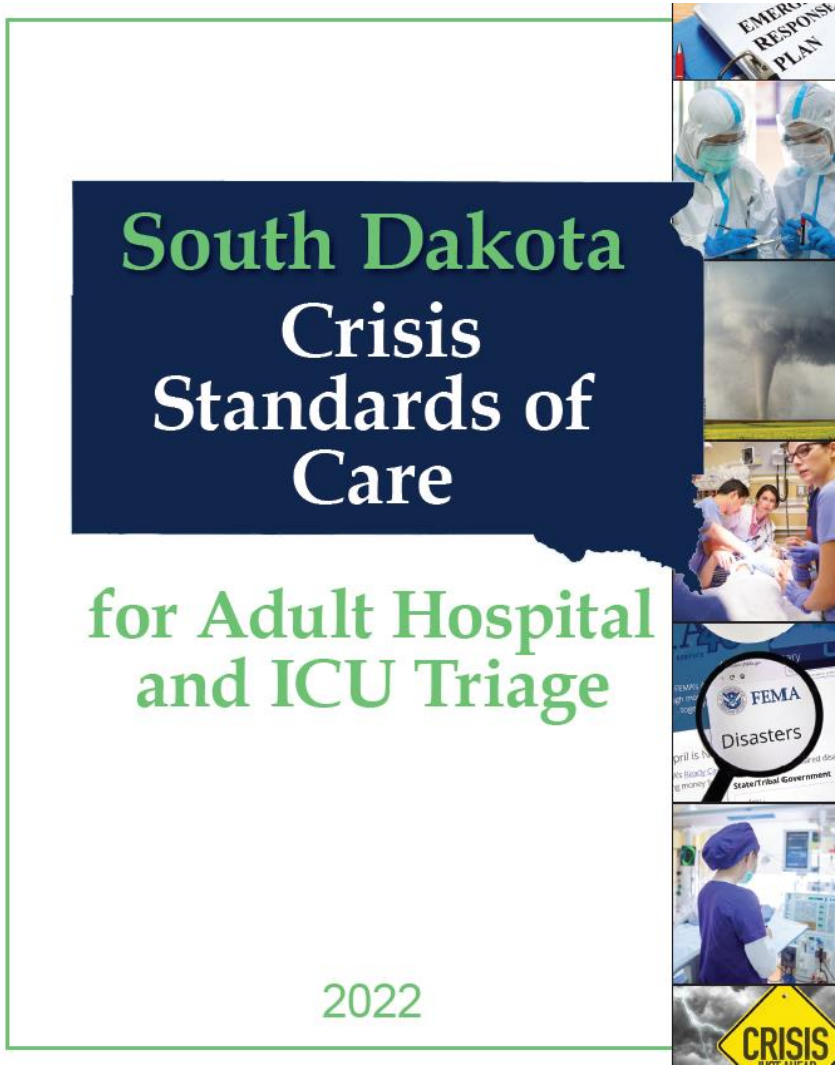


Panel Session

December 14
9am-10:30am

2021

Welcome & Training Objectives

1. History & Overview

2. Understand how the CSC Plan fits in to the overall SD DOH plan for hospital preparedness

3. Interpret the legal and ethical aspects of the triage process

4. Recognize the role and decisions of the medical director, physician triage officer and administration

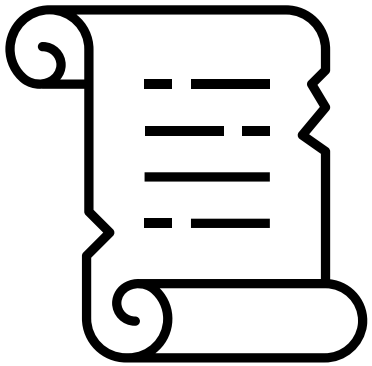
5. Examine the actions and discussions of hospice and palliative care

6. Describe the importance of the supporting roles including nursing, advance care planning and pastoral care

7. Discuss how this plan will be operationalized across the state

History and Overview

- Sioux Falls Bioethics Network
- 2009 H1N1 Plan
- LifeCircle South Dakota
- Summer 2020 Began Reworking the 2009 Plan
- Definition of Crisis Standards of Care
- Purpose
- Aims
- Goals
- Activation



