

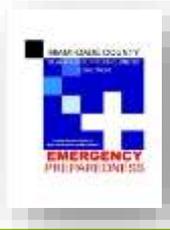
MIAMI-DADE COUNTY HEALTHCARE PREPAREDNESS COALITION CLINICAL AND ETHICAL COMMITTEE/CRISIS STANDARDS OF CARE



John Hatfield Director of Plant Operations/Safety Healthsouth
Rehabilitation Hospital of Miami and past Co-Chair of Clinical and
Ethical Committee

- Overview of MDCHPC with brief summary of who we are, what we do, how we do it and how we can help all healthcare partners in Miami Dade
- Clinical and Ethical Committee how it was developed and why
- Discussions in Clinical and Ethical Committee meetings
- Crisis standards of care and how the clinical and ethical committee gave guidance and best practices to all healthcare partners to develop their own plans.

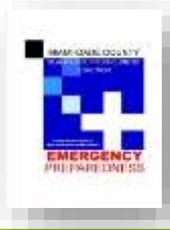
Overview of Coalition



- Who we are
- What we do
- How we do it
- How we can help



Vision and Mission of the Coalition



Vision

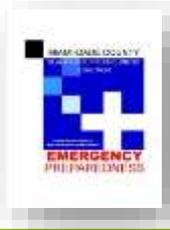
- “To foster community-wide collaboration for all-hazards planning, preparedness and response activities”

Mission

- “To protect the health and well-being of Miami-Dade County’s population through a continuous cycle of planning and preparedness, to effectively respond to all-hazards events”



MDCHPC Background



- Miami-Dade County Hospital Preparedness Consortium; established in March 2006
- Sponsored by the Florida Department of Health in Miami-Dade County
- Became the Miami-Dade County Healthcare Preparedness Coalition in June 2013
 - Comprised of a multidisciplinary group and broader membership representation
 - Aims at strengthening public health emergency preparedness and response
 - One of Florida Region 7 healthcare coalitions
 - Established Bylaws and Membership Expectations

Coalition

- Bimonthly meetings
- Full Coalition
 - Three Co-Chairs
 - Clinical
 - Administrative
 - Public Health

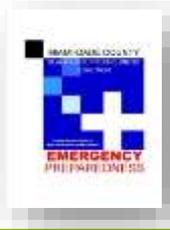
Committees

- Executive Committee
 - HPC Leadership only
- Clinical & Ethical Issues
- Exercise & Training
- Communication & Technology

- Membership is given to organizations that:
 - Play a role in healthcare emergency response
 - Are willing to share key resources in times of emergencies
 - Can provide assistance in community-wide emergency planning and response in Miami-Dade County



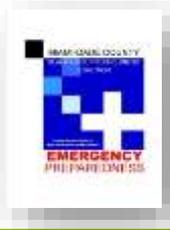
Current Representation



- Miami-Dade County hospitals
- Florida Department of Health
- Miami-Dade County Office of Emergency Management
- Miami-Dade County Fire Rescue
- Miami-Dade County Police Department
- Regional Domestic Security Task Force (Region 7)
- Florida Hospital Association
- South Florida Hospital and Healthcare Association
- Presently working on getting nursing homes and other 17 new providers in new CMS rule to join as well



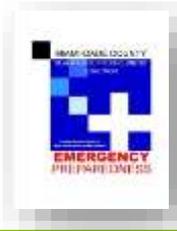
Recent Topics of Discussion



- Patient evacuation and transfer during a disaster
- Whole Community Hazards Vulnerability Assessment (HVA) and risk gap analysis
- SERVFL (emergency notification system)
- Ebola/communicable disease preparedness
- Active shooter training/Stop the Bleed
- Psychological first aid after a disaster
- Crisis standards of care
- Zika updates and best practice guidelines
- New CMS rule and how we can help



We are here to...



- Strengthen relationships
- Expand partnerships
- Facilitate effective communication
- Assist all MDCHPC partners in preparing for all-hazards
- Help Nursing homes and 17 providers to meet CMS rule

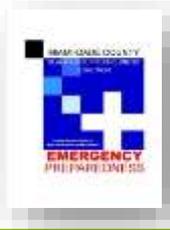


- The CE committee was established in 2006 and the purpose of the Committee was to provide a forum to examine and debate clinical, ethical and legal issues arising in the care of hospital patients during all-hazards events.

