Crisis Standards of Care in Hospice & Palliative Care Emergency Management

November 2020

Introduction

This document discusses Crisis Standards of Care (CSC) which can also be labeled as Ethical Allocation of Scarce Medical Resources during a disaster. This topic can be controversial as CSC is about how to most effectively use the resources available to benefit the most patients. With the event of the COVID-19 Public Health Emergency (PHE), it is important for palliative and hospice care providers to be familiar with Crisis Standards of Care.

What are Crises Standards of Care?

Crises Standards of Care (CSC) are defined by the Institute of Medicine (IOM) as, "a substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive (i.e., pandemic infection) or catastrophic (i.e., earthquake, hurricane) disaster".[1] The purpose of CSC is to facilitate effective use of limited resources during an acute patient surge or longer emergency event using processes for healthcare professionals to make fair, just, and equitable decisions about who should receive treatments when there are limited resources to provide patients with a customary level of clinical care.[1] There are multiple entities and a variety of considerations that are involved in the development of CSC which are exemplified in Figure 1 on page 2.

Crisis care conditions may develop at a healthcare facility at any time when resources are scarce and require choices that present risk to the patient or providers. This is a sign that they should work with partners to obtain resources or load balance to get back to more normal operations or adopt common practices with other facilities for consistency. States do not need to declare CSC but should support crisis strategies with specific legal and regulatory authority and protections for healthcare provider decision making related to allocation and utilization of limited medical resources.[2] When crisis conditions exist, medical focus shifts to using limited resources for the population as a whole to attain the best possible health outcome vs. promoting the well-being of individual patients.[3] Limited resources in an emergency could include medical supplies and equipment, healthcare staff, hospital beds, and any other resources that are utilized to provide clinical care for patients. A CSC framework is developed with supporting principles for triage decisions that

[1] Institute of Medicine 2013. *Crisis Standards of Care: A Toolkit for Indicators and Triggers*. Washington, DC: The National Academies Press. https://doi.org/10.17226/18338

[2] National Law Review. (2020, Mar 20). Employing crisis standards of care in response to the COVID-19 pandemic. Retrieved from: https://www.natlawreview.com/article/employing-crisis-standards-care-response-to-covid-19-pandemic

[3] Institute of Medicine 2013. *Crisis Standards of Care: A Toolkit for Indicators and Triggers*. Washington, DC: The National Academies Press. https://doi.org/10.17226/18338

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include fairness of the process, design and decision-making transparency, consistent application, balance equal to the scope of the emergency and extent of limited resources, and decision-maker accountability.[2] Dan Hanfling, one of the authors of the 2012 IOM report stated, "It's the conversations and engagement that are the most important. [The process] must focus on transparency and proportionality, consistency, and accountability. We are accountable to the patients who we serve, and we need to be fair in the allocation of resources as we deliver them, even under crisis conditions."[4]

In a catastrophic event, limited resource allocation is inevitable. The primary question outlined in CSC is not whether—but how—it should occur. Legal authority and environment and ethical considerations are the foundation for CSC planning and implementation. Sound and ethical clinical decision-making reinforced by policies and legal and regulatory authorities establish the platform of the framework and the performance improvement process supports CSC planning and midcourse corrections during the implementation of the framework (See Fig.1).

