigger: crisis standards of care[c]

CSC Initiative Goals in Wisconsin

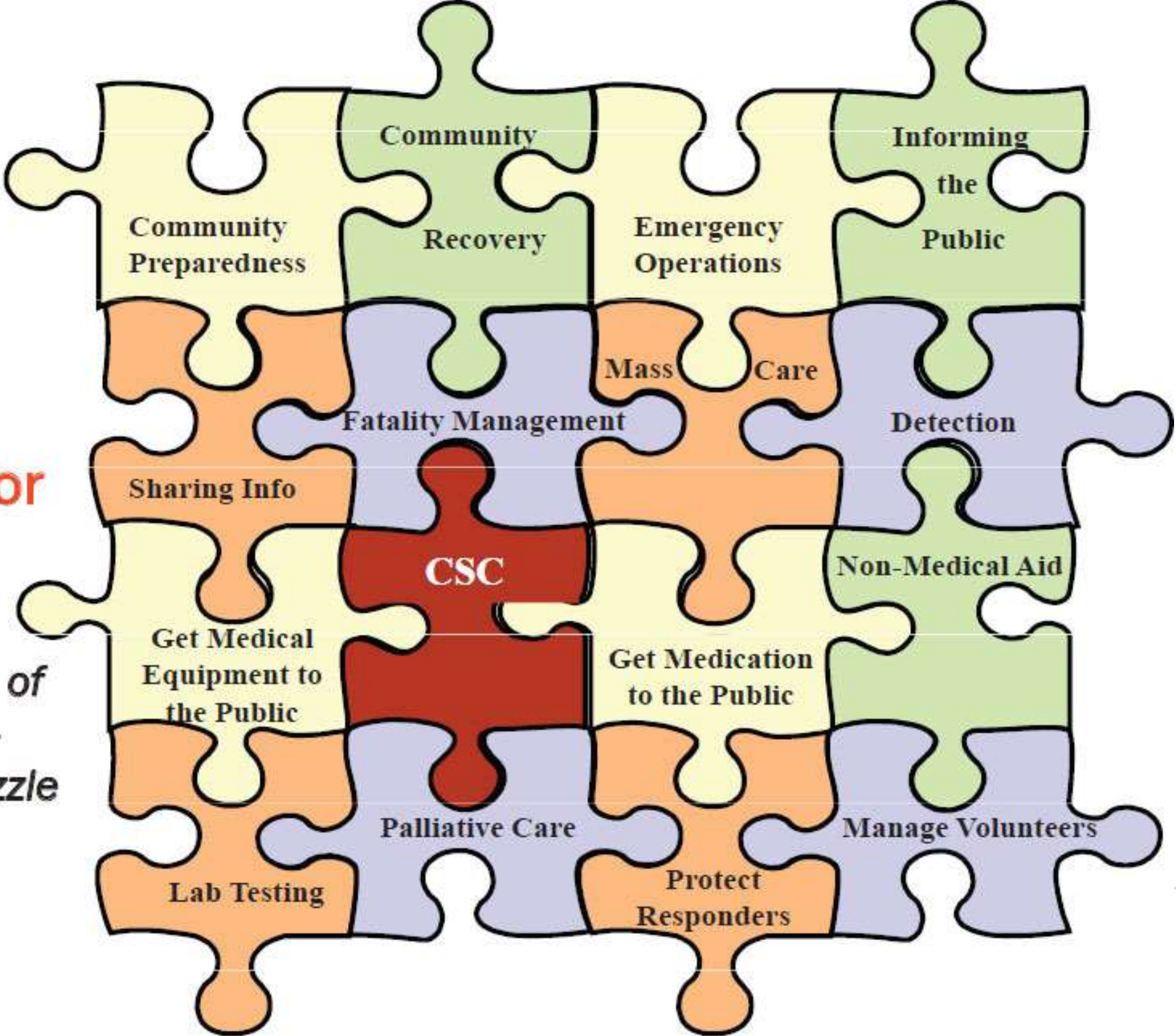
The CSC Initiative will not immediately seek to write standards, guidelines or rules.

- Start of the Conversation
- Collaboration and Extensive Input
- Engage subject matter experts to provide guidance, input and expertise on the initiative and potential paths of approach
- Research and report on currently utilized CSC policies and procedures in other states and WI.
- Convene partners to acquire a better understanding of utilized CSC best practices