SOUTH DAKOTA DEPARTMENT OF HEALTH

CSC and SD DOH

Scope

Development

Framework

Activation

Liability
Protections

Legal Considerations

- **Office of Civil Rights** – Cameo Anders JD, MA
  - Authoritative Language
  - OCR Best Practices
  - OCR Technical Assistance to States
  - Recommendations

OCR Authoritative Language

"OCR enforces Section 1557 of the Affordable Care Act and Section 504 of the Rehabilitation Act which prohibit discrimination on the basis of disability in HHS funded health programs or activities. These laws, like other civil rights statutes OCR enforces, remain in effect. As such, persons with disabilities should not be denied medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person's relative "worth" based on the presence or absence of disabilities or age. Decisions by covered entities concerning whether an individual is a candidate for treatment should be based on an individualized assessment of the patient based on the best available objective medical evidence."

-March 2020 Bulletin found here: https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf and referenced here:https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/index.htm

OCR Best Practices

- Resource allocation decisions should be based on individualized assessment of each patient using best available objective medical evidence concerning likelihood of death prior to or imminently after hospital discharge
- Such assessments should not use categorical exclusion criteria on the basis of disability or age; judgments as to long-term life expectancy; evaluations of the relative worth of life, including through quality of life judgments, and should not deprioritize persons on the basis of disability or age because they may consume more treatment resources or require auxiliary aids or supports.
- When using prognostic scoring systems with patients with underlying disabilities, reasonable modifications may be necessary for accurate use.
- Healthcare providers should not "steer" patients into agreeing to the withdrawal or withholding of life-sustaining treatment or require patients or their families to consent to a particular advanced care planning decision in order to continue to receive services from a facility. Patients must be given information on the full scope of available alternatives.
- Providers should not consider for re-allocation a ventilator or other piece of life-sustaining equipment that is brought to the hospital by a patient whose life is dependent on that equipment

OCR Technical Assistance to States

- Prohibition on the use of a patient's long-term life expectancy as a factor in the allocation and re-allocation of scarce medical resources;
- Prohibition on the use of categorical exclusion criteria, instead requiring an individualized assessment based on the best available objective medical evidence;
- Prohibition on the use of resource-intensity and duration of need as criteria for the allocation or re-allocation of scarce medical resources. This protects patients who require additional treatment resources due to their age or disability from being given a lower priority to receive life-saving care due to such need;
- Inclusion of language stating that reasonable modifications to the use of clinical instruments for assessing likelihood of short-term survival should be made when necessary for accurate use with patients with underlying disabilities.
- Inclusion of new protections against providers "steering" patients into agreeing to the withdrawal or withholding of life-sustaining treatment, clarifying that patients may not be subject to pressure to make particular advanced care planning decisions, must be given information on the full scope of available alternatives, and that providers may not impose blanket "Do Not Resuscitate" policies for reasons of resource constraint, or require patients to consent to a particular advanced care planning decision in order to continue to receive services from a facility; and
- Inclusion of language stating that hospitals should not re-allocate personal ventilators brought by a patient to an acute care facility to continue pre-existing personal use with respect to a disability. Under this language, long-term ventilator users will be protected from having a ventilator they take with them into a hospital setting taken from them to be given to someone else.

