

REPORT BRIEF • SEPTEMBER 2009

GUIDANCE FOR ESTABLISHING CRISIS STANDARDS OF CARE FOR USE IN DISASTER SITUATIONS: A LETTER REPORT



The current influenza pandemic caused by the 2009 H1N1 virus underscores the immediate and critical need to prepare for a public health emergency in which thousands, tens of thousands, or even hundreds of thousands of people suddenly require and seek medical care in communities across the United States. In the event of such emergencies, officials rely on standards of care policies and protocols to protect the public's health. As the nation prepares not only for the 2009 influenza pandemic, but for any disaster scenario in which the health system may be stressed to its limits, it is important to describe the conditions under which standards of care would change due to shortage of critical resources.

At the request of the Office of the Assistant Secretary for Preparedness and Response in the Department of Health and Human Services, the Institute of Medicine convened the Committee on Guidance for Establishing Standards of Care for Use in Disaster Situations to develop guidance that state and local public health officials can use to establish and implement standards of care that should apply in disaster situations—both naturally occurring and manmade—under scarce resource conditions. Specifically, the committee was asked to identify and describe the key elements that should be included in crisis standards of care protocols, to identify potential indicators and triggers, and to develop a template matrix that can be used by state and local public health officials as a framework for developing specific guidance for healthcare provider communities to develop crisis standards of care.

This report is not intended to obviate or substitute for extensive additional consideration and study of this complex issue but is focused on articulating current concepts and preliminary guidance that can assist state and local public health officials, healthcare facilities, and professionals in the development of systematic and comprehensive policies and protocols for standards of care in disasters where resources are scarce.

CRISIS STANDARDS OF CARE

Based on a review of the currently available state standards of care protocols, published literature, and testimony provided at its workshop, the committee concludes that there is an urgent and clear need for a single national set of guidance for states with crisis standards of care that can be generalized to all crisis events and is not specific to a certain event. However, the committee recognizes that within such a single general framework, individual disaster scenarios may require specific considerations, such as differences between no-notice events and slow-onset events, while the key elements and components remain the same.

The committee developed national framework guidance on the key elements that should be included in standards of care protocols for disaster situations. For purposes of developing recommendations for situations in which healthcare resources are overwhelmed, the committee defines the level of health and medical care capable of being delivered during a catastrophic event as crisis standards of care.

“Crisis standards of care” is defined as a substantial change in usual health care operations and the level of care it is possible to deliver, which is made necessary by a 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 is formally declared by a state government, in recognition that crisis operations will be in effect for a sustained period. The formal declaration that crisis standards of care are in operation enables specific legal/regulatory powers and protections for healthcare providers in the necessary tasks of allocating and using scarce medical resources and implementing alternate care facility operations.

THE VISION

In order to ensure that patients receive the best possible care in a catastrophic event, the nation needs a robust system to guide the public, healthcare professionals and institutions, and governmental entities at all levels. To achieve such a system of just care, the committee sets forth the following vision for crisis standards of care:

- *Fairness*—standards that are, to the highest degree possible, recognized as fair by all those affected by them (including the members of affected communities, practitioners, and provider organizations); evidence-based; and responsive to specific needs of individuals and the population focused on a duty of compassion and care, a duty to steward resources, and a goal of maintaining the trust of patients and the community
- *Equitable processes*—processes and procedures for ensuring that decisions and implementation of standards are made equitably
 - o Transparency—in design and decision making
 - o Consistency—in application across populations and among individuals regardless of their human condition (e.g., race, age, disability, ethnicity, ability to pay, socioeconomic status, preexisting health conditions, social worth, perceived obstacles to treatment, past use of resources)
 - o Proportionality—public and individual requirements must be commensurate with the scale of the emergency and degree of scarce resources
 - o Accountability—of individuals deciding and implementing standards, and of governments for ensuring appropriate protections and just allocation of available resources
- *Community and provider engagement, education, and communication*—active collaboration with the public and stakeholders for their input is essential through formalized processes
- *The rule of law*
 - o Authority—to empower necessary and appropriate actions and interventions in response to emergencies
 - o Environment—to facilitate implementation through laws that support standards and create appropriate incentives

EMPHASIZING CONSISTENCY

Throughout the report, the committee emphasizes the need for states to develop and implement consistent crisis standards of care protocols both within the state and through work with neighboring states, in collaboration with their partners in the public and private sectors. This report also contains guidance to assist state public health authorities in developing these crisis standards of care. This guidance includes criteria for determining when crisis standards of care should be implemented, key elements that should be included in the crisis standards of care protocols, and criteria for determining when these standards of care should be implemented.

