

# CRISIS STANDARDS OF CARE: WHERE DO WE BEGIN?

Presentation of Harvard NPLI CSC  
Project and Tool Demonstration

Suzet McKinney, DrPH, MPH

Martin Raniowski, MA

Jim Tyson

January 25, 2013

# Agenda

- ▣ Introduction of team members; CSC relevance
- ▣ Project Description
- ▣ Demonstration of Project Outputs
  - Jurisdictional Assessment Tool
  - Web-based Visualization Tool
- ▣ Use of the Meta-Leadership Framework for CSC Planning
- ▣ Harvard Innovation Lab opportunity
- ▣ Questions

# Team CSC

- ▣ **Suzet McKinney, DrPH, MPH**
  - Deputy Commissioner, Chicago Department of Public Health
- ▣ **Martin Raniowski, MA**
  - Deputy Secretary, PA Department of Health
- ▣ **Jim Tyson**
  - Chief, Situation Awareness, CDC
- ▣ **Eric Larson**
  - Founder and Managing Partner, Linden, LLC
- ▣ **Stephen Jackson**
  - National Geospatial-Intelligence Agency
- ▣ **Ithan Yanofsky**
  - Arizona Department of Health Services
- ▣ **Faculty Advisor: Barry Dorn, MD, MHCM**
  - Harvard School of Public Health

# Project Description

# Accused Doctor Said to Have Faced Chaos at New Orleans Hospital

By CHRISTOPHER DREW  
and SHAILA DEWAN

NEW ORLEANS, July 19 — She arrived at Memorial Medical Center to treat several patients as Hurricane Katrina's winds were gathering and did not leave until days later, when the water and the temperature and the body count had risen beyond endurance.

By the time the ordeal ended, her friends and supporters say, Dr. Anna M. Pou was one of the few doctors left in a hospital that had become a nightmare.

