Crisis Standards of Care
Tahoe Forest Hospital District

Care Continuum:

Tahoe Forest Hospital District has a developed a disaster plan that includes a surge capacity plan that allows for sudden influx of patients. This plan has been developed in concert with all components of our District Disaster Plan and addresses the ability of the District to address and manage the needs of patients that require care.

Similar to the California SARS-CoV-2 Pandemic Crisis Care Guidelines, the Surge Capacity Plan for Tahoe Forest Hospital District has three tiers that correlate to the State Guidelines including Conventional, Contingency, and Crisis capacity.

CONVENTIONAL, CONTINGENCY, AND CRISIS CARE

Conventional Capacity: The spaces, staff, and supplies used are consistent with daily practice within the organization. These spaces and practices are used during 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: IOM Crisis Standards 2012

The principles of crisis care are integrated into the Emergency Operations Plans at all level in the organization.

Key Points that have been identified by the California Department of Public Health for Crisis Care include the following:

- Crisis Care is an extension of the surge-capacity plan
- Crisis Care may occur during long-term events such as pandemics when the resource constraints happen over extended periods of time
- When there is no option to defer caring for patients. Demand, guided by ethics, will drive the choices that need to be made
- Healthcare decisions, including allocation of scarce resources, cannot be based on age, race, disability (including comorbidities), gender, sexual orientation, gender identity,

ethnicity, ability to pay, weight/size, socioeconomic status, insurance status, perceived self-worth, perceived quality of life, immigration status, incarceration status, homelessness, or past, or future use of resources

- Strategies must be planned ahead of time to be effective
- Strategies should be proportional to the resources available.

Role and Responsibilities:

Tahoe Forest Hospital District works in concert with the local Public Health Departments, including Washoe, Nevada, Placer, and Sierra Counties. In addition, our facilities are supported through the California Department of Public Health (CDPH), Nevada Division of Public and Behavioral Health (DPBH), and regional supporting organization affiliated with CDPH and DPBH, public safety partners, local EMSA and state and local government agencies that are involved in the overall emergency management of our community.

Crisis Standards of Care, along with the Emergency Management of the organization, will follow the Emergency Management System and implementation of the Hospital Incident Command that will have the ultimate authority for any and all implementation of Crisis Standards of Care or other related HCIS tasks during the Emergency.

Planning and Implementation:

Indicators and Triggers:

- Trigger One: Additional surge capacity that cannot be achieved in the conventional response necessitating movement in surge level (Green to Yellow or Conventional to Contingency).
    - Resources to care for the patients are limited
    - ICU bed are in higher demand then the capacity of the unit
    - Update area hospitals as to surge including but not limited; Barton Memorial Hospital, St. Mary's Regional Medical Center, Renown Regional Medical Center, Northern Nevada Medical Center, Carson Tahoe Health.
- Trigger Two: Predictive indicators
    - Volume of patients
    - Diagnosis
    - Admissions related to the emergency
- Trigger Three: Actionable Indicators
    - Resource Availability
    - Human Resource Pool
    - Staffed hospital beds
    - Wait times
    - Supplies

Supply Management

Tahoe Forest Hospital District anticipates the supply utilization throughout all phases of surge or surge management within the District. The supply management team is in constant movement to procure the necessary equipment and supplies to address any and all situations within the organization.

Typically, during this pandemic we have worked with both the respective county and the state if there were any shortages of supplies that were needed.

During declared disasters, the California Department of Public Health and the Nevada Division of Public and Behavioral Health (DPBH), the state EMS authorities are able to track healthcare resources including equipment such as hospital beds, ventilators, etc.

Core Strategies

The State of California has identified six core strategies that can be instituted as resources, supplies, and space are taxed by the level of the crisis. The strategies are meant to mitigate a crisis of care situation.

- Prepare: Actionable items that can be completed prior to a crisis may include stockpiling of such items as Personal Protection Equipment, medications, and staff training.
- Substitute: Exchange one item for another. For example, there may be a shortage of one drug that could be replaced by another.
- Adapt: One resource may be needed to supervise a large group with a lesser skill set. For example: One Registered Nurse could be supervising the care of several Licensed Practical Nurses. At Tahoe Forest Hospital District, the Disaster Resource
- Conserve: Reduce the normal amount of some item from a typical dose or amount
- Reuse: after appropriate cleaning or sterilization- typically this would be single use items
- Re-allocate: prioritization of resources based on those most likely to benefit or survive in the short term.

