

Viewing Time

The program will take up to one hour to complete.

Target Audience

This program is designed for primary care physicians.

Other health care professionals working with patients and their families may also find this program of interest.

Faculty Disclosure

It is the policy of Children's Hospitals and Clinics of Minnesota to ensure balance, independence, objectivity, and scientific rigor in all its educational programs. Our faculty have been asked to disclose to our program audience any real or apparent conflicts of interest related to the content of their presentation. They have also been requested to let you know when any product mentioned in their presentation is not labeled for the use under discussion or is still under investigation.

Faculty Disclosure

Donald Brunquell, PhD, MA has disclosed no actual or potential conflict of interest in relation to this educational activity.

During this educational activity **Dr. Brunquell** will not be discussing the use of any commercial or investigational product not approved for any purpose by the FDA.

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Model

Donald Brunquell, PhD, MA
Medical Director, Ethics
Children's Hospitals and Clinics of Minnesota

Discussants:
Patsy Stinchfield, RN, CNP
Director of Infectious Disease
Children's Hospitals and Clinics of Minnesota

Thomas Helmich, MD, MBA
Medical Director, Emergency Medicine
Children's Hospitals and Clinics of Minnesota

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Model

A lecture about why altered standards of care will be necessary in a severe pandemic scenario, explaining the set of proposed principles to guide action at Children's during such a scenario, and exploring the practical, psychological, and ethical impediments to implementing those principles.

Program Objectives

Upon completion of this program, participants should be able to:

- Create understanding about why altered standards of care will be necessary in a severe pandemic scenario.
- Explain the set of proposed principles to guide action at Children's.
- Explore the practical, psychological, and ethical impediments to implementing those principles.

Disclaimer

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Accreditation

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Receiving CME Credit

To receive CME credit you must view the entire program and complete the evaluation form at the end.

Ethics Principles as Guidance for Hospital Practice
in Pandemic Influenza:
Children's Hospitals of Minnesota Model

Donald Brunquell, PhD, MA
Director, Office of Ethics
Children's Hospitals and Clinics of Minnesota

Discussant:
Patsy Stinchfield, RN, PNP
Director, Infectious Disease
Children's Hospitals and Clinics of Minnesota

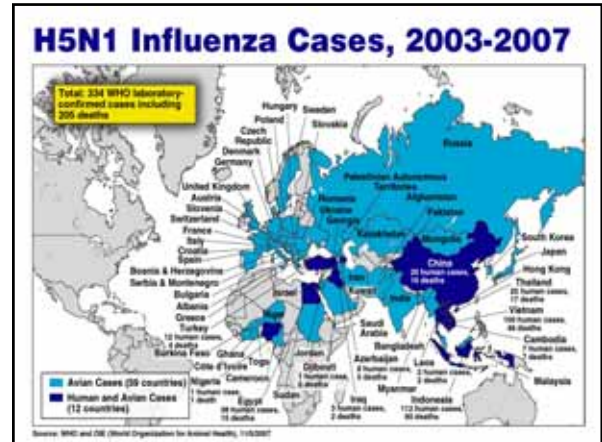
Ethics Principles as Guidance for Hospital
Practice in Pandemic Influenza:
Children's Hospitals of Minnesota Model

- Pandemic Influenza: What is it?
- A mutated influenza virus for which little or no natural immunity exists within the human population
 - For that reason it could spread quickly and infect many people
 - There are periodic influenza pandemics, including 1957 and 1968, the most famous recent example being the 1917-18 "Spanish Flu"
 - The exact virus that will cause the next pandemic is unknown until a mutation with the ability to have sustained human transmission

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Many Unknowns

- When it will occur (though most experts agree it is a "when", not an "if" question)
- Where it will first appear, and how soon it will be identified
- How contagious the strain will be (ease of spread)
- How severe the disease from this strain will be
- The physiological effects of the specific strain



Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Assumptions about a Severe Pandemic

In this scenario the current state estimates over a 2 year period with 3 waves of illness are