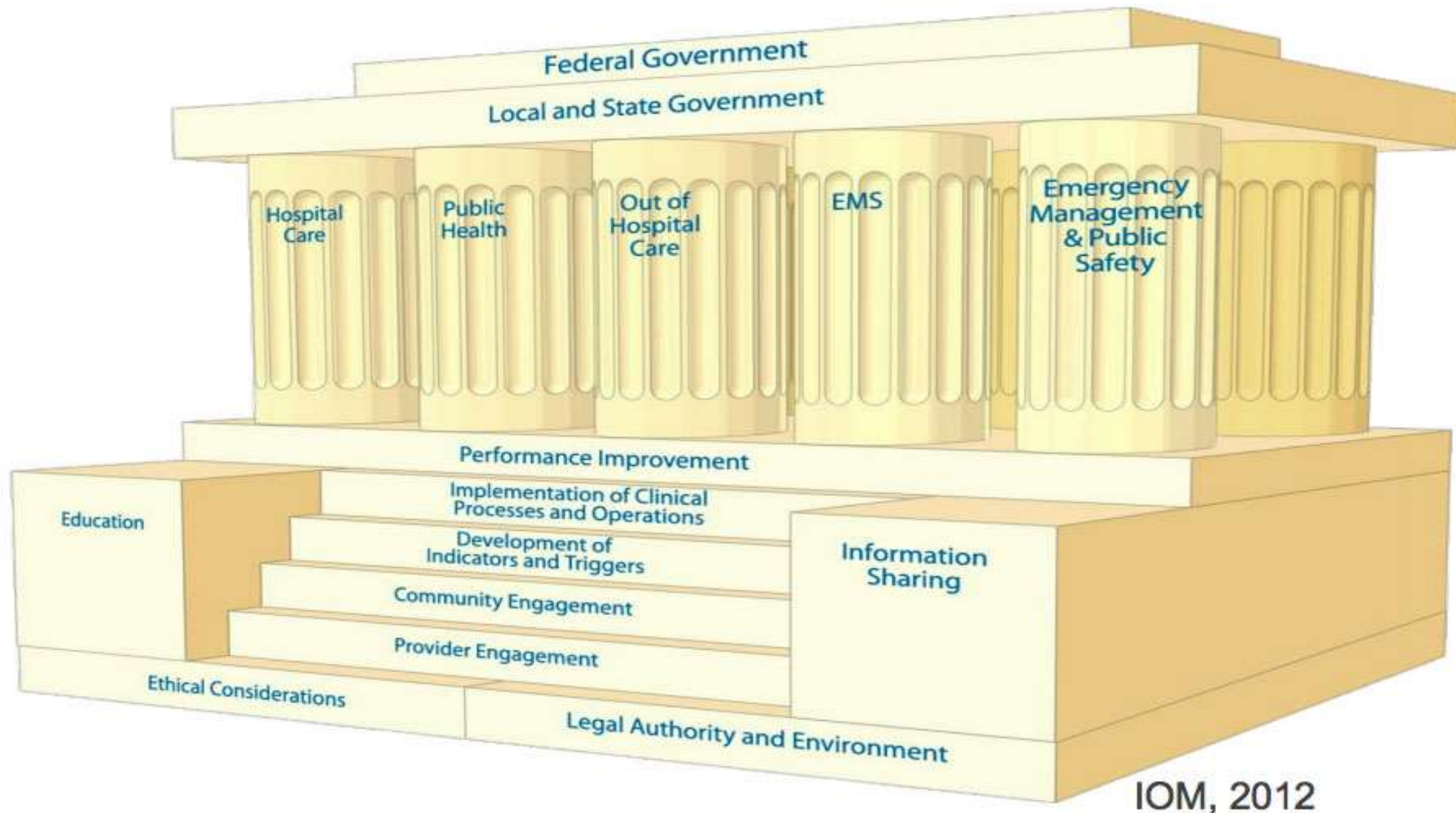
CSC Initiative Goals in Wisconsin - continued

- Work with partners to develop an inventory of CSC barriers and possible solutions.
- Work with partners to identify possible CSC triggers
- Seek to start a meaningful dialogue among partners of general CSC guidelines and principles
- Develop recommendations on possible paths of approach to move Wisconsin forward in development of CSC framework and guidance.
- Lay the groundwork for follow-on activities, if identified as necessary and desirable

Crisis Standards of Care ("CSC")--- a piece of the puzzle



Partnerships and Working Together



Research and Outreach

- Review of other state's CSC plans
  - CSC Plans - MN, IL, NV, AZ, TX, MS, CO, DC, NC, UT
  - Allocation of Scare Resources – DE, IN, KS, LA, MI, OR, SC, VA
  - CSC Plans – 11 pages to 188 pages
  - Varied in scope

- Outreach and Work in Wisconsin
  - Health Care Systems/Hospital/Healthcare Providers
  - Public Health
  - EMS & First Responders
  - Wisconsin Emergency Management
  - Legal & Ethics Community
  - Affiliated Wisconsin Associations

CSC Initiative Recommendations

- Establish a State Disaster Medical Advisory Committee (SDMAC)
  - Help develop overall CSC framework and guidelines
  - Help develop CSC recommendations and guidance to the DHS Secretary during times of declared healthcare emergency response.
- Develop Statewide Master Mutual Aid Agreement (MMAA)
- Explore legal/ethical issues that hamper optimal healthcare provider response in healthcare emergency situations.
  - Develop educational materials to assist in better understanding.

