ASPR TRACIE Technical Assistance Request

Requestor:
Requestor Phone:
Requestor Email:
Request Receipt Date (by ASPR TRACIE): 26 May 2016
Response Date: 8 June 2016
Type of TA Request: Standard

Request:

██ is seeking resources that detail state-level strategies to develop and implement CSC guidance across the state. He is specifically looking for topics related to decision-making processes for senior state health department leadership, how those decisions may affect mortality outcomes and long term recovery activities.

Response:

Section I provides recommendations from ASPR TRACIE SME Cadre members on their thoughts regarding the state level strategies to develop and implement CSC guidance. Section II includes SME-recommended promising/ best practice plans, general guidance/ templates, and other plans. We also noted specific pages or sections in many of the documents that may be of particular interest to you. Section III includes various resources and guidance documents that may be helpful in the CSC plan development process. And Section IV includes Milestones for CSC Planning and Implementation (an excerpt from the IOM documents) that should be used by states in planning.

I.   Crisis Standards of Care SME Comments:

State-level support should focus on local operations and encouragement of local planning for surge, including crisis care. The role of the state is to support the operational strategies that have to be implemented by the hospitals, EMS, and other entities in order to cope with an incident where demand exceeds available resources that *cannot* be rapidly addressed through usual emergency management/coalition activities. State CSC actions involve both legal and regulatory support as well as guidance - developing pre-event and incident-specific policy and recommendations (and may involve operational support - teams, Medical Reserve Corps, etc. depending on resources). So documenting the legal and regulatory support the state can provide as well as the processes that the state will use in a crisis is critical.

Also, CSC operations should be a natural extension of state all-hazard emergency operations. CSC at the state level refers to protracted situations that require systematic action to assure transparent, consistent, and proportional resource allocation strategies. CSC at the patient care level (or crisis care, as it is often referred to now, as the local actions don't result in a formal declaration or official actions), however, is slightly different - it is surge capacity care provided at the end of the surge spectrum that must do the 'greatest good for the greatest number' that may

be of short duration and not trigger the need for the state to invoke CSC (or may continue if resources are not available - and prompt state CSC measures). The state needs to encourage crisis care planning by EMS and hospital entities for situations that may develop where resources are scarce and significant changes in operations must be made, but many of these situations will be resolved within hours or days through the usual channels of incident management. Only in situations such as a pandemic or a widespread, severe damage to infrastructure event would the state be likely to have to adopt formal CSC measures.

Indicators and triggers for action should be described. Local development of surge capacity plans that include crisis care operations will help greatly, as implementation of these strategies is a clear trigger to request assistance from coalition and jurisdictional partners to address the situation, and is a clear indicator to the State of a need for support. If the analysis of the situation is that it cannot be rapidly addressed, CSC plan components may then be activated as required.

Please see Section IV of this document (Milestones for CSC Planning and Implementation) as specific guidance for state government agencies to help start and guide their planning efforts.

II. State and Local CSC Plans

A. Promising/ Best Practices
The following CSC documents are recommended as "promising/best practices" in that they address a number of the elements noted in the IOM report.

- **Washington DC**: Modified Delivery of Critical Care Services in Scarce Resource Situations, Overview of a strategy to be implemented by the DC Emergency Healthcare Coalition and its member organizations
    - o Page 18: Modified Delivery of Critical Care Services: Preparedness Considerations
    - o Page 26: Return to normal operations/ recovery
- **Minnesota:**
    - o Patient Care: Strategies for Scarce Resources Situations- decision support tool to be used by key personnel, along with incident management.
    - o Ethically Rationing Health Resources in Minnesota in a Severe Influenza Pandemic
    - o Science Advisory Team Crisis Standards of Care Charter
- **Hennepin County, MN**: See attached the following guidance documents (**not for further distribution** without approval from ASPR TRACIE):
    - o Hennepin County Medical Center (HCMC) Crisis Standard of Care Guidelines- Draft September 14, 2009.
    - o Summary of Regional Process for Resource Triage Situation
    - o Metropolitan Area Hospital Compact
- **Arizona Department of Health Services.** (2015). Arizona Crisis Standards of Care Plan: A Comprehensive and Compassionate Response.
    - o See Appendix A- CSC Code of Ethics- includes specifically what decision-makers need to consider

B. Guidance/ Templates
- [Volume 2](#) of the [Crisis Standards of Care](#) publication (2012) by the Institute of Medicine (IOM) includes the roles/responsibilities of local and state government, operational considerations, and core functions for writing and implementing the plan. Specific templates for state level planning:
  - [Template Descriptions - p.2-17](#)
  - [Template 5.1. Core Functions for CSC Plan Development (Within States) - p. 2-30](#)
  - [Template 5.2. Core Functions for Implementing CSC Plans in States During CSC Incidents - p. 2-36](#)

