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CRISIS STANDARDS OF CARE:

The Illinois Initiative

(Originally published in 2016)

Experiences such as Hurricane Katrina and the 2009 H1N1 pandemic are sobering reminders that we need to have plans in place to make ethical, informed patient care decisions during crisis situations. The Institute of Medicine (IOM) updated their initial 2009 Crisis Standards of Care (CSC) report with a comprehensive report in 2012 and an additional report on CSC Indicators and Triggers in 2013. This information is comprehensive, but can be daunting when deciding where and how to start the planning process. In this article, I present the approach taken by officials in Chicago and the state of Illinois to advance CSC planning across the state.

Public health officials in Chicago began working to develop an approach to CSC planning in late 2012, in order to meet requirements within the Medical Surge capability of both the Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) grants. One member of the staff had studied CSC planning extensively and was well versed in both IOM reports. *Early discussions quickly revealed both the complexity of CSC planning and the need for close coordination with state health officials.* This led to coordination meetings between the Chicago and Illinois Departments of Public Health and the Metropolitan Chicago Healthcare Council (MCHC), the local hospital membership organization. From there, city and state health officials began to lay the foundation for a statewide, integrated approach to CSC planning. A multi-disciplinary core planning committee was developed, with representation from city and state public health, clinical emergency response, rural and urban healthcare, midsize city/town healthcare, critical care, EMS, medical ethics, poison control, and healthcare coalitions; members were carefully selected from across the state with consideration for their leadership and expertise within their disciplines.

The core planning committee began its work by ensuring that each member had a clear definition of CSC and an understanding of how extreme healthcare emergencies requiring the implementation of CSC plans might affect their discipline during an integrated healthcare response. Required readings (e.g., sections of the IOM reports) were established to ensure that all core committee members approached the process from the same level of understanding. Multiple discussions were held to further comprehension of the material, which highlighted the need for full stakeholder engagement. The committee quickly recognized that the planning process would be long-term, and could be highly political, and socially and culturally sensitive if not properly managed. We developed a plan for conducting stakeholder and public engagement meetings and a statewide CSC stakeholder's

conference. We also developed a list of subcommittees that would be formed to address specific disciplines or population sub-groups. *The core planning committee also decided to identify an independent, non-government facilitator to guide the planning process. This was done in an effort to prevent social, cultural, and political differences between the City of Chicago and other parts of the state from hindering progress.* Once the independent facilitator was hired, ethical and legal subcommittees were immediately formed to lay the foundation for planning. The legal subcommittee reviewed Illinois case law that could apply to CSC planning, and conducted literature reviews to develop an appropriate framework that could be used to help define the Illinois process. The ethics subcommittee outlined key ethical commitments that should be used to help govern decision-making under crisis conditions, a document which will be turned into a "white paper" for wider dissemination and discussion.

Since the initial subcommittees were developed, we have conducted stakeholder engagement meetings in multiple regions of the state among public health, healthcare, emergency management, and public safety communities. The goals of these meetings were to gather general information/data from various sectors and determine sector-specific values and beliefs regarding CSC planning.We note that reactions from the responder community and acceptance of the process varies greatly depending on specific areas of the state. Conducting stakeholder engagement meetings in multiple areas of the state was critical in gaining *statewide* support and buy-in. With that in mind, we used Q-sort methodology to identify correlations between participants across a sample of variables and reduce many individual viewpoints down to a few factors.

The Illinois process is still over a year away from completion (estimated June 2017); however, we have learned a number of key lessons thus far. In any jurisdiction conducting CSC planning, widespread provider engagement is critical, given it will be their responsibility to implement the plans. Similarly, communities and members of the general public who will be most impacted by the plan also need to be fully engaged in the process. CSC planning is complex and therefore requires a structured and integrated approach. The Chicago/Illinois planning began with a defined structure that was organized and inclusive. As planning progresses, modifications to the approach will need to be made, but having a basic structure will help guide the process and keep it on track.

Ensuring that the legal and ethical characteristics of your state are considered in the process and used as the foundation for planning is key. Failing to properly plan for these foundational components can derail your process if they are not addressed in the beginning.

Start with medical ethicists from key hospitals, academic ethicists from universities in your jurisdiction, attorneys from public health, emergency management, and the attorney general's office. Most importantly, be patient. Do not rush the process, and remember that the subject matter may cause disagreements among the best of colleagues. This is hard work, but it is important work.

In an initial analysis of input from more than 300 providers from public health, public safety, and healthcare delivery across the state of Illinois, concordance around a few key themes has been identified. Fairness related to being able to save large numbers of patients while stewarding scarce resources was one unifying theme. Another theme was related to the prioritization of care of the healthcare workforce that may be at greatest risk of exposure and illness – the very same workforce required to ensure continuity and functionality of the healthcare system. In 2016, we will continue to use Q-sort methodology as we conduct public engagement meetings to gain input from those who will be most impacted by the implementation of CSC plans.

Critical Planning Factors in the Illinois Experience

- Must have widespread provider engagement
- Must involve the community and general public in the process
- Structured and integrated approach with project management
- Jurisdiction specific legal and ethical characteristics must be evaluated and serve as a foundational component of planning
- Do not rush the process – it will take time.
- Consider a third party/ outside mediator or facilitator to support engagement

While we do not know where the next large-scale disaster will occur, a structured, integrated, and comprehensive CSC plan can make the difference in how readily your emergency response system will be able to meet the surge capacity and capability needs of the event, and at its conclusion, how resilient your community will be following the disaster.

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2009

IOM publishes initial CSC report

2012

IOM updates CSC report

Chicago public health officials meet to develop approach to CSC planning

2013

Multi-disciplinary core planning committee developed

Developed plan for engagement meetings and statewide CSC stakeholder's conference

IOM publishes CSC Indicators and Triggers report

2014

Ethical and legal subcommittees developed

2015

Stakeholder engagement meetings conducted

Statewide CSC Stakeholder conference held

2016

Ethics subcommittee to produce white paper on decision-making under crisis conditions

Legal subcommittee to present draft overview of legal considerations

Conduct public engagement meetings