

Crisis Standards of Care Ethical Checklist

This tool will assist health care organizations (hospitals, systems, EMS, etc.) to ensure they have written an ethically sound Crisis Standards of Care plan leveraging the five Ethical Core Elements.

The Ethical Commitments and Objectives serve as the foundation for the development of the Ethical Checklist.

Ethical Commitments for Crisis Standards of Care (CSC)

Pursue Minnesotans' common good in ways that:

- Are accountable, transparent and worthy of trust;
- Promote solidarity and mutual responsibility;
- Respond to needs respectfully, fairly, effectively and efficiently.

Ethical Objectives

Promote Minnesotans' common good by balancing three equally important and overlapping ethical objectives.

1. **Protect the population's health** by reducing mortality and serious morbidity from:
 - The public health crisis; and
 - Disruption to health care, public health, public safety, other critical infrastructures.
2. **Respect individuals and groups** by:
 - Promoting public understanding, input, and confidence in CSC plan/response;
 - Supporting a duty to promote the best care possible in crisis circumstances;
 - Ensuring that burdens of CSC response are minimized and justified by benefits.
3. **Strive for fairness and protect against systematic unfairness** by:
 - Utilizing strategies for public education and public engagement that are inclusive and culturally sensitive;
 - Promulgating standardized crisis standards of care response protocols that are publicly available, revised regularly, and tailored to specific crisis responses;
 - Ensuring that burdens and benefits associated with crisis response are equitable;
 - Making reasonable efforts to remove access barriers and address functional needs;
 - Stewarding resources to:
 - Reduce significant group differences in mortality and serious morbidity; and
 - Appropriately reciprocate to groups accepting high risk in service of others;
 - Using decision-making processes that consistently apply only ethically relevant (non-discriminatory, non-arbitrary) considerations.

Ethical Checklist

| Ethical Core Elements | Yes | No |
|---|--|--|
| Duty to Care Strategies | | |
| <i>Obligations to Patients</i> | | |
| Best Care Possible <ul style="list-style-type: none"> ▪ Does our plan provide the best care possible given available resources? ▪ Does our plan have a process in place to communicate the plan of care to patient’s families? | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Palliative and Hospice Care <ul style="list-style-type: none"> ▪ Does our plan address how to meet palliative and hospice care needs? ▪ Does our plan include recommendations for stockpiling, distributing, and securely storing palliative care resources? ▪ Does our plan address support for the dying and their caregivers? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Mental Health Care <ul style="list-style-type: none"> ▪ Does our plan address how to meet mental health care needs during a CSC event? <ul style="list-style-type: none"> ▪ Identifies disaster mental health providers, ▪ Assures fair triage of patients with mental and somatic ailments, ▪ Minimizes disruptions in continuity of care of mental health patients. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Appropriate Care for the Dead <ul style="list-style-type: none"> ▪ Does our plan account for different cultural practices and care for the dead? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Support for Health Care Workers</i> | | |
| Ethically Appropriate Liability Protections <ul style="list-style-type: none"> ▪ Does our plan reference Minnesota Liability protections? (See Legal Considerations, if needed). | <input type="checkbox"/> | <input type="checkbox"/> |
| Reciprocity <ul style="list-style-type: none"> ▪ Does our plan include provisions for promoting safety of our staff? (e.g., appropriate personal protective equipment and training) ▪ Does our plan make provisions for mental/behavioral health care for professionals given the stress/trauma of working in disasters? | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Mandates to Provide Service <ul style="list-style-type: none"> ▪ Did we work with our employees/unions to address absenteeism and reasonable expectations about length of work shifts? | <input type="checkbox"/> | <input type="checkbox"/> |

CRISIS STANDARDS OF CARE

| Ethical Core Elements | Yes | No |
|--|--|--|
| <p>Process for Triage/Rationing</p> <ul style="list-style-type: none"> ▪ Does our plan have a triage/rationing process that does not involve frontline staff caring for the patients? | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Ethics Support</p> <ul style="list-style-type: none"> ▪ Is our triage/rationing process ethical? Does it include our ethics committee? | <input type="checkbox"/> | <input type="checkbox"/> |
| Proportionality and Equity in Freedom Limiting Interventions Strategies | | |
| <p>Social Distancing</p> <ul style="list-style-type: none"> ▪ Does our plan support social distancing techniques, for staff, visitors, and patients fairly and in accordance with public health recommendations? | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Proportionality</p> <ul style="list-style-type: none"> ▪ Does our plan allow us to flexibility in response and give us the ability to adapt to the situation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Fair and Consistent Stewarding Resource Strategies | | |
| <p>Coordination</p> <ul style="list-style-type: none"> ▪ Does our plan discuss the coordination of response activities and sharing of impact/demand data across our region and health care coalition? | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Key Workers</p> <ul style="list-style-type: none"> ▪ Does our plan account for a two-track prioritization process for key workers? ▪ Does our plan have a way to identify prioritized key workers? Does our two-track prioritization process reflect a commitment to strive for balance between prioritizing key workers and prioritizing those groups in the general public who are at greatest risk for morbidity and mortality? | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>Triage/Rationing/Allocation of Resources</p> <ul style="list-style-type: none"> ▪ Does our plan’s triage process use the six core strategies in a reasonable order? Do we intend to prepare, conserve, substitute, adapt and re-use before implementing allocation? ▪ Does our plan allow allocation of resources in a random process when supply is inadequate to serve all similarly prioritized people? ▪ Does our plan use any of the following to ration or allocate resources? If yes, please revise, the below factors should never be considered in allocation decisions. <ul style="list-style-type: none"> ▪ Ability to pay; ▪ First-come, first-served; | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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|---|--|--|
| <ul style="list-style-type: none"> ▪ Judgments that some people have greater quality of life than others; ▪ Predictions about baseline life expectancy, unless the patient is imminently and irreversibly dying; ▪ Race, gender, religion or citizenship; ▪ Age as a criterion in and of itself; ▪ Judgments that some people have greater “social value” than others. | | |
| Duty to Plan | | |
| <i>Accountability</i> | | |
| <ul style="list-style-type: none"> ▪ Does our plan include a process to review and revise as needed to ensure we are up to date? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Transparency</i> | | |
| <ul style="list-style-type: none"> ▪ Have we been transparent in the development of this plan? ▪ Have we connected with subject matter experts including: <ul style="list-style-type: none"> ▪ Clinical expertise, ▪ Supply chain, ▪ Health care coalition, ▪ Ethicists | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |