Providing Care with Limited Resources: VHHA's Approach

September 27, 2007

Joint Legislative Study Committee

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Building of Public/Private Partnership

- *VHHA established and initiated working group of hospital leaders in late 2001.*
- *VHHA/VDH jointly developed applications for HRSA (now Office of the Assistant Secretary for Preparedness and Response "OASPR") grant. Partnership continues with VHHA serving as contract agent for VDH.*

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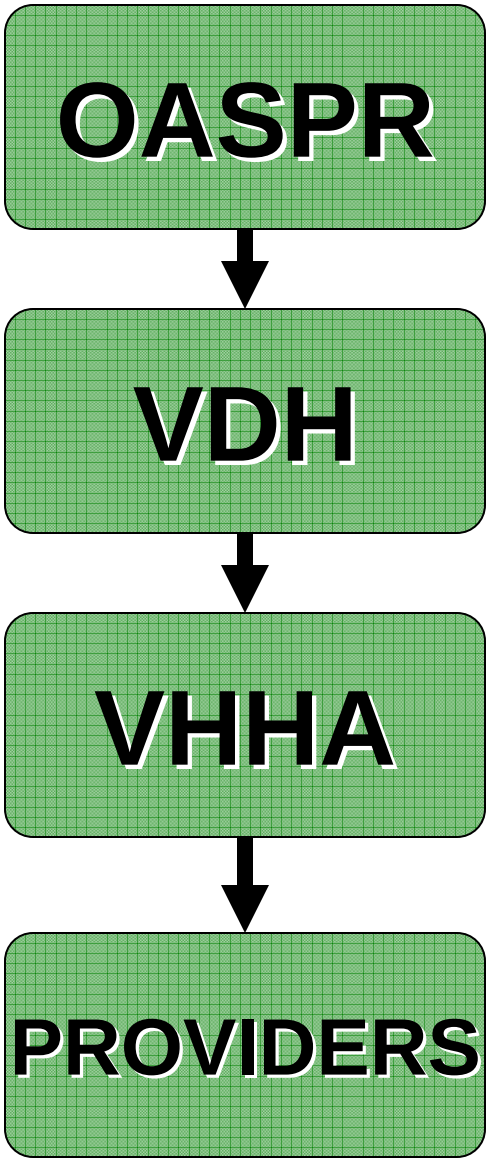
Flow of Funds



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VHHA Work Group

- *VHHA convened a work group in June 2006 to begin addressing issues related to providing care in the face of normally adequate resources that are depleted by extraordinary demand during a disaster*
- *Diverse representation from across the state*

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Work Group Members

- *Mary Immaculate Hospital*
- *DMHMRSAS*
- *Southside Regional Medical Center*
- *Eastern Regional Hospital Preparedness Coordinator*
- *Rockingham Memorial Hospital*
- *VCU Health System*
- *VHHA*
- *Carilion Surgical Care*
- *Virginia Department of Health*
- *Virginia Nurses Assn.*
- *General Assembly*
- *Madison Health Dept.*
- *Near Southwest Preparedness Alliance Coordinator*
- *Chesapeake Health*
- *Sentara Health System*
- *Inova Health System*
- *Physicians*

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Providing Care in Extraordinary Events

- *Hospitals plan for a lot of contingencies*
  - *Surge plans*
  - *MOUs to share resources*
- *There may be events that outstrip all of these plans*
- *When that happens, hospitals will do the best they can with limited resources.*
- *Implication is that care will not be delivered as normal*

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Providing Care with Limited Resources

- *What does this really mean?*
  - *AHRQ*
    - *Allocation of scarce resources*
    - *Greatest good for the greatest number*
  - *DHS*
    - *Fair distribution to achieve the greatest benefit*
  - *JCAHO*
    - *Graceful degradation*
- *Healthcare providers will not be able to provide care at the customary level during a major emergency or disaster*

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Here is an Example

A train derails in a medium size community at 3:30 a.m. spilling chlorine. The chlorine gas cloud travels through the community while everyone sleeps. Within 3-6 hours, there are 150-200 people in need of ventilators to help them to breathe. In the entire region, there are only 100 ventilators that are not in use – an adequate number under normal circumstances. Care must be provided in the face of this resource shortage. In reality, it will be impossible to treat this number of victims in this situation as each would be treated outside a disaster situation. Multiply this a hundred fold, or more, and you see what an influenza pandemic will do.

