ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 5 January 2022
Response Date: 5 January 2022
Type of TA Request: Standard

Request:

The requestor asked ASPR TRACIE for resources related to crisis standards of care (CSC) that are specific to hospice and palliative care.

Response:

The ASPR TRACIE Team conducted a search of existing ASPR TRACIE resources and online for CSC-related resources specific to hospice and palliative care. In particular, we reviewed the following general (non-COVID-19 related) ASPR TRACIE Topic Collections: Crisis Standards of Care, Homecare and Hospice, and Long-term Care Facilities. We also reviewed the following ASPR TRACIE COVID-19 Specific Topic Collections: COVID-19 Crisis Standards of Care Resources, and COVID-19 Home-based Healthcare and Hospice Resources.

Resources that are general in nature and not specific to COVID-19 can be found in Section 1, and COVID-19 specific materials can be located in Section II of this document.

I. General Crisis Standards of Care Resources for Hospice and Palliative Care


Starting on page 31, this plan provides links to general resources on palliative care and non-pharmacologic interventions. Links to related organizations are also provided. This is followed by a “regional resource card” that covers communications and coordination; space; supplies; staff; special considerations; triage; treatment; and tracking. Steps to take for certain symptoms are also listed at the end of the plan.


In 2009, the United States (U.S) Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) asked the Institute of Medicine to convene a committee to develop guidance for CSC in disaster situations. This report focuses on the key principles and guidance that can assist public health officials, health care facilities, and others in the development of systematic policies.
and protocols that can be applied in a disaster situation with scarce resources. The report includes two scenarios: (1) a sudden-onset, no-notice earthquake, and (2) a slow-onset, pervasive pandemic. **NOTE:** This book has a specific section on Palliative Care Planning for Crisis Standards of Care. A [Letter Report](#) is also available.


This comprehensive plan is the result of years of collaboration between the state public health, healthcare, legal, ethical, and emergency management disciplines and can serve as a model for others. Sections include: Statewide Concept of Operations; Clinical Concept of Operations; Organization and Assignment of Responsibilities; Direction, Control, and Coordination; Information Collection, Analysis, and Dissemination; Communications; Administration, Finance, and Logistics; and Legal Considerations. **NOTE:** A section on Palliative Care and Comfort Care is included in this document.


This planning guide is geared towards long-term care, homecare, and hospice providers and is comprised of six sections: situational awareness, continuity of operations, facility or agency operations, CSC, staffing, and fatality management.

**Idaho Department of Health and Welfare.** (2020). *Crisis Standards of Care.*

This state crisis standards of plan incorporates palliative care/comfort care throughout. It is specifically listed in sections on hospital wards and ambulatory care, and an entire section dedicated palliative care starts on page 30.

**Institute of Medicine of the National Academies.** (2013). *Out-of-Hospital, Crisis Standards of Care: A Toolkit for Indicators and Triggers.* *(NOTE: Resource for purchase).*

This section (starting midway through the document) of the Institute of Medicine's widely referenced CSC contains detailed planning information for crisis situations which is broadly applicable to much of homecare disaster planning. The functional checklist at the end of the section may be of particular utility. **NOTE:** The Out-of-Hospital section can be found in Chapter 9 of the toolkit.


This card set can help facilitate an orderly approach to resource shortfalls at a healthcare facility. It is a decision support tool to be used by key personnel, along with incident
management, who are familiar with ethical frameworks and processes that underlie these decisions. **NOTE:** This resource includes information on hospice and palliative care.


In this plan, palliative care is mentioned as an alternative for patients not eligible for a triage assessment (p. 17). Patients who have a medical condition on the terminal condition list or have a high risk of mortality are categorized as “Level 4” (or lowest access/palliate/discharge) in the prioritization section of this plan (p. 18).


This guidance document is divided into five sections on ethical preparedness and response in a healthcare system: 1) an overview of ethical challenges; 2) workforce capacity and responsibility; 3) resource allocation; 4) hospice and palliative care; and 5) limiting personal liberty to preserve public health. The document also includes a checklist for implementing the plan guidance.

II. **COVID-19 Specific Crisis Standards of Care Resources for Hospice and Palliative Care**


This article addresses state and regional gaps identified in planning for scarcity in hospice and palliative care services during the COVID-19 pandemic. It also describes the planning initiatives Colorado has undertaken to address potential scarcities for this group of people.


This document highlights guidance from the AMA Code of Medical Ethics relevant to physicians making decisions about the allocation of scarce resources during the COVID-19 pandemic. **NOTE:** Although not specific to hospice and palliative care services, this document may provide useful information for this request.


In rural areas, home care and hospice often go hand in hand. Sue Heitkamp, RN, BSN, President, and Joelle Goldade, RN, BSN, CHPN, COS-C, HCS-D, Director of Clinical Operations (both of CHI Health at Home), shared how they carried out these important services during the COVID-19 pandemic.
For a profession whose mission is to help terminally ill patients plan their final days and guide them and their loved ones through the passage emotionally and spiritually, a global pandemic presented the ultimate challenge. ASPR TRACIE met with Sarah McSpadden, RN, MSN, MHA, President and Chief Executive Officer of The Elizabeth Hospice, to learn more about her experiences during the COVID-19 pandemic.

This ASPR TRACIE technical assistance response details palliative care during the COVID-19 pandemic.

This document provides select healthcare entities (e.g., nursing homes, assisted living facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities, long-term acute care hospitals, inpatient rehabilitation facilities, and dedicated hospice facilities) an overview of general considerations, potential strategies, and existing resources they may use to inform changes to their COVID-19 related operations and crisis standards of care (CSC) processes. It is intended to complement, not replace, existing state and/or local guidance and plans for implementing CSC.

Although this discussion paper focuses on hospital application of CSC, it may include information that is useful for hospice and palliative care services.

This almost 30-minute podcast discusses NHPCO’s newly released Crisis Standards of Care guidance.

This document defines and highlights the impact of CSC on palliative and hospice care. It also includes a table with links to state-specific CSC information.