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Crisis Care Guidelines: Now It Is Time to Implement

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Agenda & Objectives

1145	Crisis Care Concepts & Surge Stages Crisis Care Guidelines Implementation Steps	Suzy Fitzgerald, MD
1200	Working with the CDPH Crisis Care Guidelines	Gregory Marelich, MD
1215	Psychological Support Teams	Jana Craig, Ph.D.
1225	Lessons Learned	Suzy Fitzgerald, MD

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Review of Crisis Care Concepts & Surge Stages

Suzy Fitzgerald, MD

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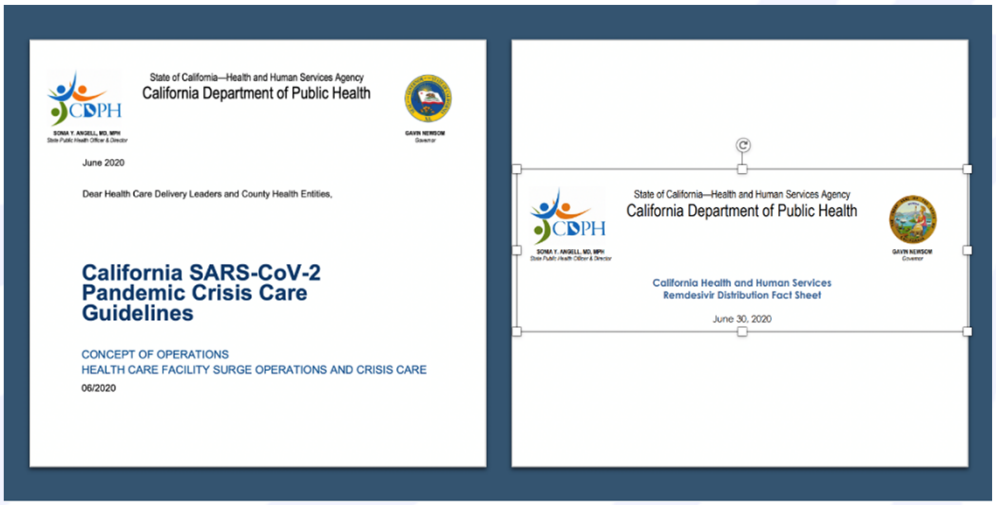
State-Issued Guidelines in June 2020



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Key Points About Crisis Care

As resources become constrained, systems shift from conventional care into contingency and then crisis care.

Crisis care falls at the far end of the spectrum, when critical resources are scarce and the focus shifts from providing the best care for the individual patient to delivering the best care for the patient population.

Crisis care strategies are an extension of surge-capacity plans.

Crisis care may occur during long-events like pandemics, or short-term no-notice events like the Las Vegas shooting.

Healthcare facilities must provide care in a crisis. Patient care needs, guided by ethics, will drive the choices that have to be made.

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Key Points about Crisis Care (Cont.)

Healthcare decisions, including allocation of scarce resources, are not made based on:

- Age
- Race
- Disability (including weight-related & chronic medical conditions)
- Gender
- Sexual Orientation
- Gender Identity
- Ethnicity (including national origin and language spoken)
- Ability to Pay
- Weight/Size

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Key Points about Crisis Care (cont.)

Healthcare decisions, including allocation of scarce resources, are not made based on:

- Socioeconomic Status
- Insurance Status
- Perceived Self-Worth or Perceived Quality of Life
- Immigration Status
- Incarceration Status
- Homelessness
- Past or Future Use of Resources.

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SURGE → CRISIS

Conventional
- ICU Care: Usual beds, usual staffing, usual supplies
- Routine monitoring of resources
- PROVIDING USUAL CARE

Contingency
- ICU care in ASU/PACU, staffing/shift length changes, conserve/substitute resources
- Increased resource monitoring
- PROVIDING FUNCTIONALLY EQUIVALENT CARE

Critical
- ICU care outside ICU/PACU, major changes in staffing, rationing supplies
- Increased resource monitoring, readiness notifications
- PROVIDING FUNCTIONALLY EQUIVALENT CARE (increasingly difficult)

Crisis
- ICU care in any available monitored space, additional staffing & supply changes
- Continuous resource monitoring, active triage/allocation of scarce resources
- PROVIDING CRISIS CARE

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Entering the Crisis Stage

- **Movement into the Crisis Stage will likely be due to a combination of factors** including critical resource shortage(s)—despite all pre-planning and sourcing efforts--caused by outside forces like unavoidable global resource shortages.
- **Movement into the Crisis Stage should only take place when all possible preemptive mitigating measures have been taken.**
  - ✓ This includes within hospitals / healthcare systems and in conjunction with County/MHOACs and the California Emergency Operations Center (EOC), including CDPH & EMSA
- **The decision-making process for entering the Crisis Stage is ideally collaborative** between hospitals, healthcare systems, and the external agencies listed above.

