



Spring Zoom Meeting Chat
March 30, 2020

From Robert Klitzman to Everyone: 11:04 AM
Great to see everyone!

From Christine to Everyone: 11:06 AM
Greetings everyone. Nice to see you!

From Jason Eberl to Everyone: 11:07 AM
Yes, everyone except the hosts should have the raise hand function
And raising your hand will move your name to the top of the participants list so the hosts can easily see it

From Susan Wolf to Everyone: 11:09 AM
Amy--Can you turn off the "doorbell" that rings whenever someone joins? Thanks

From sophia to Everyone: 11:13 AM
amy... not for discussion but for you to think about. We might want to expand the fall meeting given the number of issues we are moving to fall.

From holly tabor to Everyone: 11:31 AM
Jason-As I mentioned to you in email yesterday, concerned about lack of policies from free standing or linked Children's Hospitals.

From Kelly Michelson to Everyone: 11:33 AM
Jason - would you like us to send in any new or revised protocols at this time?
At LCH we are working on that and have a policy in draft

From holly tabor to Everyone: 11:33 AM
Can't use SOFA scores in children's hospitals. Also, vent allocation, sharing with adult hospitals.

From Steve Joffe to Everyone: 11:33 AM
Good point among children's hospitals. Will you report them separately?

From holly tabor to Everyone: 11:33 AM
Alyssa Burgart and I are working on this.

From Steve Joffe to Everyone: 11:34 AM
Related point—do policies at adult/general hospitals address children explicitly?



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From holly tabor to Everyone: 11:34 AM

Steve-sometimes yes, sometimes no. Not well enough.

From Christine to Everyone: 11:34 AM

Can policies still be submitted? We have a couple in MA that should be ready this week.

From holly tabor to Everyone: 11:34 AM

Can you please share on chat list of drafting group and coders for everyone?

From Julie Aultman to Everyone: 11:35 AM

I am working on Akron Children's Hospital policy tomorrow...we are getting together as a committee for that policy

From Robert Klitzman to Everyone: 11:35 AM

Jason: Do you have a preliminary sense of the range of policies or other issues that are arising in the data?

From Kelly Michelson to Everyone: 11:35 AM

Many are considering using PELOD or pSOFA in lieu of SOFA in children

From holly tabor to Everyone: 11:36 AM

Will need a process for analyzing this data, as some of it was shared under specific circumstances.

From sophia to Everyone: 11:36 AM

Steve Joff... our hospital policy is in draft but will include Children thanks to our Peds Chair who is also Bioethics Trained

From Micah to Everyone: 11:36 AM

To Holly's point, there is a debate about whether to use PELOD-2 or pSOFA scores with children.

From Jason Eberl to Everyone: 11:36 AM

Primary Drafting Committee

Jason Eberl

Amy McGuire

Matt Wynia

Paul Root Wolpe

Tyler Gibb

Armand Antommara



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Art Caplan
Tamar Schiff
Renee McLeod-Sordjan
Doug Diekema
Holly Tabor
Micah Hester
Megan Applewhite
Lisa Lehmann

From Micah to Everyone: 11:36 AM
Ah, I didn't see Kelly' response. Sorry.

From Kelly Michelson to Everyone: 11:40 AM
Is there a plan to collect information about which states are issuing allocation plans that all hospitals in that state should follow.

From holly tabor to Everyone: 11:40 AM
That is a moving target.

From Jason Eberl to Everyone: 11:41 AM
<https://drive.google.com/open?id=1ewmo9BT8aN8WxqlOAWo4BioeMsmwwfSD>

From Robert Klitzman to Everyone: 11:43 AM
We in NY are still in the process of trying to develop a state wide policy. I was wondering if any states have yet developed a state-wide policy. If so, this would be extremely helpful to know as it may help motivate NYS to do the same. Does any one know if any states have yet done this? Thanks

From sophia to Everyone: 11:43 AM
A draft copy was given to DHHS and the Governor on Saturday but no action yet in North Carolina

From Jason Eberl to Everyone: 11:44 AM
I know that the Univ of CA health care system is developing a system-wide policy, which could very well inform a state-wide policy.