Figure 1 - A systems framework for catastrophic disaster response.[5]
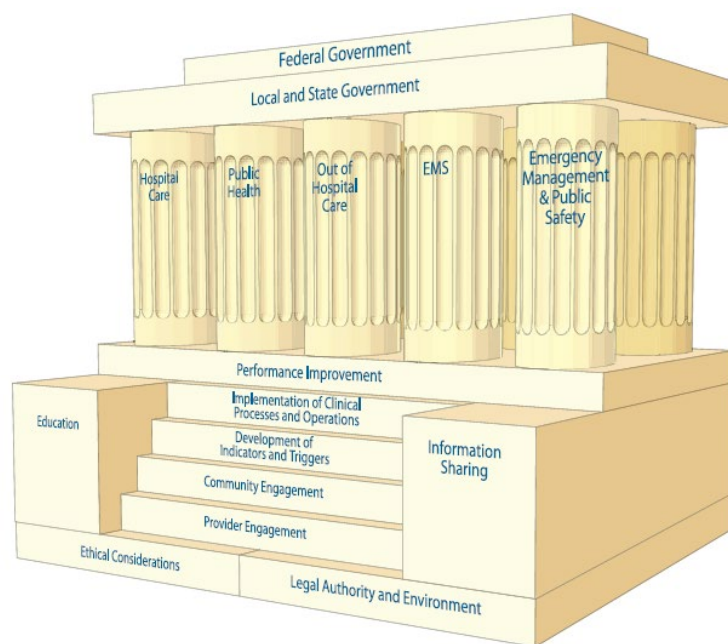
The 2013 IOM CSC framework report also stated that five key elements should drive all CSC planning:

1. A strong ethical foundation to ensure a process that is equitable and just based on its transparency, uniformity, accountability, and in comparative relation to a whole;

2. community and provider engagement, education, and communication that is integrated and ongoing;

[4] Institute of Medicine 2012. *Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response: Volume 1: Introduction and CSC Framework*. Washington, DC: The National Academies Press. https://doi.org/10.17226/13351.

[5] Institute of Medicine 2013. *Crisis Standards of Care: A Toolkit for Indicators and Triggers*. Washington, DC: The National Academies Press. https://doi.org/10.17226/18338

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3. required legal authority and legal environment for ethical and optimal CSC application;

4. clear indicators, triggers, and lines of responsibility; and

5. Evidence-based clinical processes and operations.[6]

This framework is based on an emergency management response approach that is encouraged by most local, state, and federal government agencies. The Federal Emergency Management Agency (FEMA) advocates for this type of "whole of community" approach to ensure that there is comprehensive representation and input to plan development. Developing CSC plans requires full participation of the entire emergency response system and local/state emergency management agencies can serve as the organizers of subject matter experts and stakeholders responsible for the development of these plans.[6]

What is the Impact of CSC Palliative Care and Hospice Care?

In an emergency event where there is a high number of patients and a limited supply of resources, healthcare professionals have an obligation to provide patients clinical care for symptom management and comfort during the event. Palliative care is designed to holistically provide care for patients with serious illness and hospice care continues that care when it is determined that a patient terminally ill and not likely to survive. Palliative and hospice care should be a component of every state/community emergency and CSC plan as this type of care approach prevents and reduces suffering and distress while offering patients and their families the best possible quality of life.[7]

In the IOM's 2009 report about CSC, the IOM committee stated that, "palliative care should be available to all people affected by a disaster. The key services include comfort, compassion, and maintenance of dignity—services that can be provided with essentially no physical resources other than the presence of another human being".[8] Normally, palliative care complements medical care by focusing on provision of comfort through symptom management for an individual with a serious or life-threatening illness. In an emergency event, palliative care would focus on aggressive and compassionate management of symptoms and the relief of suffering of patients likely to die which could be physical, emotional, psychosocial, or spiritual.

Emergency preparedness for patient clinical care surge should include palliative care surge capacity consideration so it is important for palliative and hospice care providers to form partnerships with acute care providers as a step during emergency preparedness and during an emergency response. Palliative and hospice care providers are positioned as a resource for patients in need of this type of care and to serve as clinical consultants to acute facility staff if transfer to

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[6] Institute of Medicine 2013. *Crisis Standards of Care: A Toolkit for Indicators and Triggers*. Washington, DC: The National Academies Press. https://doi.org/10.17226/18338.

[7] Matzo, M., Wilkinson, A., Lynn, J., Gatto, M., & Phillips, S. (2009). Palliative care considerations in mass casualty events with scarce resources. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*, *7*(2), 199-210.