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Crisis Care Guidelines Implementation Steps

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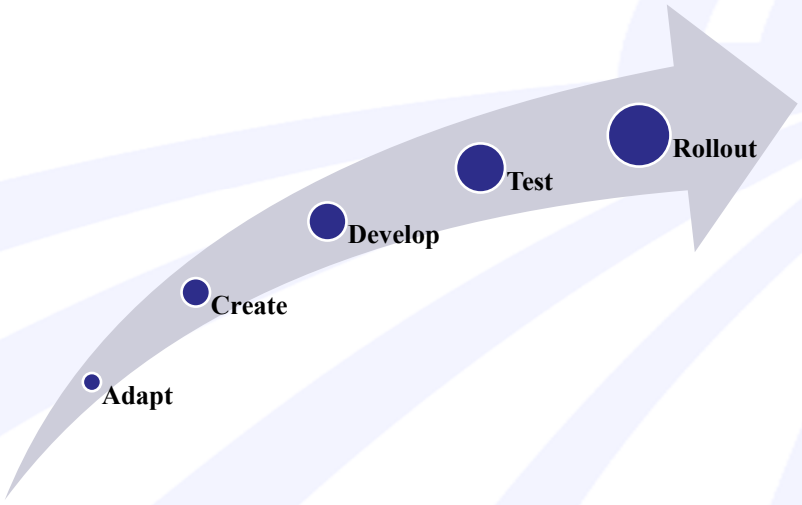
Crisis Care Guidelines Implementation Steps



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Adapt

Develop system-specific Crisis Care Guidelines and processes based on relevant ethical principles and fully aligned with the CDPH Crisis Care Guidelines.

Dr. Marelich will cover this topic in a few minutes …

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Create

- Organizational Structure Specific to System
- Operational Workflows
- Implementation Project Plan
- Tiered Training Plan

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Suggested Crisis Care Guidelines Organizational Structure

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Suggested Operational Workflows

- Regional Decision-Making & Activation Workflow / Checklists
- Crisis Triage Team Operations
- Psychological Support Team Operations
- Call Schedule / Maintenance of Call Schedule
- Process to Assess New Scarce Resources
- Workflow / Process to Engage Specialist Consultants

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Suggested Implementation Project Plan

There are many possible approaches.

Organize by workstream then further organize by:

- Content
- Implementation Process
- Implementation Tools
- Training

WORKSTREAMS:
Crisis Care Guidelines
Scarce Medications
Others

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Suggested Crisis Care Guidelines Training Plan

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Tier One—Proficiency: Ability to perform crisis triage: Detailed training & practice in performing crisis triage utilizing process maps and tools.	**Tier Two—Competence:** Operational understanding of crisis care guidelines and crisis triage: How it is performed including clinical aspects.	**Tier Three—Knowledge:** Awareness of crisis care guidelines: What they are; and when they will be utilized & why.
• Crisis Triage Officers • Crisis Triage Teams • Ethics-Co-Chairs	• Medical Center Leaders • Inpatient Care Teams whose patients may be affected by crisis triage	• Everyone else

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Identify & Develop

Stakeholders, Leadership Oversight, Crisis Triage Teams, Crisis Triage Review Committees, and Psychological Support Teams

- Identify
- Engage
- Determine
- Educate
- Train
- Support

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Test

Use Tabletop Exercises To:

- **Test & Refine:** Structure, guidelines adaptation, process maps, workflows, and training materials
- **Train:** Initial regional and local crisis triage team members

Virtual Tabletops in the Era of COVID Are Challenging:

In Order to Train Effectively, You Must …

Engage the Adult Learner	Build Trust & Teams
Ensure Psychological Safety	Teach & Train the Material
Create & Manage Stress	Facilitate Virtual Discussion