- The Committee was initially represented by Baptist, Jackson, Homestead, University of Miami Hospital, Palm Springs, Hialeah, Larkin, and Kendall Regional, and Health Department. Then after it was well received and attended and was expanded to all members soon after.



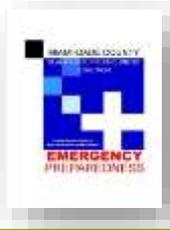
Clinical and Ethical Committee Leadership



- When established Dr. Abdul Memon Director of Emergency Management Jackson Health System and Barbara Russell Corporate Chief Nursing Officer for Baptist Health Systems (the two largest hospital's in Miami Dade) were elected co-chairs of the committee.



Clinical and Ethical Committee Leadership



- In 2016 due to rules with limits of how long they can hold position Dr. Memon and Barbara had to step down and no one stepped up to take their place. The coalition reached out to me and asked that I lead it, so I threw my hat in to lead the Clinical and Ethical Committee even though I am not a clinician or attorney to help the coalition I serve and was voted as leader of CE since no one else ran.



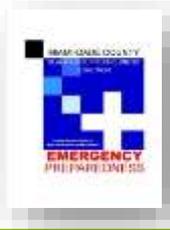
Clinical and Ethical Committee Leadership



- I held the co-chair position leading the Clinical and Ethical Committee to the best of my abilities during 2016.
- Now in 2017 Dr. Memon and Barbara are eligible for re-election.



Clinical and Ethical Committee Leadership

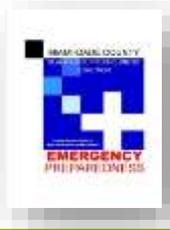


- In light of Jean Arias clinical chair retiring Dr. Memon has been voted to clinical chair and Elieser De La Rosa Westchester General Hospital with Dr. Adriane Gelpi University of Miami Institute of Bioethics and Health Policy have been voted in and are the new co-chair of the Clinical and Ethical Committee for 2017. Note we are very pleased to have a ethicist leading the committee.
- I have now moved to the co-chair of the training and exercise committee for 2017 and am proud to have served CE



Clinical and Ethical Committee

Topics of discussion

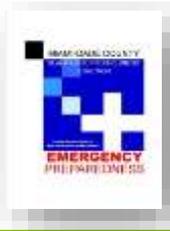


- Initial discussions were concerning pandemic influenza events which was spearheaded by Jean Arias and Dr. Raul de Velasco of BHSF. Concerns centered on the allocation of resources, sufficient PPE for staff, workers compensation if staff members become ill, life/disability insurance coverage for staff who work during a pandemic, and the overall protection of healthcare workers.



Clinical and Ethical Committee

Topics of discussion 2016



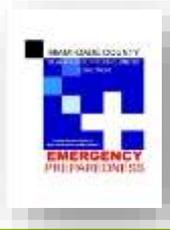
Strengthening/increasing membership to the coalition

- Since we have invited nursing homes and other healthcare partners to our meetings with not much luck to get them to attend/join we targeted the nursing homes and other healthcare partners and I presented the coalition at Miami Florida Healthcare meetings by showing them what we are all about and how we can help in all areas of emergency management as well as meet new CMS rule on EM with creating Hazard Vulnerability Analysis, developing emergency operations plans, working with community resources in disaster drills.



Clinical and Ethical Committee

Topics of discussion 2016



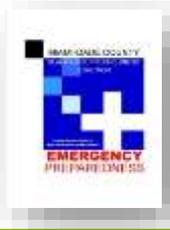
Strengthening/increasing membership to the coalition

- At past Miami Florida Healthcare meetings I brought with me Steve Lampson of FDOH and offered free Nursing Home Incident Command System (ICS), NIMS trainings with FEMA certificates as well as active shooter training and had 4-5 receive trainings.



Clinical and Ethical Committee

Topics of discussion 2016



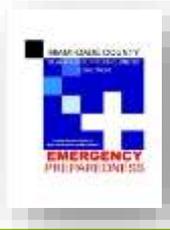
Strengthening/increasing membership to the coalition continued

- Identified 17 new provider types to meet new CMS rule to put a plan in place to reach out to them by showing them what we are all about and how we can help meet new CMS rule on EM with creating Hazard Vulnerability Analysis, developing emergency operations plans, working with community resources in disaster drills.



