

Louisiana should be prepared for extreme disasters that are large enough to overwhelm health care facilities. This document was developed for the citizens of Louisiana to provide a basic understanding of the guidelines for health care facilities to use when a medical crisis is formally declared by the state due to an extreme disaster. Planning for disasters is a national effort and many states, in addition to Louisiana, have implemented similar plans.

# Crisis Standards of Care

A Guideline for Louisiana's Acute Care Hospitals



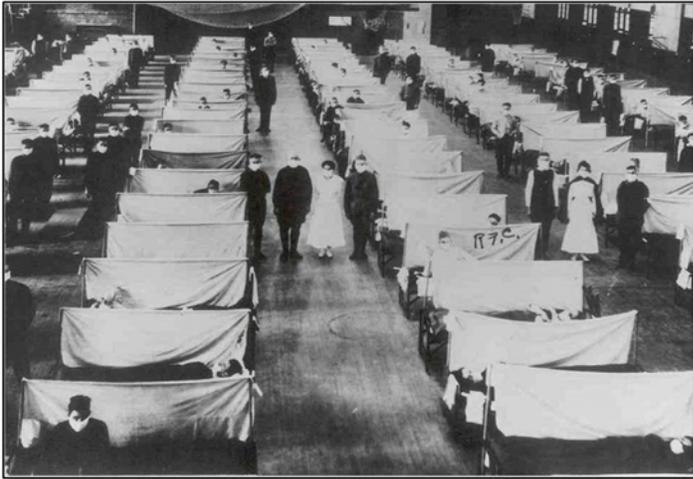
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The plan will be updated and modified intermittently. Updated versions will be posted based on input and suggestions submitted.

## ABOUT THIS DOCUMENT

No one wants to think about it but disasters happen. Louisiana could one day face a disaster so large and extreme that its hospitals and doctors become so overwhelmed that they would not be able to provide the normal standard of day-to-day patient care that we take for granted.

Hopefully such a crisis will never happen. However, recent history reminds us that we should be prepared for the worst. Consider: a) the 2004 Indian Ocean tsunami that killed approximately 300,000 people and devastated parts of Indonesia, Thailand, India and Sri Lanka, b) the 2010 earthquake in Haiti that killed 250,000 people and injured another 300,000 people, c) the 2011 triple catastrophe (earthquake, tsunami, and nuclear disaster) that destroyed whole towns and regions in Japan. Of course, we remember the horrors of Hurricanes Katrina and Rita that struck Louisiana in 2005 – and we know (despite the damage and suffering those storms caused) conditions could have been much, much worse.



Over the past several years, facilities have purchased additional equipment and supplies such as ventilators and beds and have developed plans that identify where within the hospital more patients can be placed and care provided.

Louisiana hospitals have made, and will continue to make, every effort to increase their ability to handle a large surge of patients.

Over the past several years, facilities have purchased additional equipment and supplies such as ventilators and beds and have developed plans that identify where within the hospital more patients can be placed and care provided.

In 2009, the State's Emergency Support Function-8 (Health and Medical Response) initiated a project in collaboration with Louisiana health care professionals to develop a *Crisis Standards of Care Guideline* available to Louisiana's hospitals during a medical crisis caused by an extreme disaster. Health care professionals from all parts of the state volunteered their time and expertise to help create a draft *Crisis Standards of Care Guideline*. A copy of this draft *Crisis Standards of Care Guideline* can be found at [www.louisianaep.com](http://www.louisianaep.com).



This document was developed for the general public to provide Louisiana's citizens with a basic understanding of how *Crisis Standard of Care Guideline* works and how it is designed to be used.



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## I. BACKGROUND: THE NEED FOR A *CRISIS STANDARDS OF CARE GUIDELINE*

Louisiana should be prepared for extreme disasters that have the potential to overwhelm our hospitals.

*2004: Indian Ocean Earthquake and Tsunami*

*2005: Hurricanes Katrina and Rita*

*2005: Asian Bird Flu Scare*

*2008: Hurricanes Ike and Gustav*

*2009: Swine Flu Scare*

*2010: Haiti Earthquake*

*2011: Japan Earthquake and Tsunami*

The possibility of these extreme disasters raises basic questions about our health care system. What should we do when a disaster creates more patients than our hospitals and doctors can handle? What should we do when disaster conditions make it impossible to maintain normal standards of care? For the benefit of our citizens and the protection of our health care professionals, Louisiana needs a *Crisis Standards of Care Guideline*.

What exactly is *Crisis Standards of Care*?