- Minnesota population= 5.1 million
- 30% of the population will become ill= 1.5 million people
- 50% of the ill will require outpatient treatment = 772,000
- Hospitalizations = 172,000
- ICU requirements= 25,700
- Ventilator Requirement= 12,900
- Deaths= 32,900 (2.1% of ill people)

(Based on MDH 2006 assumptions available <http://www.health.state.mn.us/divs/idepc/diseases/flu/pandemic/plan/g-opassumptions.pdf>)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Assumptions about a Severe Pandemic

No vaccine is available for 6 months, and for the following 6 months it is available in small amounts that will treat only a fraction of the population

Antiviral treatment may or may not be effective; we presume that there will not be enough antiviral medication to treat for those affected with the disease or for prevention.

Children < 5 y.o. will be especially vulnerable

29% of the Minnesota population is 19 and under, 21.5% 14 and under, and 6.7% under age 5 (U.S. Census Bureau, 2000 census)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Assumptions about a Severe Pandemic

These are estimates only- no one can know now what will actually happen

There will be 3 waves of pandemic, decreasing in size with each wave; applying the Census Bureau estimates of child population the proportion of pediatric patients of the 172,000 Minnesotans who need hospitalization will be

Wave of Pandemic (8 weeks each)	Minnesota Hospitalizations (172,000 during severe pandemic)	Minnesota Hospitalizations 14 and under (21.5%)	Minnesota Hospitalizations under 5 years (6.7%)
Wave 1	82,000	17,630 (2,203/week)	5,494 (686 new each week)
Wave 2	50,000	10,750 (1,344/week)	3,350 (419 new each week)
Wave 3	40,000	8,600 (1,075/week)	2,680 (335 new each week)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

INFLUENZA NOTIFICATION

Influenza is a contagious disease. There is currently an increase in the numbers of people in New Zealand with influenza. In order to reduce the spread of influenza in this workplace, the following is required of everybody:

DO NOT COME TO WORK if you have:

- chills, shivering and a fever (temperature >38°C)
- onset of muscle aches and pains
- sore throat
- dry cough
- trouble breathing
- sneezing
- stuffy or runny nose
- tiredness

If some of the above apply to you, please go home and wait until you have recovered before returning to work.

If you have recently arrived from overseas or returned from overseas, please ask to speak to the Influenza Manager (see below)

If you start to feel ill at work, **DO NOT** leave your work area

Call your Influenza Manager Ext.

Donald Brunquell, PhD, MA
 Ethics Principles as Guidance for Hospital
 Practice in Pandemic Influenza: Children's Model

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Assumptions about a Severe Pandemic
 Composite Estimate of Weekly Gap in Available Beds in Minnesota for Each of Eight Weeks of First Wave (Assuming equal distribution for each week)

Pediatric and Newborn Beds (Level II and III) in MN (MDH estimates)	35% staff absence rate at hospitals reduced staffing capacity	Non-pandemic Average Pediatric and Newborn (II and III) Weekly Usage (assuming 85% capacity and staffing)	Hospital Bed for Pandemic Needs < 14yo. per week for first wave	Total Regular and Pandemic Needs Per Week	GAP in Pediatric Beds during EACH WEEK of first 8 week wave (3,166 total need regular and pandemic; capacity reduced by absenteeism is 736)
1133	736	963	2,203	3166	2,430 each week for 8 weeks

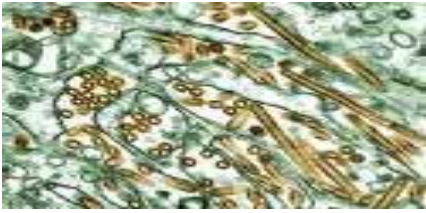
Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Given the many uncertainties and the potential severity of the issues, the Children's Pandemic Planning Task Force has both:

- developed a comprehensive specific plan
- endorsed a set of basic principles and a set of first level implementation guidelines to assist, recognizing that no specific plan will be able to address the issues that actually emerge

This is entitled **Ethical Principles and Values Guiding Hospital Decisions During Severe Pandemic Influenza**

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model



Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

- Review basic ethical principles of the guidance
- Point out procedural provisions that are likely to be especially difficult because of the moral dilemmas
- Commentary
- Discussion with you

