

Team CSC (Crisis Standards of Care) Project Description

Background

The 2009 H1N1 novel influenza A pandemic heightened the criticality of the need to prepare for a public health emergency so large in scope that “thousands, tens of thousands, or even hundreds of thousands of people could suddenly seek and require medical care in communities across the United States.”¹ The pandemic further heightened the realization that, in such situations, a large-scale surge on the healthcare system in the U.S could drastically strain medical resources and compromise the ability of healthcare professionals to provide conventional medical care. In response, the Office of the Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services charged the Institute of Medicine with examining these types of situations and developing guidance for establishing crisis standards of care for disaster situations.

In late 2009, the Institute of Medicine released its Letter Report, entitled Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations (“2009 Letter Report”). The report defined Crisis Standards of Care (CSC) and provided comprehensive guidance for health departments to establish and implement CSC programs. In March 2012, the IOM released a follow-up report on CSC, Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response (“2012 Systems Framework”), which examines the impact of the 2009 report and provides templates and tools for public health officials to use in implementing CSC programs in their jurisdictions.

Much of this work is still unknown to many local and state health departments. Thus, development of CSC nationwide was and remains scant, at best. In addition, each report is several hundred pages in length. The sheer volume of the information presents a challenge for health officials struggling with staffing shortages and competing priorities to understand the

breadth and depth of the problem, to navigate the CSC program framework, to identify partners and resources, and to engage in planning efforts that will advance the development crisis standards of care in their jurisdictions.

Purpose (Mission)

The purpose of our project was to develop a CSC assessment tool that could be used by state and local governments to assess their current status in the development of crisis standards of care and begin or enhance their planning process. Our assessment tool will allow a CSC leader to determine:

- The current status of his/her organization’s crisis standards of care development (how much progress they’ve made in meeting the IOM’s recommendations);
- Gaps in the organization’s CSC planning process; and
- Resources available to address the gaps identified.

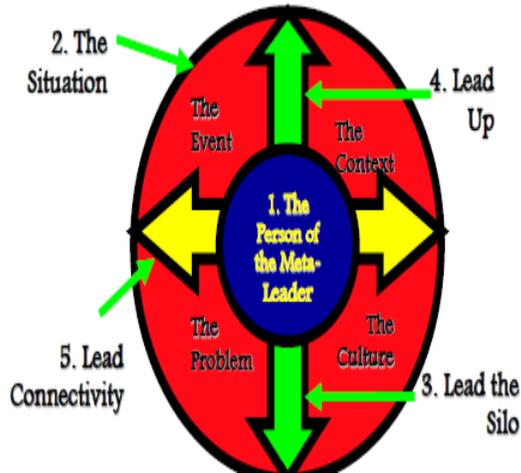
Our ultimate goal was for this assessment tool to be an easy-to-use decision flow checklist/metric that would enable leaders and organizations that are responsible for crisis situations to determine where their organizations are in the CSC planning process and, especially, where their organizations need to devote more time for preparation.

To support this goal, we also developed an interactive, web-based interface that uses geospatial visualization to identify jurisdiction-specific capabilities, key resources and contacts and other useful planning elements and data to enhance the planning for the development of CSC. We hope our web-based tool will be used to share best practices and improve mutual support within the community of professionals responsible for the development of crisis standards of care.

Meta-Leadership Applications in CSC Planning

Given the multi-dimensional and cross-jurisdictional response required in most disaster situations, Team CSC believes this is an excellent opportunity to practice and implement meta-leadership skills, as CSC stakeholders in any jurisdiction include not only the state and local governments, but community-based organizations (CBOs), clergy leaders, healthcare providers and private sector partners.