C. Additional Plans
- **Delaware:**
  - [Delaware Public Health and Medical Advisory Board: Prioritization of Ethical Values](#)- Ethical values to guide decision-making in order of priority
  - [Altered Care Policy](#)
  - [Prioritization of Ethical Values Pyramid](#)
- **Indiana State Department of Health.** (2014).[Crisis Standards of Patient Care Guidance with an Emphasis on Pandemic Influenza](#).
  - Page 13: Daily Review of Decisions
- **Kansas Department of Health and Environment**. (2013). [Guidelines for the Use of Modified Health Care Protocols in Acute Care Hospitals During Public Health Emergencies](#).
  - Page 13: Responsibility structure for triage decision making
- **Louisiana Department of Health & Hospitals.** (2011). [State Hospital Crisis Standards of Care Guidelines in Disasters](#).
  - Pages 11-12: Implementation Plan and flow chart of organizational structure for development and response in CSC.
- **State of Michigan Department of Community Health**
  - [Guidelines for Ethical Allocation of Scarce Medical Resources and Services during Public Health Emergencies in Michigan](#)
- **[Oregon Crisis Care Guidance](#).** (2014).
  - Appendix E: Oregon model for triage and allocation of critical care resources in a healthcare crisis
  - Appendix F: Healthcare during a crisis: frequently asked questions
- **[South Carolina Prepares for a Pandemic Influenza: An Ethical Perspective](#).** (2009).
  - Page 13: Ethical principles when making a decision
- **Texas Department of State Health Services**. (2010). [A medical ethics framework to support decision-making in the allocation and distribution of scarce medical resources during pandemic influenza](#).
- **Virginia Department of Health and Virginia Hospital and Healthcare Association.** (2008). [Critical Resource Shortages: A Planning Guide.](#)
  - Provides guidance on managing shortages of critical resources during the preparedness, response, and recovery phases of a disaster. Pandemic influenza is used as the planning scenario.

III. General Guidance/Resources

A. Foundational Institute of Medicine Documents

The Crisis Standards of Care publication (2012) by the Institute of Medicine (IOM) of the National Academies serves as a key CSC foundational document. It includes seven volumes that provide discipline-specific recommendations and assessments tool for CSC planning. Additional resources below provide detail about the indicators and triggers, and community planning and issues with CSC.

- Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response
- Crisis Standards of Care: Summary of a Workshop Series
- Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report
- 2013 Crisis Standards of Care Indicators and Triggers Report

States, regions, and locals should utilize the guidance provided in the IOM reports, specifically C*risis Standards of Care: A Systems Framework for Catastrophic Disaster Response*, to help develop an operations CSC plan.

- Volume 1, Chapter 2 provides an overview of the CSC framework and planning milestones when developing a plan.
- Volume 1, Chapter 3 provides the legal issues in emergencies that would impact allocation of resources and establishment of CSC.
- Volume 2 includes the roles/responsibilities of local and state government, operational considerations, and core functions for writing and implementing the plan.

B. ASPR TRACIE Resources

ASPR TRACIE developed a Crisis Standards of Care Topic Collection that provides plans, tools, templates, and other resources vetted by subject matter experts.

ASPR TRACIE has also provided numerous responses for technical assistance (TA) from states, locals, and regions regarding CSC issues. Sample TA requests can be found in the Assistance Center and the full redacted versions of the CSC-specific TA responses can be found in the Information Exchange.

The first issue of ASPR TRACIE's newsletter, *The Exchange*, was released February 2016. This issue focuses on CSC planning and activation. The issue includes articles from authors with experience in local, state, and federal CSC planning.

C. ASPR Community of Interest

ASPR has an active online "[Communities of Interest: For Crisis Standards of Care and Allocation of Scarce Resources](#)" that allows local, state, and regional practitioners to can share various CSC plans, tools, and templates. The site provides a clearinghouse of resources and information, and encourages users to submit their jurisdiction's/ facility's CSC plan.