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

This document reflects the work of many individuals including the Pandemic Influenza Planning Group at Children's Hospitals and Clinics, especially the leadership group

- Patsy Stinchfield, Director of Infectious Disease
- Tom Hellmich, Director of Emergency Medicine
- Jim Leste, Director of Safety

and the Psychosocial Task Force of the Pandemic Influenza Planning Group

Johnston Bates	Natalie Diehl	Kathy Como
Sandy Bergeron	Regina Driscoll	Carla Buck
Brian Brooks	Boris Kalanj	Sheralee Leonard
Don Brunquell	Abby Davis	

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

This guidance is in effect only if

- Implemented only when a **severe, overwhelming** need for services arose, with demand far exceeding capacity
- Would require an **explicit declaration** by Incident Commander, hopefully in the context of a state and federal emergency declaration
- Reflects use of the **HICS** emergency system
- Applies to **all patients**, not just pandemic influenza patients

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Basic Principles

- 1. Respect for Persons**
Each person will be treated as an individual with **inherent value and worth**.
- 2. Truth-telling, Transparency, and Openness**
Insofar as possible, Children's will attempt to be **clear and open with patients, families, employed and professional staff, and the public** regarding the decisions it reaches and the reasons for those decisions

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Basic Principles

- 3. Community Good as a Primary Goal**
In a public health emergency such as a severe pandemic influenza Children's decisions about treatment and related issues will be based on the **best estimate of aggregate good for the community**, recognizing that this value may lead to abridging interests and rights of individuals otherwise accorded during non-emergency situations.

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Basic Principles

- 4. Best Estimates of Patient Survival with Low Morbidity**
Decisions about individual patients will, in general, be guided by the **best estimate of the survival of a patient with low morbidity**; this means limited treatment resources may be diverted from those with greater need to those most likely to survive with low morbidity.

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Basic Principles

- 5. Stewardship of Scarce Resources**
In situations in which human or physical resources are scarce, Children's will allocate those resources based on the best estimate of aggregate good for the community that can be accomplished with those resources. This **could lead to redirection of resources already allocated** to achieve this aggregate good.

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model



Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Basic Principles

- 6. Decision-making Authority**
In a Children's System Health Emergency the typical **presumption of family as decision-makers about the overall course of treatment for their child may be overridden** by the need to use the best estimate of survival with low morbidity as a primary criterion. While family will be consulted whenever possible, the final decisions about use of treatment resources rests with the Incident Commander or their designee.

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Basic Principles

7. **Fairness**
Based on the principle of prioritizing services to those most likely to survive with low morbidity, patients will be treated **without discrimination**

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Basic Principles: Overriding Values

If conflicts arise among these values,

- **Community Good as a Primary Goal and**
- **Best Estimates of Patient Survival with Low Morbidity**

will be considered overriding values.

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Procedural Implementation Guidance

2. **Declaration of Emergency Status of Operations**
Children's will make **clear decisions regarding the emergency status** of operations and will communicate those to the public; we will recognize the declarations of Federal, State and Local officials, but also **may act in advance** of those declarations to maintain the best health outcomes for our patient population.
(Truth-telling and Transparency)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model



Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Procedural Implementation Guidance

4. **Pediatric Patients**
Based on Children's mission and expertise of staff we will remain **as much as possible a center for treatment of pediatric disease** within the constraints of regional plans and goals.
(Community Good and Justice)

5. **Admitting Patients to the Facilities**
Admitting patients to the Children's facilities will be coordinated with local authorities but **will be controlled and may be restricted by the Children's Incident Commander** based on judgment regarding best health outcomes for the potential population of patients being treated.
(Beneficence and Stewardship of Resources)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Procedural Implementation Guidance

7. **Fairness in Triage**
If admission to the facilities is restricted by the Incident Commander, Children's will as much as possible operate based on **a triage system that reflects best estimates of patient survival with low morbidity.**
(Beneficence, Community Good, Maximizing Outcome)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Procedural Implementation Guidance

