Protocol for Operations Section State Medical Director
Department Operations Center
North Dakota Department of Health (NDDoH)

Concept

During the course of a governor-declared emergency, it may become necessary to coordinate the response of the health care system. Any disaster which substantially affects the health care system as a whole may require NDDoH assistance, and NDDoH may need guidance in how best to meet the needs of the health care system and its patients. This document details the operations associated with the role of State Medical Director in assisting NDDoH.

Medical Directors are selected as physicians licensed to practice medicine in North Dakota with administrative and/or public health experience. To the degree possible, Medical Directors should be well known in the state and trusted as persons who can act impartially.

Scope of Authority

A. Authority granted by MOU

As of this writing, NDDoH has little authority over the management of the health care system; however, in only rare instances would this be helpful. The Department prefers to work in partnership with health care facilities and to treat the health care system statewide as an interdependent system with the shared objective of achieving the best health outcome for all patients.

NDDoH has positioned itself to be able to assist the health care system as a partner through coordination of shared responses, provision of resources, management of federal intervention, procurement of CMS waivers, provision of situational awareness of the disaster and access to national best practice recommendations. Past disasters have proven the effectiveness of this approach, but on occasion, NDDoH has needed to turn to its medical directors for advice regarding how to best implement these actions.

B. Authority and Specific Disaster Response Problems

As noted above, there are rare instances in which it might be helpful for NDDoH to have authority in the health care system. Two instances specific to a moderate or severe pandemic are noted as follows:

- Transfer of patients from one facility to another;

If during a disaster, adverse impacts on health care outcomes can be mitigated by transfer, it would be helpful if NDDoH could direct hospitals to move certain patients from one facility to another and to specify the number and type of patient to be moved. To avoid re-imbursement bias, the selection of patients for transfer would follow a “last in-first out” rubric beginning with any inpatients remaining in the emergency room pending placement to a hospital bed. Exceptions may be made for patients too unstable to move safely given available transportation resources. Transfer may include

reverse transfer from a facility with higher capabilities to one of lower capabilities and may require a facility to receive a patient of higher acuity or greater complexity than it is accustomed to caring for. A moderately overloaded hospital may be asked to take patients from a heavily overloaded hospital. In this instance, the decision on when to unload one facility but increase the load of other facilities will be difficult. NDDoH would look the Medical Directors for assistance.

- Reduction or suspension of specific health care services

If during the course of a medical surge, it is determined that patient outcomes would be improved by increasing available beds and personnel, NDDoH might choose to reduce or suspend specific health care services. Services which could be modified may include any service which is considered elective in nature (e.g., rehabilitation, non-emergency surgery). A service will be considered elective if its curtailment is not expected to result in permanent injury or loss of life, limb or organ over the expected disaster response period. Although the question of suspending certain services might be unquestioned, given the financial impact this would have on the facilities, timing that action would be complicated. NDDoH would look to the Medical Directors for guidance.

C. Authority granted by legislation or executive order:

The North Dakota Depart of Health is invested with certain authority granted by the legislature, or authority which may be granted by executive order during a disaster. Health care system policy decisions which may arise out of this authority may involve consultation with the Medical Directors when related to actions listed below.

- Definition of operative standard of care[1];
- Policies related to the operation of minimum care facilities[2] including:
    - Authorization of minimum care facility opening and closing;
    - Allocation of overflow patients to MCF facilities of other communities;
    - Changes in care offered by minimum care facilities;
- Allocation of cached supplies or equipment stockpiled by NDDoH when resources are scarce[3];
- Priority vaccine allocation[4];
- Allocation of antivirals[5]; and,
- Triage protocols for use by 911 and emergency medical services.

C. Health care policy recommendations:

During a disaster, the North Dakota Department of Health anticipates issuing non-binding recommendations pertaining to certain aspects of health care system management. The Medical Director will serve in a consulting role. Recommendations issued are likely related to the following:

- Response role for specific types of health care institutions, including long term care facilities;
- Use of equipment limited in supply, including the use of ventilators and removing patients from ventilators;
- Admission criteria for pandemic patients;
- Case definitions for suspected or confirmed illness, including screening health care workers for illness;

[1] Refer to North Dakota Mass Care Plan
[2] Refer to North Dakota Minimum Care Facility Concept of Operations
[3] Refer to North Dakota Mass Care Plan
[4] Refer to North Dakota Pandemic Influenza Mass Vaccination Plan
[5] Refer to North Dakota Pandemic Influenza Antiviral Plan

- Management of palliative care patients;
- Infection control procedures, including use of personal protective equipment and equipment conservation; and,
- Convening of inter-facility negotiation (especially to achieve statewide compliance with policies which affect all facilities).

