


# Health Care Surge Crisis Care Guidelines Webinar

June 23, 2020



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## Program Overview



**Mary Massey**  
Vice President of Emergency Management  
California Hospital Association



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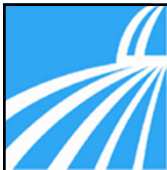


## Questions

### Online questions only

Type your question in the Q & A box,  
press enter.

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## Continuing Education

Continuing education credits will be offered for this program for compliance, health care executives, nursing, legal and risk management. (Note: Approval still pending for compliance & risk management CEs.)

Full attendance and completion of the online evaluation and attestation of attendance are required to receive CEs for this webinar.

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## Faculty



**Carmela Coyle** began her tenure as the President & CEO of the California Hospital Association, the statewide leader representing the interests of more than 400 hospitals and health systems. Previously, she led the Maryland Hospital Association for nine years where she played a leading role in reframing the hospital payment system moving to a value-based methodology.

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## Faculty



**Sonia Angell, MD, MPH** is the State Public Health Officer and CDPH Director. She is the former Deputy Commissioner for Prevention and Primary Care at the New York City Department of Health and Mental Hygiene. Prior to that, she was a Senior Advisor for Global Noncommunicable Diseases, and Chief and Founder of the Global Noncommunicable Disease Unit at the Centers for Disease Control and Prevention.

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## Faculty



**Hernando Garzon** is an Emergency Medicine physician. In addition to his clinical practice, Dr. Garzon has extensive experience in disaster response and Global Health and has also held multiple leadership roles in health care including Director of Emergency Management for Northern California Kaiser Permanente. He still serves as the Medical Director for Sacramento County's Emergency Medical Services (EMS).

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## Faculty



**Jackie Garman** oversees and coordinates the association's legal representation on litigation critical to the hospital industry and assists with evaluating the legal impact of legislation and regulations on hospitals. She also assists in developing legislative and regulatory language, coordinates external counsel on litigation involving CHA and interacts with member hospitals on a variety of issues.

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# California SARS-CoV-2 Pandemic Crisis Care Guidelines

Sonia Angell, MD  
Director, CDPH

Hernando Garzon, MD  
Emergency Response, CDPH



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## Presentation Summary

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- ▶ California Crisis Care Guidelines – Background
- ▶ Pandemic Crisis Care Guidelines – History & Background
- ▶ California Crisis Care Guidelines – How to use this document
- ▶ California Crisis Care Guidelines – Sections overview
- ▶ Appendix A: Approach to Ventilator Management
- ▶ Q&A



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# California Crisis Care Guidelines

## Background



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## California Crisis Care Guidelines

### Background

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- ▶ CDPH 2007 – 18-month process with committee of subject matter experts resulted in initial draft
- ▶ Multiple large California health systems have also developed their own internal draft guidelines
- ▶ California document informed and developed after review of:
  - Existing state and national guidelines
  - California health system draft guidelines
  - Existing recent medical literature on Crisis Care



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## California Crisis Care Guidelines Background (cont.)

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- ▶ Input came from a diverse group of medical professionals including infectious disease specialists, intensivists, bioethicists, multiple medical professional groups including CMA and CNA, and multiple advocacy groups in the state
- ▶ The guidelines took into consideration of existing health system draft guidelines and are consistent with all their general structures and frameworks



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## Pandemic Crisis Care Guidelines History & Background



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## Pandemic Crisis Care Guidelines History and Background

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- ▶ Pandemic and All-Hazards Preparedness Act (PAHPA) - Public Law No. 109-417 (2006)
- ▶ [CDC - National Pandemic Influenza Plans](#)
- ▶ [National Academy of Medicine \(NAM\) \(2009\) - Guidance for Establishing Crisis Standards of Care for use in Disaster Situations](#)
- ▶ Multiple states have published guidelines – NYS, Minnesota, Arizona, Oregon . . .



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## California Crisis Care Guidelines

How to Use This Document



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## California Crisis Care Guidelines

### How to Use this Document

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- ▶ The guidelines are of most use when reviewed and integrated into a health system or hospital's existing Emergency Operations Plan and existing crisis care framework
- ▶ The guidelines follow standard principles of scare resource management including adaptation, conservation, re-use, and reallocation
- ▶ Conducting scenario drills and table-top exercises to model out the decision-making process is crucial to effective real-life implementation



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## California Crisis Care Guidelines

### What the Document Does Not Do

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- ▶ The document is not a replacement for facility level planning, training or exercises specifically related to scare resource allocation
- ▶ The document does not replace the importance of planning and coordination with local healthcare coalitions (HCC), or regional response partners (MHOACs, RDMDS)
- ▶ The document is not a "Standard of Care," but rather a **guideline** which informs critical aspects of pandemic planning and response