8. Change of Presumption of Need-based, First Come-First Served Service
Recognizing the possibility of overwhelming demand for services, the typical presumption of providing services to those in greatest need and those who arrive first, all other things being equal, may be **altered in favor of providing service to those most likely to survive with low morbidity**. This could result in **treatment being withheld or initiated and later withdrawn to be redirected** to a patient more likely to survive.
(Beneficence, Community Good, Maximizing Outcome)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Procedural Implementation Guidance

9. Family and Public Access to the Facility
While Children's recognizes the central importance of Family-Centered Care to pediatric patients, **steps to close the facility to public access, including if necessary restricting family access**, may be necessary to assure the best health outcomes of the patients and such actions are acceptable after suitable review by the Incident Commander.
(Nonmaleficence, Beneficence, Aggregate Outcome, and Justice)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Procedural Implementation Guidance

12. Preventive Treatment of Health Care Providers and Essential Staff
Children's recognizes that to achieve the goal of overall community good and care of maximum number of patients that **prioritization of preventive treatment and safety supplies to essential health care workers and other essential staff may be necessary**. In some instances, if justified by estimates of aggregate benefit, this may mean **prioritization to essential staff over patients**.
(Aggregate Outcome, Beneficence to patients; Nonmaleficence and Reciprocity to staff)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Procedural Implementation Guidance

13. Employed and Professional Staff Obligation to Provide Treatment
The tradition of altruistic service to others even in times of emergency and personal risk is strong in health care, and Children's anticipates that will continue in a pandemic influenza situation. As health care and hospital professionals, staff members have made a choice to work with ill patients and **are expected to continue to fulfill those duties, recognizing that other obligations to family and community also exist**.
(Keeping Agreements, Reciprocity to Society, and Altruism)
Children's recognizes our **mutual obligation to provide as safe an environment as possible** and to work to provide or arrange for **treatment of health care needs of staff members who become ill** in carrying out their duty to care for patients.
(Reciprocity and Agreement Keeping with Staff)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Procedural Implementation Guidance

14. Staff Allocation and Roles During Emergency
The nature of an overwhelming emergency **may require assignment of staff outside areas of their normal positions** to achieve the best outcomes for our patients. While attempts will be made to assign staff within areas of pre-existing training and competence, assignments may reflect the best estimate of ability to accomplish tasks needed to achieve the best aggregate outcomes. Children's will attempt to be clear about requests to act outside of one's area of training and competence.
(Beneficence, Stewardship of Resources)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

16. Children's Support for Staff After an Emergency
Children's recognizes that in **asking staff to act in ways not part of the typical health care principles of operation** that Children's has a responsibility to **advocate for staff members** acting in accordance with directives in legal proceedings and to attempt to **provide support for post-traumatic consequences** of that activity in conjunction with other mechanisms of health insurance and employee support.
(Justice, Keeping Agreements, and Reciprocity)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model



Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Procedural Implementation Guidance
 Triage Process

1. Triage will be carried out in keeping with the **goal of aggregate community good** with the **best estimate of patient survival** with low morbidity as the major criterion for individual decisions.
 (Justice, Community Benefit)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Procedural Implementation Guidance
 Triage Process

Triage System
1. Likely Non-survivors or Survivors with High Morbidity
2. Critical Need with likely survival with low morbidity
3. Serious needs with likely survival with low morbidity
4. Minimal needs to be treated outside of facility by family

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

Procedural Implementation Guidance
 Triage Process

6. In implementing this system, a **triage officer will be assigned with the ultimate authority to designate patients** into the most appropriate category.
 (Justice, Stewardship of Resources, Fairness)
7. The triage officer will be a senior physician with understanding of the medical needs of individual patients, the capacity of the facility to manage patients, and ongoing communication with the HICS incident commander regarding the current status of operations.

