



DCMS Task Force for Mass Critical Care  
Minutes  
June 23, 2010

On June 23, 2010, the DCMS Task Force for Mass Critical Care met at the Park City Club for its second of three planned meetings.

**Attending**

Robert L. Fine, MD, FACP, Chair  
John Carlo, MD, Cochair, Medical Director/Health Authority, DCHHS  
Drew Alexander, MD, DISD representative  
Mark Casanova, MD, Baylor Hospital  
Patti Clapp, Dallas Regional Chamber  
Chris Davis, Representing Dallas County Commissioner Maurine Dickey  
Paula Dobbs-Wiggins, MD, Faith Community Representative, SMU/Perkins School of Theology  
Ray Fowler, MD, FACEP, UTSW  
Ed Goodman, MD, THR  
Sarah Helfand, MD, DCMS Community Emergency Response Committee member  
Stephen Landers, MD, DCMS Community Emergency Response Committee member  
Steve Love, CEO, DFW Hospital Council  
The Rev. Gary MacDonald, Faith Community Representative, SMU/Perkins School of Theology  
Gail Maxwell, MS, RN, FACHE, Baylor Hospital  
Mark Mlcak, MD, DCMS Community Emergency Response Committee member  
Michael Motta, MD, Medical City Dallas Hospital  
Paul Pepe, MD, CMO, City of Dallas  
Laurie Sutor, MD, MBA, CMO, Carter BloodCare  
Don Read, MD, DCMS Community Emergency Response Committee member  
Mark Till, MD, THR  
John Veatch, Faith Community Representative, Dallas Area Interfaith  
Michael Darrouzet, EVP/CEO, DCMS  
Connie Webster, SVP Operations, DCMS

Robert Fine, MD, called the meeting to order at 6:40 p.m. After introductions, he gave a presentation titled "Review of Ethical Issues During a Public Emergency" and led discussion of development of a Crisis Standards of Care guidance document.

**Discussion Summary**

- Because we expect DCMS and the hospitals to approve a standard community guidance document, can we move more quickly toward the necessary legislative agenda?

- How do we communicate the intentions of this effort to the community at large and to the Legislature?
- The task force needs to create a true guidance document, not creating the policy, but guiding each institution so it can create its own.
- Not all the hospital systems have adopted a document similar to the Baylor Health Care System document. It is critical that all the systems adopt policies using the same criteria and basic structure.
- We need to act quickly and should not presume that the government will create such standards or guidance.
- Dr. Sutor described blood sharing agreements among blood banks, Carter BloodCare protocols related to blood shortages, and how the blood bank decides who gets blood if the supply is limited.
- In addition to ventilators, pharmaceuticals and medical staffs will be in short supply during a mass critical care episode.
- A shortage of ventilators is only one situation that may cause the policy to become operational.
- Should the task force address how to apply the policy to the pre-hospital system? For example, should EMS pick up a patient whose condition is clearly outside the survivability scoring?
- SOFA scoring may have unintended consequences. For example, will people donate blood during a blood shortage if they realize that doing so may temporarily raise their SOFA score?
- SOFA scoring is not validated in Pediatric medicine and we will be looking to experts with the Pediatrics community for any guidance they feel might be appropriate for allocation of resources in times of public emergency.
- It may be more appropriate to communicate the “stewardship of resources” than to debate the “rationing” of care.

### **Strategic Phases of the Effort**

- Phase 1: The task force will adopt the first draft of the guidance document and recommend to the DCMS board of directors that it adopts it as a draft, pending community input.
- Phase 2: DCMS will work with other organizations, such as the DFW Hospital Council, to seek preliminary adoption of the first draft of the guidance document among healthcare institutions, while seeking community input in Phase 3.
- Phase 3: In concert with supporting organizations, such as the Dallas Regional Chamber and the Dallas Area Interfaith, DCMS will seek public input on the first draft through a series of town hall meetings. The media will be fully briefed to generate broad awareness of the creation of the guidance document.
- Concurrent with the community education should be the effort to seek legislative action or local ordinances to protect the public and the healthcare providers who serve in a time of mass critical care.
- Communication is key. The plan must be widely understood and the public must be engaged (for instance, through their schools and churches) to understand its meaning and impact on them during a mass critical care event.

### **Next Steps and Timeline**

- A final meeting likely will be Thursday, July 29, at 6:30 p.m. or in early August, during which the group will focus on the political and educational considerations associated with

a Triage Protocol. Each task force member will be asked to bring his or her constituency's perspective on the sample guidance document, how the constituencies should be educated, and their potential concerns about the effort.

- The task force must be able to address concerns about SOFA scoring criteria, such as the history of criteria and whether race, gender and ethnicity were considered.
- Another set of critical hurdles will be reviews by the legal and ethics committees of area healthcare systems. This may take 6 months or longer.
- A draft document and recommendation statement to the DCMS board will be prepared before the next task force meeting. A final meeting likely will be Thursday, July 29, at 6:30 p.m. or in early August, with a review by the DCMS board in September 2010.
- Upon adoption by the DCMS board, a draft guidance document will be distributed to the community and local healthcare institutions for further consideration and eventual adoption.
- Media briefings and community town hall meetings will take place immediately after DCMS releases the first draft guidance document. Town hall meetings will be scheduled throughout Fall 2010.
- Amendments will be incorporated through the end of 2010.

The meeting adjourned at 8:15 p.m.