From holly tabor to Everyone: 11:44 AM
Thank you Susan, this is so important.



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From Denise M Dudzinski to Everyone: 11:45 AM

Scarce Resource Management & Crisis Standards of Care (WA standards): https://nwhrn.org/wp-content/uploads/2020/03/Scarce_Resource_Management_a

From Christine to Everyone: 11:45 AM

I can send fed'l policy info we gathered. Who is the central person to distribute that?

From Robert Klitzman to Everyone: 11:45 AM

Susan Wolf: can you clarify what you just said: the guidance prohibits disability discrimination?

From holly tabor to Everyone: 11:46 AM

Yes, there is HHS guidance that prohibits disability discrimination.

From Steve Joffe to Everyone: 11:46 AM

Govind Persad at Colorado has been tweeting about the OCR statement—arguing that it's been misreported in the press and that it doesn't rule out taking age into account. See <https://twitter.com/GovindPersad/status/1244291649473142787?s=20> and subsequent threads.

From Jeff Kahn to Everyone: 11:47 AM

Here is the link: <https://www.hhs.gov/about/news/2020/03/28/ocr-issues-bulletin-on-civil-rights-laws-and-hipaa-flexibilities-that-apply-during-the-covid-19-emergency.html>

From rdemme to Everyone: 11:48 AM

Can someone send the chat notes to the participants at the end of the call?

RDemme

From holly tabor to Everyone: 11:48 AM

Only if you are recording the session can you record the chat thread. Otherwise screen shots.

From Kelly Michelson to Everyone: 11:49 AM

I don't think this link is working:

https://nwhrn.org/wp-content/uploads/2020/03/Scarce_Resource_Management_a

From Susan Wolf to Everyone: 11:49 AM

Google: OCR Issues Bulletin on Civil Rights Laws and HIPAA Flexibilities Apply During the COVID-19 Emergency



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From Kelly Michelson to Everyone: 11:52 AM

Loyola is doing a webinar This Tues at 1:30 CST the Loyola Bioethics Live webinar
<https://hsd.luc.edu/bioethics/content/loyolabioethicslive/>

From rosamond to Everyone: 11:52 AM

I'm happy to share what's been happening at Mount Sinai in NYC now. I'm on the Clinical Triage Team

From holly tabor to Everyone: 11:52 AM

We are serving on the policy teams, and triage teams being formed.
And on the ICU COVID team.

From Susan Wolf to Everyone: 11:55 AM

Rosomund referenced the rationing policy recommended by NY State -- where is that please?

From holly tabor to Everyone: 11:56 AM

I think treating children the same is potentially problematic...

From Kelly Michelson to Everyone: 11:57 AM

What scoring system is being used for kids in NYC?

From Christine to Everyone: 11:57 AM

TY Rosamunde. I'm assuming this is the program with Jolion McGreevy? Do you have agreements to use this triage procedure beyond the 7 Mt Sinai hospitals?

From John Carney to Everyone: 11:58 AM

Zeke's piece in NEJM re: 6 principles says not prioritize kids
This is COVID-19 specific and was published 1st week.

From Jason Eberl to Everyone: 11:59 AM

Ah, don't have that one.
Can someone else share?

From Steve Joffe to Everyone: 12:00 PM

Apologies, have to hop off to join an institutional call. Keep up the great work, all.

From Kathy Faber-Langendoen to Everyone: 12:01 PM

Yes. We have modified our renal transplant consent, to let people know that if they need a vent, they will be part of the vent allocation protocol (if activated).



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From rosamond to Everyone: 12:02 PM

We're giving priority for providers for access to innovative treatment to get them back to work. This allocation is not based on deservingness.

