

Arizona Department of Health Services

Andrew Lawless, Training Officer
Public Health Emergency Preparedness

**Arizona Crisis Standards of Care (CSC)
Initial Planning Workshop for Statewide CSC Planning**



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Agenda

- 8:30 Registration
- 9:00 Introduction – Teresa Ehnert
- 9:15 IOM Crisis Standards of Care Overview, Andrew Lawless
- 9:30 Crisis Standards of Care, Clinical Issues, Frank Walter, MD
- 10:15 BREAK
- 10:30 Legal Issues in Public Health Emergencies, James Hodge, JD
- 11:00 Applying AZ Law to PH Emergencies, Aubrey Joy Corcoran, JD, MPH
- 11:30 Ethical Issues in Public Health Emergencies, Daniel Orenstein, JD
- 12:00 LUNCH
- 12:45 Breakout session I
- 1:45 Breakout session II
- 2:45 Breakout session III
- 3:45 Report Back Session
- 4:15 Next Steps and Final Comments – Teresa Ehnert & Andrew Lawless
- 4:30 ADJOURN

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ACRONYMS

ACS	Alternate Care Systems
CSC	Crisis Standards of Care
EM	Emergency Management
EMS	Emergency Medical Services
IOM	Institute of Medicine
PH	Public Health
RDMAC	Regional Disaster Medical Advisory Committee
SDMAC	Statewide Disaster Medical Advisory Committee
SOFA	Sequential Organ Failure Assessment



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BREAKOUT SESSIONS

- Each participant is assigned to one of three groups (RED, GREEN, or BLUE)
- Each group will attend each breakout session on a separate track
- Breakout session facilitators will guide discussions
- Group feedback will be documented on flip charts
- Participant feedback forms should be filled out at the end of each breakout session (total of 3)
- Participants will have opportunity to provide a brief summary of group discussions at the end of the day

Teresa Ehnert Bureau Chief, Public Health Emergency Preparedness Arizona Department of Health Services	Statewide Disaster Medical Advisory Committee Response Structure
Antonio Hernandez , Section Chief Partner Integration Andrew Lawless , Training Officer Arizona Department of Health Services	Core Functions for Hospital Facilities
Megan Jehn , PhD, MPH Director, Global Health Program Arizona State University	Public Engagement Process

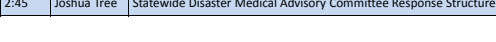
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BREAKOUT SESSIONS

TIME	ROOM	TOPIC
12:45	Joshua Tree	Statewide Disaster Medical Advisory Committee Response Structure
1:45	Horseshoe	Core Functions for Hospital Facilities
2:45	Echo Canyon	Public Engagement Process

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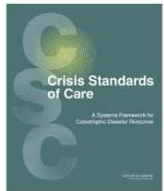

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Crisis Standards of Care A Systems Framework for Catastrophic Disaster Response

VOLUME 1: Introduction and CSC Framework
VOLUME 2: State and Local Government
VOLUME 3: EMS
VOLUME 4: Hospital
VOLUME 5: Alternate Care Site Facilities
VOLUME 6: Public Engagement

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Crisis Standards of Care VOLUME 1 – Chapters 1 - 4

1. Introduction
2. Catastrophic Disaster Response: Creating a Framework for Medical Care Delivery
3. Legal Issues in Emergencies
4. Cross-Cutting Themes: Ethics, Palliative Care, and Mental Health

- Key for all staff involved in CSC Planning
- Explains CSC history and systems approach

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Crisis Standards of Care VOLUME 2 – Chapter 5

5. State and Local Governments
 - Roles and Responsibilities of State Government
 - Roles and Responsibilities of Local Government
 - Operational Considerations
 - Template Descriptions
 - Core Functions for CSC Plan Development (Within States)
 - Core Functions for Implementing CSC during incidents
 - References

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Crisis Standards of Care VOLUME 3 – Chapter 6

6. Prehospital Care: Emergency Medical Services (EMS)
 - Roles and Responsibilities of Emergency Medical Services
 - Operational Considerations
 - Template Descriptions
 - Core Functions of EMS in CSC Plan Development
 - Core Functions for EMS CSC During Implementation
 - References

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Crisis Standards of Care VOLUME 4 – Chapter 7

7. Hospitals and Acute Care Facilities
 - Roles and Responsibilities of Healthcare Facilities
 - Operational Considerations
 - Template Descriptions
 - Core Functions of Hospitals and Providers in Implementation
 - References

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Crisis Standards of Care VOLUME 5 – Chapter 8

8. Out of Hospital and Alternate Care Systems
 - Roles and Responsibilities of Out-of-Hospital and ACS
 - Operational Considerations
 - Template Descriptions
 - Core Functions During in Planning and Implementation
 - References

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Crisis Standards of Care VOLUME 6 – Chapter 9

9. Public Engagement
 - Goals and Benefits
 - A Model for Public Engagement: Resources for State/Local
 - Essential Principles of Public Engagement
 - Challenges and Strategies
 - Toolkit Description
 - Conclusion, References, Guidebooks, etc.


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Crisis Standards of Care VOLUME 7 – Appendixes

- A Glossary
- B Hospital Emergency Operations Plan CSC Annex
- C Potentially Scarce Medical Resources by Category
- D Resource Challenges by Disaster Type
- E Statement of Task
- F Committee Biographies

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What are Crisis Standards of Care?



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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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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: 1) prioritize population health rather than individual outcomes; 2) respect ethical principles of beneficence, stewardship, equity, and trust; 3) modify regulatory requirements to provide liability protection for healthcare providers making resource allocation decisions; 4) designate a crisis triage officer and include provisions for palliative care in triage models for scarce resource allocation...