Crisis Standards of Care is defined as a major change in usual health care operations that would affect the level of care provided which is made necessary by some pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster.

This change in the level of care delivered is justified by specific circumstances and must be formally declared by the Governor. Crisis operations will be in effect for a sustained period.

By making a declaration that crisis standards of care are in operation, specific legal/regulatory powers and protections for health care providers in the necessary tasks of allocating and using scarce medical resources and implementing alternate care facility operations are put into action.

Louisiana's *Crisis Standards of Care Guideline* offers clear guidance for health care providers to consistently and equitably allocate scarce resources during a declared state of emergency due to extreme disaster. The guiding principle of *Crisis Standards of Care* is to do the greatest good for the greatest number of persons.

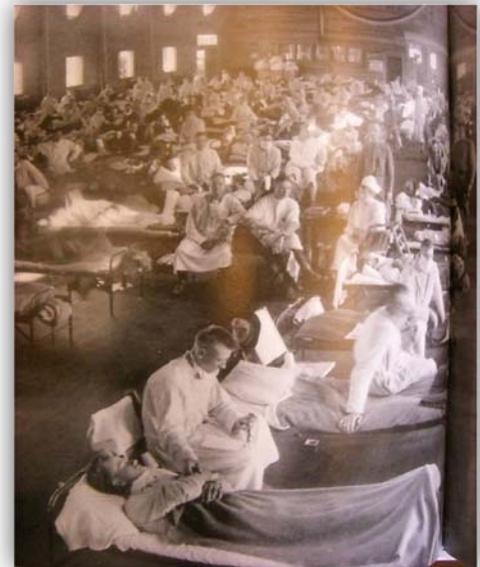
## II. THE IMPORTANCE OF PUBLIC UNDERSTANDING AND SUPPORT

Health care professionals understand that an extreme disaster could require temporary changes to our normal health care delivery standards. They recognize that in the middle of such an emergency some medical services will need to be severely curtailed and others may need to be temporarily suspended. The crisis standard of care mode is a forced choice, based on a terrible situation, however, failure to adjust standards of care during an extreme disaster will very likely result in greater death, injury, or illness.

The health care system exists to serve the medical needs of the public. That fact remains true even when a state of emergency is declared due to an extreme disaster. Therefore, the public should have a solid understanding in any *Crisis Standards of Care Guideline* developed.

There are several benefits of the public understanding and supporting *Crisis Standards of Care*:

- I. **Community Preparedness** – if the public understands and accepts the need for *Crisis Standards of Care*, communities will be better prepared to face the medical challenges produced by extreme disasters. Prepared communities are more likely to know what to do and how to work together during the state of emergency. Lives are saved when a community is prepared.
- II. **Public Trust** – large disasters can create a lot of confusion and fear. People suffering in the midst of a disaster want to know that they will be treated with fairness and compassion. They are much more likely to be reasonable and cooperative if they trust the systems that are designed to help during a disaster. If the public does not trust the system they are more likely to resist any *Crisis Standards of Care*, disrupting emergency operations and adding more chaos to an already difficult situation.
- III. **Shared Commitment** – public understanding and support for the *Crisis Standards of Care Guideline* can be the difference between panic and order. It could be the difference between chaos and the community effort needed to do the most good for the largest number of people.



Building public knowledge and support for *Crisis Standards of Care* is an ongoing effort that requires commitment from state-level and community leaders.

### III. DEVELOPING THE LOUISIANA *CRISIS STANDARDS OF CARE GUIDELINE*

Louisiana began work on the *Crisis Standards of Care Guideline* in 2009 with a few basic goals in mind:

- 1) Offer the best care possible given the resources at hand;
- 2) Support decisions that are fair and transparent;
- 3) Establish consistent policies and protocols across the state;
- 4) Make sure citizens and stakeholders are included and heard.

The following is a summary of key steps in the development of the *Guideline*.

#### Step One

The Louisiana Department of Health and Hospitals (DHH) conducted a disaster planning meeting with health care providers from all areas of the state's health care system. To ensure basic fairness and equal concern for all, the state brought together Louisiana health care professionals from state and local public health agencies, emergency medicine, emergency response, critical care, infection control, hospital administration, pharmacy, primary care, nursing, hospice care, ethics, legal, behavioral health, and risk communication.

#### Step Two

This work is initially focused on addressing the problems that could be created by an influenza pandemic (a worldwide flu epidemic). An advisory committee of health care providers has been formed to plan for an influenza pandemic including the development of a *Crisis Standards of Care Guideline*.

