AGENDA

• Hospital Capacity Update
• Crisis Standards of Care Overview
• Reports from the Field

Special Guests

Michael Richards, MD, MPA: Vice Chancellor for Clinical Affairs, UNM Health System
Denise Gonzales, MD: Medical Director, Presbyterian Healthcare Services
KEY DOCUMENTS

2. New Mexico Crisis Standards of Care Plan, 2018, NM Dept. of Health (NMDOH)
3. New Mexico Statewide Acute Care Medical Surge Plan for COVID-19 Pandemic Response, 2020, NM Medical Advisory Team (MAT)
4. New Mexico Triage Protocol for the Allocation of Scarce Resources Under COVID-19 Crisis Standards of Care, 2020, MAT
5. Executive Order 2020-083, 2020, NMDOH
CRISIS STANDARDS OF CARE OVERVIEW

MICHAEL RICHARDS, MD, MPA: VICE CHANCELLOR FOR CLINICAL AFFAIRS, UNM HEALTH SYSTEM
2010 Crisis Standards of Care: Summary of a Workshop Series

- Produced by national experts affiliated with U.S. Institute of Medicine following 2009 H1N1 epidemic.
- Outlined a framework for public health emergency and/or disaster response by identifying existing state, local, and federal practices, policies and protocols for crisis standards of care; describing current barriers to increased provider and community engagement; providing examples of existing interstate collaborations.

2018 New Mexico Crisis Standards of Care

- Companion to State All-Hazard Emergency Operations Plan (EOP).
- Framework for response in Public Health Emergency:
  - Based upon IOM “Crisis Standard of Care;”
  - Establishes a Medical Advisory Team (MAT); and,
  - Address ethical issues of scarcity.

2020 Acute Care Medical Surge Plan for COVID-19

- Event specific supplement to 2018 NM, outlining COVID-19 Operations:
  - Medical Advisory Team and Workgroups;
  - Regional Care Plan - Hub and Spoke Model;
  - Contingency Capacity and Clinical Care; and,
  - Ethical Considerations of CSC.
Framework of Medical Advisory Team

MAT CSC Workgroups

1. Regional Care
2. Clinical Care
3. Transportation
4. Modeling and Analytics
5. Workforce
6. Behavioral Health
7. Long term and Post Acute Care

Legal and Ethical Communications
Key Concepts of Operations

Conventional Care
- Resources = Demand

Contingency Care
- Resources = Demand
- Adapt, Conserve, Augment

Crisis Care
- Resources << Demand
- Adapt, Conserve, Augment

Allocate and Triage

Indicator and Trigger

Indicator and Trigger
Key Concepts of Operations

• Coordinated Statewide Medical Response
  • Department of Health
  • Hospitals and Health Systems

• Contingency Capacity Planning

• Hub and Spoke Model
  • Regional Surge Planning
  • Centralized Call Center
    • DOH Lead
    • Health System Implementation
    • Medical Triage Officer – CSC Protocols

• Alternative Sites of Care
To more holistically illustrate hospital capacity, NM Medical Advisory Team (MAT) developed scoring grid that provides timely data from the field.

Grid is scored at least weekly based on feedback from the State’s Hub and Spoke hospitals; and, weighted score documents capacity over time (right).

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**NM Hospital System Capacity Evaluation**

- **Crisis Standards of Care**
- **Contingency Level 1**
- **Contingency Level 2**

**Axes:**
- **Y-axis:** Weighted Score
- **X-axis:** Dates from 11/24/2020 to 1/26/2021

**Colors:**
- Yellow: Contingency Level 1
- Orange: Contingency Level 2
- Red: Crisis Standards of Care
- Black: Weighted Score

*Investing for tomorrow, delivering today.*
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Contingency Level 1 (1 point)</th>
<th>Contingency Level 2 (2 points)</th>
<th>Crisis Standards of Care (3 points)</th>
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<tbody>
<tr>
<td><strong>Clinical Care</strong></td>
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<td></td>
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<tr>
<td>Delays in healthcare</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
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<tr>
<td>Patient transfer volume</td>
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<td>3</td>
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<tr>
<td>Patient transfer &amp; triage call center</td>
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<td>3</td>
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</tr>
<tr>
<td>Triage Boards status</td>
<td>1</td>
<td>1.5</td>
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<tr>
<td><strong>Facility</strong></td>
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<tr>
<td>Emergency Department utilization</td>
<td>1</td>
<td>1.5</td>
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</tr>
<tr>
<td>Intensive Care Unit (ICU) utilization</td>
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<tr>
<td>Non-ICU utilization</td>
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<tr>
<td>Healthcare capacity modeling</td>
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<tr>
<td><strong>Workforce</strong></td>
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<tr>
<td>Redeployment</td>
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<tr>
<td>Sustainment</td>
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<tr>
<td>Capacity</td>
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<tr>
<td>Ratios</td>
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<td>1.5</td>
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<td><strong>Essential Equipment and Supplies</strong></td>
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<tr>
<td>Acquisition</td>
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<td>1</td>
<td>1.5</td>
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<tr>
<td>Management</td>
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<tr>
<td><strong>TOTAL SCORE</strong></td>
<td>1.5</td>
<td>10</td>
<td>24</td>
</tr>
</tbody>
</table>

When rows are colored in more than one square, this indicates status is near-equal between two levels of care.
Meeting the Health Care Needs of Every New Mexican

Dr. Denise Gonzales
Increasing staff:

• Traveler nurses
• Redeployment from outpatient areas
• Expanded scope of practice
Increasing space:
- Increasing room occupancy
- Using old spaces in new ways
- Moving infusions to outpatient setting
Statewide collaboration via a hub-and-spoke model
Our community is our greatest ally.

- Stay home.
- Limit gatherings.
- Mask up.
- Practice hand hygiene.
Many licensing boards considering resolutions that clarify that during the public health emergency it shall not be considered a violation of any applicable rule or regulation governing the scope of practice for certain healthcare providers to serve as COVID-19 Providers and provide healthcare services to all patients of the hospital where they serve even though the provision of those services may be outside the normal and customary clinical privileges.

Licensing Board actions taken:
- Medical Board: approved resolution 12/3/20 (right)
- Board of Osteopathic Medicine: special meeting forthcoming
- Pharmacy Board: convening special meeting 12/8
- Nursing Board: convening special meeting 12/10
NEW MEXICO TRIAGE PROTOCOL FOR THE ALLOCATION OF SCARCE RESOURCES UNDER COVID-19 CRISIS STANDARDS OF CARE

- Under Crisis Standards of Care
- Local Triage Boards
- Triage decisions based on survivability only
QUESTIONS