

Crisis Standards of Care Legal-Ethical Work Group

Arizona Department of Health Services
Bureau Public Safety Emergency Preparedness

Legal Update and Accomplishments

February 26, 2014



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Five Key Elements for all CSC Plans

- A strong ethical grounding... based transparency, consistency, proportionality, and accountability
- Integrated and ongoing community and provider engagement, education, and communication
- The necessary legal authority and legal environment in which CSC can be ethically and optimally implemented
- Clear indicators, triggers, and lines of responsibility
- Evidence-based clinical processes and operations



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Legal/Ethical Workgroup: Purpose

Address the legal barriers for the provision of optimal and ethical medical care and public health for emergency/crisis preparedness and response.



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Legal/Ethical Workgroup Charter: Goals

- Identify potential legal and regulatory barriers to a health care provider's ability to give the best possible care during an emergency crisis response.
- Give recommendations for waivers and legislative changes that promote optimal community healthcare and protect healthcare workers and facilities when substantial change in usual healthcare operations exist due to emergency crisis.
- Identify specific Arizona State statutes and regulations to recommend need for a waiver by the Governor through the use of an emergency proclamation or executive order.
- Create a mechanism to respond to the ethical and moral values of the community related to a paradigm shift from personal care to community care



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IOM "Framework"

- Paradigm shift for health care providers. Resource use allocated on basis of community needs not individual need.
- "Horizontal" coordination across full spectrum of stakeholders – hospitals, clinics, EMS, public health dept, public safety agencies
- "Vertical" integration refers to consistency and coordination of partners involved in emergency response to disasters. (federal, state, local, and tribal governments)

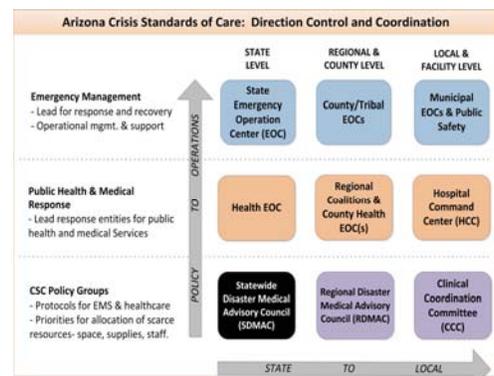


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A "Systems" Approach to CSC



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Workgroup Update

- Conducted three Workgroup meetings between June and December, 2013
- Group comprised of legal and medical experts from government, healthcare, and academia
- Developed recommendations for legal and regulatory changes to better facilitate CSC activation
- Created the *Crisis Standards of Care Emergency Code of Ethics for the State of Arizona*
- This code is based on the *Ethics in Public Health Emergencies: An Arizona Code of Public Health Emergency Ethics*



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Legal Recommendations

- Establish institutional liability protection for Arizona
- Examine the ability to broaden/enhance professional scopes of practice when CSC is invoked with professional boards that include supervision requirements and practice standards
- Determine methodology, frequency, and basic construct for training and education to broaden individual professional scopes of practice including MD, DO, RN, APN, NP, RNFA, and Nurse Anesthetists, use military model of evidence-based practice guide



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Legal Recommendations (2)

- Clarify waiver processes and triggers for state, federal, HHS, and CMS
- Craft guidelines for regulatory and statutory waivers that facilitate healthcare and public health practitioners and providers response to a disaster without jeopardizing safe patient care



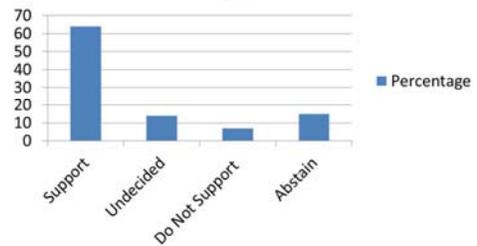
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Q1 - What is your level of support for the following statement: "...adjusting practice standards and shifting the balance of ethical concerns to emphasize the needs of the community, while still providing the best possible care for individuals within an environment of significant resource restraints."*