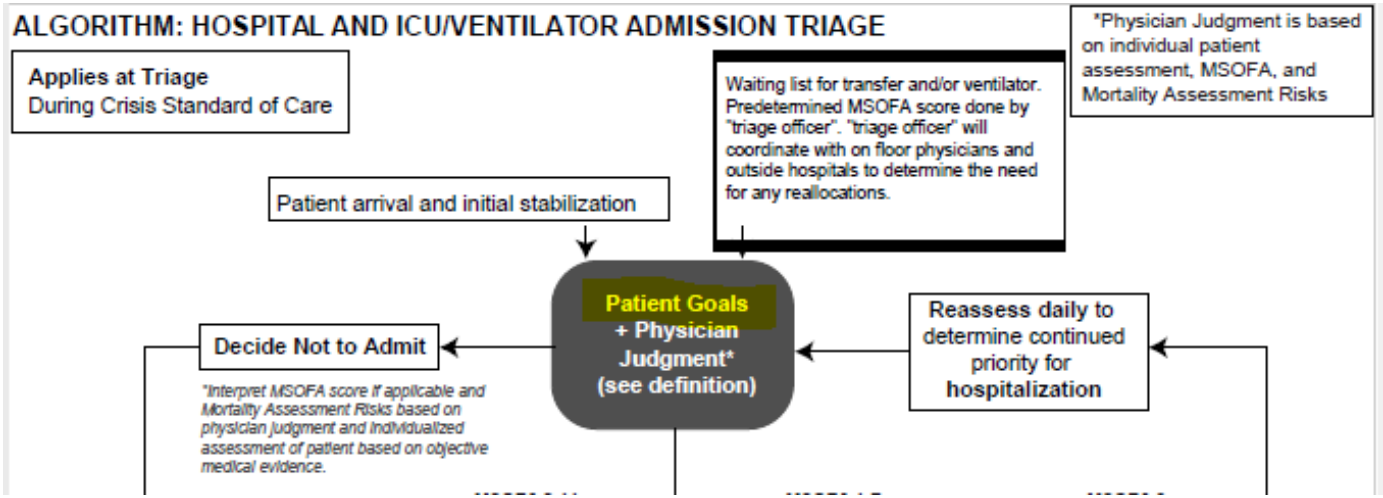
OCR Recommendations

- "Make resource allocation decisions based on ***individualized assessments of each patient***, using the best available objective medical evidence concerning likelihood of death prior to or imminently after hospital discharge, including clinical factors relevant and available to such determinations, which may include age under limited circumstances.
- However, such assessments should NOT use ***categorical exclusion criteria*** on the basis of disability or age; judgments as to long-term life expectancy; evaluations of the relative worth of life, including through quality of life judgments, and should NOT deprioritize persons on the basis of disability or age because they may consume more treatment resources or require auxiliary aids or supports."

https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/index.html

Ethical Considerations

- **Ethical Considerations** – Mary Hill, Avera Health
  - Exclusion Criteria ⟹ Basic Premises
  - Physician Judgement
  - Triage Priority



Triage Committee

Triage Committee: The triage committee (or "allocation resource team") described in the South Dakota Crisis Standards of Care (SD CSC) is specific to each healthcare facility. In accordance with the principles and guidelines set forth in the SD CSC, the triage committee/ART facilitates the allocation of limited medical resources in the event of a mass critical care situation during which the demand for hospital and critical care services exceeds capacity.

No Bed/Resource Currently Available for Transfer: In situations when a bed—or other resource such as dialysis—is currently not available for a facility requesting to transfer a patient, the facility at which the patient is located is responsible for continuing to care for the patient to the best of its ability with available resources.

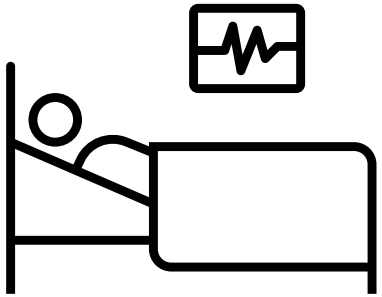
- Facility resources that may be helpful include the ethics committee, palliative care consultation service, and case management. The facility may also decide to activate its triage committee/ART to help determine how to steward available resources pursuant to the principles and goals set forth in the SD CSC.

Transfer Center: The Transfer Center facilitates communication, logistics and transfers to/from healthcare facilities. Transfer Centers stay apprised of transfer requests and capacity to assist with communication and logistics.

Facilities with No Triage Committee/ART: Facilities that currently do not have a triage committee/ART are recommended to consider forming a triage committee. Technical assistance is available through the Healthcare Coalitions/Emergency Response Network.