Acute Care Hospitals

- Determine strategies for the emergency (should be based on the hospital Incident Command with data regarding volumes and resources).
- Review surge status including, but not limited to, resources and supplies, providers etc.
- Work with the counties public health departments for general oversight (who is responsible for each of the tasks or strategies)
- Share surge information throughout the organization as well as the community agencies
- Provide necessary education in advance of crisis standards
- Review the plan with the Emergency Management Operations team

Heath Care Staff Engagement

At Tahoe Forest Hospital District our staff is our number one asset. In any emergency or pandemic situation there is an incredible risk associated with the event. To mitigate anxiety and distress, it is important for staff to understand the goal of crisis care, the ethical principles and legal duties underlying

triage decisions, and the specific plans of the District. There are three components for this engagement for the staff:

- Knowledge – All staff in the District will be aware of the plan and where it is located
- Competency – Staff will know their role in the activation of the crisis staffing plan. Tahoe Forest Hospital District will use a tiered system for activation of the role. For example, the Nursing Supervisor knows when and how to activate the plan, the Emergency Department nurse knows what is ethical or lawful when triaging patients.
- Proficiency: Resource competence and expertise. The levels that fill positions such as Incident Command may need to be several levels deep.

Exercises: Testing the Plan

Emergencies and the like tend to be infrequent. To maintain a high reliability organization, it is necessary to practice the emergency. As with most quality related healthcare items, low frequency, high risk creates a much higher risk for everyone involved. Testing of crisis standard will be done in concert with other emergency frequency items and will be reported up through the Emergency Management Operations team.

Integration with Local or Regional Health System Partners

It is critical – especially give the Districts' critical access status that we do not work in isolation, but rather in concert with our local and regional partners including but not limited to, Barton Memorial Hospital, St. Mary's Regional Medical Center, Renown Regional Medical Center, Northern Nevada Medical Center, Carson Tahoe Health, the county Public Health Departments, and State agencies to coordinate information and strategies. This coordination will assist in maintaining a common operating picture within the organization and in the surrounding community.

The key is to only implement crisis strategies when assistance from regional and state partners is inadequate, especially given the size of our organization. This can be too little assistance availability or it is too late in that the organization did not implement or communicate in a timely fashion to the regional and state partners. Our surge capacity plan was developed to the emergency planning to avoid crisis care situations.

Public Engagement and Transparency:

Tahoe Forest Hospital District will be transparent and engage with our community. We will continue to work with our public entities throughout any emergency crisis including pandemics and seek public comment and after the event review of the enactment of our crisis management plan.

Response

The visitor policy limitations imposed during COVID-19 have definitely impacted our patient populations. Tahoe Forest Hospital District has provided reasonable modifications to permit necessary family or significant others into the hospital. We have also ensured effective communication for people with disabilities including people who are deaf, people with non-verbal language, people with intellectual and developmental disabilities and people with Alzheimer's or another form of dementia. We have a local ombudsman that services our elderly population associated with our Distinct Part Skilled Nursing

Facility. We have also made accommodate for patients that are terminally ill to have family member accommodations.

Triage

Triage is the prioritization for care or resources. Triage follows:

- Primary triage: this is the first assessment of the patient and happens prior to any interventions at the hospital)
- Secondary triage: performed after addition assessment and initial interventions
- Tertiary triage: performed after or during the provision of definitive diagnostics and or medical care

The patient care strategies for scarce resource situations: Ultimate authority is up to the facility to determine and implement the process for the District. During triage situations, facilities and providers are still subject to federal and state anti-discrimination laws. The California Department of Public Health or the Nevada Division of Public and Behavioral Health (DPBH), may convene to provide recommendations to the State Public Health Officer. In turn, the State Public Health Officer may provide additional recommendations to California's or Nevada health system during an emergency.

Ethical Considerations

A public health emergency compels transition from individual patient-focused clinical care to populations-oriented public health approach with the goal of providing the best possible outcome for the largest number of impacted people.

Basic biomedical ethical principles are incorporated into decision-making for the decision-making regarding allocation of the healthcare resources. These include:

- Autonomy: Respect for persons and their ability to make decisions for themselves may be overridden by decisions for the greater good; however, patients must still be treated with dignity and compassion
- Beneficence: Care providers must subordinate their personal and institutional interests and shift from those in the best interest of the patient to those in the best interest if the population as a whole
- Justice: Equitable distribution of resources, allocation decisions applied consistently across people and across time, transparency and accountability, and fair processes and procedural justice to sustain public trust.
- Fair and Equitable: the process for decision making is recognized as fair, equitable, evidenced based, and responsible to specific needs of our patients, and that we will abide by nondiscrimination laws and a goal of maintaining the trust of our patients and our community.
- Transparency: In both design and decision making
- Consistency: Across populations and among individuals with reasonable modifications for disability.,
- Proportionality: Public and individual requires will be commensurate with the scale of emergency and degree and scarcity of resources

- Accountability: Individuals making the decisions and the facilities and governments to support the processes and the providers.

