

# Michigan Guidelines for Implementing Crisis Standards of Care and Ethical Allocation of Scarce Medical Resources and Services During Emergencies and Disasters

State of Michigan

Michigan Department of Health and Human Services

Bureau of EMS, Trauma, and Preparedness

# Overview

- Crisis Standards of Care
- National Guidelines – Institute of Medicine and National Academy of Medicine
- Michigan Guidelines
  - Applicability
  - Goals
  - Ethical Considerations
  - Allocation Criteria
- Long-Term Care Guidance

# Michigan Guidelines

- Develop guidelines for ethical allocation of scarce medical resources and services during emergencies and disasters in Michigan
  - Review and discuss important ethical issues surrounding allocation decisions
  - Define contingency and crisis standards of care
  - Provide practical guidance to decision-makers at all levels
- Integrate with and supplement existing emergency preparedness efforts in Michigan

# Michigan Guidelines

- First phase of project began project in Fall 2008 and lasted through 2013
- Second phase began in 2020 and continues
- Creation of Ethics Advisory Committee
- Reviewed and analyzed relevant materials
- Drafted of general Guidelines
- Developed hospital, EMS, and legal guidance
- Developing state/local government, LTC guidance
- Public engagement

# National CSC Guidelines

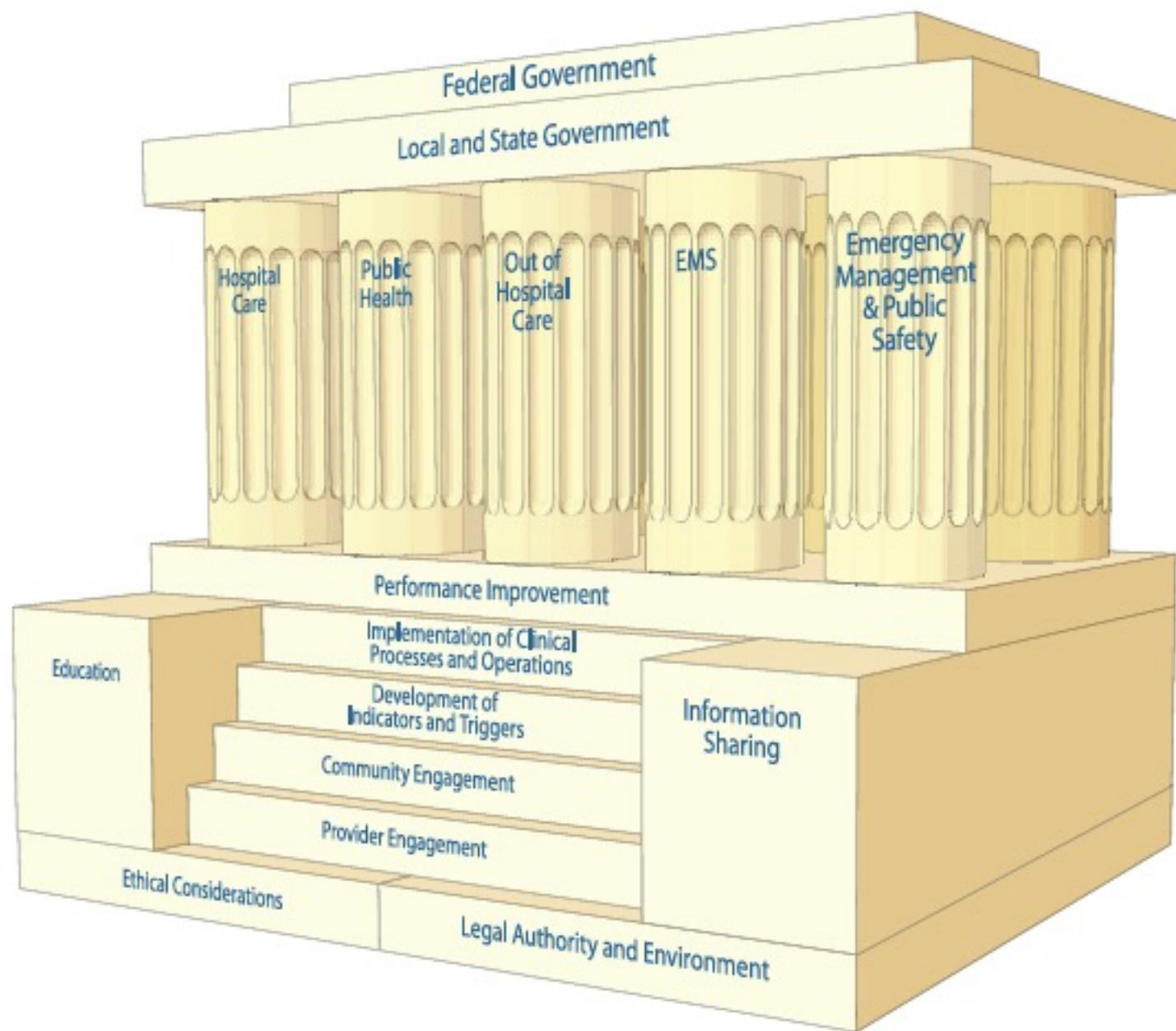
- IOM released their Crisis Standards of Care letter report in Fall 2008
- Defined CSC as a “substantial change in the usual health care operations and the level of care it is possible to deliver....justified by specific circumstances and....formally declared by a state government in recognition that crisis operations will be in effect for a sustained period”