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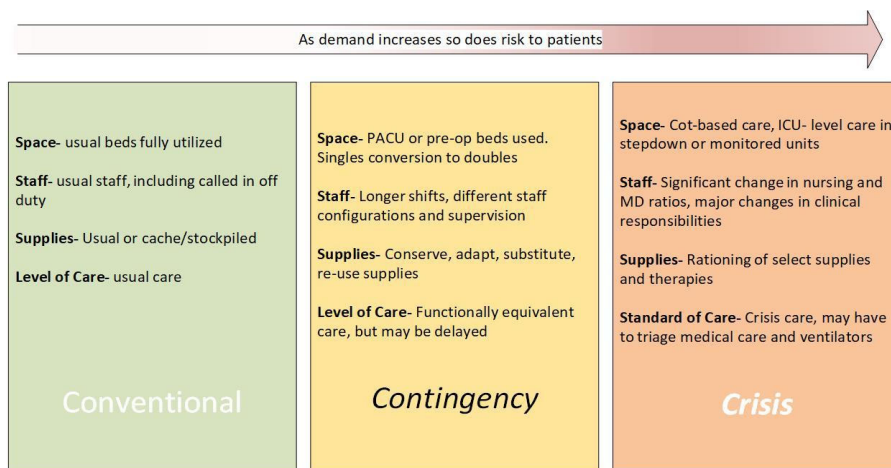
# California Crisis Care Guidelines

## Sections Overview



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## California Crisis Care Guidelines Overview of the Care Continuum



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## California Crisis Care Guidelines

### Key Points

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- ▶ Crisis care is not a separate triage plan. These strategies are extensions of surge-capacity plans
- ▶ Crisis care may occur during long-term events such as pandemics when resource constraints are likely to persist for long periods of time, or during short-term, no-notice events where help will arrive, but too late to solve an acute resource shortfall
- ▶ Health care facilities will not have an option to defer caring for patients in a crisis. Demand, guided by ethics, will drive the choices that have to be made
- ▶ Healthcare decisions, including allocation of scarce resources, cannot be based on age, race, disability (including weight-related disabilities and chronic medical conditions), gender, sexual orientation, gender identity, ethnicity (including national origin and language spoken), ability to pay, weight/size, socioeconomic status, insurance status, perceived self-worth, perceived quality of life, immigration status, incarceration status, homelessness, or past or future use of resources
- ▶ If strategies are not planned for ahead of time, they might not be considered and/or will be difficult to implement
- ▶ Strategies should be proportional to the resources available. As more resources arrive, you should move back toward strategies that are less demand driven (and therefore, back toward contingency and eventually conventional status)



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## California Crisis Care Guidelines

### Operational Strategies for Health Care Facilities During Crisis

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- ▶ Indicators and Triggers
- ▶ Supply Management
- ▶ The Six Core Strategies: prepare, substitute, adapt, conserve, re-use, reallocate
- ▶ Health Care Staff Engagement
- ▶ Integration with Health System Partners
  - HCC, MHOACs, RDMHS/C, EMSA, CDPH
- ▶ Public Engagement and Transparency



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# Appendix A: Approach to Ventilator Management



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## Approach to Ventilator Management

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### Key Components

- ▶ Duty to Plan
- ▶ Ethical and transparent framework
- ▶ Creation and training of triage teams and triage officer
- ▶ Defining a triage mechanism and objective scoring matrix
- ▶ Communications process and appeals process
- ▶ Define an allocation process for ICU admission and ventilation
- ▶ Define a process for resolving ties
- ▶ Defining a process for reassessments



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## California Crisis Care Guidelines Moving Forward

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- ✓ Scientific Advisory Team (SAT) – to advise, review and change moving forward
- ✓ i.e. Remdesivir and other therapeutics



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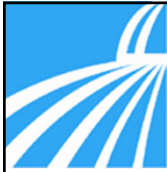


## Contact Information

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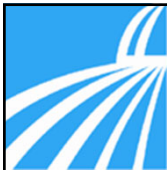


## Upcoming Webinars

- Provider Relief Fund Compliance and Fraud-Avoidance:  
June 29 – 1:30 – 3:00 p.m.
- TJC Surveys Resume – Know What to Expect:  
June 30 – 9:00 – 10:30 a.m.

[www.calhospital.org](http://www.calhospital.org)

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## Thank You and Evaluation

Thank you for participating in today's webinar. An online evaluation will be sent to you shortly.

For education questions, contact:

CHA Education at (916) 552-7637 or  
[education@calhospital.org](mailto:education@calhospital.org)

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