

North Texas Mass Critical Care Task Force
6:30 p.m. Feb. 8, 2012, at Park City Club
Meeting Minutes

Attending

Robert L. Fine, MD, Chair, NT Mass Critical Care Task Force
John Carlo, MD, Co-Chair, NT Mass Critical Care Task
Sandra Parker, MD, Co-Chair, NT Mass Critical Care Task Force
David French, MD, Baylor Health Care System
Laurie J. Sutor, MD, Carter BloodCare
Paul Pepe, MD, City of Dallas
Mark Casanova, MD, DCMS Community Emergency Response Committee
Sarah Helfand MD, DCMS Community Emergency Response Committee
Stephen Landers, MD, DCMS Community Emergency Response Committee
Mark Mlcak, MD, DCMS Community Emergency Response Committee
Don Read, MD, DCMS Community Emergency Response Committee
Ed Thornton, MD, Denton County Medical Society
Steve Love, DFW Hospital Council
The Rev. Gary MacDonald, Faith Community Representative, SMU/Perkins School of Theology
John H. Myers, MD, HCA North Texas
Scott Robins, MD, HCA North Texas
A.J. Kirk, MD, John Peter Smith Hospital
Tom Mayo, JD, Legal Community Representative, SMU/Dedman School of Law
Robert Simonson, MD, Methodist Hospital
John Jay Shannon, MD, Parkland Health and Hospital System
Kendra Belfi, MD, Tarrant County Medical Society
Ed Goodman, MD, Texas Health Resource
Mark Till, MD, Texas Health Resource
Ray Fowler, MD, UT Southwestern Medical Center
Michael Darrouzet, Dallas County Medical Society
Connie Webster, Dallas County Medical Society

Robert Fine, MD, led discussion of the minutes of previous meetings and gave an overview of the task force accomplishments.

Discussion Summary

- Since inception of the task force, healthcare community support has been strong for creation of the Mass Critical Care Guidelines, as evidenced by the active participation of physicians and hospital leaders. As the effort expands from a single county to a regional approach, this support increases.
- The work of the task force is not intended to replace current disaster response plans or to create a new planning group.
- Once the general community has adopted the task force plans, it will formally approach regional and state planning entities for their approval.
- The guidelines should be activated if the governor declares a pandemic respiratory crisis or other public health emergency that could overwhelm intensive care resources.

- The task force discussed liability issues and legal immunity during public health emergencies. As it pursues consensus from the major North Texas hospital systems, the task force will work to have state legislation created that provides liability protection for hospitals and healthcare providers who deliver care during a public health emergency.

Action on Critical Issues

- “Other emergency situation”
 - The task force voted that language should be consistent in the “Purpose” and “When Activated” sections and should retain language specific to the role of the governor.
- “Do Not Resuscitate” language
 - After discussing the wording related to exclusion or inclusion of DNR patients, the task force voted to retain the DNR language in the Guidelines. Dr. Fine and Professor Mayo will discuss amending the wording to perhaps mention Out Of Hospital DNR in the adult document.
- Current ICU Patients
 - The task force voted to apply the guidelines to everyone, including patients in the ICU at the time of the declared emergency.
 - Assignment of ongoing trauma during a declared emergency
 - Because accidents and traumatic events continue during a pandemic, the task force declined to assign clinical priorities or direct the flow of patients among hospitals. This is the responsibility of other organizations in the region.
- Periodic Review of Guidelines
 - The task force agreed to review the appropriateness of the Guidelines annually.

Next Steps:

- Steve Love, CEO of DFW Hospital Council, will set up a meeting with task force leadership and CEOs of the major healthcare systems in the region to discuss the guidance documents. The goal of the meeting is for the hospital systems to approve the guidelines, which will ease the community adoption of the plans.
- Each hospital and physician task force member will facilitate discussions within the appropriate departments at their hospital system (i.e., emergency medicine, critical care, infectious disease, clinical ethics) to educate their colleagues about the initiative and get their input.
- In March and April 2012, Dr. Pepe will brief key media leaders, selected elected officials and staff, and others regarding the initiative and seek their opinions about how to communicate the work of the task force to the community.

The meeting was adjourned at 8:05 p.m.