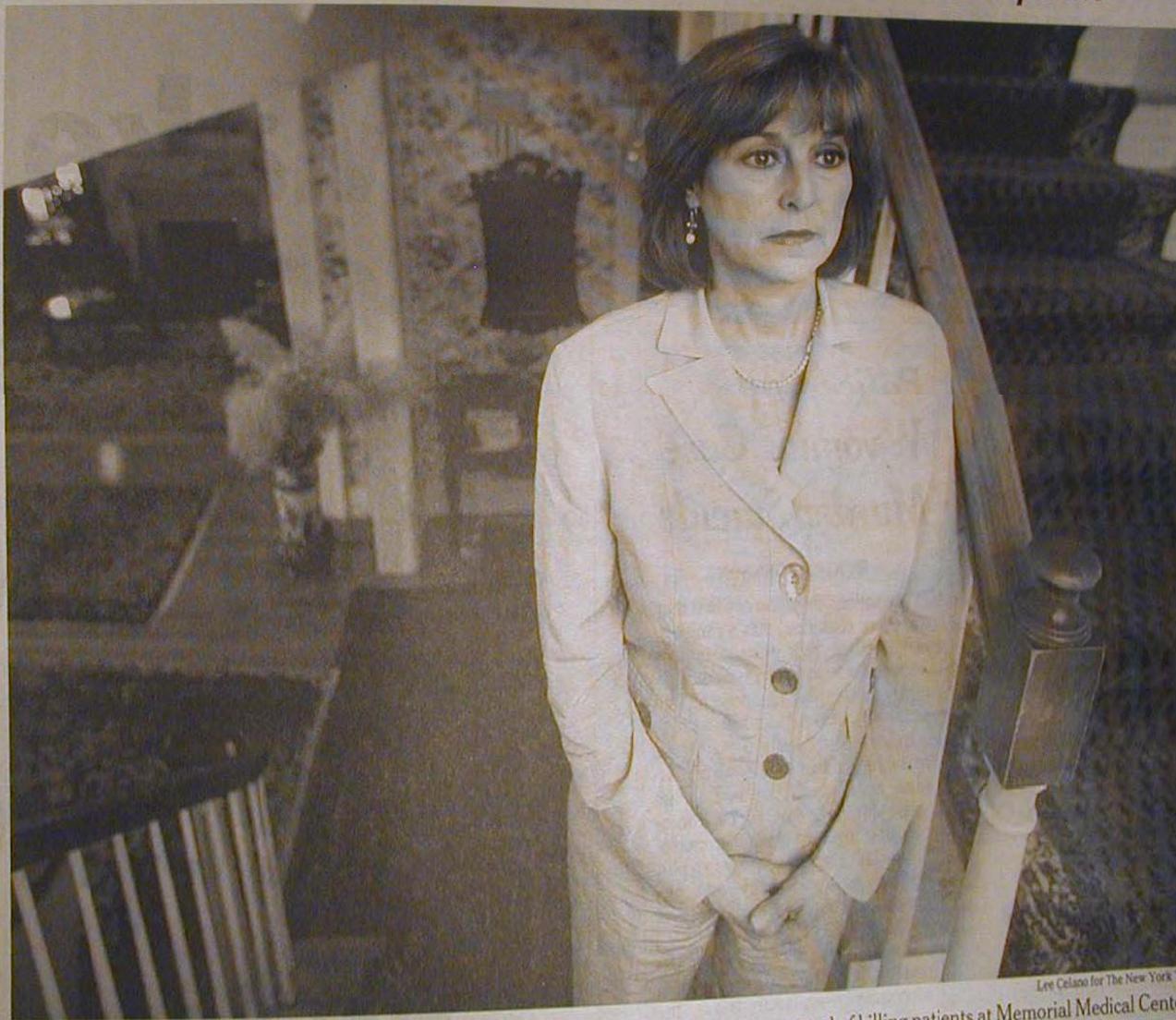
Overheated patients were dying around her, and only a few could be taken away by helicopter, the only means of escape for the most fragile patients until the water receded. Medicines were running low, and with no electricity, patients living on machines were running out of battery power. In the chaos, Dr. Pou was left to care for many patients she did not know.

But did she cross a line during those harrowing days, using lethal injections to kill several patients who were in extreme distress? The attorney general of Louisiana says Dr. Pou did, and on Tuesday recommended that she be prosecuted for murder.

Her supporters, though, say there is another explanation: she was using drugs to try to calm and comfort patients who had nearly reached their limit.

Eugene Myers, a professor at the University of Pittsburgh who helped train Dr. Pou, said that what she had told him shortly after the hurricane sounded heroic.

He said Dr. Pou had told him that she and Lori Budo and Cheri Landry, two nurses who have also been arrested in the case either helped evacuate the last patients or tried to make them comfortable with pain medications.



Dr. Anna M. Pou at her mother's home yesterday in New Orleans. She and two nurses are accused of killing patients at Memorial Medical Center.

