

Vermont Crisis Standards of Care

Understanding and Utilizing the Plan

Scenario: Pandemic

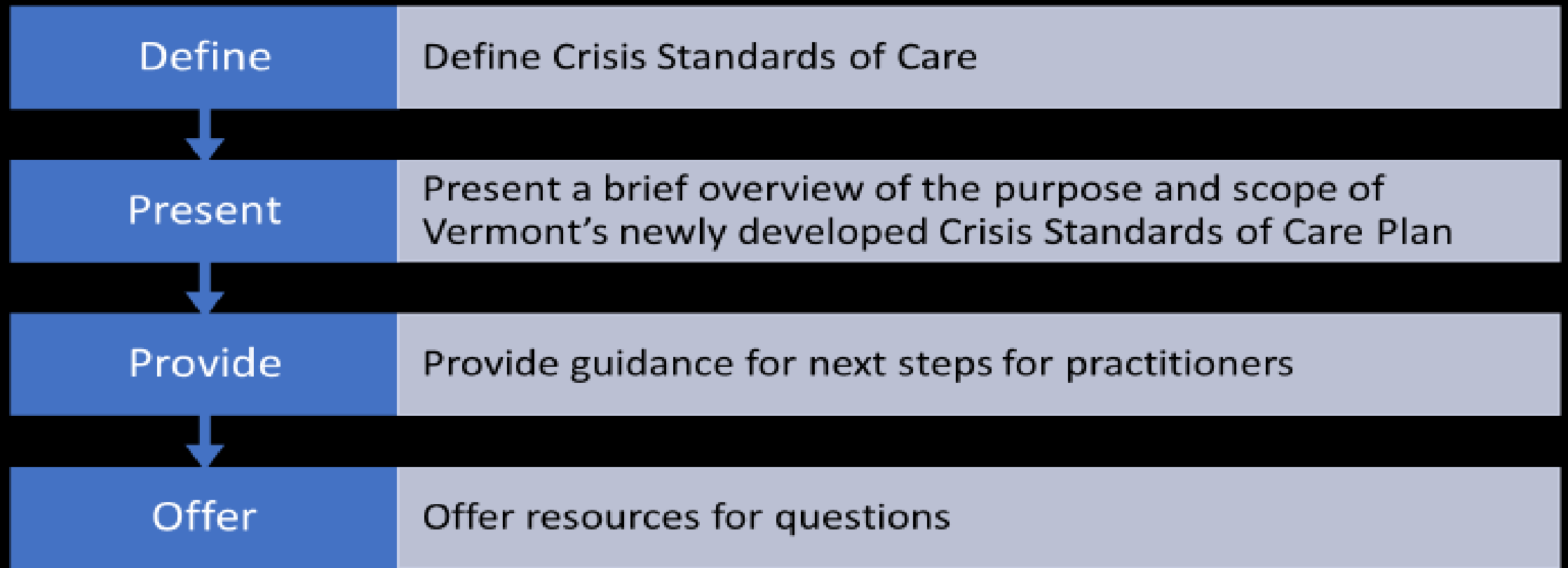
- Healthcare within communities are overwhelmed
- Hospitals heavily impacted
- Staff managing patients and their own families
- Supplies and support are extremely limited
- Decisions have to be made about which patients are treated and in what order





Scenario: Flooding

- Facilities or an entire community isolated
- Supply routes and communications severed
- Emergency response agencies overwhelmed
- Supplies extremely limited
- Staff unable to get to work or go home
- Staff need to care for their families and homes



Webinar Goals

Define Crisis Standards of Care

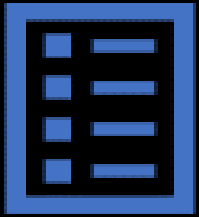
Purpose and Scope of the Plan

Utilization

Plan Contents

Next Steps for Practitioners

Agenda



Crisis Standards of Care

Defining the Concept



Framework for consistent and equitable resource allocation.

Optimize the quality of care.

Administer finite resources to those most likely to benefit.

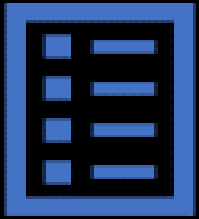
Maximize self care through public messages.

Provide legal framework for utilizing non-standard healthcare.

Protect healthcare delivery system during operations and recovery.

This Crisis Standards of Care (CSC) Plan is intended to describe the assignment of the limited available resources to those patients that will perish if they do not receive the resources but will likely survive if they do receive the resources.

Regardless of the location or magnitude of an event, this Plan is to be implemented only during a declared State of Emergency in Vermont. Appendices have been included to provide tools to assist with ethical decision-making and triage of allocation of scarce resources regarding some specific areas.



Purpose and Scope

Understanding why a CSC plan was created and when CSC applies



The purpose of the Crisis Standards of Care (CSC) Plan is to provide a *framework* and tools for *altering* normal patient care, staffing, medical equipment, supplies, and treatment decisions in any type of catastrophic disaster or massive public health emergency wherein *demands* related to patient care and public health *radically exceed* available *resources*.