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Rollout

Rollout system-specific guidelines, processes, workflows, tiered training, and stand up Crisis Triage Teams & Crisis Triage Review Committees

Rollout Steps:

- Communicate
- Distribute
- Educate
- Train
- Support

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Implementation Materials & Resources

- Guidelines, Process Maps, & Workflows
- Implementation Guide
- Tiered Training Toolkits
- Team Support
- Communication & Document Sharing Strategies and Tools

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Working with the CDPH Crisis Care Guidelines

Gregory Marelich, MD

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Kaiser Permanente Crisis Care Guidelines

- Kaiser Permanente is committed to doing the right thing for every patient, every time.
- Kaiser Permanente began to review available state, academic, and professional society documents in March.
- We began to imagine how guidelines of this nature might be operationalized after CDPH released its April draft Crisis Care Guidelines, and we took careful note of concerns raised by many Disabilities Rights groups.
- As California's Crisis Care Guidelines matured into the final version of June 8, KP National Guidelines were finalized to mirror California's Guidelines.

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KP NCAL Regional Crisis Triage Task Force

A regional crisis triage task force was convened to educate and organize our region's hospital staff to conform to California's crisis care guidelines in the event state or local health officials declared a crisis.

This included:

- **Organization of Crisis Triage Teams** to assist clinicians
- **Establishment of Psychological Support Teams** to support staff

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Crisis Triage Process

We broke down the CDPH Crisis Care Guidelines into its components:

- Broad inclusion with commitment to non-discrimination
- Physiologic distinction of patients
- Prioritization based on survival factors
- Differentiating between patients in priority groups
- Random allocation

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Pediatric Crisis Triage

- Collaboration between KP Northern and Southern California pediatric intensivists
- PELOD-2 physiologic scoring utilized
- Pediatric-specific severe comorbidities
- Mirrors adult crisis triage process

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Crisis Triage & Scarce Medication Allocation

- Remdesivir (RDV) allocation process had similar elements
- Crisis Triage Teams and Crisis Triage Officers allow clinicians to maintain distance from allocation decisions
- Infectious Disease specialists and Pharmacists were the RDV experts
  - ✓ Needed education and discussion about crisis care, CDPH guidelines, ethics, allocation

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Crisis Care & Scarce Medication Allocation (cont.)

Crisis Care	Scarce Medications
Inclusion/Exclusion Criteria	FDA Emergency Use Authorization
Physiologic Distinction	Identify Physiologic Characteristics
Prioritize	Same
Differentiate Within Priority Groups	Same
Random Allocation	Random Allocation

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The Use of Technology

- Electronic Health Record (EHR)
  - ✓ KP HealthConnect (EPIC)
- On-Call Information
  - ✓ ClinConnect App

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Psychological Support Teams

Jana Craig, Ph.D.

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Psychological Support Teams

Our medical centers developed Psychological Support Teams (PSTs) to assist staff with the emotion and moral distress associated with crisis triage.

The primary function of the PST is to support staff who are involved in decisions and actions related to crisis triage and activation of Crisis Care Guidelines.

This includes the Crisis Triage Officers, the Crisis Triage Team Members, and the clinical teams involved in direct patient care.

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Psychological Support Team Primary Functions

- The PST team connects to the Crisis Triage Team (CTT) and the clinical teams in order to do the following:
- Support staff through the duration of the crisis, and continue support after the crisis is over
- Deploy interventions to address moral, emotional and psychological distress
- Monitor the changing needs of workers
- Leverage tools to support staff from the resource list provided and request additional resources to support emerging needs

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Support Personnel

- Social Workers
- Chaplains & Spiritual Care
- Employee Assistant Programs
- Physician & Staff Health & Wellness Groups
- Peer-To-Peer Support Groups
- 2nd Victim Programs
- Schwartz Rounds Programs
- Ethics Committee Members/Ethicists

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What We Learned

Suzy Fitzgerald, MD

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What We Learned

- **Crisis Triage is stressful, different, and uniquely hard**
- **A pandemic is not a single cataclysmic event** but rather a series of traumatic events over time with no clear beginning and no certain end
- **The subject matter is delicate, emotionally charged, and requires** much education, preparation, discussion, and support
- **This includes educating your own teams**, your clinical colleagues, and your consultants

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Thank You

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Questions?

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