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model


Procedural Implementation Guidance
 Triage Process

8. The authority of the triage officer includes
 - **the authority to not admit patients to the hospital,**
 - **the authority to discharge current patients even if still receiving treatment,**
 - **the authority to assign or reassign resources to patients** according to aggregate benefit and changes in individual patient condition,
 - **and the authority to terminate treatment.**
 (Justice, Stewardship of Resources, Fairness)

Ethics Principles as Guidance for Hospital Practice in Pandemic Influenza: Children's Hospitals of Minnesota Model

This shift in guidance represents


- A shift from relative full availability of services to dire scarcity for all services and for all patients
- A shift to access based on triage focused on likelihood of survival with low morbidity
- A shift in standards of care
- A shift our caregivers viewpoint of how we best serve patients from individual to aggregate

 Ethics Principles as Guidance for Hospital
Practice in Pandemic Influenza:
Children's Hospitals of Minnesota Model

This guidance is something we hope will never be used, but, we believe, will be essential as a starting point for difficult decisions in a truly overwhelming severe pandemic situation.

**Comments
and
Questions**

*Thanks for viewing
this presentation!*

**HOFFMAN**
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Pandemic Influenza in Pediatrics

Assumptions for Discussion of An Ethics Principle-based Response

For the purposes of this discussion and to force us to look at the most difficult ethical issues, we will presume a severe pandemic scenario as outlined below.

These estimates are based on best available information and assumptions but are not to be taken as predictions of what will actually happen.

1. Severe Pandemic Scenario (the most severe test of our ethics)
 In this scenario the current state estimates over a 2 year period with 3 waves of illness are
 - Mn population= 5.1 million
 - 30% of the population will become ill= 1.5 million people
 - 50% of the ill will require outpatient treatment = 772 K
 - Hospitalizations = 172 K
 - ICU requirements= 25, 700
 - Ventilator Requirement= 12,900
 - Deaths= 32, 900 (2.1% of ill people)
 (Based on MDH 2006 assumptions available at <http://www.health.state.mn.us/divs/idepc/diseases/flu/pandemic/plan/g-popassumptions.pdf>)

2. No vaccine is available for 6 months, and for the following 6 months it is available in small amounts that will treat only a fraction of the population

3. Antiviral treatment may or may not be effective; we presume that there will not be enough antiviral medication to treat for those affected with the disease or for prevention.

4. Children < 5 y.o. will be especially vulnerable

5. 29% of the Minnesota population is 19 and under, 21.5% 14 and under, and 6.7% under age 5 (U.S. Census Bureau, 2000 census)

6. There will be 3 waves of pandemic, decreasing in size with each wave; applying the Census Bureau estimates of child population the proportion of pediatric patients of the 172,000 Minnesotans who need hospitalization will be

Wave of Pandemic (8 weeks each)	Minnesota Hospitalizations	Minnesota Hospitalizations 14 and under	Minnesota Hospitalizations under 5 years
Wave 1	82,000	17,630 (2,203/week)	5,494 (686 new each week)
Wave 2	50,000	10, 750 (1,344/week)	3,350 (419 new each week)
Wave 3	40,000	8,6000 (1,075/week)	2,680 (335 new each week)

7. Estimates of Minnesota Pediatric Hospital Beds
 - Minnesota Department of Health provides a 2005 estimate of pediatric and newborn hospital beds as 1133 (755 peds, 378 Level II and II Newborn) (estimate available at <http://www.health.state.mn.us/divs/hpsc/hep/publications/providers/2005-03.pdf>)
 - Minnesota pediatric hospital beds by NACHRI registration =819
 - These hospitals often run at 85% capacity already, and in the busy infectious disease season, often run at almost 100% capacity.
 - The pandemic influenza needs would be in addition to that regular run rate.

8. The capacity to care for children will be further degraded by the estimates that 30-40% of the work force will stay home due to caring for their own family or fear of infecting themselves or their own family. Taking a 35% estimate, this could reduce the number of staffed, available beds from 819 to 532 using NACHRI estimates , or 1133 to 736 using MDH estimates.