Medical Directors Assignments and Conflicts of Interest

During a disaster of large impact, NDDoH may request that a single Medical Director be available according to a call schedule. NDDoH would seek to convene as many Medical Directors as possible, but this would ensure that at least one was available to assist the agency. Medical Directors are asked to act without reference to the needs of their employing institution; rather they are asked to act according to the greatest good to patient outcomes statewide. A conflict of interest will exist when the decision being made has the potential to affect the institution to which the Medical Director belongs to a greater extent than it will affect all other hospitals. This does not mean that the Medical Director with the conflict of interest cannot act in an unbiased way, but recognizes that Medical Directors may come under intense pressure from their institution. NDDoH prefers to consult as many Medical Directors as possible when a decision needs to be made to minimize the impact of conflicts of interest which may pull a Medical Director in multiple directions.

Decision Making by the Department Operations Center (DOC)

When a decision is required from the Medical Director, NDDoH will generally convene the Medical Directors. NDDoH will look for an immediate decision arising from the discussion among the Medical Directors. If time is needed to consider the actions, the meeting would be reconvened with as many of the Medical Directors as possible.

Although NDDoH may already lean in one direction or another on an issue, the Medical Director opinion holds great sway. The Medical Directors would not be asked to provide an opinion if the decision has already been made by NDDoH. When a decision is reached, the decision will be made under the authority of the DOC. Although the Medical Directors as a group may be referenced in communications about the decision, the name of the Medical Directors will not be released and the reference will state the degree of agreement between the Medical Directors and NDDoH. Complaints or concerns must come back to the DOC.

The types of decisions likely to be requested from the Medical Director and the types of information the Medical Director is likely to need in order to make the decision are given as examples below along with types of information that would be provided to assist the Medical Directors in reaching a decision.

Decision Required	**Supporting Documentation**
Patient transfer	• Whether any hospitals have requested that action be taken • Relative overload status of all hospitals • Calculation of impact of moving patients to and from likely impacted hospitals (calculated from overload spreadsheet) • Capability (skill) and limitations of potential receiving hospitals • Rate of fill of potential receiving hospitals

Reduction or suspension of health services	• Whether any hospitals have requested that the action be taken • Relative overload of hospitals • Status of the service in hospitals if known[6] • Potential adverse impacts on hospitals and the severity of that impact
Alteration in standard of care	• Whether any hospitals have requested that action be taken • Current operational standard of care • Overload status by hospitals and data supporting alternative action such as transfer.
Policies related to MCF patient management	• What policy change has been requested • Overload status of MCFs • Availability of MCF beds statewide • Current standard of care stage
Allocation of scarce resources	• Amount of material requested by which facility • Rate of use by requesting facility relative to statewide use rate • Quantity and percentage of remaining supply in the cache for requested item
Allocation of vaccine	• Status of current priority vaccination • Infrastructure with increased need for protection due to personnel loss • Amount and percentage of vaccine shipment allocated for second dose administration • Guidelines from federal government on allocation • Any guidelines developed pre-pandemic by priority groups • Number of currently available doses
Allocation of antivirals	• Number of courses remaining in the cache • Local usage rate
Change in triage protocols by 911 or EMS services	• Whether a change in policy has been requested • Current status of EMS and 911 capacity relative to demand • Current triage protocols in use and any recommendations for alternative triage protocols • Expected impact of change in triage policy
Response role for specific types of health care institutions, including long term care facilities	• Current role for institutions under consideration • Anticipated consequence of change in roles • Overload status of institutions
Use of equipment limited in supply, including the use of ventilators and removing patients from ventilators	• How much of resource has been requested? • How much is available? • Current policies in place (e.g., ethical guidelines)

[6] Some of the required information may be obtained from daily conference calls with facilities

	• Evidence that requesting institution is following ethical guidelines
Admission criteria for pandemic patients	• Whether a request for a decision has been made by a health care facility • Current admission criteria • Any national guidelines or recommendations
Case definitions for suspected or confirmed illness, including the triage of workers for illness	• Whether a request for case definitions has been made by a health care facility • Current case definitions provided by CDC
Management of palliative care patients	• Whether a request for policy has been made by a health care facility • Current policy • Anticipated impact of change in policy
Infection control procedures, including use of personal protective equipment and equipment conservation	• Current policies in place • Indication that change is needed • Rate of use of equipment and extrapolation of adequacy of supply through the end of the wave
Convening of inter-facility negotiation (especially to achieve statewide compliance with policies which affect all facilities	• Nature of current problem with inter-hospital cooperation • Interest of hospitals in supporting single policy and adoption by all facilities.

Medical Director Briefing Form

Describe the problem:	
What is the specific question being asked of the Medical Director?	
What are some possible actions?	
A.	
B.	
C.	
List supporting documents or supporting details	
List pertinent DOC policies:	
List possible conflicts of interest:	
Medical Director's Decision:	

North Dakota Department of Health Department Operations Center

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