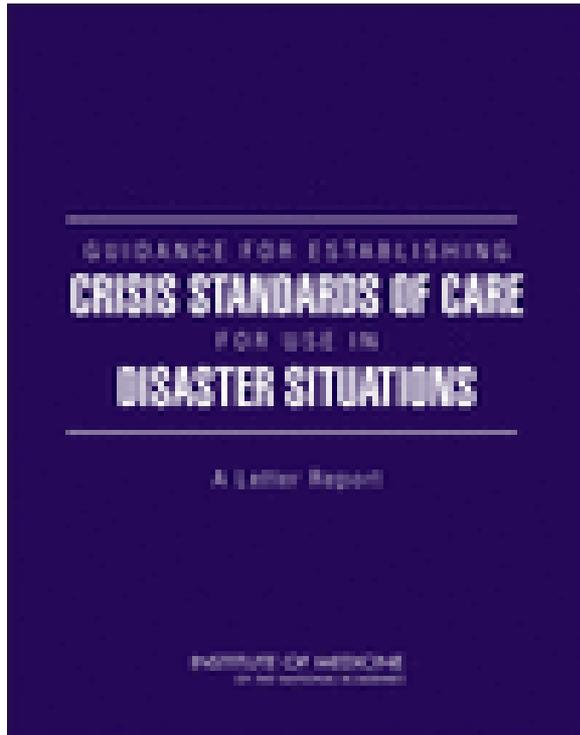
Lee Celano for The New York Times



# Background

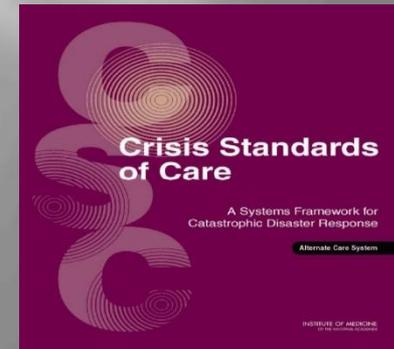
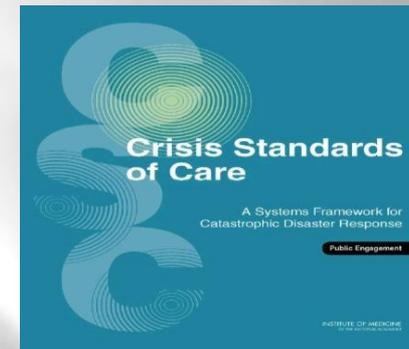
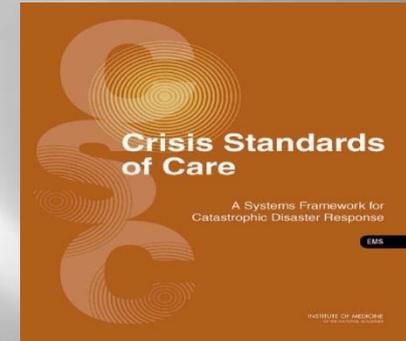
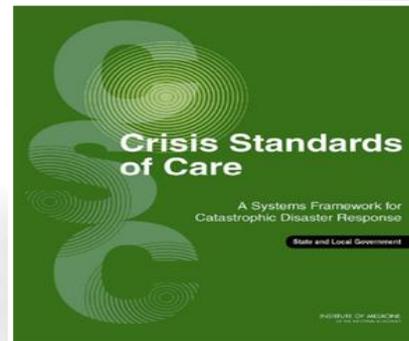
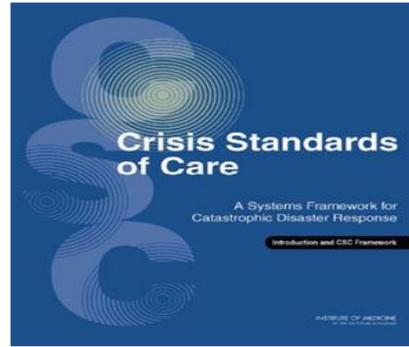
- ▣ 2009 H1N1 Influenza Pandemic
  - Heightened the criticality of the need to prepare for a public health emergency so large in scope: *“thousands, tens of thousands, or even hundreds of thousands of people could suddenly seek and require medical care in communities across the United States”*
  - A public health surge of this scale would strain medical resources and compromise ability to deliver conventional care

# The IOM Reports



- ▣ *Guidance for Establishing Crisis Standards of Care for Use in Disaster*
  - Released in September 2009
  - 160 pages

# The IOM Reports



- Released March 2012
- 7 volumes
- 644 pages

# The Problem

- ▣ Where do health departments begin in synthesizing this information, understanding the breadth and depth of the problem and engaging partners in the development of CSC?
- ▣ A metric tool or self-assessment is needed to allow state and local jurisdictions to determine their progress in meeting the Institute of Medicine standards.

