The Joint Commission

# ECNews

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Environment of Care | Emergency Management | Life Safety

# Emergency Management

## *Getting started with the crisis standards of care, part 2*

*Whether it's a natural disaster, an act of terrorism, or a sustained public health crisis, a rare but catastrophic disasters can stress a health system to its breaking point and threaten its ability to safely and reliably deliver patient care. This is the second in a two-part series of articles that addresses the crisis standards of care. Part 1 appeared in the November 2015 issue of this newsletter.*

*In 2012, the federal government required the 62 jurisdictions receiving federal emergency management funding to develop crisis standards of care in collaboration with the hospitals and other medical and mental health providers in their states, municipalities, and territories. Leading up to this mandate, the US Department of Health and Human Services (HHS) had turned to the Institute of Medicine to research and develop guidance to support decision-making on the allocation of scarce medical resources. This information served as the basis for the HHS policy, which requires each state to implement the crisis standards of care (CSC) framework.*

Implementing policies and protocols to move toward the CSC framework is a complex and long-term endeavor, requiring attention not only to operations, facilities, and clinical issues but also to legal and cultural changes related to how care is delivered. Beginning the process with the following areas can lay a useful foundation for even more complex issues later in the planning effort.

### *Check with your state*

Different states are at various points along the road to CSC implementation. For example, California, Colorado, Massachusetts

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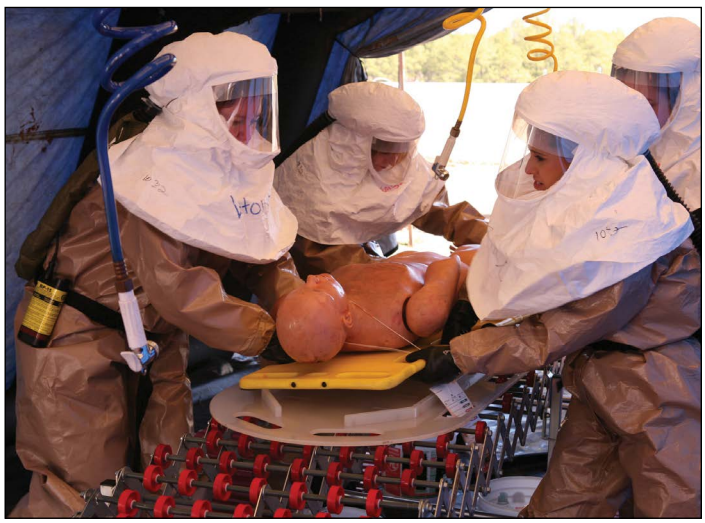

Hospital staff rush to decontaminate a simulated victim during a mass casualty incident training exercise at the Center for Domestic Preparedness, Anniston, Alabama.

**Source:** Photo courtesy of the US Federal Emergency Management Agency.

## Inside



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and New York—as well as several other states—have made progress in developing procedures and protocols that reflect the CSC's intent.

Additional states are just starting to lay the groundwork, convening committees that include emergency response organizations, hospitals and other health care facilities, state agencies, and additional stakeholders. "Because each state is different, it is valuable to understand what is happening in your area and figure out how that work applies to you," suggests Lynne Bergero, MHSA, project director for the Division of Healthcare Quality Evaluation at The Joint Commission. "The best way to do that is to participate in planning meetings and workshops, learning from others and representing the perspective of your organization or discipline at the planning table. For example, Illinois is in the midst of conducting stakeholder meetings with the goal of launching the CSC standards in 2017. Hospitals, health systems, health departments, and other providers participated in the first round of meetings earlier this year. The next round will include public and community stakeholders in discussions about community values, needs, and priorities for the allocation of scarce medical resources."

## Crisis Standards of Care, Defined

***Crisis standards of care:*** 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 (for example, pandemic influenza) or catastrophic (for example, earthquake, hurricane) disaster. This change in the level of care delivered is justified by specific circumstances and is formally declared by a state government, which recognizes 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 health care providers in the necessary tasks of allocating and using scarce medical resources and implementing alternate care facility operations.