Surge Capacity

Surge Capacity is a measurable representation of the ability to manage a sudden influx of patients. It is dependent on a well-functioning Hospital Incident Command System structure and the variables of space, supplies, staff and special considerations. Tahoe Forest Hospital District has developed an emergency management process and defined the emergency operations, which details our ability to increase our capacity. These actions include but are not limited to defining additional treatment space and or alternate care sites, early discharges, cancellation of elective surgeries or procedures, increased staffing etc.

Below is the Surge Capacity Plan for Tahoe Forest Hospital District

Tahoe Forest Hospital District
Surge Capacity Plan

Tahoe Forest Hospital District Administration, Physician, Advanced Practice Providers, and Employees have prepared our organization to meet the current and upcoming needs of our community during the pandemic of COVID-19. This document will address the surge of COVID 19 in our hospitals (Tahoe Forest Hospital District and Incline Village Community Hospital) within the District. Tahoe Forest Hospital District continues to take the necessary steps to prepare for a surge of patients that can be cared for within our facilities.

As a critical access hospital in a rural community we have the ability to surge 22% from 25 to 32 beds at Tahoe Forest Hospital and 33% from 4 beds to 6 beds at Incline Village Community Hospital. This increase is done in both safe and secure locations in our facility. Incline Village Community Hospital has a limited number of resources and services available and have created a surge that we believe matches the abilities of that facility.

This plan will require staff to care for patients in alternate locations, fill roles which they may not normally fill, and support our team to continue to provide compassionate care for our patients. The details of this surge plan will be communicated prior to implementation, but in general, our surge plan will include three phases (Green, Yellow, and Red):

Phase 1: Tahoe Forest Hospital (Green) or Conventional

- Business as Usual – 25 bed capacity
    - 6 ICU
    - 15 MS
    - 4 OB
    - COVID screening/testing patient that enter through the Emergency Department will be completed in the following rooms 9, 18.
    - 29 DPSNF

- DPSNF – 7 bed COVID mitigation plan for the residents in beds 1-7.

Phase 2: Tahoe Forest Hospital (Yellow) or Contingency

- Surge Capacity to 32 beds
  - 6 ICU
  - 22 MS
    - The long wing of the Medical Surgical Unit will house COVID-19 patients including both positive and R/O COVID. This will include rooms: 215, 226, 227A, 227B, 228, 229A, 229B
  - 4 OB/Post-Partum
  - 29 DPSNF
  - 7-bed COVID mitigation plan beds for the ECC - CLOSED
    - Any positive or R/O residents would be admitted to the hospital and cohorted in the Med Surg beds designated for COVID and COVID R/O patients in the hospital.
  - Infusion Services will be done in the Cancer Center 7-days per week
  - ED Triage will be completed in the area of the ED waiting area and placed in the appropriate area (COVID versus Non-COVID areas of the hospital). All suspected COVID patients will be brought in through the ambulance entrance of the hospital for minimal exposure to the staff, physicians, and other patients will be triaged into the "clean side" of the ED.
  - Transfer pregnant female patients to the OB department.

Phase 3: Tahoe Forest Hospital (Red) or Crisis

- Surge Capacity Maximum
  - 6 ICU (6 ventilator capacity)
  - 23 MS – COVID-19 positive and R/O
    - 6 Clean patients can be moved to Incline Village Community Hospital
  - 7-bed COVID mitigation plan beds for the ECC – CLOSED
    - If elective surgery has been stopped – these beds would become available if surgery staffing resources permit.
  - 4 OB
    - Has the ability to take clean female MS patients
  - Infusion Services will be done in the Cancer Center 7-days per week
  - ED Triage will be completed in the area of the ED waiting area and placed in the appropriate area (COVID versus Non-COVID areas of the hospital). All suspected COVID patients will be brought in through the ambulance entrance of the hospital for minimal exposure to the staff, physicians, and other patients will be triaged into the "clean side" of the ED.
    - Transfer pregnant female patients to the OB department.

