

## Ethical Responsibilities of Health Care Leadership

*Given the very serious ramifications of limited resources in a disaster and its accompanying decisions and outcomes, there is an ethical responsibility on the part of health care leadership to prepare themselves for decision-making and the allocation of scarce resources in a disaster. Since the events of 9/11, health care organizations have devoted significant time along with human and financial resources to evaluate their capacity and capability in preparedness for a response to a disaster. These efforts have been supplemented with federal preparedness funds to assist health care organizations in this costly endeavor.*

*The State Expert Panel on the Ethics of Disaster Preparedness in collaboration with the Wisconsin Division of Public Health, Hospital Emergency Preparedness Program and the Wisconsin Hospital Association has developed a series of brochures, entitled "The Ethics of Health Care Disaster Preparedness." This brochure should be read as an introduction to the brochure series. These documents provide guidance to health care organizations and staff so that all have a better understanding of why certain decisions are made, how these decisions are informed by the ethical principles in this document and how these decisions will be implemented when there are limited resources.*

*The State Expert Panel has produced this brochure primarily as a basis for discussion so health care leadership can participate in a dialogue that will further refine these guidelines. The desired outcomes of these discussions include:*

- *a greater awareness of the ethical issues that will arise during a disaster*
- *an understanding of the ethically justifiable expectations regarding what to expect from the health care system during a disaster*

*Before reading this brochure, you are encouraged to read the brochure  
"Ethics of Health Care Disaster Preparedness."*

The State Expert Panel believes its responsibility is to identify the ethical issues that will occur in a disaster, to provide initial guidance regarding ethical decision-making, to provide a forum for discussion of these ethical issues and then to take the results from these discussions and share them with health care organi-

zations throughout Wisconsin. Health care leadership needs to understand that even with health care organizations "being prepared" and following all of these ethical guidelines, there may be loss of life for those who do not get the necessary treatment due to limited resources.

The following Ethical Responsibilities are based on the Ethics Principles and Procedural Values as explained in the brochure "Ethics of Health Care Disaster Preparedness". These responsibilities are formatted as a checklist with a rationale for each checklist item and a recommended desired outcome for each responsibility.

*This brochure was completed by the State Expert Panel on the Ethics of Disaster Preparedness in collaboration with the Wisconsin Hospital Association and the Hospital Preparedness Program, Wisconsin Division of Public Health and provides information only and is not to be construed as legal advice.*

It is the hope of the State Expert Panel that senior management and the Board of Directors at health care organizations will meet to discuss amongst themselves these responsibilities and achieve the recommended desired outcome. Because of the many responsibilities for health care leadership, administrators may need to delegate certain tasks to other personnel or departments.

**1. To provide consistent and rational leadership in organizing a response to the crisis at hand.**

**Rationale:** Leaders need to set a tone of calmness and confidence; to participate in planning and exercising disaster plans; to collaborate with other emergency responders outside of the health care organization; to understand how to manage the incident using the Incident Command System; to seek out and to disseminate accurate information.

**Desired Outcomes:**

- Health care Leadership knows its organizational Emergency Operations Plan.
- Health care Leadership plays an active role in the development of its organization Emergency Operations Plan.
- Health care Leadership actively participates in the Emergency Operations Plan exercise.

**2. To have a process in place at the health care organization for personnel to think through and discuss their “duty to care.”**

**Rationale:** All health care professionals and, indeed, all health care workers, because of their commitment to the Mission and Values of their organization, have committed themselves in a special way to care for their patients. However, there is no policy that can be written to tell the health care worker what to do when faced with a conflict between caring for patients, caring for family and other personal concerns. The State Expert Panel believes that health care leadership has a responsibility to provide their personnel with an opportunity to think through and dis-

cuss this “duty to care” and develop their own personal plan along with their family members on how they will respond to their work responsibilities in a disaster.

**Desired Outcomes:**

- Health care Leadership has discussed at the Board and Executive Management level the “duty to care” and its implications on organizational policy and practice.
- Health care Leadership provides forums for its employees to discuss “duty to care” and to act upon recommendations coming from these discussions.

**3. To have a plan in place to keep personnel safe in a disaster.**

**Rationale:** Health care leadership is ethically and legally bound to provide a safe working environment. It is incumbent upon health care leadership to anticipate the needs of its workers in a surge or a sustained disaster incident. To a great extent, on-going disaster preparedness initiatives and completing the required Hazards Vulnerability Analyses address these issues. For example, many health care organizations have increased stockpiles of personal protective equipment to protect their staff in an outbreak of infectious disease.

**Desired Outcomes:**

- Health care Leadership has completed an analysis of the needs of its workers in a disaster and has a plan in place to address these needs.
- Health care Leadership has discussed with personnel the issues that may arise when there are limited resources.
- Health care Leadership, to the extent possible, has developed plans to manage the resources that will affect staff safety and health.

**4. To have a plan in place to allow personnel to care for their family, pets, property and other personal concerns when called to serve in a disaster.**

**Rationale:** Health care workers are moms and dads, grandparents, relatives and friends and thus are also committed to

their loved ones. Health care workers need to know that their loved ones are cared for during a disaster, that they have the capability to communicate with them, and that their loved ones are protected from the effects of the disaster. Planning should consider working with personnel to determine what they believe their needs will be when serving in a disaster. Health care leadership should make their best effort to meet the needs of their personnel.