[8] Gostin, L. O., Hanfling, D., Hanson, S. L., Stroud, C., & Altevogt, B. M. (Eds.). (2009). *Guidance for establishing crisis standards of care for use in disaster situations: A letter report*. National Academies Press.

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palliative or hospice care is not an option.9 Hospice care clinicians are skilled in identifying transition indicators in a patient's physical and behavioral status which helps prepare the patient and family for the end of life. Therefore, it is essential for state and local emergency response plans to include integration of palliative and hospice resources for individuals who are not likely to survive as a viable service option for responders and triage clinicians. .[10] A helpful method for envisioning the relationship between hospital, public health, and local, state, and federal government functions in CSC planning in the context of the medical surge capacity and capability. Building palliative care teams into CSC plans ensures availability and implementation of comfort care for victims of an emergency event.[11]

Palliative and hospice care providers should prepare for their role and patient surge capacity in the event of local mass casualties related to a disaster or other emergency event such as a pandemic. Individuals who are at risk of dying during an emergency event include not only people who were previously healthy and became ill or injured related to the event, but also those with a pre-existing or life-threatening illness. Categories of patients who are at risk include (1) individuals with pre-existing life-threatening illnesses who are highly dependent on medical care (i.e. dialysis); (2) individuals receiving palliative or hospice care; (3) individuals with chronic illnesses or comorbidities who require medical care; and (4) individuals with a poor prognosis for whom the focus of care may be palliative in the setting of limited resources in an emergency event. [12]

Taking Action

It is critical for community stakeholders to be involved in development and implementation of CSC in their state. Since Hurricane Katrina, many states have reviewed and revised their CSC framework and now with the advent of the COVID-19 pandemic, most states are once again reviewing and revising their CSC. All hospice and palliative care providers should review their state's CSC and engage with their local healthcare coalition and healthcare planners in developing their organizational emergency management plans. NHPCO has researched individual state CSC and created a grid for CSC we were able to locate electronically (**See State CSC addendum**).

Every state's CSC are individualized so it is important that a provider review the CSC to determine how palliative and hospice care will be impacted if they are implemented. If palliative or hospice care considerations are not included in a CSC plan, a provider could contact their state department of health to determine who facilitates the development of

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9 Committee on Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations; Institute of Medicine. Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response. Washington (DC): National Academies Press (US); 2012 Mar 21. 4, Cross-Cutting Themes. Available from: https://www.ncbi.nlm.nih.gov/books/NBK201082/

10 Matzo M. L. Palliative care: Prognostication and the chronically ill. American Journal of Nursing. 2004;104(9):40–50. [PubMed]

11 Institute of Medicine 2013. *Crisis Standards of Care: A Toolkit for Indicators and Triggers*. Washington, DC: The National Academies Press. https://doi.org/10.17226/18338.

12 Nouvet, E., Sivaram, M., Bezanson, K. et al. Palliative care in humanitarian crises: a review of the literature. Int J Humanitarian Action 3, 5 (2018). https://doi.org/10.1186/s41018-018-0033-8

CSC and who represents palliative and hospice care at the decision-making table. If a provider is a member of their state hospice and palliative care organization, they may consider contacting them to act on behalf of all providers in the state. Palliative and hospice providers should work with their community healthcare partners, state emergency management agency, and local state/health departments to educate and advocate for the inclusion of palliative and hospice care in emergency response particularly in CSC plans.