9. Schools are likely to be closed during the waves of a pandemic.

10. Using MDH assumptions, and assuming an 85% regular occupancy before pandemic, capacity (963), during the first 8 weeks of the pandemic for children 14 and under that would mean an average need of 2,203 for pandemic patients, a combined weekly need of 3,166 pediatric hospital beds (per week) with an availability of beds 736 beds

11. Composite Estimate of Weekly Gap in Available Beds in Minnesota for Each of Eight Weeks of First Wave

Pediatric and Newborn Beds in MN (MDH estimates)	35% staff absentee rate at hospitals reduced staffing capacity	Average Pediatric and Newborn (II and III) Weekly Usage (assuming 85% capacity and staffing)	Hospital Bed for Pandemic Needs < 14y.o. per week for first wave	Total Regular and Pandemic Needs Per Week	GAP in Pediatric Beds during EACH WEEK of first 8 week wave (3,166 total need regular and pandemic, capacity reduced by absenteeism is 736)
1133	736	963	2,203	3166	2,430 each week for 8 weeks

12. This estimate does not take into account that some pandemic patients each week will require hospitalization of longer than one week, leading to a cumulative bed gap larger than the weekly bed gap.

August 16, 2007

To: Children's Staff and Family Groups
From: Don Brunnquell, PhD, Office of Ethics
On behalf of the Pandemic Influenza Steering Committee
Re: Ethical Principles and Values Guiding Hospital Decisions during Severe Pandemic Influenza

Attached to this memo is a proposal outlining principles and values to guide hospital decisions at Children's Hospitals and Clinics of Minnesota during a severe pandemic influenza scenario. These values and principles stand in stark contrast to our everyday operations, values, and principles which are based on the needs of each individual patient, decision-making for the child by the family with the advice of the health care team, and an abundance of resources with which decisions can be made. In a severe pandemic influenza scenario, we would not have the resources to continue to act in the same way we do now. While this document is specific to pandemic influenza, it is possible that many of these principles would apply in other mass casualty events.

The change in principles and values described here would be implemented only when severe, overwhelming numbers of patients present to the institution, and would remain in effect for as short a time as possible. The goal of this change is achieving the best outcome for the community as a whole by maximizing survival of the generation of children to whom we provide services. This means that decisions about limited resources (such as ventilators, medication, vaccines, hospital beds, and human resources) should be made in as thoughtful and caring a way as possible while assuring survival with low morbidity for the maximum number of children.

Clarity on the principles and actions that will guide our action is especially important because there is no way to know what a severe pandemic would actually be like, and while specific planning is important there are limits to its power. The virulence of the disease, ease of human-to-human spread, how quickly the crisis would be identified and acted on by government agencies are all factors that can not be known in advance. The Minnesota Department of Health estimates that in a severe pandemic that for children less than 18 years old 34,499 would require hospitalization; 6,164 would require intensive care; and 3,377 would require use of a ventilator. These numbers far exceed the current availability of those resources. Best estimates of availability of vaccine and medications for treatment suggest that these may not be available for the entire population, although the exact scenario can not be determined. There are also concerns for severe disruption of the social fabric including supply chain for food and medical supplies. Schools would likely be closed, and families would be asked to care for their children at home, straining the resources of all employers, including hospitals.

Because of the nature of potential crisis and the inability to know how the scenario would unfold, Children's has worked to develop a set of principles and values that would guide specific decision-making. We want to discuss these issues with our staff and with our public in as calm and thoughtful a way as possible. We are distributing the attached proposal at this time as a start to this discussion that we will carry out with various groups of staff, partners, and stakeholders in the work we do for children on behalf of the community. Some of the scenarios and ideas may seem alarming, but we believe based on estimates of scholars and governmental agencies, that the possibility of such severe pandemic scenarios exist. We all hope it never comes to pass. We also believe that dialog in advance is an essential aspect of preparation and will, in the long run, best serve children in our community.

Draft 8-8-16-07 ***DRAFT*****DRAFT*******

**Proposal for Ethical Principles and Values Guiding Hospital
Decisions during Severe Pandemic Influenza**

Value Statements

Health care provided by Children's Hospitals and Clinics of Minnesota is understood as a basic public health good for the community. In a situation of pandemic influenza when overwhelming demand for health services greatly exceeds the capacity, the value assumptions that typically guide health care provision at may need to be temporarily altered. The principles and procedures discussed below would be implemented only when a severe, overwhelming need for services arose, and would require an explicit declaration of Children's System Health Emergency by the Children's Incident Commander of the Hospital Incident Command System (HICS). These principles will be applied to all patients at Children's as well as those cared for by Children's staff outside the hospitals, not only those arriving with pandemic influenza. In this situation, we will be guided by the following principles.