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The Work Group Approach

- *Step 1: Legal research to understand, correct and validate providers' concerns*
  - *Virginia laws, regulations and cases*
  - *National guidance on altered standards*
  - *Developed white paper for Virginia hospitals*
- *Step 2: Facilitation of Work Group*
  - *Critical Resource Shortage Planning Guide*
  - *Development of possible legislative initiatives*

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Critical Resource Shortage Planning Guide

- *Focus on the allocation of scarce resources*
- *Hospitals and other providers need a process that they can follow to plan for providing care in the face of limited resources*
- *Statewide, all hazards approach*

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Assumptions for the Planning Guide

- *Hospitals will be responsible for making decisions regarding responses to critical resource shortages at the institution and health system level*
- *During a critical resource shortage, hospitals will allocate such resources in a way that does the greatest good for the greatest number*
- *Critical resource shortage plans should fit within the hospital's existing incident command system*
- *The Planning Guide only applies during emergencies and disasters as defined in Title 44*

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Planning Guide Framework

- *Pre-event (Preparedness)*
  - *Planning*
  - *Prevention/ mitigation*
- *Intra-event (Response)*
  - *Implementation of Plans*
  - *Respond to unforeseen shortages*
- *Post-event (Recovery)*
  - *Evaluation*
  - *Modification*

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Planning Guide Framework

- ***Pre-Event***
  - *Establish critical resource planning committee*
  - *Conduct critical resource vulnerability analysis*
  - *Establish baseline ethical principles to guide responses to a shortage*

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Planning Guide Framework

- **Pre-Event (continued)**
  - *Develop critical resource response plans and triage protocols*
  - *Create mechanisms to operationalize intra-event ad hoc response plan development*
  - *Educate staff*
  - *Exercise/drill*

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Planning Guide Framework

- ***Intra-Event***
  - *Identify and confirm critical resource shortages*
  - *Activate existing critical resource response plans*
  - *Develop ad hoc critical resource response plans, if needed*
  - *Terminate critical resource response plans*

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Planning Guide Framework

- **Post-Event**
  - *Provide support services to employees, staff and MDs*
  - *Evaluate critical resource response plans*
  - *Modify plans as needed*

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Examples of Critical Resources

- *Ventilators*
- *Operating Rooms*
- *Blood*
- *Oxygen*
- *Anti-virals*
- *Burn care kits*

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New Developments

- *Validate the approach and highlight issues for updating the Planning Guide*
  - *AHRQ's* Providing Mass Medical Care with Scarce Resources: A Community Planning Guide *(November 2006)*
  - *Ontario Health Plan for Influenza Pandemic's* Development of a Triage Protocol for Critical Care During an Influenza Pandemic *(November 2006)*
  - *New York Dept. of Health's* Allocation of Ventilators in an Influenza Pandemic: Planning Document *(March 2007)*
  - *North Carolina Institute of Medicine's* Stockpiling Solutions: NC's Ethical Guidelines for an Influenza Pandemic *(April 2007)*
  - *California Dept. of Health Services'* Development of Standards and Guidelines for Healthcare Surge during Emergencies *(mid 2007)*

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Legislation is Still Necessary

- *During a disaster care will be rendered differently from what it is today.*
- *In the wake of SARS and Katrina there is ongoing litigation against healthcare providers.*
- *The fact that this has occurred concerns Virginia providers.*

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Legislative Principles for Comprehensive Protection

- *All hazards*
- *All healthcare providers, including hospitals*
- *Not limited to "volunteer" providers*
- *Applicable pre and post declaration*
- *All care provided during the event*

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