- Contact your State Health Department - https://www.usa.gov/state-health
- Contact your state emergency management agency - https://www.fema.gov/emergency-management-agencies

Document Addendums:

- State CSC addendum
- Additional CSC resources

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Crisis Standards of Care by State

	Link to CSC Information as of May 2020	Date Published
Alabama	**Alabama Crisis Standards of Care Guidelines** https://www.adph.org/CEPSecure/assets/alabamacscguidelines2020.pdf	**Feb 28, 2020**
Alaska	**No electronic information available**	
Arizona	**Arizona Crisis Standards of Care Plan** https://www.azdhs.gov/documents/preparedness/emergency-preparedness/ response-plans/azcsc-plan.pdf	**2020**
Arkansas	**No electronic information available**	
California	**While no State CSC was found, did find COVID-19 CARE SYSTEM MITIGATION PLAYBOOK which suggests reviewing crisis standards of care. It seems it is up to the counties and local jurisdictions to develop such plans.** https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20 Library/AFL-20-23-Mitigation-Playbook.pdf	**Mar 20, 2020**
Colorado	**Colorado Crisis Standards of Care** https://www.colorado.gov/pacific/cdphe/colorado-crisis-standards-care	**Revised Apr 5, 2020**
Connecticut	**Standards of Care: Providing Health Care during a Prolonged Public Health Emergency** https://portal.ct.gov/DPH/Legal-Office/Standards-of-Care-Providing-Health- Care-during-a-Prolonged-Public-Health-Emergency	**2010**
Delaware	**No electronic information available**	
Florida	**Ethics Guidelines for Crisis Standards of Care in Public Health Emergencies** https://fha.informz.net/FHA/data/images/CSC-FBN-3.pdf	**Apr 8, 2020**
Georgia	**No electronic information available**	
Hawaii	**No electronic information available**	
Idaho	**No electronic information available**	
Illinois	**Catastrophic Incident Response Annex** https://www.dph.illinois.gov/sites/default/files/publications/catastrophic - incident-response-annex-052218.pdf **Crisis Standards of Care: The Illinois Initiative (2019) - ASPR TRACIE** https://files.asprtracie.hhs.gov/documents/crisis-standards-of-care-the-illinois-initiative-508.pdf	**Mar 2018** 2019
Indiana	**IN references the following federal resource for CSC: 2017-2022 Health Care Preparedness and Response Capabilities** https://www.in.gov/isdh/files/Healthcare%20Preparedness%20and%20 Response%20Capabilities%20(Nov%202016).pdf	**Nov 2016**
Iowa	**The State of Iowa is currently reviewing Iowa Administrative Code and law and at work establishing some basic 'Crisis Standards of Care' that address many likely scenarios and pathways for solutions.**	**In process**

	Link to CSC Information as of May 2020	Date Published
Kansas	**GuidelinesfortheUseofModifiedHealthCareProtocolsinAcuteCare Hospitals During Public Health Emergencies** https://www.kdheks.gov/cphp/download/Crisis_Protocols.pdf	**Second Revision Aug 2013**
Kentucky	**CrisisStandardsofCare:GuidancefortheEthicalAllocationofScarce Resources during a Community-Wide Public Health Emergency** https://www.documentcloud.org/documents/6835335-Kentucky-Crisis-Standards-of-Care.html	**March 31, 2020**
Louisiana	**Louisiana Department of Health & Hospitals ESF-8 Health & Medical Section State Hospital Crisis Standard of Care Guidelines in Disasters** https://cdn.ymaws.com/www.lhaonline.org/resource/resmgr/imported/Crisis%20Standards%20Public%20Document%20Acute.pdf	**Version 1.2 Sep 2011** **Update is in process**
Maine	**DHHS/MaineCDCAllHazardsEmergencyOperationsPlan:MedicalSurge** https://www.maine.gov/dhhs/mecdc/public-health-systems/phep/documents.shtml	**Jul 2015**
Maryland	**Maryland Framework for the Allocation of Scarce Life-sustaining Medical Resources in a Catastrophic Public Health Emergency** http://www.bioethics.net/wp-content/uploads/2020/03/Daugherty- Maryland-framework-PH-emergency-2017.pdf?x41592	**Aug 24, 2017**
Massachusetts	**Crisis Standards of Care Planning Guidance for the COVID-19 Pandemic** https://d279m997dpfwgl.cloudfront.net/wp/2020/04/CSC_April-7_2020.pdf	**Apr 7, 2020**
Michigan	**GuidelinesforEthicalAllocationofScarceMedicalResourcesandServicesDuringPublic Health Emergencies in Michigan** http://www.mimedicalethics.org/Documentation/Michigan%20DCH%20Ethical%20Scarce%20Resources%20Guidelines%20v2%20rev%20Nov%202012.0.pdf	**Nov 16, 2012**
Minnesota	**Crisis Standards of Care** https://www.health.state.mn.us/communities/ep/surge/crisis/index.html **Minnesota Crisis Standards of Care Framework** https://www.health.state.mn.us/communities/ep/surge/crisis/conops.pdf	**Mar19,2020** **Feb25,2020**
Mississippi	**Crisis Standards of Care** https://msdh.ms.gov/msdhsite/_static/resources/7221.pdf	**Feb 21, 2017**
Missouri	**Missouri Department of Health and Senior Services March 2020 Healthcare Systems Readiness Annex acknowledges there are no current state Crises Standards of Care** https://health.mo.gov/emergencies/panflu/pdf/panfluplanhealthcare.pdf	**Mar 2020**
Montana	**Scarce Resource Management & Crisis Care Guidance: Adopted and modified for use in Montana in response to the 2020 COVID-19 pandemic emergency** https://mtha.org/wp-content/uploads/2020/04/Montana-Crisis-Care- Guidance-Final.pdf	**2020**
Nebraska	**No electronic information available**	