1. **Respect for Persons**
Each person will be treated as an individual with inherent value and worth.
2. **Truth-telling, Transparency, and Openness**
Insofar as possible, Children's will attempt to be clear and open with patients, families, employed and professional staff, and the public regarding the decisions it reaches and the reasons for those decisions
3. **Community Good as a Primary Goal**
In a public health emergency such as a severe pandemic influenza Children's decisions about treatment and related issues will be based on the best estimate of aggregate good for the community, recognizing that this value may lead to abridging interests and rights of individuals otherwise accorded during non-emergency situations.
4. **Best Estimates of Patient Survival with Low Morbidity**
Decisions about individual patients will, in general, be guided by the best estimate of the survival of a patient with low morbidity; this means limited treatment resources may be diverted from those with greater need to those most likely to survive with low morbidity.
5. **Stewardship of Scarce Resources**
In situations in which human or physical resources are scarce, Children's will allocate those resources based on the best estimate of aggregate good for the community that can be accomplished with those resources. This could lead to redirection of resources already allocated to achieve this aggregate good.
6. **Decision-making Authority**
In a Children's System Health Emergency the typical presumption of family as decision-makers about the overall course of treatment for their child may be overridden by the need to use the best estimate of survival with low morbidity as a primary criterion. While family will be consulted whenever possible, the final decisions about use of treatment resources rests with the Incident Commander or their designee.

7. **Fairness**

Based on the principle of prioritizing services to those most likely to survive with low morbidity, patients will be treated without discrimination.

If conflicts arise among these values, Community Good as a Primary Goal and Best Estimates of Patient Survival with Low Morbidity will be considered overriding values.

Procedural Considerations

1. **Community Resource**

Children's Hospitals and Clinics of Minnesota is a community resource which will operate to attain the best health outcomes for the community as a whole reflecting the judgments of Federal, State, and Local and Children's authorities regarding those health outcomes as applied by the organized emergency system (HICS) at Children's.

2. **Declaration of Emergency Status of Operations**

Children's will make clear decisions regarding the emergency status of operations and will communicate those to the public; we will recognize the declarations of Federal, State and Local officials, but also may act in advance of those declarations to maintain the best health outcomes for our patient population.

3. **Decision-making Authority within the Children's System**

Decision-making authority resides with the Incident Commander during an emergency situation and his or her designees. For major policy decisions that impact on use of the ethical principles consultation with a designated advisory group should be undertaken in advance if time allows or retrospectively if emergent decisions are made. If possible this group should include representatives from physician, nursing, mental health staffs, ethics committee, and a member of the family advisory committee.

4. **Pediatric Patients**

Based on Children's mission and expertise of staff we will remain as much as possible a center for treatment of pediatric disease within the constraints of regional plans and goals.

5. **Admitting Patients to the Facilities**

Admitting patients to the Children's facilities will be coordinated with local authorities but will be controlled and may be restricted by the Children's Incident Commander based on judgment regarding best health outcomes for the potential population of patients being treated.

6. **Fairness in Triage**

If admission to the facilities is restricted by the Incident Commander, Children's will as much as possible operate based on a triage system that reflects best estimates of patient survival with low morbidity. The system of triage will be developed in advance of use and will be available to the public for scrutiny, although it may need to be modified based on the emerging situation. (see Appendix A)

7. **Change of Presumption of Need-based, First Come-First Served Service**

Recognizing the possibility of overwhelming demand for services, the typical presumption of providing services to those in greatest need and those who arrive

first, all other things being equal, may be altered in favor of providing service to those most likely to survive with low morbidity. This could result in treatment being withheld or initiated and later withdrawn to be redirected to a patient more likely to survive.

8. Pain and Palliative Treatment for Those Not Admitted

Children's will attempt to provide pain and/or palliative treatment for patients not admitted to the facilities within our capacity to do so.