When the volume of *patients* and their needs far *surpasses* all available capabilities and capacity of healthcare *providers/facilities* and the continued use of normal standards and operations will *constitute* of *failure of care*, drastic changes including implementation of Crisis Standards of Care (CSC) must be implemented to *reduce* population morbidity and mortality.

Purpose and Scope

- Framework and tools for altering normal patient care, staffing, medical equipment, supplies, and treatment decisions
- Assist providers in decision making to maximize patient survival and minimize adverse outcomes
 - Due to changes in normal operations when patients surpass available capabilities and capacities and normal operations cannot be maintained



Purpose and Scope

- Not a substitute for healthcare emergency management planning
 - Guide allocation of scarce resources after conservation, sharing and contingency plans have been exhausted
- ***Only After the governor declares a disaster***



Reasons for Creating the Plan

- Build on Vermont's strong foundation of healthcare contingency planning
- Vermont and other states have already been conducting pandemic planning
- Nationwide movement to develop Crisis Standards of Care Plans
- National Academies of Medicine (NASEM) developed guidance for CSC planning
- It is the right thing to do



Process for Developing the Plan

- Workgroup
- **Practitioner input**
- Review by practitioners
- Review by public ⇐





Utilization of the Plan

Situations to consider



Possible Situations for CSC in Vermont

- Pandemic/Mass Contagion
- Dangerous, Life-threatening Supply Shortage
- Massive Disaster Impacting Community, Region or State
- ***Only After the governor declares a disaster***





Contents of the Plan

Provide Link



Table of Contents

- I. Executive Summary
- II. Introduction, Purpose and Scope of Plan
- III. Situation and Planning Assumptions
- IV. Continuum of Care: Conventional, Contingency, and Crisis Standards
- V. Organization and Assignment of Responsibilities
- VI. Statewide Concept of Operations
- VII. Legal Issues and Authorities
- VIII. Ethical Guidelines and Values
- IX. Vermont CSC Plan Operational Framework, Support Activities, and Resource Management
- X. Plan Development, Stakeholder and Public Engagement, and Plan Improvement and Maintenance
- XI. Participants Involved/Acknowledgements

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XII. Appendix List

1. Clinical Concept of Operations
2. Triage Guidance
3. Legal References
4. Patient Care Strategies for Scarce Resource Situations
5. CMS Form 1135 Waiver Request Instructions
6. Behavioral Health Plan
7. Prioritizing Care Further Disenfranchises the Disenfranchised
8. Mass Fatality Management
9. Recovery
10. Acronym Glossary



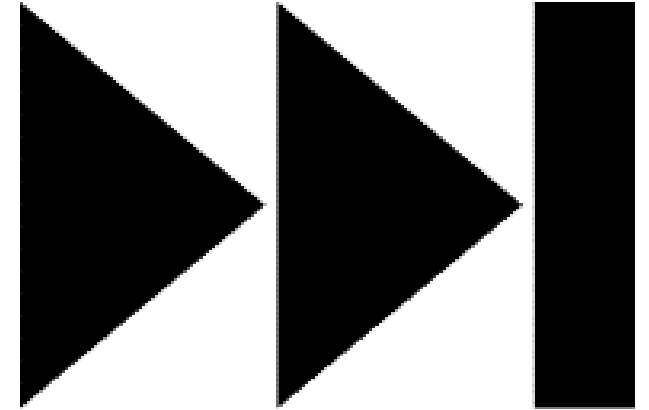
Next Steps for Hospitals, Health Systems, and Practitioners



Moving Forward

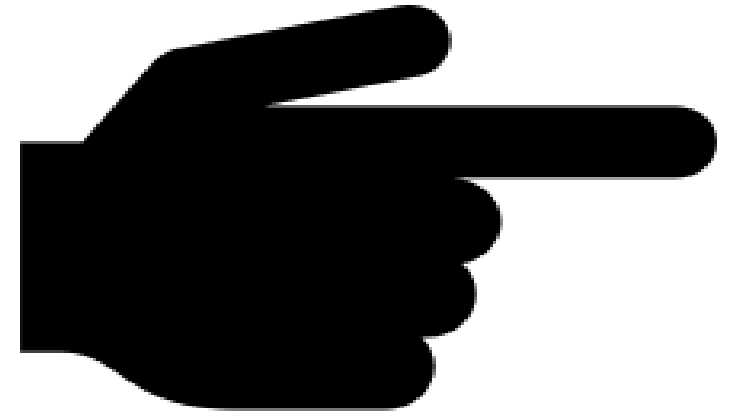
Review the document to determine:

- If the plan makes sense, is fair and is practicable
- If your organizational policies and procedures align with the CSC guidance
- How CSC will be implemented in your organizational operations
- Whether your plans and processes integrate with local and state healthcare emergency management plans



Moving Forward

- Coordinate planning efforts with your **healthcare coalition** as well as:
 - Local medical societies
 - Regional EMS councils
 - Provider and practice groups
 - Boards, Councils, etc.
 - Patients
- For questions about the CSC document or information on healthcare coalitions contact CSC work group members below.





Question and Answer

Questions? Contact

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