From Kathy Faber-Langendoen to Everyone: 12:02 PM

NYS guidance (2015) does not privilege HCWs for vent allocation, but does not foresee PPE inadequacy. It is an active discussion here in Syracuse.

From parker to Everyone: 12:03 PM

Univ Pitt is giving some priority to hc workers; policy is in the Google folder. Also you can see the treatment of age groups in the policy (as a "tie breaker").

From Hannah Lipman to Everyone: 12:03 PM

Very active discussion here in NJ as well

From Christine to Everyone: 12:03 PM

Who's included in health care providers? e.g., Resp therapists and clinical aides may be at more risk than some physicians (except anesthesiologists and ED/critical care docs doing intubations). First responders riding in ambulances with possible covid pts.

From Nora Jones to Everyone: 12:04 PM

Curious about what the ethicists on the triage teams are 'actually' doing - if the institutional triage plan lists the criteria and the stages, then at some level this could be automated and inked to the EMRs, no? I can see definitely the importance of ethics rep on the overall institutional planning level; our bioethicists are not on the individual teams doing the triaging, they are on the larger institutional committee.

From Kelly Michelson to Everyone: 12:04 PM

Most policies in Chicago seem to be leaning towards prioritizing healthcare workers and people critical to the delivery of health care.

From Robert Klitzman to Everyone: 12:04 PM

Has anyone faced questions of whether to prioritize immediate family members of health care providers?

From Jeff Kahn to Everyone: 12:05 PM

Benjamin—send me your email address/contact info

From Kelly Michelson to Everyone: 12:05 PM

This doesn't seem to be coming up in Chicago at this point.



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From Jeff Kahn to Everyone: 12:05 PM

I'm at jeffkahn@jhu.edu

From holly tabor to Everyone: 12:06 PM

I am concerned about prioritizing health care workers and family of health care workers. How is that being operationalized fairly?

From John Carney to Everyone: 12:08 PM

Jason is this what you were asking for: <https://www.nejm.org/doi/full/10.1056/NEJMs2005114>

Zeke's piece; <https://www.nejm.org/doi/full/10.1056/NEJMs2005114>

From Nora Jones to Everyone: 12:08 PM

Agree Holly - does anyone worry about how our patient populations will feel about prioritizing ourselves first? If we are to be transparent in our policies, our patients will see this explicitly stated

From Julie Aultman to Everyone: 12:08 PM

We are having first responders and health care workers having access in our local hotels... to protect their families or simply to shower and get clothes cleaned outside of the home; however in working with refugee and resettled families, I have a nurse who tested positive and was told to go back to her family (7 persons in a small cramped apartment in NYC).

From jonathanwbolton to Everyone: 12:08 PM

Is there information on whether it is reasonable to imagine that a hcw who requires a ventilator is likely to return to duty in time to help with other patients?

From holly tabor to Everyone: 12:12 PM

Agree with point being made: prioritizing health care workers does not get them back in the field faster.

From Paul Wolpe to Everyone: 12:12 PM

I think there is general appreciation in the public that hcws are putting themselves in danger in a way others are not. I wonder if there is would not be general agreement to privilege hcws rather than them seeing it as "privileging our own"

From Kelly Michelson to Everyone: 12:12 PM

Very thoughtful Christine. However, given that the pandemic may ebb and flow—what about the argument that these healthcare workers will be needed in the future (possible somewhat near future)



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From Mark Kuczewski to Everyone: 12:14 PM

We use it as a tie breaker within a category. They can't jump over people much more likely to survive. But they are critical healthcare infrastructure who may again be needed, e.g., another possible peak in the fall.

From Nora Jones to Everyone: 12:14 PM

Paul - I would hope so, but I'm not confident that we've earned that level of trust to assume that. What might work in N Philly is that if the security staff, the tech staff, and the house keeping staff - many of whom live in the neighborhood - if they were to receive priority.