# National CSC Guidelines

- IOM released their Crisis Standards of Care: A Systems Framework report in 2012
- Seven volumes
- Expanded CSC to apply this framework to multiple systems and outlined the interaction between these systems

# National CSC Guidelines

- IOM released their Crisis Standards of Care: A Toolkit for Indicators and Triggers report in 2013
- Indicators are “measurements or predictors of change in demand for health care service delivery or availability of resources.”
- Triggers are “decision points that are based on changes in the availability of resources that require adaptations to health care services delivery along the care continuum.”



# National CSC Guidelines

## Conventional, Contingency, and Crisis Care

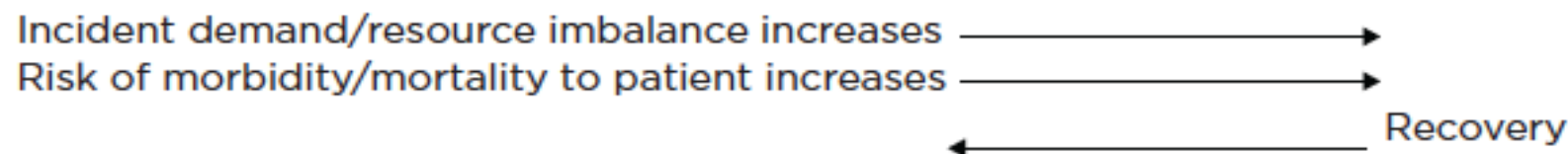
**Conventional Capacity:** The spaces, staff, and supplies used are consistent with daily practices within the institution. These spaces and practices are used during a major mass casualty incident that triggers activation of the facility emergency operations plan.

**Contingency Capacity:** The spaces, staff, and supplies used are not consistent with daily practices but provide care that is *functionally equivalent* to usual patient care. These spaces or practices may be used temporarily during a major mass casualty incident or on a more sustained basis during a disaster (when the demands of the incident exceed community resources).

**Crisis capacity:** Adaptive spaces, staff, and supplies are not consistent with usual standards of care, but provide sufficiency of care in the context of a catastrophic disaster (i.e., provide the best possible care to patients given the circumstances and resources available). Crisis capacity activation constitutes a *significant* adjustment to standards of care.

SOURCE: Hick et al., 2009.

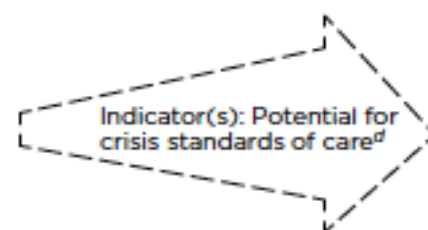
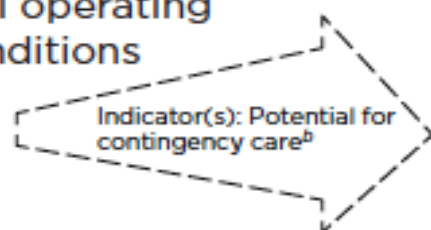
# National CSC Guidelines