Medical Decision-Making

- **Medical Director Perspective** – Dr. Wilde, Sanford Health
  - Scope - Adults Age 14+
  - Decision and Support Roles
  - Administration
    - Hospital Planning
    - Triage Committee
- **Triage Officer Role and Responsibilities** – Dr. Kurra, Monument Health
  - Physician Judgement
  - Triage Priority
  - MSOFA Scoring & Algorithm

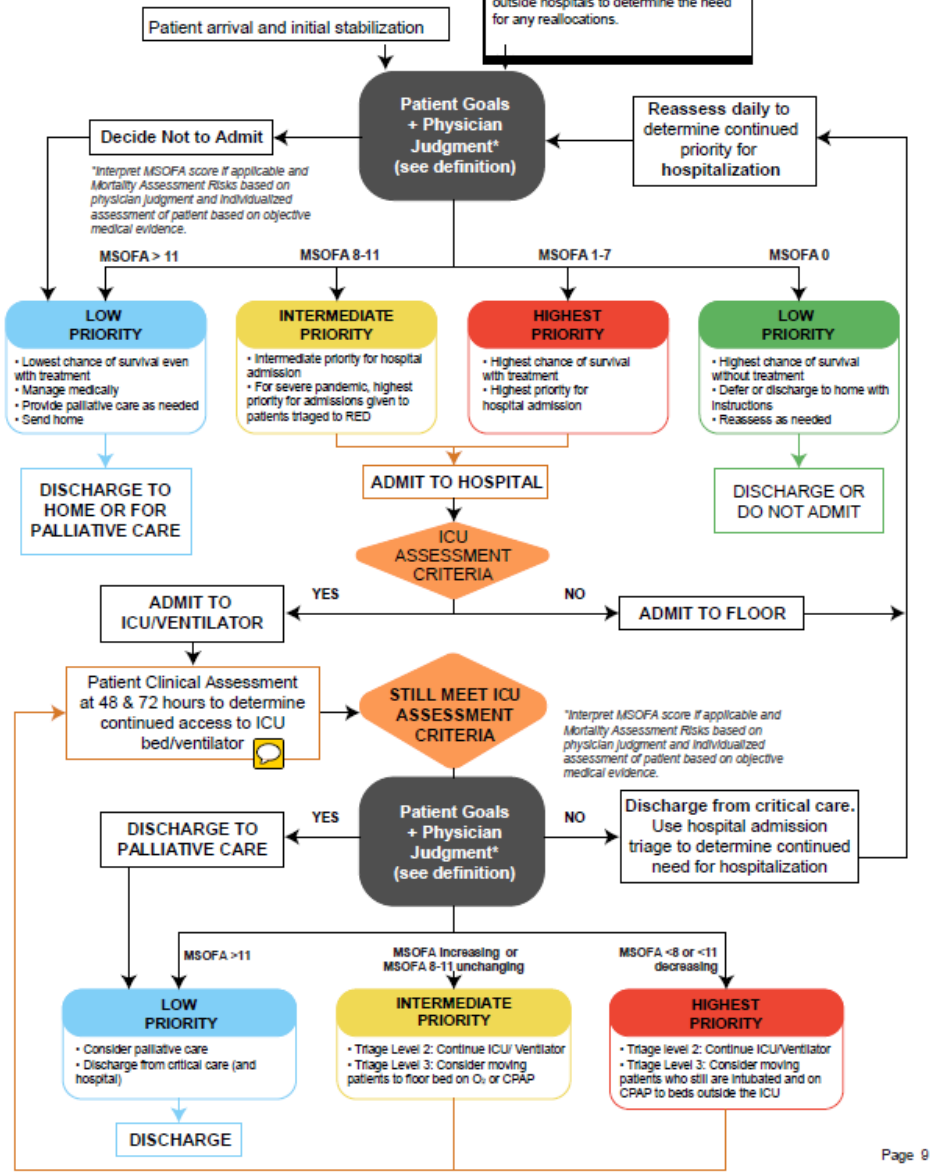


ALGORITHM: HOSPITAL AND ICU/VENTILATOR ADMISSION TRIAGE

Applies at Triage
During Crisis Standard of Care

Waiting list for transfer and/or ventilator. Predetermined MSOFA score done by "triage officer". "triage officer" will coordinate with on floor physicians and outside hospitals to determine the need for any reallocations.