From Julie Aultman to Everyone: 12:15 PM

I am seeing discrimination among health care workers who are getting sick...those in higher positions (among other factors) are getting access to protect their families, medical treatment, etc. while others are not -

From Paul Wolpe to Everyone: 12:16 PM

At Emory it is those who due to their work are at significantly greater risk of exposure. That includes other kinds of workers, as Kathy said, such as those who decontaminate rooms.

From Nora Jones to Everyone: 12:18 PM

Is there space for any non-medical allocation priorities? I'm thinking about equity concerns - ie do populations that have been systemically disadvantaged have an equity claim to 'less points' in our triage policies?

From Julie Aultman to Everyone: 12:19 PM

Great questions Nora...

From David Doukas to Everyone: 12:19 PM

Correct - community input that places values in HCW and others to receive treatment will validate any adjustment in triage (such as tie-breaker adjustments)

From holly tabor to Everyone: 12:19 PM

Agree Nora.

From Kathy Kinlaw to Everyone: 12:21 PM

Mark, do you have any initial evidence supporting your point just now about

From cgrady to Everyone: 12:22 PM

what are institutions doing about pregnant HCW, too?



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From markaulisio to Everyone: 12:23 PM

Yes, but need to dig it up - will dig!

From sophia to Everyone: 12:23 PM

we also are expanding rounding to check in with staff to deal with morale and moral distress issues that might arise during this time

From John Carney to Everyone: 12:23 PM

Response to Mark A.- I would agree, except that we, on this call, may be share the "general" public support for HC workers, but I don't belong to a subpopulation that rarely gets what the rest of us get ...on anything health related.

From holly tabor to Everyone: 12:24 PM

Sophia-

Interested in having a discussion about what ethics centers are doing to support moral distress debriefing/support.

From sophia to Everyone: 12:24 PM

UNC has a policy relative to physicians at a certain age will not be clinically active involved... but I am at Brody not at UNC

From Benjamin Krohmal to Everyone: 12:24 PM

we're expanding moral distress/care for caregiver rounding, excusing providers who are pregnant or immunocompromised

From Julie Aultman to Everyone: 12:25 PM

We are currently trying to figure out what protections and policies might be needed if we deploy our medical students...currently our clerkship sites are not having medical students but this may quickly change

From sophia to Everyone: 12:25 PM

Sophia is actually Maria Clay and our policy and education material is taking moral distress into consideration

From Micah to Everyone: 12:26 PM

WE decided not to prioritize. Our modeling doesn't indicate cycling (though I'm not saying I love our modeling in AR); so, the "get back to the frontlines" didn't fly with the committee developing these allocation guidelines. As for reciprocity, they committee decided that (a) per Rosamond, the risk is part of the job and (b) people working at grocery stores put themselves at (a very different level of) risk, but



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they are doing so for the common good, not just their paychecks. So, the committee didn't want to privilege HCWs.

From Cheryl Erwin to Everyone: 12:26 PM

We have a policy at Texas Tech that prioritizes HCW over age 65 and pregnant women as pertains to allocating PPE

From Richard Sharp to Everyone: 12:28 PM

Have to sign off early. Stay well everyone. Rich

From cgrady to Everyone: 12:28 PM

A recent article talked about what ethicists can/should do before/during/and after a pandemic. Attached

From Kathy Kinlaw to Everyone: 12:29 PM

Agree that community engagement would be vital - concern whether this is possible quickly - and messaging about triage decisions, even in survey form, will need to be carefully considered (e.g. the Henry Ford Hospital letter storm)

From Thomas D. Harter, PhD to Everyone: 12:29 PM

Art - agree there will be a limited ethics role at the bedside in an emergency situation as far decision-making goes. I envision my role as a facilitator/communicator of the decisions who can help explain the process as needed

From Ty Gibb to Everyone: 12:29 PM

Is there a model for community engagement in the manner that was discussed earlier?