**Source:** Hick J, Stroud C. *Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response: Briefing to Don Boyce, JD Deputy Assistant Secretary and Director, Office of Preparedness and Emergency Operations Office of the Assistant Secretary for Preparedness and Response, US Department of Health and Human Services.* Dec 2012. Accessed Oct 27, 2015. http://www.phe.gov/coi/Documents/IOM%20CSC%20Briefing%20to%20OPEO%20Dec%2018%202012.pdf.

## Joint Commission Standards/CSC Planning Matrix

| Crisis Standards of Care Planning Issue | Joint Commission Standards |
|---|---|
| Overarching issue: planning and leadership decision making in moving from contingency standards of care for a patient to crisis standards of care for a population | ***EM.01.01.01, EP 3, 7, 8***<br>***LD.03.03.01, EP 6***<br>***LD.04.01.05, EP 12*** |
| Ethical and Legal Considerations | ***EM.01.01.01, EPs 1, 2, 6***<br>***LD.02.03.01, EP 1***<br>***LD.04.01.01, EP 3*** |
| Community and Provider Engagement, Education and Communication | ***EM.01.01.01, EPs 1, 3, 4, 7***<br>***EM.02.01.01, EP 1***<br>***EM.02.02.01, EPs 2, 6***<br>***LD.03.01.01, EP 10*** |
| Indicators and Triggers | ***EM.02.02.03, EPs 1, 2, 3, 4, 5, 6, 9, 10***<br>***EM.03.01.03, EPs 1, 2, 3, 4, 7, 8, 9, 10, 11, 12, 13*** |
| Clinical Process and Operations | ***EM.02.02.11, EPs 2, 3, 4, 5, 6, 7, 8*** |

## Educate your staff

Despite the importance of the CSC, organization leaders are not necessarily discussing them with staff, and greater education is needed around what the standards require and why they are important. "While most hospitals have robust contingency plans to respond to a wide variety of hazards, few have planned for 'never' events," comments Martha R. Pettineo, BSN, RN, CEN, TNS, EMT-P, manager of emergency medical services and emergency preparedness and management for the NorthShore University HealthSystem Highland Park Hospital, in Highland Park, Illinois. "These low-frequency but high-impact events require strategies that support worst-case scenario response. To begin the education process, NorthShore has invited an expert in the field of crisis standards of care to speak at a multidisciplinary forum this fall. We are using this as a way of prompting discussion and helping staff members wrap their heads around crisis planning."

## Review the Joint Commission EM standards

"The EM [Emergency Management] standards cover the range of contingency planning and can serve as a good foundation for organization leaders to use to move the organization through key areas of the CSC framework," says Bergero.

For example, organization leaders may convene the stakeholders, managers, or teams currently involved in EM planning and determine together how to prioritize CSC planning activities in a phased approach over a 24-month-period. The matrix, left, shows how Joint Commission

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standards align with issues in the CSC planning process.

## *Incorporate crisis planning into drills*

One key area of Joint Commission standards that will help organizations incorporate the CSC framework relates to exercises. Standard **EM.03.01.03**, Element of Performance 2 requires most health care organizations to conduct at least two emergency management drills per year, with at least one involving a surge of patients and an escalating scenario in which the community cannot support the organization. "These exercises present a valuable opportunity to escalate an emergency to a disaster; simulate overwhelming surge, resource scarcity, and loss of capabilities; and discuss how the community will deal with the issues surrounding a catastrophic situation," says Bergero. Organizations that participate in their community-based or regional exercises benefit from opportunities to test and refine their response plans with coalition partners and stakeholders.

> **"Because each state is different, it is valuable to understand what is happening in your area and figure out how that work applies to you."**
>
> *— Lynne Bergero, HHS, project director for the Division of Healthcare Quality Evaluation at The Joint Commission*

Highland Park Hospital has taken the first step in incorporating crisis planning into emergency management exercises. "Our organization was the lead agency in a recent regional exercise in which the hospitals in northeastern Illinois simulated a long-term 'Disease X' scenario," says Pettineo. "During the drill, incident command teams were challenged with operational and clinical needs that exceeded the available supplies and personnel. This represents the kinds of difficulties an organization might experience in a catastrophic event. The dialogue that ensued recognized the complexity of the decisions that must be made during disastrous conditions."

## The road ahead

Although organizations around the country are still at the very early stages of incorporating the crisis standards of care, there is some good work under way. By starting to think about this framework now, organizations can begin to sift through all the considerations that go along with responding to an unimaginable situation. EC