*Physician Judgment is based on individual patient assessment, MSOFA, and Mortality Assessment Risks

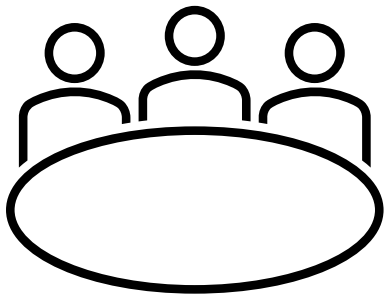


Hospice & Palliative Care

- **Goals**
- **Role**
- **Location**
- **Actions & Discussions**

Supporting Roles & Perspectives

- **Nursing** – Lori Popkes, Avera Health
- **Advance Care Planning** – Marcia Taylor, Monument Health
- **Pastoral Care** – Sandra Ogunremi, Monument Health



SPIRITUAL CARE SERVICES

COVID-19 PANDEMIC

FEAR
ANXIETY
CONCERN
STRESS
DEPRESSION
DEATH

Sandra Ogunremi, DHA, MSA, B. Pharm, CDM, CCDP
Director, Diversity, Inclusion and Spiritual Care Services

SPIRITUAL CARE SERVICES

Dr. Sandra Ogunremi, DHA, MSA, B. Pharm, CDM, CCDP
Director, Diversity, Inclusion and Spiritual Care Services

SPIRITUAL CARE SERVICES

PLAN A

40-50 Community Clergy members volunteered and cleared to start visiting patients, family members and caregivers.

COVID-19 PANDEMIC

New requirements

Social distancing

Masking

Limited visitation

PLAN B

Spiritual caregivers within the organization

Online meetings

Onboarding of providers to provide spiritual care

Goal of meeting spiritual care needs internally

At Monument Health, we make it a **priority to provide spiritual care services** to our patients, family members, providers, caregivers, and leadership.

SPIRITUAL CARE SERVICES

COVID-19 TAKING A TOLL

- Despair in the eyes of caregivers and providers.
- Fear of taking Covid-19 home to loved ones.
- Fear of Covid-19 spreading within the hospital.
- Uncertainty of the future.
- Increased depression.
- Decline of mental health.