9. Family and Public Access to the Facility

While Children's recognizes the central importance of Family-Centered Care to pediatric patients, steps to close the facility to public access, including if necessary restricting family access, may be necessary to assure the best health outcomes of the patients and such actions are acceptable after suitable review by the Incident Commander.

10. Privacy and Confidentiality

Children's will attempt to continue to provide privacy and confidentiality to patients, but these values are secondary compared to the ability to achieve positive health outcomes with low morbidity.

11. Outpatient and Home Health Services

Children's will attempt to continue to provide outpatient and home health services to patients already served by Children's if possible and to the extent consistent with the goals of maximizing community benefit.

12. Community Support and Education

Children's will remain active to the extent possible in advocating for and educating about the needs and care of children not currently treated in our system at the time of a pandemic influenza health emergency.

13. Preventive Treatment of Health Care Providers and Essential Staff

Children's recognizes that to achieve the goal of overall community good and care of maximum number of patients that prioritization of preventive treatment and safety supplies to essential health care workers and other essential staff may be necessary. In some instances, if justified by estimates of aggregate benefit, this may mean prioritization to essential staff over patients.

14. Employed and Professional Staff Obligation to Provide Treatment

The tradition of altruistic service to others even in times of emergency and personal risk is strong in health care, and Children's anticipates that will continue in a pandemic influenza situation. As health care and hospital professionals, staff members have made a choice to work with ill patients and are expected to continue to fulfill those duties, recognizing that other obligations to family and community also exist. Children's recognizes our mutual obligation to provide as safe an environment as possible and to work to provide or arrange for treatment of health care needs of staff members who become ill in carrying out their duty to care for patients.

15. Staff Allocation and Roles During Emergency

The nature of an overwhelming emergency may require assignment of staff outside areas of their normal positions to achieve the best outcomes for our patients. While attempts will be made to assign staff within areas of pre-existing training and competence, assignments may reflect the best estimate of ability to accomplish tasks needed to achieve the best aggregate outcomes. Children's will

attempt to be clear about requests to act outside of one's area of training and competence.

16. Children's Support for Staff After an Emergency

Children's recognizes that in asking staff to act in ways not part of the typical health care principles of operation that Children's has a responsibility to advocate for staff members acting in accordance with directives in legal proceedings and to attempt to provide support for post-traumatic consequences of that activity in conjunction with other mechanisms of health insurance and employee support.

17. Declaration of End of Emergency

Children's will continually assess the need for these changes in procedure for overwhelming emergency and will make a clear declaration of the resumption of regular procedures or clarify any ongoing changes in operating principles. This will be coordinated with Federal, State, and Local authorities.

Appendix A

Principles of Triage if an Overwhelming Emergency is Declared

In keeping with the ethical principles outlined in Section 1 of this document, the following principles will apply in triage:

1. Triage will be carried out in keeping with the goal of aggregate community good with the best estimate of patient survival with low morbidity as the major criterion for individual decisions.
2. Unless directed otherwise by State authorities and agreed to by the Children's Incident Commander, Children's will focus its resources on care of children and refer adult patients to facilities trained to care for adult patients.
3. A triage system will be implemented using the following categorization:

Triage System
1. Likely Non-survivors or Survivors with High Morbidity
2. Critical Need with likely survival with low morbidity
3. Serious needs with likely survival with low morbidity
4. Minimal needs to be treated outside of facility by family

5. In implementing this system, a triage officer will be assigned with the ultimate authority to designate patients into the most appropriate category.
6. The triage officer will be a senior physician with understanding of the medical needs of individual patients, the capacity of the facility to manage patients, and ongoing communication with the HICS incident commander regarding the current status of operations.
7. The authority of the triage officer includes the authority to not admit patients to the hospital, the authority to discharge current patients even if still receiving treatment, the authority to assign or reassign resources to patients according to aggregate benefit and changes in individual patient condition, and the authority to terminate treatment.
8. The triage officer may designate other individuals to carry out this responsibility but retains the final authority to make or change a triage decision.
9. In semi-emergent situations or after emergent situations, the triage officer will review principles and the pattern of triage decisions with the Emergency Advisory Group in an effort to achieve ongoing fairness in the triage process.