SDMAC

In its 2009 letter report, the IOM recommended the establishment of an SDMAC.

Functions:

- Prior to a disaster, the SDMAC has a critical role in developing CSC plans and overall CSC framework.
- During a disaster, it provides ongoing advice to the state health department and medical authority on the implementation of CSC, as well as on a variety of health and medical issues.

The SDMAC should include broad representation from the state emergency health care system and be multidisciplinary, including specialists in:

- pediatric,
- trauma,
- mental health,
- and palliative care,
- as well as the needs of at-risk populations.

Building a CSC Framework for Wisconsin

- CSC framework is document including recommendations for Hospitals and EMS to assist in planning for CSC events, including ethical and legal considerations and community priorities and values.
- Reduced to its fundamental elements, CSC describe a planning framework based on strong ethical principles, the rule of law, the importance of provider and community engagement, and steps that permit the equitable and fair delivery of medical services to those who need them under resource-constrained conditions.
  - Fairness
  - Duty to Care
  - Duty to Steward Resources
  - Transparency
  - Consistency
  - Proportionality
  - Accountability

CSC Framework and Tactics

Predetermined (scripted) tactics are established during the planning phase and integrated into checklists, job action sheets, and other response procedures. Non-predetermined (non-scripted) tactics will be incident specific and will be recommended by the SDMAC to the DHS Secretary during a CSC response. Non-scripted tactics will typically require more analyses and time to develop and implement than scripted tactics.

- Scripted Tactic: A tactic that is predetermined and is quickly implemented by frontline personnel with minimal analysis.
- Non-Scripted Tactic: A tactic that varies with the situation, based on analyses of multiple or uncertain indicators, recommendations, experience, and expertise.

Building the Airplane As We Are Flying It

- Original goals for recommendations were to be in place for possible use IF NEEDED for the Democratic National Convention in Milwaukee for July 2020
- Then COVID-19 happened
- Expedited the development and implementation of the SDMAC to assist in COVID response
    - Chartered in March and since revised
- Organic CSC Development taking pace during COVID-19
    - Should be a part of future CSC in Wisconsin
    - Capture all the good work to date during COVID-19 response
- Need to start development of the overall CSC framework (the scripted tactics)

How Do We Get There?

- Have a common understanding of the task at hand
- Building consensus among constituents and stakeholders
- Develop key operating guidelines to provide consistency
- Educate and communicate with experts

Why Is Consensus So Important?

- To assure community safety
- To enable rapid decision-making
- To ease the stress of difficult situations
- To provide consistent compassionate care
- To maintain the best possible health for the community
- To protect patient care providers
- To provide the same level of care
- To reduce individual and institutional liability
- To maintain legal and regulatory guidelines

How do we Reach Consensus?

- Recognizing differences of opinion
- Honoring individual and group values
- Listening actively
- Developing a methodology for decision making

Consensus is:

- General agreement
- Majority of opinion
- Based on valid and true facts
- Negotiation
- Entire group abides by decision

Consensus is not:

- Unanimous agreement
- Lone ranger mentality

Concurrent/Future Proposed Work Plan

- Initial SDMAC Planning and Development Meeting – (March 2020 to present)
- Organic Development Taking Place - (Presently)
- Workgroups Identified to Develop “Scripted Tactics” (TBD)
  - Legal/Ethical – Ethical code, legal sections of plan
  - Clinical – Clinical protocols and inclusion criteria
  - EMS – Validated existing plans & standards for transport
  - Public Engagement – Develop public engagement tools and strategies
- Consensus building with SDMAC- desired future state, mission, vision, values (TBD)
- Drafting stock portions of the plan (TBD)
- Scheduling additional planning meetings (TBD)
- Workgroups to draft and/or approve specific plan elements (TBD)
- Obtain buy in from SDMAC (TBD)
- Compile first draft (TBD)
- Conduct public engagement sessions (TBD)
- Compile second draft (TBD)
- Legal Review (Jan 2022)
- Plan Implementation Workshop and Tabletop Exercise (May 2022)

Community Engagement & Outreach

- Commitment to considering and integrating public input into CSC guidance. This means the CSC planning process should not be so far along at the time of community engagement as to leave little room for incorporation of the public's feedback and input.
- Community engagement sessions should accurately represent the community. All efforts should be made to recruit diverse participation in engagement sessions including those populations that may be considered at-risk or hard-to-reach.
- Participants are both provided information on CSC, as well as given the opportunity to deliberate and discuss issues.
- Deliberation should be considered a goal in and of itself. Although consensus may not be reached, active deliberation at the community level helps to "reveal misunderstandings, biases, and areas of deep disagreement".
- Public input should be given consideration in the CSC decision-making process. Further, ways in which this will happen should be made explicit to participants at the start of all engagement sessions.
- Strong leadership and top-down support, as well as sufficient resources to complete the process, should be given to community engagement.

Contact Information

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