# Original Project Goals

- ▣ Metric tool/self-assessment that will allow state and local jurisdictions to determine how far along they are in meeting the standards

*-AND-*

- ▣ Web-based interface that uses geospatial visualization to identify jurisdiction-specific risks, capabilities, key resources and vulnerabilities

# Project Outputs

# Interviews

## Universities:

Wayne State Law School  
Pittsburgh School of Public Health  
Arizona – School of Law

## Health Systems:

Rush University Medical Center  
Innova Health System  
Hennepin County Med. Center

## States:

New Jersey  
Michigan  
Delaware

## Commonwealth:

Pennsylvania

## Hospital & Healthcare Associations:

Pennsylvania  
Chicago

## Municipalities:

Harris County  
Philadelphia

## Private Sector:

Target Stores, Division of Global  
Crisis Management and Corporate  
Security

# Interview Conclusions

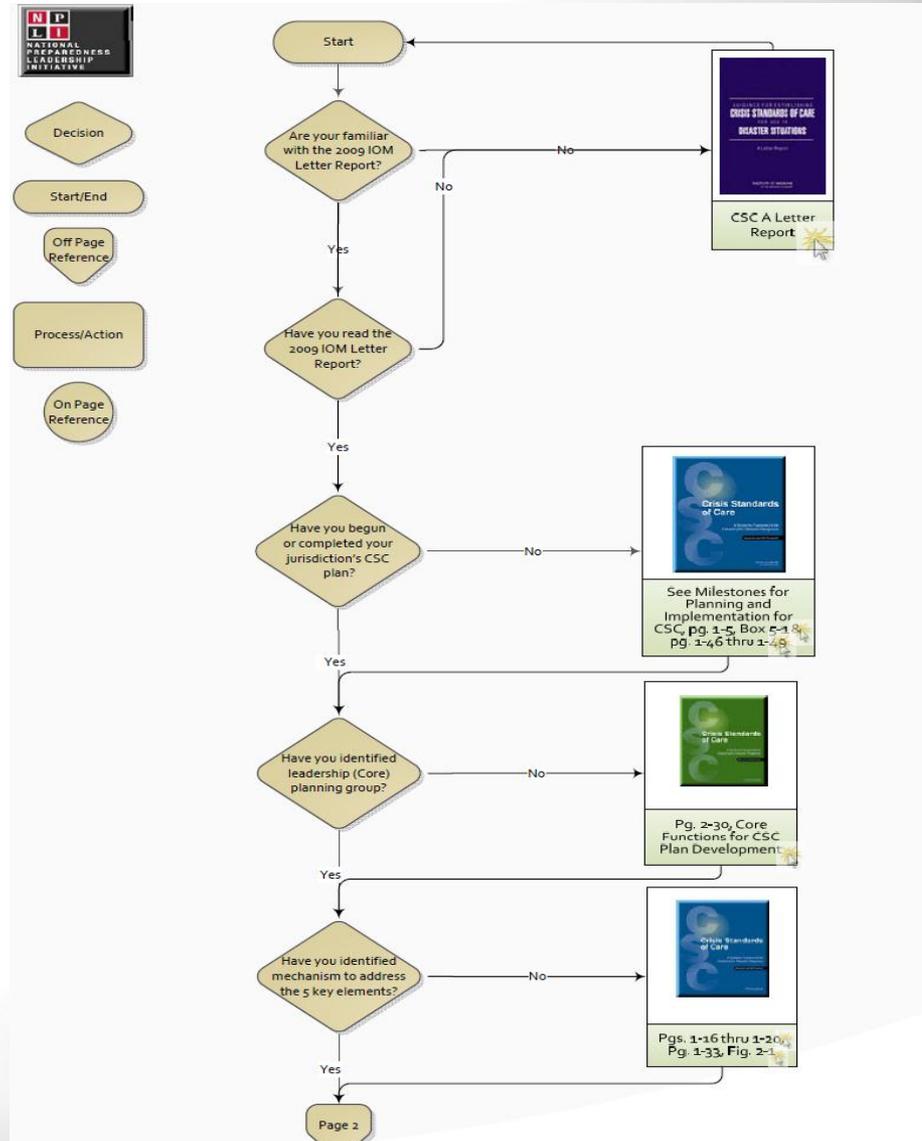
- ❑ Developing a Crisis Standards of Care plan is an extremely complex process
- ❑ No “benchmark” or “gold standard” currently exists
- ❑ The amount of literature is enormous
- ❑ No clearinghouse of useful resources exists
- ❑ Staffing and resources for this initiative are constrained at most agencies, particularly at the local level