The committee's intent is to provide a framework that allows consistency in establishing the key components required of any effort focused on crisis standards of care in a disaster situation. It also hopes that by suggesting a uniform approach, consistency will develop across geographic and political boundaries so that this guidance will be useful in contributing to a single, national framework for responding to crises in a fair, equitable, and transparent manner.

RECOMMENDATIONS

RECOMMENDATION 1: DEVELOP CONSISTENT STATE CRISIS STANDARDS OF CARE PROTOCOLS WITH FIVE KEY ELEMENTS

State departments of health, and other relevant state agencies, in partnership with localities should develop crisis standards of care protocols that include the key elements—and associated components—detailed in this report:

- A strong ethical grounding;
- Integrated and ongoing community and provider engagement, education, and communication;
- Assurances regarding legal authority and environment;
- Clear indicators, triggers, and lines of responsibility; and
- Evidence-based clinical processes and operations.

RECOMMENDATION 2: SEEK COMMUNITY AND PROVIDER ENGAGEMENT

State, local, and tribal governments should partner with and work to ensure strong public engagement of community and provider stakeholders, with particular attention given to the needs of vulnerable populations and those with medical special needs, in:

- Developing and refining crisis standards of care protocols and implementation guidance;
- Creating and disseminating educational tools and messages to both the public and health professionals;
- Developing and implementing crisis communication strategies;
- Developing and implementing community resilience strategies; and
- Learning from and improving crisis standards of care response situations.

RECOMMENDATION 3: ADHERE TO ETHICAL NORMS DURING CRISIS STANDARDS OF CARE

When crisis standards of care prevail, as when ordinary standards are in effect, healthcare practitioners must adhere to ethical norms. Conditions of overwhelming scarcity limit autonomous choices for both patients and practitioners regarding the allocation of scarce healthcare resources, but do not permit actions that violate ethical norms.

RECOMMENDATION 4: PROVIDE NECESSARY LEGAL PROTECTIONS FOR HEALTHCARE PRACTITIONERS AND INSTITUTIONS IMPLEMENTING CRISIS STANDARDS OF CARE

In disaster situations, tribal or state governments should authorize appropriate agencies to institute crisis standards of care in affected areas, adjust scopes of practice for licensed or certified healthcare practitioners, and alter licensure and credentialing practices as needed in declared emergencies to create incentives to provide care needed for the health of individuals and the public.

RECOMMENDATION 5: ENSURE CONSISTENCY IN CRISIS STANDARDS OF CARE IMPLEMENTATION

State departments of health, and other relevant state agencies, in partnership with localities, should ensure consistent implementation of crisis standards of care in response to a disaster event. These efforts should include:

- Using “clinical care committees,” “triage teams,” and a state-level “disaster medical advisory committee” that will evaluate evidence-based, peer-reviewed critical care and other decision tools and

recommend and implement decision-making algorithms to be used when specific life-sustaining resources become scarce;

- Providing palliative care services for all patients, including the provision of comfort, compassion, and maintenance of dignity;
- Mobilizing mental health support to manage the effects of crisis standards of care on providers and communities;
- Developing specific response measures for vulnerable populations and those with medical special needs, including pediatrics, geriatrics, and persons with disabilities; and
- Implementing robust situational awareness capabilities to allow for real-time information sharing across affected communities and with the “disaster medical advisory committee.”

RECOMMENDATION 6: ENSURE INTRASTATE AND INTERSTATE CONSISTENCY AMONG NEIGHBORING JURISDICTIONS

States, in partnership with the federal government, tribes, and localities, should initiate communications and develop processes to ensure intrastate and interstate consistency in the implementation of crisis standards of care. Specific efforts are needed to ensure that the Department of Defense, Veterans Health Administration, and Indian Health Services medical facilities are integrated into planning and response efforts.

FOR MORE INFORMATION . . .

Copies of *Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report* are available from the National Academies Press, 500 Fifth Street, N.W., Lockbox 285, Washington, DC 20055; (800) 624-6242 or (202) 334-3313 (in the Washington metropolitan area); Internet, www.nap.edu. The full text of this report is available at www.nap.edu.

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