OUR REPONSE

Rounding on caregivers & providers
Rounding on leadership
Debriefing sessions

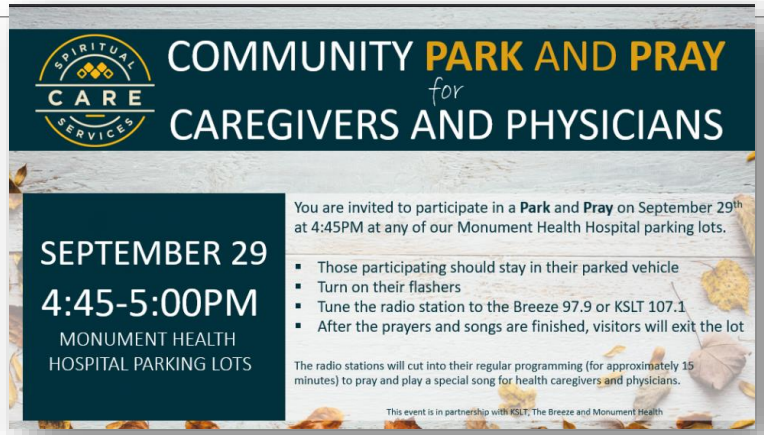
SPIRITUAL CARE SERVICES

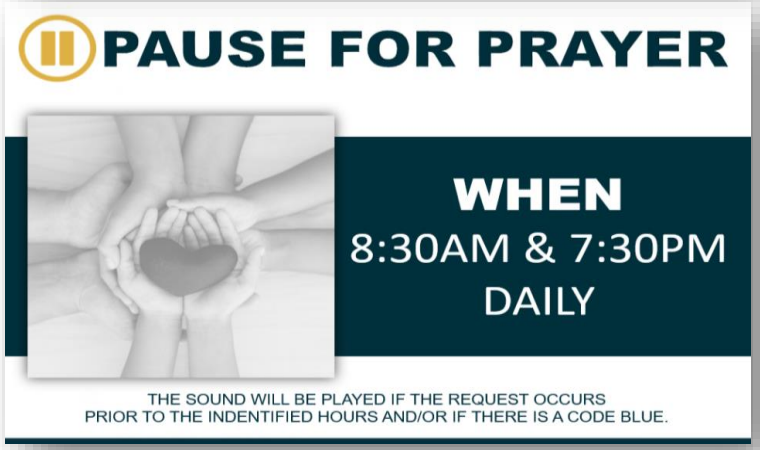
MAKE A DIFFERENCE. EVERY DAY.

- PARK AND PRAY
- PAUSE FOR PRAYER
- PRAYER LINE
- BOOKMARKS
- PRAYER BOWLS
- TREATS/ REFRESHMENTS

SPIRITUAL CARE SERVICES

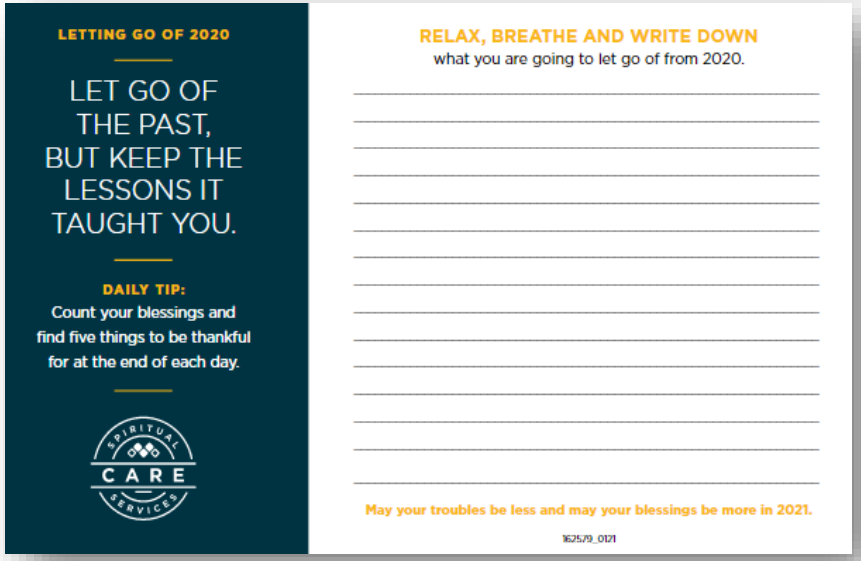
EXAMPLES OF MARKETING CONTENT





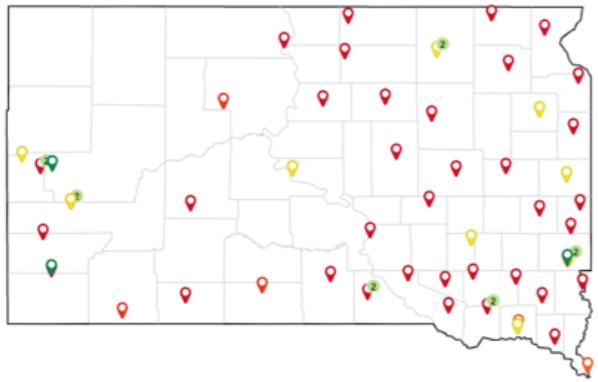
SPIRITUAL CARE SERVICES

EXAMPLES OF MARKETING CONTENT



Statewide Implementation of Plan

- South Dakota Healthcare Coalition
  - Statewide incident management
  - Healthcare resource support
  - Dynamic response coordination
- Additional Considerations and Discussions:
  - Independent Hospitals
  - Indian Health
  - EMS
  - Pediatrics



SOUTH DAKOTA HEALTH CARE COALITION

SD

Partners in Preparedness

Closing Remarks

Q&A