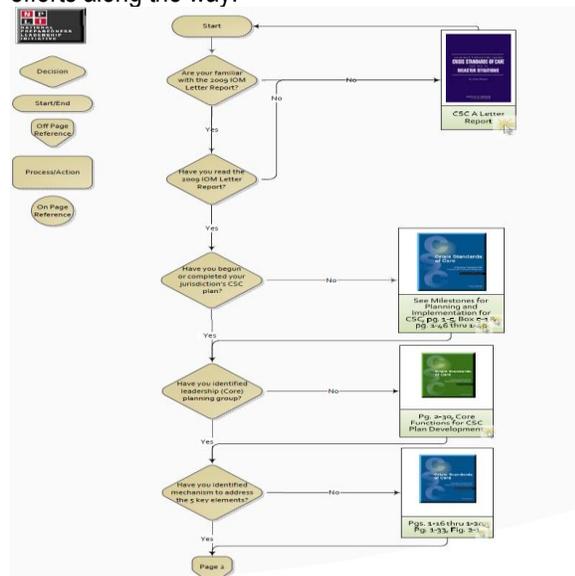
Meta-leadership teaches leaders how to manage crises situations within and across their organizations, and with stakeholders over whom they have no authority.



Our Products

Jurisdictional Self-Assessment Tool

Decision flow diagram that directs planners to specific areas of the IOM reports that planners should use for reference, guidance and resources to assist their efforts along the way.



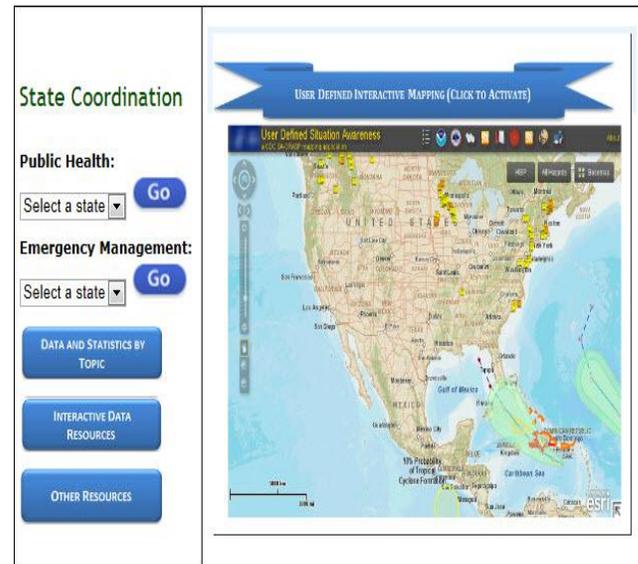
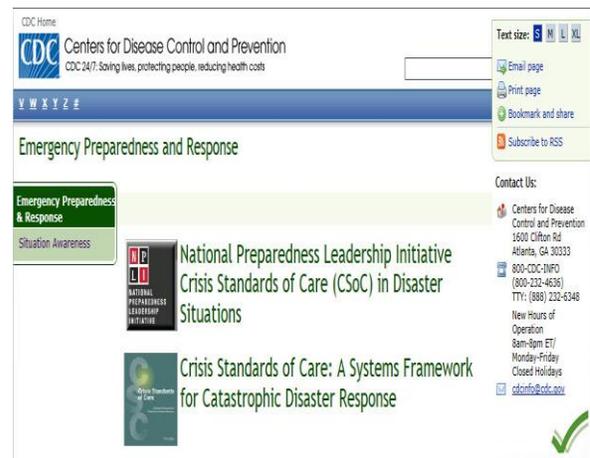
Web-based Visualization Tool

Providing standardized CSC information and enabling unimpeded access to information products required a web-based portal to manage and share relevant data, information and resources to inform CSC planning. The site allows public health stakeholders an ability to obtain information and resources to assist in

determining gaps in an organization's CSC planning process or providing information resources to assist in developing crisis standards of care.

The prototype site leveraged the Centers for Disease Control, Division of Emergency Operations, Situational Awareness Branch information technology infrastructure to host our CSC information sharing web-site. The site is currently being hosted by CDC and can be found at:

<http://emergencydev.cdc.gov/situationawareness/harvard/>



¹ IOM (Institute of Medicine). 2009. *Guidance for establishing crisis standards of care for use in disaster situations: A letter report*. Washington, DC: The National Academies Press.