	Link to CSC Information as of May 2020	Date Published
Nevada	**Crisis Standards of Care** https://nvhealthresponse.nv.gov/wp-content/uploads/2020/04/NV_DHHS_DPBH_CSCRecommendations_COVID-19_040220_ADA.pdf	**Apr 2, 2020**
New Hampshire	**NH DHHS Issues Crisis Standards of Care Plan to Guide Development of Clinical Guidelines During COVID-19** https://www.dhhs.nh.gov/documents/nh-csc-plan.pdf	**Apr 17, 2020**
New Jersey	**Allocation of Critical Care Resources During a Public Health Emergency** https://nj.gov/health/legal/covid19/FinalAllocationPolicy4.11.20v2%20.pdf	**Apr 11, 2020**
New Mexico	**New Mexico Crisis Standards of Care Plan** https://nmhealth.org/publication/view/plan/4877/	**2018**
New York	**Temporary Suspension or Modification of Statutes and Regulations in New York State During Emergencies: A Guide for Healthcare Providers** https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/flrtc/preparedness-response-tools/documents/HANYS-healthcare_emergency_guidebook_regs.pdf	**Aug 1, 2014**
North Carolina	**No electronic information available**	
North Dakota	**No electronic information available**	
Ohio	**NOCSC online – The OH Governor has not signed off on developed CSC plan** https://www.publicsafety.ohio.gov/links/emsHLSmtgMinutes0717.pdf	**Jul 2017**
Oklahoma	**Surge Capacity** https://www.ok.gov/health2/documents/Hospital%20Crisis%20Standards%20of%20Care.pdf	**2020**
Oregon	**Oregon Crisis Care Guidance** https://digital.osl.state.or.us/islandora/object/osl:944472	**2018**
Pennsylvania	**Interim Pennsylvania Crisis Standards of Care for Pandemic Guidelines** https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/COVID-19%20Interim%20Crisis%20Standards%20of%20Care.pdf	**Apr 10, 2020 V.2**
Rhode Island	**Crisis Standards of Care Guidelines** https://health.ri.gov/publications/guidelines/crisis-standards-of-care.pdf	**Apr 27, 2020**
South Carolina	**No electronic information available**	
South Dakota	**Strategic Plan 2020 – 2025 - SD includes CSC planning I their 2020 goals** https://doh.sd.gov/documents/DOHStrategicPlan2020-25_FINAL.pdf	**Dec 2019**
Tennessee	**Guidance for the Ethical Allocation of Scarce Resources during a Community- Wide Public Health Emergency as Declared by the Governor of Tennessee** http://www.shelbytnhealth.com/DocumentCenter/View/847/2016-Guidance- for-the-Ethical-Allocation-of-Scarce-Resources	**Jul 2016 V. 1.6**
Texas	**No electronic information available**	