From Denise M Dudzinski to Everyone: 12:30 PM

I have an COVID-19 Ethics FAQ for our HCW's that addresses some of what we've been talking about and could be adapted to each of your hospitals.

<https://www.youtube.com/watch?v=6QPwTZIIGNI&feature=youtu.be>

From jonathanwbolton to Everyone: 12:30 PM

Do most of our institutions have Triage Review Boards that are defining policies and authorizing (and possibly indemnifying) Triage Officers or teams?

From Kathy Faber-Langendoen to Everyone: 12:30 PM

Issue re: ethics involvement in triage team. While I agree that ethicist, per se, is not required to apply criteria, criteria are very value-laden and have been written with strong ethics input, and I think we are



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morally obligated and best-positioned to see, in real time, if the criteria achieve what we intended them to. I don't think we can fully capture this in the appeals or review process.

From sophia to Everyone: 12:32 PM

we have tried to have discussions with leadership to see if we could establish an ongoing review of decisions made with one lens to be used is the unintentional consequences on underserved populations. Based on this review, we could make adjustments. But still under discussion.

From Nora Jones to Everyone: 12:33 PM

Thanks folks - if anyone has any other thoughts - I'd love to hear them - nora@temple.edu ; I'd love to be able to work through this, if not possible for this case, for future

From Micah to Everyone: 12:33 PM

We have included ethicist or SW or chaplains on triage teams really just a (a) a check on the system in "real time" and (b) to help with working through the psychosocial challenges of triaging itself.

From holly tabor to Everyone: 12:34 PM

Thanks REshma.

From Susan Wolf to Everyone: 12:35 PM

Can we discuss how "likely to benefit" is defined? Survival to discharge? Survival for one year? Life-years saved?

From Reshma Jagsi to Everyone: 12:36 PM

There are a lot of health services researchers planning to try to do analyses of outcomes impact of delays and changes in approach to cancer care in this setting.

From Mark Kuczewski to Everyone: 12:36 PM

We're like Micah's approach. The ethicist is kind of lay person who could be replaced by a SW or chaplain. It makes sure everything makes sense to an educated layperson who in the words of our clinicians, "won't freak out."

From Christine to Everyone: 12:36 PM

Another question: is anyone hearing of staff--physicians, RNs, SWs and others--being told they will have salary cuts or be laid off. we have some system hospitals where this is happening especially related to canceled surgeries, clinics etc. and not re-assigning those staff to other areas.



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From Thomas D. Harter, PhD to Everyone: 12:37 PM

Micah - our teams here find our Spiritual Care group vital in this process too. As decisions are made, our plan currently calls for our on-call ethicist and on-call spiritual care staff person to talk with patients/families about allocation decisions particularly for vents. Don't know how practical this will be, though, in all allocation situations (eg, blood, space) or if we were to be overwhelmed and had multiple patients not receiving needed vent support.

From Micah to Everyone: 12:38 PM

Thanks, Megan. Of course, there are patients like my father with a inguinal hernia--It can wait, but it **really** hurts him and his everyday living is negatively affected. So, technically "elective," and yet he would do it **tomorrow** if he were allowed to.

From holly tabor to Everyone: 12:40 PM

We have talked about only focusing on one year prognosis, but concerns also about how accurate that could be. But if long term prognosis is priority, then arguably should not prioritize health care providers....not going to be about getting them back in the field.

I have heard that Doug is rethinking that.

From parker to Everyone: 12:40 PM

Univ Pitt recommendations include survival to discharge and maximize life-years. Two step process. And then there are the "tie breakers."

From Hannah Lipman to Everyone: 12:41 PM

Our policy has exclusion criteria that focus on 1 year survival only. we are also concerned that we won't have access to the records for much more detailed analysis in real time and could end of biasing against those whose records we have

From Robert Klitzman to Everyone: 12:44 PM

should we schedule another such call in the next few weeks? Perhaps in a month?