	Conventional	Contingency	Crisis
Space	Usual patient care space fully utilized	Patient care areas re-purposed (PACU, monitored units for ICU-level care)	Facility damaged/unsafe or non-patient care areas (classrooms, etc.) used for patient care
Staff	Usual staff called in and utilized	Staff extension (brief deferrals of non-emergent service, supervision of broader group of patients, change in responsibilities, documentation, etc.)	Trained staff unavailable or unable to adequately care for volume of patients even with extension techniques
Supplies	Cached and usual supplies used	Conservation, adaptation, and substitution of supplies with occasional re-use of select supplies	Critical supplies lacking, possible re-allocation of life-sustaining resources
Standard of care	Usual care	Functionally equivalent care	Crisis standards of care <sup>a</sup>

Normal operating conditions

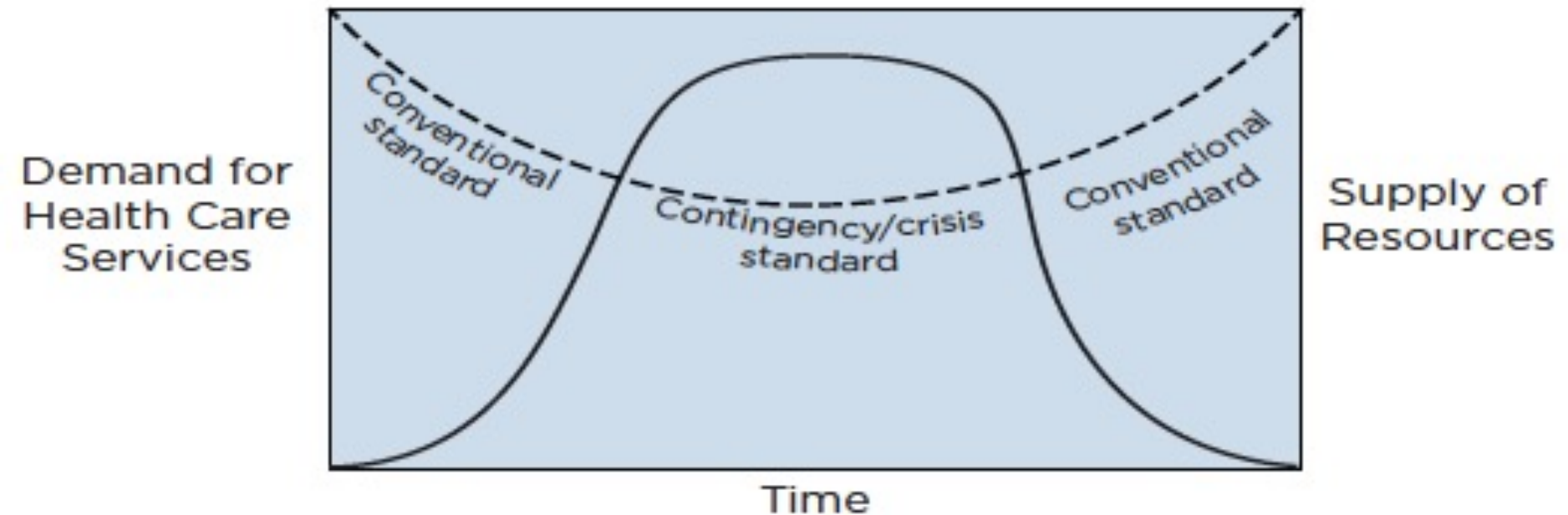
Extreme operating conditions



Trigger(s):  
Decision point for contingency care<sup>c</sup>

Crisis care trigger(s):  
Decision point for crisis standards care<sup>e</sup>

# National CSC Guidelines



# Michigan Guidelines: Applicability

- Emergencies and disasters that impact public health give rise to unique challenges that can lead to, and be exacerbated by, scarcity of medical resources and services.
- The likely conditions during emergencies—including conditions of medical resource and service scarcity—may be anticipated even in emergency circumstances that arise from sudden, extraordinary, or temporary events.
- Emergency planners have an ethical duty to plan for and provide guidance related to the ethical allocation of scarce medical resources and services during emergencies or disasters.

# Michigan Guidelines: Applicability

- The Guidelines apply to serious emergencies and disasters, not everyday scarcity of medical resources and services (crisis standards of care apply).
- The Guidelines apply to allocation decisions made by decision-makers at different levels of government as well as the private and nonprofit sectors.
- The Guidelines apply to allocation decisions affecting all medical resources and services that may become scarce during an emergency or disaster.