Clinical and Ethical Committee

Topics of discussion 2016



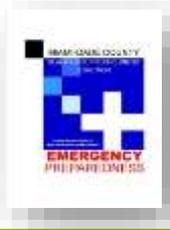
Strengthening/increasing membership to the coalition continued

- All nursing homes and healthcare partners we presented to at Florida Healthcare meetings have expressed that they would like to join our coalition. When discussed with leadership they recommended we update our MOU and then get all to sign up at that point.



Clinical and Ethical Committee

Topics of discussion 2016



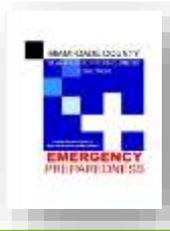
Strengthening/increasing membership to the coalition continued

- Since most nursing homes and 17 provider types will probably not attend our meetings regularly I offered to them that I or someone from the coalition can come to there Florida Healthcare meetings on a quarterly basis and present community HVA, future coalition activities with invite, upcoming disaster drills that they could participate in to work with community resources, free training and help from Steve Lampson on new CMS rule/ICS/NIMS/active shooter etc. and they agreed.



Clinical and Ethical Committee

Topics of discussion 2016

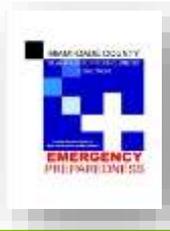


- Developing a ASPR inventory of emergency supplies that would be available to all partners in the event of large scale disaster.
- List of recent emergencies/disasters/terroristic attacks and details of incidents such as weapons used, locations of incidents, how active shooter incidents are on the rise and importance of working together, testing our plans, and being prepared



Clinical and Ethical Committee

Topics of discussion 2016



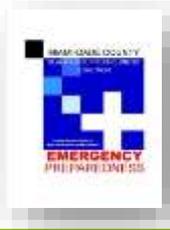
Active shooter and other emergencies that could cause persons to bleed out and how we can role out the Stop the Bleed campaign by doing the following:

- Meet with Gritborn, North American, etc. vendors of bleed control kits to see best practices used by US Military and local fire/police to determine what products would serve us best.
- Have multiple meetings with executive staff to discuss how we will role out training and review of kits/proposals offered to get the best for our money, and how we will role it out as well as follow up.



Clinical and Ethical Committee

Topics of discussion 2016

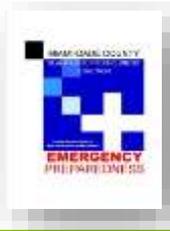


- Orlando shooting and how we could help as well as prepare our community for such an event
- Psychological first aid after a disaster and best practices from American Red Cross
- Zika updates and sharing of best practices
- Best practices learned at seminars such as the Governors Hurricane Conference and National Healthcare Coalition Conference in Washington DC



Clinical and Ethical Committee

Topics of discussion 2011 CSC



- After seeing issues with hospitals and not having enough ventilators or medical supplies or equipment in a disaster event and the lack of policies for crisis standards of care with Hurricane Katrina, Tornado in Joplin the Committee along with Health Council of South Florida and the University of Miami Ethics Program (Dr. Goodman) and (Dr. Memon) Jackson Health System developed a Pandemic Clinical Ethics White Paper entitled “Florida Department of Health *Preparing for a Pandemic. Are Hospitals and Public Health Community Ready for a Major Outbreak in Miami-Dade County*”

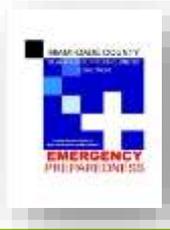


Why do we need Crisis Standards of Care?



- Catastrophic disasters occurring in 2011 in the United States and worldwide—from the tornado in Joplin Missouri, to the earthquake and tsunami in Japan, to the earthquake in New Zealand have demonstrated that even prepared communities can be overwhelmed. In 2009, at the height of the influenza A (H1N1) pandemic, the Assistant Secretary for Preparedness and Response (ASPR) at the Department of Health and Human Services (HHS) asked the Institute of Medicine (IOM) to convene a committee of experts to develop national guidance for use by state and local public health officials and health-sector agencies and institutions in establishing and implementing standards of care that should apply in disaster situations both naturally occurring and manmade—under conditions of scarce resources.

