ALLOCATION OF SCARCE RESOURCES

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A bit about me...

• Wife to an airline pilot
• Mom to two spunky toddler girls
• Running, hiking and adventuring
• Master of resource allocation on the home front
WHAT YOU DON'T KNOW CAN HURT YOU
GET THE DAILY BRIEF

DO YOUR PART!
JOIN A WORKING GROUP

mashcoalition.org
mashcoalition.org
GOOD DECISIONS UNDER TOUGH CONDITIONS

TRAINING MAKES A DIFFERENCE

THE BACK OFFICE MAKES A BIG DIFFERENCE

MESHCOALITION.ORG
Intelligence

Decision Making

Response/Readiness

Rebound
New Orleans
National Healthcare Coalition
Preparedness Conference

www.healthcarecoalitions.org
Overview

• Examples of resources
• Resource allocation
• Issues for healthcare workers
• Scarce resources in Alaska
• Crisis standards of care overview
• Strategies
• Questions
Sweet as pie!
DISASTERS CHALLENGE HEALTH CARE ORGANIZATIONS AND PROVIDERS IN NUMEROUS WAYS.
WHAT ARE RESOURCES?

STAFF

STUFF

SPACE

STANDARD OF CARE
Examples of Staff

- Executives
- Clinicians
- Respiratory Therapists
- Morgue Workers
- Paramedics
- Public Safety
- Public Health
- Emergency Management
- Nutrition/Dietary
- Housekeeping
Examples of “Stuff”

- N95 Masks
- Vaccines
- Antibiotics
- Ambulances
- Gloves
- Blood
- Oxygen
- Non-clinical supplies
Examples of Space

- Operating Room Beds
- Emergency Department Beds
- ICU Beds
- Pediatric Beds
- Burn Beds
- Isolation Beds
- Family Reunification/Waiting Areas
WHY ISN’T THERE ENOUGH STUFF?

• Disease Outbreak/Pandemic
• Mass Casualty Incident
• Supply Chain Issues
• Geographic Challenges
• Isolation of facility due to access issues
• Recall/contamination of product
• Infrastructure damage/loss
• Staffing Issues
YOU CAN’T ALWAYS GET WHAT YOU WANT.
WHAT DO YOU HAVE?
Allocating Resources

• This is a daily reality for many healthcare organizations.
• Much more of a challenge in rural communities.
• Decisions can be troubling at a personal and professional level.
• Can be difficult to prioritize.
• Economic and ethical in nature.
Issues for Healthcare Workers

• Ethical concerns
• Community concerns
• Scope of practice concerns
Real World Example: Joplin

“This was a child, his whole life ahead of him, suffering life threatening wounds in front of me, his eyes pleading me to help him.”

- Dr. Kevin Kikta, St. John’s Regional Medical Center
Ethical Guidelines

• American Medical Association - Opinion 9.067 - Physician Obligation in Disaster Preparedness and Response

“National, regional, and local responses to epidemics, terrorist attacks, and other disasters require extensive involvement of physicians. Because of their commitment to care for the sick and injured, individual physicians have an obligation to provide urgent medical care during disasters. This ethical obligation holds even in the face of greater than usual risks to their own safety, health or life. The physician workforce, however, is not an unlimited resource; therefore, when participating in disaster responses, physicians should balance immediate benefits to individual patients with ability to care for patients in the future.”
Ethical Guidelines

• The Code of Ethics for Nurses – **Provision 3 and Provision 5**

“The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.”

“The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.”
Challenges

Matthew K. Wynia discusses 3 ethical challenges in healthcare:

- Rationing
- Restrictions
- Responsibilities
Real World Example: Katrina
Alaska’s Resources

- Ventilators
- Safe and efficient transportation during an emergency (planes, boats, etc.)
- Blood
- Oxygen
- Staff
- Non-clinical supplies
Moving Patients in Alaska

“I experienced delays in trying to arrange transport for a patient from an outlying village. Lear jet didn't have an airport, float plane was not available so the patient waited 2 days and then got well enough to take a boat off the island.”

-Alaska Travel Nurse
Must have....blood.

“Blood at the hospital I was at was not cross matched. It would have taken about 3 days to get fully typed and crossed blood with any special antibody issues. Compared to a few hours in Denver.”

- Alaska Travel Nurse
Real World Example: Duluth, MN Flooding
Examples of Resource Allocation Processes

• New York State: Allocation of Ventilators in an Influenza Pandemic: A Planning Document
• Minnesota: Strategies for Scarce Resource Situations

• Both documents remain untested.
• These are theories on the best way to allocate resources.
The goal is always to do the greatest good for the greatest number of persons based on the resources available.

WHAT IS CRISIS STANDARDS OF CARE?
A little “light” reading...

- IOM’s Publications
- MESH Brief on Crisis Standards of Care
- Sheri Fink, “Five Days at Memorial”
Capacity

- Conventional capacity
- Contingency capacity
- Crisis capacity
HOW?

1. Incident Management
2. Surge capacity planning
3. Anticipate scarce resources
4. Solve the issue at hand

And...
THE MOST IMPORTANT MECHANISM IN DEALING WITH CRISIS STANDARDS OF CARE AND SCARCE RESOURCE ALLOCATION...

A STRONG HEALTHCARE COALITION.
JOIN THE MESH COALITION

BETTER

TOGETHER

MESHCOALITION.ORG
THE PROCESS IS THE OUTCOME.
DISASTERS HAPPEN.

A TORNADO.
A FLOOD.
A GUNMAN.
A DISEASE OUTBREAK.
WORKING TOGETHER SAVES LIVES.
To Respond Proactively

• Ethical Framework
• Legal/Liability Protection
• Roles Clearly Defined:
  – State
  – Coalition/Region
  – Hospital
• Planning
• Operational Decision Making Tools
Ethical Framework

• Duty to care for patients
• Duty to use scarce resources wisely
• Duty to plan
• Distributive Justice
• Transparency
COMMUNITY.
Clinical Process and Operations

• Local/regional and state government processes should include
  – State level “disaster medical advisory committee” or “triage team”
  – Resource sparing strategies
  – Incident management principles
  – Coordination of resource management
  – Specific attention to vulnerable populations with unique medical needs
  – Communication strategies
Legal/Liability Issues

• Health care professional liability could be different from liability during disasters.

• Assuming the threat of civil liability may discourage some providers from responding during a disaster (see Hodge, 2006), several federal and state protections exist to mitigating this risk. As a caveat, providers should become familiar with the specific laws of the state where they will practice.
Clearly Defined Roles

• Decision Makers
• Ethics Committee
• Incident Command System
Decision Making

Jump to Conclusions

- ???
- Jump Again
- Strike Out
- Could Be
- Lose One Turn
- Yes!
- No!
- Accept It
- Go Wild
- One Step Back
- Think Again
- Moot!
- Start
Decision Making

• Our hospital system are typically highly-scripted
• Practice evidence-based protocols
• Controlled nature

BUT...In a disaster...

• Clinicians must possess and act with creativity, decisiveness without evidence and improvisation
At the end of the day

Healthcare workers will do their best to care for patients, but they don’t want to be alone. Healthcare workers want to be empowered by their peers and community when they need to make a tough decision.
Hearing from You

• What are you dealing with on a day to day level when it comes to scarce resources?
• What is the current institutional process to make decisions at your facility?
• Who makes decisions on resource allocation?
• What does a healthcare coalition look like in Alaska?
QUESTIONS?