D. Healthcare System Preparedness Capabilities and Implementation Guidance & Public Health Preparedness Capabilities

The following guidance can help jurisdictions develop new and improve existing CSC plans:

- Capability 10, Function 4 of the [HHS Healthcare Preparedness Capabilities](#) (January 2012) is specific to developing CSC guidance. The Healthcare Preparedness Capabilities refers to CSC as a "state led processes to guide healthcare organizations during crisis standards of care when resources are scarce and when requested." Below are the criteria for developing CSC guidance:
  - P1. State crisis standards of care guidance
  - P2. Indicators for crisis standards of care
  - P3. Legal protections for healthcare practitioners and institutions
  - P4. Provide guidance for crisis standards of care implementation processes
  - P5. Provide guidance for the management of scarce resources
  - S1. Crisis standards of care training
- Capability 10, Function 1, Resource P5 of the [CDC Public Health Preparedness Capabilities](#) (March 2011) notes the following indicators for standards of care levels:

  P5: (Priority) Written plans should include processes (e.g., MOUs or other written agreements) to work in conjunction with emergency management, healthcare organizations, coalitions, and other partners to develop written strategies that clearly define the processes and indicators as to when the jurisdiction's healthcare organizations and health care coalitions transition into and out of conventional, contingency, and crisis standards of care.204 Jurisdiction should utilize the risk assessment to build jurisdiction-specific strategies and triggers

- [HPP BP3 Implementation Guidance](#) – Per this guidance, Hospital Preparedness Program (HPP) awardees are required to post their approved CSC plan on the ASPR COI site (see page 19) by the end of BP5 (July 2017). It also includes CSC specific indicators (Medical Surge Indicator 1 and Continuity of Healthcare Operations Indicator 3) and assessment factors (Healthcare Coalition Development Assessment Factors, #16).

IV. Milestones for CSC Planning and Implementation

The following is an excerpt of the [Crisis Standards of Care document](#) (Institute of Medicine, 2012) (specifically, [Crisis Standards of Care, Volume 1: Introduction and CSC Framework](#), pages 1-41) that provides milestones for CSC planning and implementation.

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Listed below are critical milestones that can be used to assess the progress of CSC planning, along with the proposed lead agency responsible for facilitating discussion, plan development, and implementation for each milestone. Many of these elements can be conducted in a single project year.

NOTE: Those elements that are designated for subsequent project years are shaded in gray and noted with an asterisk.

- Establish a state disaster medical advisory committee (SDMAC) or equivalent with representation that includes all emergency response partners (EMS, public health, emergency management, health care systems, community-based practitioners, public safety, others) **(governor's office, state health department).**

- Ensure the development of a legal framework for CSC implementation in the state in collaboration with the state emergency management agency and EMS offices and the SDMAC **(governor's office, state legislature, state attorney general's office, state health department, state emergency management agency).**

- Promote understanding of the disaster response framework among elected officials and senior (cabinet-level) state government leadership **(state health department, state emergency management agency).**

- Develop a state health and medical approach to CSC planning that can be adopted at the regional/ local level by existing health care coalitions, emergency response systems (including the regional disaster medical advisory committee [RDMAC]), and health care providers **(RDMAC, state health department).**

- Engage health care providers and professional associations by increasing their awareness and understanding of the importance and development of a CSC framework **(state and local health departments and EMS agencies, health care coalitions and member organizations).**

- Encourage participation of the out-of-hospital medical community in planning for disaster response, including the development of plans to maximize the effective use of all available materiel and personnel resources **(state and local health departments, health care coalitions, professional health care organizations).**

- Ensure that local and state plans include clear provisions that permit an adaptation of EMS systems under disaster response conditions, including changes in protocols, destinations, practices, and personnel **(state and local health departments, state EMS agencies).**

- Develop and conduct public community engagement sessions on the issue of CSC **(state and local health departments).***

- Support surge capacity and capability planning for health care facilities and the health care system, including the development of plans for allocating scarce resources and promotion of community resilience and mental health in surge response efforts **(state and local health departments, health care coalitions).**

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- Plan for an alternate care system capability to manage a surge in demand for health and medical services **(state and local health departments, health care coalitions).***

- Support scarce resource planning by the RDMAC for health care facilities and the health care system so these plans can coalesce at the (regional) hospital coalition level **(state and local health departments, health care coalitions).**

- Incorporate risk communication strategies into CSC plans **(governor's office, state and local health departments, EMS and emergency management agencies, health care coalitions and member organizations).**

- Exercise CSC plans at the local/regional level with state participation (including having the state exercise regional, intrastate, and interstate coordination if feasible) **(governor's office, state and local health departments, emergency management and EMS agencies, health care coalitions and member organizations).***

- Exercise CSC plans at the interstate level **(governor's office, HHS regional emergency coordinators, state health department, state EMS and emergency management agencies).***

- Use information identified during provider engagement, public/community engagement, and exercise events as elements of a process improvement cycle in order to further refine the development of disaster response plans **(governor's office, state and local health departments and EMS agencies, health care coalitions and member organizations).***

- Develop a process for continuous assessment of disaster response capabilities based on existing information and knowledge management platforms, and create a mechanism for ensuring that these CSC planning milestones are being achieved **(governor's office, state health department and emergency management agency).***

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