#### Step Three

The focus of this work will be to expand to include all types of extreme disasters. A broad *Crisis Standards of Care Guideline* will be drafted that can be used when any type of extreme disaster overwhelms the health care system.

#### Step Four

Regional advisory groups of health care providers shall review the draft *Crisis Standards of Care Guideline* and recommend additions and modifications. Input from the regional advisory groups will be used to update the draft.

#### Step Five

Louisiana's Emergency Support Function - Health and Medical Response will sponsor two focus group sessions to begin the process of public engagement in *Crisis Standards of Care*.

## IV. ETHICAL FRAMEWORK USED TO DEVELOP THE *CRISIS STANDARDS OF CARE*

The following principles were used as an ethical framework for development of Louisiana's *Crisis Standards of Care Guideline*.

### Duty to Care

Duty to care for patients at all times is the obligation of health care professionals. This obligation requires that the patient-provider relationship be maintained at all times – patients are not abandoned. In an extreme disaster with scarce resources, it is understood that all patients may not receive all levels of care available in normal times, but all patients will receive some level of available care.

At a minimum, all patients will receive palliative care. The World Health Organization defines palliative care as “an approach which improves the quality of life of patients and their families facing life-threatening illness, through the prevention, assessment, and treatment of pain and other physical, psychosocial, and spiritual problems.”

### Duty to Use Resources Wisely

During extreme disasters, health care resources could become very scarce. During these times, there are not enough resources available to care for everyone as would be done during normal times. Therefore, when an extreme disaster overwhelms health care resources, priority should be given to patients whose lives would most likely be saved and patients whose outcomes would most likely improve. Those patients should be given priority over patients who would likely die even with treatment and patients who would likely survive without treatment.

### Duty to Plan

The possibility of extreme disasters makes planning for the use of scarce health care resources an obligation. The failure to plan represents a failure in our responsibility to both patients and providers. Any plan for use of scarce health care resources will likely be imperfect, but history teaches that planning helps responses be better when disaster strikes.

### Fair Access to Resources

Any plan or guideline for the use of scarce health care resources must be fair and just. The implementation of *Crisis Standards of Care* must be coordinated across entire communities and across the state. Patients deserve equal access to care. Cooperative agreements between providers and communities should be in place to help minimize shortages and decrease any inequalities in access to care and resources.

### Transparency

A just system for the use of scarce health care resources requires a level of transparency that can only be achieved through broad input into the design and implementation of the system.

## V. IMPLEMENTATION PLAN: HOW *CRISIS STANDARDS OF CARE* WORKS

Decisions to start and stop using *Crisis Standards of Care* are made by the designated medical leaders of each hospital. To ensure consistency, Louisiana has developed a specific set of requirements and steps that must be completed before a hospital can begin using *Crisis Standards of Care*.

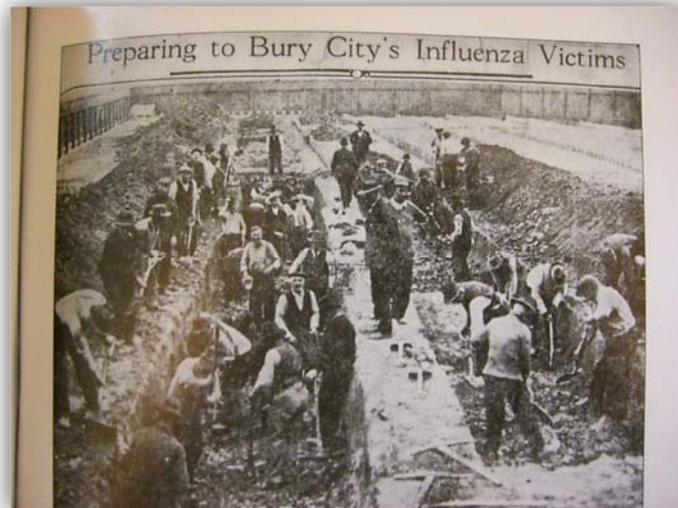
### Applies to Total Population

The normal daily medical needs of a community do not go away during an extreme disaster. Those needs continue. Therefore, when a hospital uses the *Crisis Standards of Care* those standards will apply to all patients and all types of illness or injury.

### Conditions for Using *Crisis Standards of Care*

In general, a hospital's decision to use *Crisis Standards of Care* should be based upon the size and impact of the disaster, the capacity of the hospital, and a governor-ordered state of emergency. All of the following conditions must be met before a hospital can begin using *Crisis Standards of Care*.

