COVID-19: Crisis Standards of Care — Resources for California Hospitals

Hospital Checklist: Advance Planning for Crisis Care Decision Making

- ☐ Review available resources and determine potential strategies to address the state Guidelines across the surge capacity continuum from conventional to crisis care.
- ☐ Review the hospital's capabilities in managing surge, critical care (as appropriate), infectious disease, isolation, just-in-time training, critical care, and pediatrics to meet their objectives.
    - Involve in this review: nursing, administration, emergency management, emergency services, ancillary and support services — lab, radiology, respiratory therapy, pharmacy, facilities, etc. — and physician personnel.
- ☐ Determine the number of pandemic patients to plan for, taking into account the hospital's role in the community and the presence or absence of other health care facilities in the area.
- ☐ Incorporate indicators and triggers (surge capacity information throughout the care continuum) into the hospital's Emergency Operations Plan (EOP).
    - Include notifications to supervisors and partner agencies that need to occur when triggers are activated.
    - When possible, delegate authority to activate the disaster plan to emergency department (ED) staff or nursing supervisors/charge nurses to facilitate rapid action.
- ☐ Educate and train staff to ensure successful implementation of the EOP.
    - Educate personnel in tiers to the extent needed: **knowledge** (awareness of the plan), **competency** (the ability to do something successfully or efficiently in relationship to the plan), and **proficiency** (high degree of competence or expertise).
    - Staff who are fulfilling incident command roles should understand facility operations and how to interface with the local Health Care Coalition, where to get help or expertise, and be prepared to adopt proactive crisis care strategies with input from subject matter experts.

      CDPH recommends that all health care facilities should have three-deep personnel for each hospital incident command system position.

    - Prepare job aids — such as brief task cards or job action sheets — to help front-line personnel with initial decisions and actions.
    - Exercise the plan to help train and test it, pushing the exercise into the crisis care mode.
    - *Note*: Education prior to crisis events, as well as appropriate reminders integrated into job aids and training materials, should increase awareness of antidiscrimination responsibilities and the role that explicit and implicit bias can play in reinforcing health disparities affecting at risk populations.

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- ☐ Develop decision-making tools and triage process for allocating scarce medical/critical care resources ("allocation framework").
    - CDPH Guidelines contain resources to assist in the development of the allocation framework and decision-making; see Guidelines Appendix A and Appendix B. However, it is ultimately up to the hospital to determine and implement its own processes.
    - The ethical goal of the allocation framework should be to maximize benefit for populations of patients and honor the ethical commitments to ensure meaningful access for all patients. Determinations should be based on individualized patient assessments, without regard to the following factors:
        - Prohibited considerations: Health care decisions, including allocation of scarce resources, cannot be based on age, race, disability (including weight-related disabilities and chronic medical conditions), gender, sexual orientation, gender identity, ethnicity (including national origin and language spoken), ability to pay, weight/size, socioeconomic status, insurance status, perceived self-worth, perceived quality of life, immigration status, incarceration status, homelessness, or past or future use of resources.
    - Include an appeals process for individual triage decisions. See CDPH Guidelines, pp. 23-24.
- ☐ Take necessary steps to prepare to implement the allocation framework.
    - Create triage teams (to the extent resources allow) responsible for implementing the allocation framework; patients' treating physicians should not make triage decisions.
    - Train and prepare triage teams.
        - Triage team(s) should have expertise in public health ethics, anti-discrimination responsibilities, the elimination of implicit and explicit bias, and the hospital's allocation framework.
        - Triage team members should receive advanced training to prepare them for the role, including training in:
            - Applying the allocation framework
            - Communicating with clinicians and families about triage
            - Avoiding implicit and explicit bias, including with regard to age, race, disability (including weight-related disabilities and chronic medical conditions), gender, sexual orientation, gender identity, ethnicity (including national origin and language spoken), ability to pay, weight/size, socioeconomic status, insurance status, perceived self-worth, perceived quality of life, immigration status, incarceration status, homelessness, or past or future use of resources
            - Respecting the rights of all individuals, including individuals with disabilities
            - Diminishing the impact of social inequalities on health outcomes.

- Appoint and train a group of triage officers to oversee/implement the triage process.
- Ensure the triage team has appropriate computer and IT support to maintain updated databases of patient priority levels and scarce resource usage.
- Develop a written, plain language explanation of the triage and appeals process to be provided to patients, family, and/or surrogate if patient receives adverse triage decision.

☐ Palliative care services: Devise plans to accommodate the surge in demand for palliative care services and the adaptations that will be required to deliver those services.

☐ During an event response, review and modify procedures as needed as part of the incident action planning process. Plans should be adaptable and not "lock in" disaster response protocols for the duration of an incident but allow flexibility and transition toward conventional care as more resources arrive or demand falls, or both. Review and update the plan when new information is available.