	Link to CSC Information as of May 2020	Date Published
Utah	**Utah Crisis Standards of Care Guidelines** https://coronavirus-download.utah.gov/Health/Utah-Crisis-Standards- of-Care-Guidelines-v7-08132020.pdf	**August 13, 2020**
Vermont	**Vermont 12 Crisis Standards of Care (CSC) 13 Plan** https://www.healthvermont.gov/sites/default/files/documents/pdf/VT %20 CSC%20Plan%2007-23-2019%20Final.pdf	**May 10, 2019**
Virginia	**Critical Resource Shortages Planning Guide** https://www.vdh.virginia.gov/disease-prevention/disease-prevention/critical- resource-shortages-planning-guide/	**Sep 2009**
Washington	**Scarce Resource Management & Crisis Standards of Care** https://nwhrn.org/wp-content/uploads/2020/03/Scarce_Resource_ Management_and_Crisis_Standards_of_Care_Overview_and_ Materials-2020-3-16.pdf	**2020**
Wisconsin	**Protecting Wisconsin: Health Emergency Preparedness** https://www.dhs.wisconsin.gov/publications/p01119-17.pdf	**2017**
West Virginia	**No electronic information available**	
Wyoming	**No electronic information available**	

Additional Resources

Crisis Standards of Care
A Systems Framework for Catastrophic Disaster Response: Volume 1: Introduction and CSC Framework (2012)

Crisis Standards of Care
A Toolkit for Indicators and Triggers (2013)

Crisis Standards of Care
Ten Years of Successes and Challenges: Proceedings of a Workshop (2020)

CDC - Clinical Resources/Reports and Guidance
Resources related to CSC and medical allocation during a disaster

Minnesota Patient Care Strategies for Scarce Resource Situations (May 2020)

Duty to Plan: Health Care, Crisis Standards of Care, and Novel Coronavirus SARS-CoV-2
Discussion paper (2020)

Fair Allocation of Scarce Medical Resources in the Time of Covid-19 (NEJM Article, Mar 23, 2020)

COVID-19 Crisis Standards of Care Resources | ASPR TRACIE

ASPR TRACIE – CSC State Strategies
State-level strategies to develop and implement CSC

ASPR Tracie -**Topic Collection: Crisis Standards of Care**
This Topic Collection includes links to a number of CSC and ASPR resources

Coronavirus Update: Caring with Limited Resources During the COVID-19 Crisis: A Compilation of Resources for Your Team (AHA, Apr 1, 2020) The AHA has attached a list of resources, tools and sample policies that hospital and clinical leaders may find helpful in developing their own organization's approach to caring for patients with limited resources or under crisis circumstances.

Indicators and Triggers for Potential Movement to Crisis Care (2020)
Article on American College of Chest Physicians website

Crisis standards of care: Guidance from the AMA Code of Medical Ethics - Updated April 5, 2020
Guidance from the AMA Code of Medical Ethics is grounded in core values of respect, compassion, objectivity, transparency and fairness that underly the difficult decisions about allocating scarce resources that arise in a pandemic.

Crisis Standard of Care COVID-19 Pandemic (ANA) – 2020
This guidance applies to decisions about care made during extreme circumstances such as those resulting from emergencies, disasters or pandemics like COVID-19.

Virtual Learning Hour Special Series: COVID-19 and Crisis Standards of Care (IHI, Apr 2020)
This Virtual Learning Hour discusses crisis standards of care, the circumstances under which they might be implemented.

AGS Position Statement: Resource Allocation Strategies and Age-Related Considerations in the COVID-19 Era and Beyond (AGS, May 2020)