# Interview Conclusions

- ▣ Success requires a public health professional to exert influence beyond the boundaries of his/her authority
  - Establish realistic expectations for the time it will take to develop a good plan;
  - Exercise patience in that process;
  - Form relationships, particularly based on sociability, that will, in turn;
  - Enable communication, which is essential when working outside of traditional reporting structures; and
  - Be adaptable

# Demonstration of Tools

# Jurisdictional Assessment Tool





# Web Visualization Tool

CDC Home  
Centers for Disease Control and Prevention  
CDC 24/7: Saving lives, protecting people, reducing health costs

Text size: S M L XL

Email page  
Print page  
Bookmark and share  
Subscribe to RSS

Emergency Preparedness and Response

Emergency Preparedness & Response  
Situation Awareness

NATIONAL PREPAREDNESS LEADERSHIP INITIATIVE  
National Preparedness Leadership Initiative Crisis Standards of Care (CSoC) in Disaster Situations

Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response

Contact Us:  
Centers for Disease Control and Prevention  
1600 Clifton Rd  
Atlanta, GA 30333  
800-CDC-INFO (800-232-4636)  
TTY: (888) 232-6348  
New Hours of Operation  
8am-5pm ET/  
Monday-Friday  
Closed Holidays  
cdcinfo@cdc.gov