# Michigan Guidelines: Applicability

- The Guidelines employ ethical principles that take into account both individual health and population health.
- The Guidelines should be implemented in ways that comply with all relevant laws at the federal, state, and local levels

# Michigan Guidelines: Goals

- Minimizing morbidity, mortality, and suffering
- Sustaining a functioning society
- Ensuring equity

# Michigan Guidelines: Ethical Considerations

- Beneficence
- Utility
- Fairness (procedural justice and distributive justice)
- Equity
- Transparency
- Accountability
- Trust
- Respect for persons
- Proportionality
- Solidarity
- Reciprocity
- Stewardship
- Veracity

# Michigan Guidelines: Allocation Criteria

- Acceptable Allocation Criteria:
  - Medical prognosis
  - Supporting critical infrastructure
- Situation-Dependent Allocation Criteria:
  - Lottery
  - First Come/First Served
  - Age
- Unacceptable Allocation Criteria:
  - Social characteristics
  - Social worth

# Acceptable Allocation Criteria

- Medical prognosis:
  - patient's medical condition,
  - the likelihood of a positive medical response,
  - the relative risk of harm posed by not treating the patient,
  - other indicia of survivability and favorable medical outcomes.



# Acceptable Allocation Criteria



- Supporting critical infrastructure:
  - Workers that perform essential functions that support critical infrastructure

# Acceptable Allocation Criteria

- Essential personnel may include:
  - health care workers who are directly treating patients affected by the emergency or disaster (doctors, nurses, behavioral and mental health professionals, LTC professionals, etc.);
  - personnel key to responding to the emergency or disaster (first responders, public health scientists, etc);
  - personnel key to public safety (police, fireman, military, etc.); and
  - personnel key to critical infrastructure (energy grid , telecommunications, food access, sanitation, etc.).

# Situation-Dependent Allocation Criteria



- Lottery
  - Fair and random opportunity
  - Not conducive to minimizing morbidity or mortality, stewarding resources, or advancing equity
  - Complex to administer, and could be manipulated

# Situation-Dependent Allocation Criteria



- First come/first served
  - Easy to administer and wide accepted
  - Not truly fair since favors those with built-in advantages

# Situation-Dependent Allocation Criteria

- Age

- Fair innings: prioritize younger
- Problems of measuring age
- Age discrimination



# Unacceptable Allocation Criteria



- Social characteristics
  - Age, color, criminal history, disability, ethnicity, familial status, gender identity, height, homelessness, immigration status, incarceration status, marital status, mental illness, national origin, poverty, race, religion, sex, sexual orientation, socio-economic status, substance use disorder, use of government resources, veteran status, or weight
  - Improving equity

# Unacceptable Allocation Criteria



- Social worth
  - For example, job status, training or education, social standing, relationships or affiliations, ability to pay
  - Limited exception for essential personnel

# Implementation

- Avoiding scarcity
- Assessing probability, nature, duration, and severity
- Process
- Transparency
- Consistency
- Review and reassessment
- Decision-making
- Palliative care

# Specific Guidance

- Prehospital entities (EMS and Medical Control Authorities)
- Hospitals and health care facilities
- Legal issues
- State and local government (including public health)
- Long-term care settings
- Others?

# Long-term care Guidance

- Provides guidance to a range of LTC facilities
- Recognizes the important role that LTC facilities play in health care delivery and community support
- LTC may face shortage that challenge operations
- Shortages may vary across types of resources

# Long-term care Guidance

- Adaptation protocols should involve minimum modifications necessary
- Shortage in LTC may affect broader community public health
- Planning should involve multiple partners and constituencies
- Distributive justice and equity are important in allocation protocols

# Long-term care Guidance

- Legal compliance
- Advance care planning
- Visitation policies
- Transportation, transfer, and evacuation
- Indicators and triggers

# Indicators, triggers, and tactics

- Outlines factors and scenarios that can implicate contingency or crisis standards of care
- Provides possible tactics to mitigate or avoid scarcity
- Addresses slow-onset and no-notice emergencies
- Addresses various categories of potential scarcity

# Discussion?

Resources are available at:

<https://www.michigan.gov/coronavirus>