(IOM, *Crisis Standards of Care*, 7-1 and 7-2)

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Crisis Standards of Care cont.


...Crisis standards of care will usually follow a formal declaration or recognition by state government during a pervasive (pandemic influenza) or catastrophic (earthquake, hurricane) disaster which recognizes that contingency surge response strategies (resource sparing strategies) have been exhausted, and crisis medical care must be provided for a sustained period of time. Formal recognition of these austere operating conditions enables specific legal/regulatory powers and protections for healthcare provider allocation of scarce medical resources and for alternate care facility operations...

(IOM, *Crisis Standards of Care*, 7-2)

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What is a systems approach?




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System Defined

A system is composed of regularly interacting or interrelated components that can function independently

(Merriam Webster Dictionary, 2012)




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Systems Defined Approach for crisis, disaster, and risk mgmt.

A management strategy that recognizes that disparate components must be viewed as interrelated components of a single system, and so employs specific methods to achieve and maintain the overarching system. These methods include the use of standardized structure and processes and foundational knowledge and concepts in the conduct of all related activities.

(George Washington University, 2009)




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Catastrophic Disaster Defined

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

(IOM, Introduction and CSC Framework 1-15)




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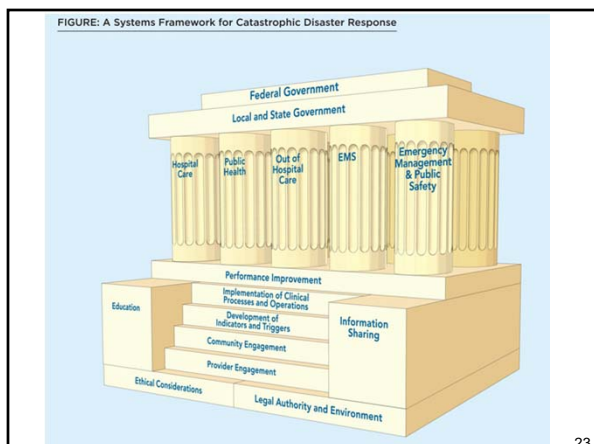
CSC Assumptions for catastrophic disaster response conditions:

- Resources are unavailable or undeliverable to HC facilities
- 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, *Crisis Standards of Care*, 1-10)



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Continuum of Care

Surge Category	Description
1) Conventional	Business as usual. May include seasonal increases in service (winter visitors, flu season, etc.).
2) Contingency	Conventional care continues until demand for care outpaces available resources. Capacity to surge is maximized and eventually leads to crisis.
3) Crisis	Overwhelming demand for services marked by shortages of equipment, supplies, pharmaceuticals, personnel. Requires substantial operational adjustments

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How does CSC fit with the bigger picture of public health and healthcare preparedness?

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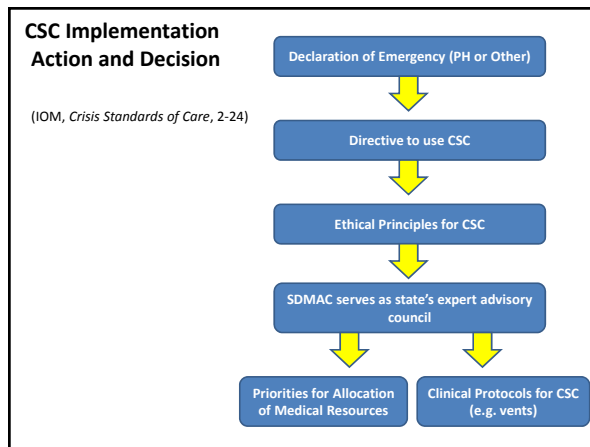
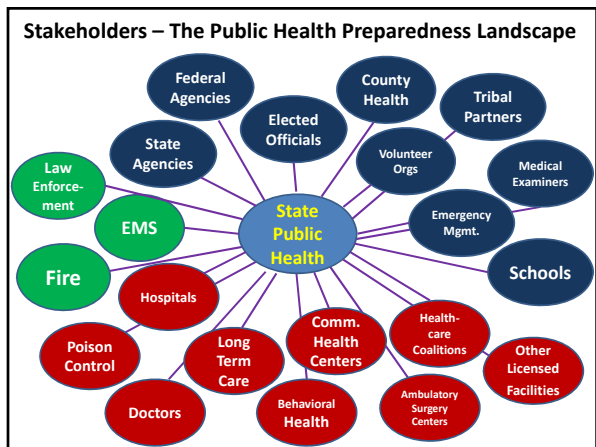
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Preparing for Disaster

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

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Where are we going with this?


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PLANNING	RESPONSE
Creation of a CSC Plan for state-level activation with input from stakeholders and the public	Implemented by SDMAC during response
Adoption of CSC plan at the regional level	Implemented by RDMAC as appropriate during response
Coordination of CSC plans for hospitals, hospital systems, EMS, out-of-hospital providers, public health, emergency management	Implemented by Clinical Coordination Committee (CCC) during response

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How does CSC activation fit with emergency response?




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Clinical Priorities & Operational Mgmt.

Level	Clinical Guidance & Priorities for Allocation	Operational Management & Support
STATE	Statewide Disaster Medical Advisory Council (SDMAC)	Health Emergency Operation Center (HEOC) State Emergency Operation Center (SEOC)
REGIONAL	Regional Disaster Medical Advisory Council (RDMAC)	Local Public Health EOCs Local Emergency Management EOCs
FACILITY	Clinical Care Committee (CCC)	Hospital Command Center (HCC)

Questions



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