I think this mtg was very helpful

From sophia to Everyone: 12:44 PM

great idea Robert

From Jason Eberl to Everyone: 12:44 PM

Idea for another spin-off project from the current ABPD study — how state laws and policies impact triage policies



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From Hannah Lipman to Everyone: 12:45 PM
I support a follow up call too.

From cmgallagher to Everyone: 12:45 PM
I support a follow up call in a month.

From Kelly Michelson to Everyone: 12:45 PM
I support a f/u call in 2-4 weeks

From Renee McLeod-Sordjan to Everyone: 12:46 PM
I support Robert's idea for follow up as well

From Jason Eberl to Everyone: 12:46 PM
FYI - to Claudio's point - I have a handful of international policies that could be shared if someone wants to take up that study

From sophia to Everyone: 12:46 PM
We have a UNESCO bioethics center here and we have asked her to put on their agenda to look at how other countries have policy on bioethics policies

From rosamond to Everyone: 12:47 PM
Is anyone distributing flyers or such to inform patients and families about how rationing will be handled when it becomes necessary?

From sophia to Everyone: 12:48 PM
she will ask other members to share their documents similar to what we did through this sharing of our policies
WE HAVE

From Hannah Lipman to Everyone: 12:48 PM
I am interested in Rosamond's question as well. As well any change in approach to advance care planning

From Nora Jones to Everyone: 12:49 PM
Julie - would love to see those outreach policies as well – thx

From Kathy Kinlaw to Everyone: 12:49 PM
Re informing patients/families - just sent doc from Matt Wynia at Colorado



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From sophia to Everyone: 12:49 PM

We at Brody are in a very underserved area so are looking at resource allocation in light of this. A smaller group is looking at responsibility of rural areas to stockpile resources because of their being so underserved

From Thomas D. Harter, PhD to Everyone: 12:53 PM

That's a great point - thank you, Mark

From Kathy Kinlaw to Everyone: 12:53 PM

Security involvement very helpful, Mark

From jonathanwbolton to Everyone: 12:53 PM

We haven't talked about DNR and/or DNI orders. Perhaps we can continue this discussion afterwards.

From Micah to Everyone: 12:53 PM

Thanks, Mark. We are calling those "safety" people "Dofficers," and it is central to our plan for CPR processes.

From Hannah Lipman to Everyone: 12:54 PM

I hope current measures will limit surge in other communities, but based on my view from NY and NJ - plan for multiple dofficers. We have many unites converted to ICUs

From cgrady to Everyone: 12:55 PM

I agree it would be great to put some of these together in an overview paper. I would be happy to participate, but don't think I can take the lead right now.

From racinee to Everyone: 12:55 PM

Yes I believe that such a discussion/review paper would be an excellent resource to support discussions.

From Jason Eberl to Everyone: 12:58 PM

We're doing a weekly meeting for all faculty and doctoral students with optional participation.

From sophia to Everyone: 12:58 PM

yes to another zoom meeting

From Rabbi Claudio Kogan to Everyone: 12:58 PM

Excellent idea!

From sophia to Everyone: 12:59 PM

thank you all!!!



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From Nora Jones to Everyone: 01:00 PM
thanks Paul and Amy - helpful and enjoyable meeting

From markaulisio to Everyone: 01:00 PM
We are meeting weekly (faculty and staff) and doing a COVID ethics series open to all students, faculty and staff.

From Robert Klitzman to Everyone: 01:00 PM
thank you!

From Christine to Everyone: 01:00 PM
Ty Paul and Amy and all--and Jamila and BARB
From Hannah Lipman to Everyone: 01:00 PM
thank you

From markaulisio to Everyone: 01:00 PM
Thanks

From Mark Kuczewski to Everyone: 01:00 PM
Thank you!

From sophia to Everyone: 01:00 PM
Bye

From Julie Aultman to Everyone: 01:00 PM
Thankyou

From Thomas D. Harter, PhD to Everyone: 01:00 PM
thank you.