Polling Results in Percent
n=21



*64% in Support



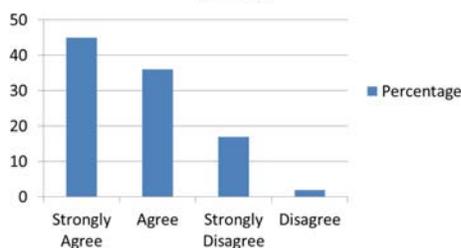
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Public Engagement Report Question 19: Every hospital in the disaster area should follow the same rules when deciding how to use limited medical resources

Percentage Agree/Disagree
(n = 148)



*81% Agree or Strongly Agree with the statement



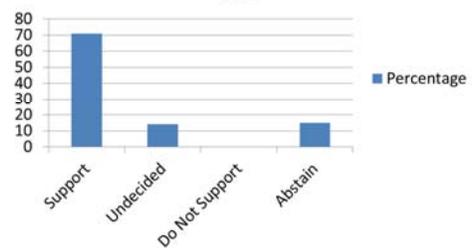
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Q2 - What is your level of support for the following statement: Use of "systems" approach ensures that all stakeholders follow consistent protocols that consider legal and ethical considerations when crisis standards of care take effect."*

Polling Results in Percent
n=21



*71% support systems approach



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References

- A Framework for Catastrophic Disaster Response. (Hanfling D, Altevogt B M, Gostin L O. JAMA 2012;308: 675-76.)
- Ethics in Public Health Emergencies: An Arizona Code of Public Health Emergencies Ethics. (Feb 15, 2012, Lincoln Center for Applied Ethics and the Public Health Law and Policy Program, Sandra Day O'Connor College of Law)
- A Systems Framework for Catastrophic Disaster Response. (IOM, 2012)



Crisis Standards of Care Cross-cutting Work Group Themes

Balanced Scorecard Update
SDMAC Planning Committee
February 26, 2014



Intergration, Collaboration, Coordination

- “Horizontal” coordination across full spectrum of stakeholders – hospitals, clinics, EMS, public health dept., public safety agencies
- “Vertical” integration refers to consistency and coordination of partners involved in emergency response to disasters. (federal, state, local, and tribal governments)



Retain CSC SDMAC defined values as represented on the BSC and use to drive written plan:

- ❖ **Transparency:** providing open, honest, factual and timely communication and information sharing
- ❖ **Consistency:** implementing processes and procedures across the continuum of care; applying the same methodology(s) to achieve optimal community health
- ❖ **Fairness:** supporting respect and dignity for all populations in the provision of healthcare across the continuum of care
- ❖ **Accountability:** taking responsibility for actions, competing work assigned, follow through on requests and communications
- ❖ **Resiliency:** providing the recovery of emotional, spiritual, intellectual and mental health needs and facilitating the wellbeing of the community
- ❖ **Evidence –Based:** formulating decisions on medically founded, state-of-the-art and research tested (when available) facts and processes to promote optimal community health



Cross-cutting Trends by Work Group

CSC Trend	Clinical Practice	Legal Ethical	EMS	Public Engagement
Triage	X		X	
Liability	X	X	X	
Code of Ethics	X	X	X	X
Resources	X		X	
Staff	X	X	X	X
Authority	X	X	X	
Triggers	X		X	
Infrastructure	X	X	X	
Medical Direction	X	X	X	



Cross-cutting Trends by IOM Pillar

CSC Trend	Hospitals	Public Health	Ambulatory Care	EMS	Emergency MGMT & Public Safety
Triage	X	X	X	X	X
Liability	X	X	X	X	X
Code of Ethics	X	X	X	X	X
Resources	X	X	X	X	X
Staff	X	X	X	X	X
Authority	X	X	X	X	X
Triggers	X	X	X	X	X
Infrastructure	X	X	X	X	X
Medical Direction	X	X	X	X	X
Transportation	X	X	X	X	X



Questions

