Healthcare Delivery in the Scarce Resource Situation:
A Comprehensive Approach

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Objectives
1. Describe the response context experienced in the aftermath of the catastrophic disaster.
2. List the key strategies in managing the scarce resource situation.
3. Describe the approach to modifying delivery of care in Volume IV and contrast it with the "altered standards" approach.

Early Response to Catastrophic Disasters

Key Questions
• "What is the end point for 'Preparedness'"?
• "How do you accomplish your response objectives under the 'emergency context': uncertainty, urgency, dynamic, high stakes, potentially austere conditions?"
• "How do you know if your organization is 'ready' for any likely scarce resource emergency?"
The need...

Operationally applicable guidance to address healthcare delivery in the Scarce Resource Situation…
- Under the emergency context
- For all likely situations (“all hazard”)
- Extending from everyday methods
- Decisions made by clinicians & managers

Barbera
Scarc Resource Relevant Background
- Pitt Med School, UCONN Family Medicine
- Jacobi Emergency Medicine Residency 1984-86
- Special Medical Response Team 1986
- Jacobi (“Da Bronx”) Attending Physician 1988-93
  - ED Gridlock
  - Public hospital severe resource shortages
  - Major trauma center (adult/peds), Bronx burn center
  - ED Quality Manager
- GWU 1993-present
- Range of national & international emergencies
- Academic and research activities

“Standard of Care”

- Generally refers to “a diagnostic and treatment process that a clinician should follow for a certain type of patient, illness, or clinical circumstance.”
“Standard of Care”

• Medical “standards” are defined by a complex set of factors that interrelate in a dynamic fashion.
  – Common practice (everyday context)
  – Applied research findings
  – Relevant laws and regulations
  – Licensing & accreditation requirements
  – Case law (medical practice, premise liability & other)

“Altered Standards of Care”

• One can unilaterally raise a “standard of care…”
  
  *but one can’t unilaterally lower it…*

Haiti Earthquake 2010 - The impact

• Widespread and major collapse of many occupied structures.
• Healthcare facilities significantly compromised by the ground movement, then subjected to massive medical surge needs…
Post-EQ Healthcare Facilities…

• Many struggling to provide the best available care…

• No one discussing or asking for “altered standards…”

The Response Priorities in a Catastrophic Disaster

• Healthcare impact – adapting to the situation…

• Safety of responders & current patients is first priority…

• Sustaining ability to provide care: “I brought my surgical equipment – I didn’t know I needed a generator…”

• Then addressing surge…

The Response Context in a Catastrophic Disaster

• Mass casualties in an austere environment…

• Need organized management to fit the circumstances… just as code & trauma teams evolved to fit those special circumstances…

• Identify and meet the most critical treatable needs…

• Adapt medical care to continue to achieve the best possible outcomes… “managed degradation”

• Understand and use triage…
Modified Healthcare Delivery

• Guidance for scarce resource situations should be, as much as possible, an extension of the current healthcare management and clinical practices.
• Regular practice already allocates healthcare resources to patient need
• Examples: emergency department triage, priority on the operating schedules, etc.

Modified Healthcare Delivery

• The reality is that long before extreme decisions are made, healthcare needs exceed resources.
• These medical needs of patients will not be met immediately through customary and usual medical practice.
• Decisions about modifying healthcare delivery will occur well before direct life and death implications are involved, but where ethical and liability issues are just as real.

Modified Healthcare Delivery

• Requires a consistent, scientifically and ethically based strategy that guides all decision making related to the application of scarce resources to patient needs.
• Implemented through the process of Incident Management.
Modified Healthcare Delivery
The challenge
• To be ethical, effective, and defensible, the strategy for modifying care delivery should be consistently applied at the level of the organizations directly providing healthcare services.

Modified Healthcare Delivery
The challenge
• It must also be supported at each level above direct healthcare services, including those providing support services, those providing resources, and those modifying laws and regulations to support the modified healthcare delivery.

Modified Healthcare Delivery
• Modified healthcare delivery in extreme situations:
  Changes in how healthcare services are delivered, driven by consistent application of specific management strategies, when the usual delivery of medical care is insufficient for the medical needs.
Healthcare Response Objectives

1. Maintain a physically and medically safe environment for staff, current patients, and visitors, and protect the functional integrity of the healthcare organization
2. Achieve and maintain optimal medical surge capacity and capability with available resources
3. Modify healthcare delivery, through managed change, to maintain a safe environment and achieve the best possible medical outcomes
4. Return to normal operations as rapidly as possible (recovery) and return response resources to “ready” status

Modified Healthcare Delivery

• The changes may be:
  – Temporizing
  – Substitution in number & type of resources (different personnel qualifications, facilities, supplies & equipment)
  – Substitution in procedures (clinical, resource-related, facility management, etc.)
…compared to usual and customary healthcare delivery.

The changes may prioritize:
• Changes that do not affect expected patient outcomes.
• Changes but still minimizing impact on long-term medical outcomes.
• In extreme situations, temporize and substitute evaluation and interventions that may affect life safety and lifesaving outcomes
Modified Healthcare Delivery

Temporize
- Patient evaluation
- Patient interventions
- Adjust according to resource & needs mismatch

Modified Healthcare Delivery

Substitute
- Personnel
- Medical procedures
- Facilities
- Equipment or supplies
- Resource-related procedures

Modified Healthcare Delivery

- The use of triage in “operationalizing” this strategy
- The use of the Emergency Operations Plan
- The IMT & Clinical Care Task Force
- Mutual Aid & outside resources
- State guidance & resources
- Research & development
Thank you!

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