

Crisis Standards of Care

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GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Division of Emergency
Preparedness & Response

WORKSHOP PURPOSE

- To present the rationale for Crisis Standards of Care (CSC) plans during a high severity pandemic.
- To provide a **ROAD MAP** that can assist in your development of those plans.
- To describe the trigger for implementation of CSC plans.
- To seek your input on whether hospitals prefer any statewide protocols for mgt of critical resource shortages—and if so, which ones?



H1N1 Experience—how does it play into need for CSC plans?

- Let's continue to **PLAN** while we process lessons learned!
- Critical Lesson Learned: **Severity** of pandemic drives responses!
- H1N1 pandemic (**low/mod** severity) has not necessitated Crisis Standards of Care in the US.
- But what will **future** pandemics necessitate?????



REVISITING NATIONAL FRAMEWORK FOR PANDEMIC RESPONSE

- **Situational awareness**—will H1N1 mutate?
- **Mass vaccinations**—is there sufficient herd immunity in the US for H1N1?
- **Community Mitigation**—will implementation of Non-pharmaceutical Interventions increase critical resource shortages?
- **Communications**—are pandemic fatigue and sense of “crying wolf” reducing effectiveness of communications efforts?



WHY PLAN FOR CRISIS STANDARDS OF CARE (CSC) Now?

1. CSC is missing in our state, regional, and local pandemic plans.
2. **Duty to plan.**
3. We have partially dodged a bullet with H1N1 but the enemy can still shoot!
4. Optimal CSC plans require careful deliberation and much public engagement that would be difficult to obtain during the crisis.



WHAT'S TO BE ACHIEVED WITH CSC PLANS

- GREATER ASSURANCE OF FAIR TREATMENT.
- GREATER CONSISTENCY FROM ONE PROVIDER/FACILITY TO ANOTHER.
- PLANS VETTED BY MANY AND POSSIBLY ENDORSED BY THE STATE.
- LESS PUBLIC FEAR AND PANIC.
- ***LOWERED LIABILITY!***



ASSUMPTIONS

- Plan to be developed without considerations of individual's relative value to society.
- Plan must have flexibility.
- State will only provide a road map—not a template for your plan.
- The Department of Community Health supports this initiative for CSC planning because of responsibility for ESF-8



ASSUMPTIONS CON'T

- Overarching ethical principle for plan: Greatest good for the Greatest number!
- Although community engagement in planning is essential, create draft of **internal hospital CSC plan** before moving into complexities of engagement with community partners.
- Existing ASPR funding to RCHs will financially support CSC planning initiatives.



WHY NOT “TOP DOWN” PLANNING?

- Primary responsibility for ESF-8 belongs to Divisions of Public Health and Emergency Preparedness and Response within DCH.
- The DPH and DEPR structures in GA represent a hybrid between “Home Rule” and Centralized Control.
- Currently no authority for DCH to impose a CSC plan on hospitals!



Resources

- www.cdc.gov
 - U.S. public health guidelines
- www.pandemicflu.gov
 - HHS pandemic plan
- www.who.int
 - Global updates and official case reports
- www.health.state.ga.us
- “U.S. Reaction to Swine Flu: Apt and Lucky”
by Donald B. McNeil, Jr.



Questions and Answers



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