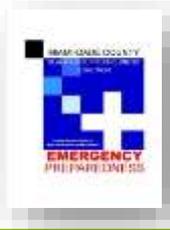
Crisis Standards of Care



During the development of *“Preparing for a Pandemic. Are Hospitals and Public Health Community Ready for a Major Outbreak in Miami-Dade County”* the group discussed and addressed the following:

- a strong ethical grounding that enables a process deemed equitable based on its transparency, consistency, proportionality, and accountability
- integrated and ongoing community and provider engagement, education, and communication of the necessary legal authority and legal environment in which CSC can be ethically and optimally implemented

Crisis Standards of Care



- clear indicators, triggers, and lines of responsibility, and evidence-based clinical processes and operations.
- Provide the greatest good for the greatest number
- Reduce or eliminate healthcare worker liability
- Promote communications to the public during pandemics or other health emergencies and promote the coordination of community control with clinical activities

Crisis Standards of Care Discussions Continued



- Inclusion and exclusion for CSC such as if someone is a Do Not Resuscitate or has a severe or irreversible condition should be excluded to save resources for the remainder
- Developed a decision tree for hospital admission and ICU/ventilator triage model
- How to calculate MSOFA scores and how to apply on decision tree
- Staffing strategies

Crisis Standards of Care

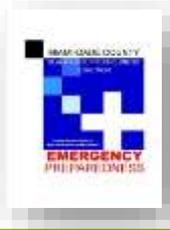


Future Clinical and Ethical Committee meetings continued to address

- Crisis Standards of Care and reviewed *“Preparing for a Pandemic. Are Hospitals and Public Health Community Ready for a Major Outbreak in Miami-Dade County”*
- *as well as sharing in best practices such as Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response from The National Academies Press*

- After much discussion at Clinical and Ethical Committee meetings it was determined that the *“Florida Department of Health Preparing for a Pandemic. Are Hospitals and Public Health Community Ready for a Major Outbreak in Miami-Dade County”* would never be finalized or made into a formal policy by the Department of Health as it is up to each hospital or healthcare facility to develop their own policies and procedures in regards to Crisis Standards of Care.

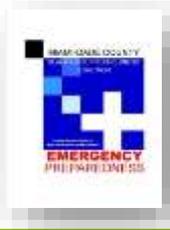
Crisis Standards of Care



- *“Preparing for a Pandemic. Are Hospitals and Public Health Community Ready for a Major Outbreak in Miami-Dade County”* and other best practices such as *“Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response from The National Academies Press”*

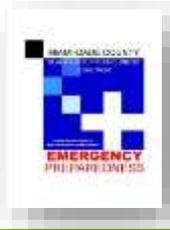
were offered to all hospitals and healthcare partners at Clinical and Ethical Issues Committee meetings to use as a guidance to develop their own policies. All hospitals were encouraged to use these best practices and develop their own policies and procedures.

Crisis Standards of Care



- The Clinical and Ethical Committee will continue to share best practices for Crisis Standards of Care as they come forward.
- The Clinical and Ethical Committee will continue to offer to help hospitals and healthcare partners develop individual Crisis Standards of Care policies and procedures.
- The Coalition will develop a disaster drill in the future to test hospitals Crisis Standards of Care policies and procedures to test the new plans and evaluate opportunities for improvement.

Crisis Standards of Care



- Two hospital groups in our coalition are in the process of developing their own Crisis Standards of Care policies Baptist Health System and Jackson Health System and are very close to being completed.
- Both Baptist and Jackson Health Systems have agreed to share their policies with coalition and clinical and ethical committee once completed for others to use as another best practice for the other hospitals and healthcare partners to develop their own Crisis Standards of Care policies.



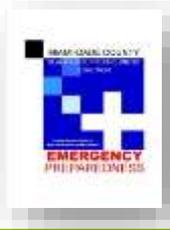
Crisis Standards of Care



- In summary there is still a lot of work to do on Crisis Standards of Care and it is up to each hospital or healthcare partner to utilize best practices out there and develop their own policies and procedures based on their operations and legal parameters. The MDCHPC will continue to share best practices and help in developing these CSC plans as requested and within our abilities.



Contact Information



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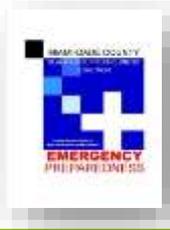
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Thank You



- I want to thank everyone for taking time out of their busy schedule to come hear my presentation today and all the hard work you do day in and day out looking out for safety. All should be very proud to serve and make Florida a safer place. Communications and teamwork is the solution to all problems and it is the healthcare coalitions job to foster these communications and teamwork and I am confident we can achieve great things working together. I am proud to work with such a great group of professionals and once again thank for all you do.