

# MARYLAND HEALTHCARE ETHICS COMMITTEE NETWORK (MHECN) COVID SURGE READINESS

COMMUNITY EFFORTS TO REDUCE ED VISITS	ED/HOSPITAL SERVICES	ARRANGE POST-HOSPITAL DISCHARGE
<ul style="list-style-type: none"> <li>• Practice social distancing/ shelter in place ...</li> <li>• Conduct goals of care conversations for all (especially those 60 &amp; older) → advance directives<sup>1</sup></li> <li>• Revisit MOLST orders in LTC settings</li> <li>• Provide telemedicine &amp; home care supports</li> <li>• Move homeless → hotels</li> <li>• Inform vulnerable about 2-1-1- (<a href="https://211.md.org">https://211.md.org</a>)</li> <li>• Engage state-sponsored “strike force” to send medical staff/PPE → SNFs &amp; LTC for COVID outbreaks</li> <li>• Access MHECN’s ad hoc ethics consults on request (e.g., for MOLST order changes due to certification of medical ineffectiveness)*</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure adequate PPE &amp; approved spotter for staff safety; encourage breaks</li> <li>• Notify on arrival to ED of ASR framework</li> <li>• Embed palliative care when possible<sup>1</sup></li> <li>• Goals of care conversation upon arrival<sup>3</sup></li> <li>• Review advance directive/MOLST</li> <li>• Delay/avoid intubation/vent if possible</li> <li>• Train staff on COVID care, PPE, &amp; triage ...</li> <li>• Senior medical management gives triage officer(s) access to CRS FRED Dashboard in C.R.I.S.P. to check bed/vent availability</li> <li>• Withhold/withdraw medically ineffective treatment; this is separate from triage process; 2-physician cert preferable (1 in ED); ethics consult where appropriate</li> <li>• Withhold/withdraw ethically inappropriate treatment; this is separate from triage process (e.g., CPR attempts for COVID+ patient where inadequate PPE available<sup>4</sup>)</li> <li>• Engage volunteers<sup>5</sup>, palliative care, social work &amp; chaplaincy to provide compassionate care &amp; allow remote communication with families</li> <li>• Ensure access &amp; inclusion<sup>6</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Telemedicine &amp; home care supports (including PPE) to allow earlier discharge for COVID+ recovering patients off vents</li> <li>• LTC/rehab partners to notify hospital of transfers to them &amp; accept transfers of stable COVID+ patients from hospital</li> <li>• Incident command should organize/coordinate transport for hospital transfers</li> <li>• OHCQ recommendations to SNF/LTC to follow CDC guidelines &amp; accept COVID+ patients; PPE sourced for LTC at state level</li> <li>• Hospice Network of Maryland coordinating rapid admission turn-around (check with hospice partners to reduce discharge back-ups)</li> </ul>

1. <https://mydirectives.com/> (can also upload other advance directives here; all are accessible to clinicians in C.R.I.S.P.)  
 2. <https://www.capc.org/toolkits/covid-19-response-resources/>  
 3. <https://www.vitaltalk.org/guides/covid-19-communication-skills/>  
 4. <https://www.ahajournals.org/doi/abs/10.1161/CIRCULATIONAHA.120.047463> ; <http://www.marylandattorneygeneral.gov/Pages/HealthPolicy/hcda.aspx>  
 5. <https://mdr.health.maryland.gov/Pages/Home.aspx>  
 6. <https://www.nad.org/covid19-communication-medical-access-for-deaf-hard-of-hearing/> ; <https://www.nad.org/covid19-communication-access-recs-for-hospital/> ; [https://www.centerforpublicrep.org/wp-content/uploads/2020/04/Guidance-to-States-Hospitals\\_FINAL.pdf](https://www.centerforpublicrep.org/wp-content/uploads/2020/04/Guidance-to-States-Hospitals_FINAL.pdf)

\*Anita Tarzian, MHECN Program Coordinator, [atarzian@law.umaryland.edu](mailto:atarzian@law.umaryland.edu); 410-706-1126; DRAFT April 11, 2020