1. Initiation of national disaster medical system and national mutual aid and resource management.
2. Surge capacity has been fully employed within the hospital. *Surge capacity* means that the hospital has made every available effort to secure additional resources.
3. The hospital is practicing resource conservation, reutilization, adaption, and substitution to the greatest extent possible.
4. The hospital has identified all critically limited resources (for example: ventilators, antibiotics).
5. The hospital has identified all infrastructure limitations (for example: airborne isolation rooms, staff and electrical power).
6. The hospital has requested resources and infrastructure assistance from local and regional health officials.
7. The hospital continues to seek resources and infrastructure assistance from regional, state, and federal authorities.
8. The designated hospital committee of medical leaders has requested the use of *Crisis Standards of Care*.
9. A state of emergency is declared by the Governor of Louisiana or the President of the United States.



## Hospital Decision

The decision to begin use of *Crisis Standards of Care* is made by the medical leaders of a hospital. Each hospital will create a committee of medical leaders to make this decision. Each hospital's committee should include (at a minimum) the hospital:

- Chief of Staff (or designee)
- Chief Medical Officer (or designee)
- Chief Nursing Officer (or designee)
- Infection Control and Prevention Nurse (or designee)
- Emergency Department Director (or designee)

When a hospital makes the decision to begin using *Crisis Standards of Care*, that hospital must notify the Governor's office, the Louisiana Department for Health and Hospitals (DHH), and all other hospitals in their region. Louisiana is divided into nine DHH regions.



All hospitals will need to work together and cooperate with Louisiana's Emergency Support Function – 8 (Health and Medical Response) to assure that the most good is done for the most people during an extreme disaster.

As the demand for care created by an extreme disaster begins to subside, the scarcity of hospital resources will begin to resolve. Individual hospitals will conduct ongoing assessments of patient demand for care and hospital resources/capacity. Individual hospitals will end the use of *Crisis Standards of Care* when hospital resources and infrastructure are again adequate to handle patient demand.

## Communication Process

The communication process described below includes all the basic steps that must be completed for a hospital to begin using the *Crisis Standards of Care*.



Open lines of communication between hospitals will also be important for an effective response to an extreme disaster. Ongoing communication between hospitals will be coordinated through each hospital's Designated Regional Coordinators (DRCs) – these coordinators are part of the Louisiana Hospitals Emergency Response Network Plan.

Hospitals will provide ongoing status information as requested by the state. Hospital data will be reported using existing electronic reporting systems. The DRCs will monitor data reports for trends across the community.

The Chief Medical Officers of each hospital in a region will also need to communicate with one another regularly regarding their hospitals' patient volume, medical services being delivered, and available resources/capacity information. This information will help regions make informed decisions about when and how *Crisis Standards of Care* are implemented in local communities and regions.

When a hospital ends use of *Crisis Standards of Care* the hospital will communicate this change in status by notifying the Governor's office, the Louisiana Department of the Health and Hospitals and the other hospitals in the region.

## VI. CRISIS STANDARDS OF CARE SUMMARY: THE PURPOSE OF EACH COMPONENT

Louisiana *Crisis Standards of Care* currently includes four basic components. Each component represents a specific care contact point between patients and medical professionals. The following is a summary description of the purpose of each component.

### EMS Triage System

The health care partners that provide EMS services to the public will be conducting patient assessments prior to bringing patients to a hospital. Those less critical individuals will not be taken to the hospital so that the hospital can focus on the more seriously ill and injured patients. Some patients may be treated at home and some patients may be taken to alternate care facilities.

### Pre-Hospital Triage Model

The hospital emergency department staff will conduct patient health assessments upon arrival at the hospital. During an extreme crisis (such as a pandemic influenza event) the staff will identify those individuals who:

- 1) Will survive without hospital treatment;
- 2) Have the highest chance to survive with hospital treatment;
- 3) Have a moderate chance to survive with hospital treatment; and
- 4) Have almost no chance to survive even with hospital treatment.

### ICU Triage Model

Once a patient has been admitted to the hospital and it has been determined that he/she needs a level of care provided in the intensive care unit (ICU), a daily assessment of the patient will be completed to determine how well the patient is responding to treatment. Treatment procedures may change based on the patient's health status.

### Pediatric Triage Model

During an extreme crisis situation all medical resources will be severely limited. This includes medications, equipment, and intensive care beds used for the benefit of pediatric patients. All pediatric patients will be admitted and assessed in a method similar to adult patients. Every effort will be made to manage as many pediatric patients as possible.

If you have any questions, comments, or input regarding this document, please contact [Karen.Stassi@la.gov](mailto:Karen.Stassi@la.gov).

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