Crisis Standards of Care
Community Advisory Board
Followup to April 7, 2022 Meeting

Post Meeting Survey Results

CAB did not have enough time to finish discussing the following questions from TAP to CAB. CAB members were asked to complete a survey by Tuesday, April 12, with their answers to these questions. Results of this survey were shared during the Thursday, April 14, TAP meeting.

Throughout the CSC Guidance Document, which term should be used (equity or fairness)?

- Equity (4 of 5 respondents):
  - Brings emphasis on being equal
  - Shows that people don't start from the same place
  - Fairness means different things to different people
- Neither (1 respondent):
  - Both terms are problematic as they have been politicized. Use the word "impartial"

Should a patient's potential to survive be considered when allocating medical resources?

- Decision should be left to patients and patient's family/power of attorney
- No individual or a system should determine who is worthy of life and who is not
- Every patient should be given an equal chance
- Should not determine the value of one person's two weeks vs. another person's two months, years…
- It's a reality; not prudent to use resources on someone whose potential to survive is limited

What can hospitals do when activating CSC to maintain the trust of patients when they make decisions to seek care from the hospital?

- Operate with transparent and clear communication on why and how CSC will be utilized
- Provide clear explanation on how care and treatment will be rationed – who will get priority, how will tiebreakers be conducted and will it be done in a fair way
- Be empathetic and understanding of the patients' needs
- Don't make it about who has priority over another because one scored more "worthy" of medical treatment
- Make sure all persons are treated equally and in accordance with the severity(real) of their situation (don't discriminate on basis of race, status, ability to pay)
- Be honest and use simple language; communicate more often
- Concerns about the lack of consistency across facilities that implement CSC

Based on the COVID-19 experience, what are some suggestions on handling end of life and family visitation?

- Make every effort to safely allow family to visit their family member
- Allow to visit but limit the number of family members, require visitors to have the highest level of protection (e.g., vaccination, PPE). Potential challenge – vaccine could take 14-21 days to be effective.
- Facilities should put in place measures to minimize disease transmission.

- Provide greater transparency about treatment and discharge decisions

At the April 7 meeting, the CAB noted that the team who decides who gets what medical resources should include the patient and the patient's family / power of attorney. In previous meetings, CAB expressed interest in a decision-making team being blinded so as to not incorporate potential biases into their decisions. Which approach do you prefer and why?

- Combined (2 respondents)
    - Bringing families into the conversation early so they are informed of the current status and possibly let them make the first level decision, knowing that if resources are even more scarce the case may be referred to blind decision-making process.
    - Every situation is different and allowing more flexible solutions is the best option for our industry - especially in crisis.
- Team approach (2 respondents)
    - The team approach seems more equitable to me. The family gets to be involved in the decision. Even though they may not be imminently qualified at least they are a part of the process.
    - The person and their family and their primary care professional have the right to be a part of the decision-making process
- Blinded (1 respondent)
    - All identity markers should be removed from the decision maker... age, race, sex, identity, preferences, family, working status, income... It should be a set of numbers and a score.