## State Coordination

### Public Health:

Select a state

### Emergency Management:

Select a state

DATA AND STATISTICS BY TOPIC

INTERACTIVE DATA RESOURCES

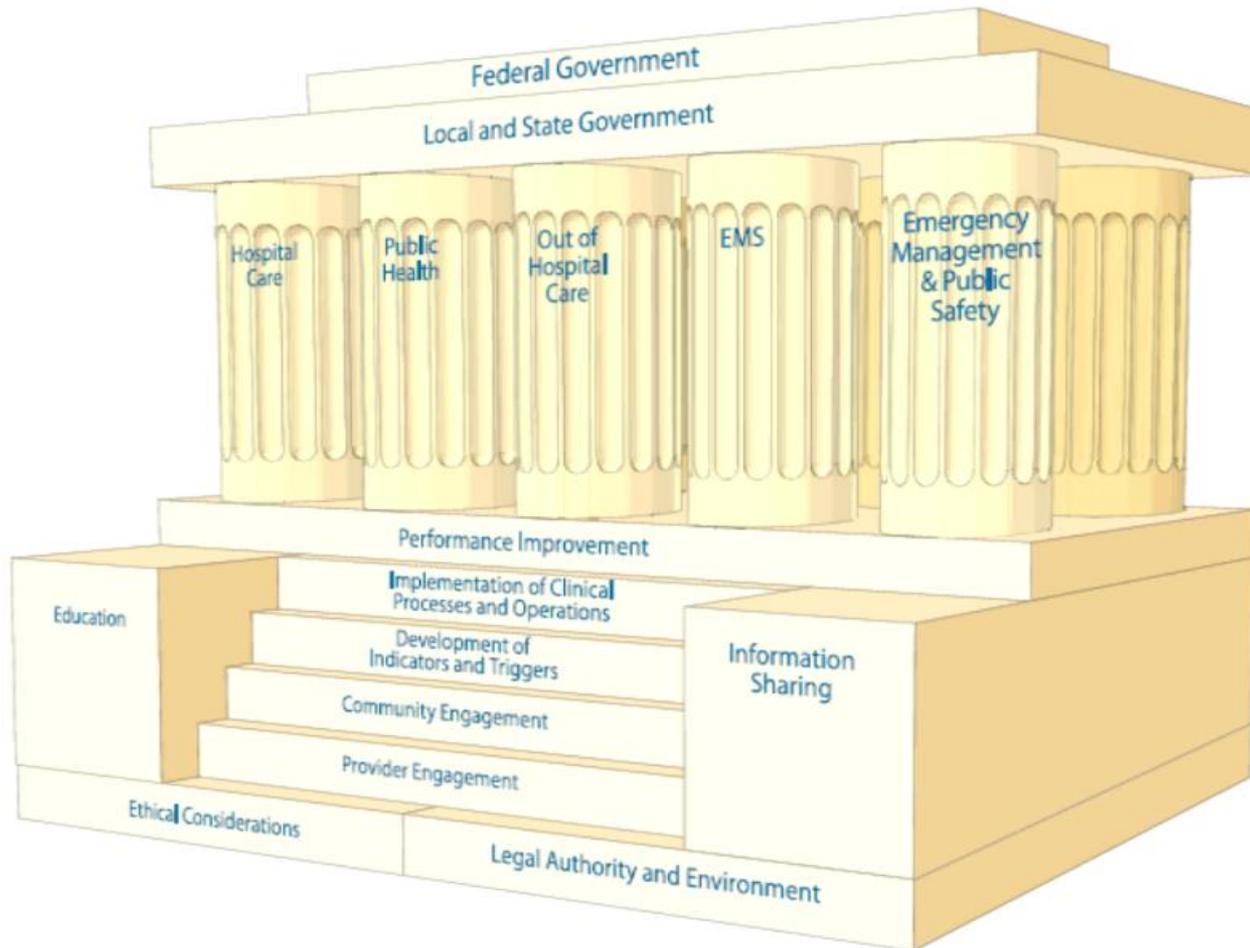
OTHER RESOURCES



[HTTP://EMERGENCY.CDC.GOV/SITUATIONAWARENESS/HARVARD/](http://EMERGENCY.CDC.GOV/SITUATIONAWARENESS/HARVARD/)

# Meta-Leadership Application to CSC Planning

# Meta-leadership Conclusions



UNDERSTAND

**Situational  
Understanding**

CSC Implementation

1. Training
2. Exercise
3. Testing
4. Evaluation

Revision  
*Develop/Re-Develop*

**Situation Assessment**

**Decision Support**

PERCEIVE

PREDICT

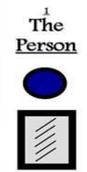
CSC Planning  
*Develop/Re-Develop*

Stakeholder Engagement  
*Community*

**Actionable  
Knowledge**

ACT

# Meta-Leadership

- Dimension 1: The Person 
- Many jurisdictions have not begun work on CSC and do not know where to start
  - Preparedness planners often are not fulltime; have little resources and can be disconnected

- Dimension 2: The Situation 
- Information accessibility and volume
  - CSC planning is a complex, multi-disciplinary process, requiring a multi-disciplinary team
  - Not a quick process

# Meta-Leadership

## □ Dimension 3: Lead the Silo



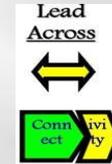
- Commitment needed within organizations and from all stakeholders
- Public health professionals need to develop support and leverage within their organizations

## □ Dimension 4: Lead Up



- Jurisdictions have a ‘duty to plan’
- Ultimate responsibility lies with state government (Public Health, Governor’s office)

# Meta-Leadership



- Dimension 5: Lead Across
  - Need a process to “influence beyond your authority”
  - Public health professionals must engage the full spectrum of partners
  - Public engagement critical



**NATIONAL  
PREPAREDNESS  
LEADERSHIP  
INITIATIVE**

*Executive Education Program*

*Harvard School of Public Health*

*Harvard Kennedy School of Government*

# Questions?