Phase One: Incline Village Community Hospital

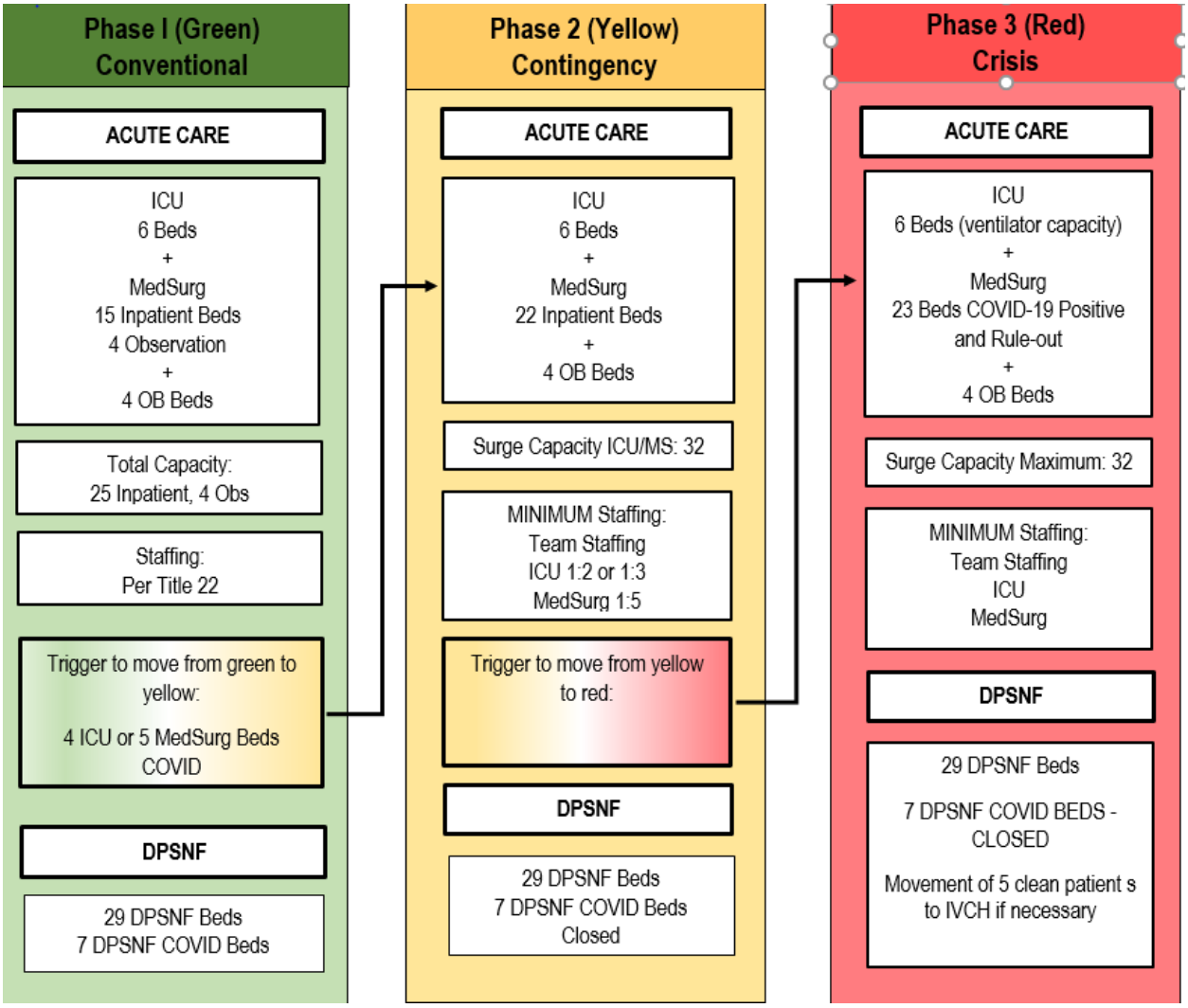
- Business as Usual – 4 bed capacity
  - 0 ICU
  - 4 MS
  - As ED visits increase, COVID -19 R/O patients that require a higher level of service (including, but not limited to respiratory) will be transferred to an area hospital (WASHOE COUNTY or Tahoe Forest Hospital) that provides those services.

Phase Two: Incline Village Community Hospital

- Surge Capacity – 5 bed capacity
  - 0 ICU
  - 5 MS – No COVID

Phase Three: Incline Village Community Hospital

- Surge Capacity – 5– Clean inpatients either admitted or transferred from Tahoe Forest Hospital.



Respectfully Submitted,
Karen Baffone, RN, MS, BS
Chief Nursing Officer