**Desired Outcomes:**

- Health care Leadership has identified the personal needs that staff will need to attend to in a disaster.
- Health care Leadership, to the extent possible, has developed plans to assist staff to attend to their personal needs in a disaster.

**5. To have a plan in place for the allocation of limited and scarce resources.**

**Rationale:** Issues about the allocation of scarce resources must be thought through beforehand even though it is difficult to anticipate all the variables that may occur in particular disasters. However, it must be anticipated that the disaster will create dire circumstances and there may be either limited or no resources available. This scarcity of resources may be community and even state wide. Conservation and allocation of scarce resources will be necessary.

**Desired Outcomes:**

- Health care Leadership has asked all nursing departments, ancillary services departments and the Medical Staff to identify conservation and rationing protocols that will be implemented in a disaster.
- Health care Leadership has established a multi-disciplinary Clinical Review Committee to design, review and approve medical triage and treatment guidelines that can be implemented when there are scarce resources.

**6. Leaders must be collaborative with other emergency responders<sup>1</sup>.**

**Rationale:** Leaders must recognize that

<sup>1</sup> An emergency responder is broadly defined as any private or local, tribal or state governmental entity that has authority, roles, responsibilities and resources that can be applied in an emergency situation.

they are part of a national, state, regional and local team, and part of the National Response Framework and the National Incident Management System. Health care leadership has a responsibility to know how to function under the Incident Command System to integrate its efforts with those of other emergency response partners. This collaboration is to include planning and exercising with local and regional private and governmental partners and other health care organizations.

**Desired Outcomes:**

- Health care Leadership has instituted the Incident Command System as a response to all emergency incidents.
- Health care Leadership has ensured that its Emergency Operations Plan is integrated with the plan of other hospitals and other emergency responders.
- Health care Leadership has exercised with its emergency response partners in a Unified Command scenario.

**7. Leaders must be non-competitive.**

**Rationale:** To achieve “the greater good for the community” leaders must set aside competitive goals and do what is best for the community. Leaders must ensure that there are agreements in place for sharing supplies, equipment and personnel and also for triaging and accepting patients, based on what is best for the patients and the community.

**Desired Outcomes:**

- Health care Leadership has signed a Memorandum of Understanding with other hospitals for sharing supplies, equipment and personnel and also for triaging and accepting patients, based on what is best for the patients and the community.
- Health care Leadership is encouraged to meet with neighboring hospitals throughout the area and even the region to determine the high level issues that could come into play as hospitals are in need of one another.

**8. Leaders must keep the health care infrastructure operational.**

**Rationale:** Leaders must ensure that the health care organization can operate on its own, at a minimum, for 96 hours and potentially for longer periods of time. This means rethinking strategies such as “just-in-time” inventories. This must include plans for the conservation of supplies and also plans to ensure that there are adequate personnel and policies for “essential patient care” that extends the productivity of personnel.

**Desired Outcomes:**

- Health care Leadership has asked nursing and ancillary departments to identify how long they can provide care with existing inventories.
- Health care Leadership is to determine whether inventories need to be increased so that there is at least a 96 hour supply available.
- Health care Leadership should determine how the organization will operate if there are no state or federal assets that can assist the organization.

**9. Leaders must be present and communicate consistently with their personnel and patients.**

**Rationale:** Leaders must ensure there is a process for personnel to be kept apprised of information that they need to know to do their job and function properly in a disaster situation. This process also includes ensuring that there are methodologies in place for leadership to listen to the needs of their personnel and patients.

**Desired Outcomes:**

- Health care Leadership is to have a plan to remain present and visible to staff and patients during a disaster.
- Health care Leadership must exercise the Incident Command System especially in regard to communications so that all messages are consistent with those given by other authorities.

**10. Leaders must recognize that they may not be the decision makers in all instances**

**Rationale:** Leaders must have a process in

place for decisions to be made at the proper time by the proper persons. Functioning under the Incident Command System will provide the structure for such decision-making. Leadership is to ensure that the health care organization is well versed and well practiced in the implementation of the Incident Command System.

Under the Incident Command System, the “Agency Executive” maintains the responsibility for the overall operations of the health care organization. Leadership must assign the appropriate persons with back-ups who can assume the top eight positions<sup>2</sup> of the Incident Command System, understanding that the type of incident will determine which person can best fulfill these roles.

**Desired Outcomes:**

- Health care Leadership has predefined its roles, to the extent possible, and those persons who will assume the Command positions under the Incident Command System.

**11. Leaders are to include recovery in their disaster planning.**

**Rationale:** Leaders are responsible for the safety and well-being of personnel. Based on past disaster experiences, personnel debriefing and support resources are to be identified so that they are readily available as soon as needed. It is likely that recovery resources will need to be in place for long periods of time after the disaster, since many will be affected by post-disaster distress.

**Desired Outcomes:**

- Health care Leadership has plans to mobilize debriefing and support resources to support staff, patients and the community after the disaster.
- Health care Leadership has plans to maintain debriefing and support resources for the long-term.

**12. Leaders have a responsibility to plan for continuity of operations.**

**Rationale:** Given the high potential for the depletion of material and human resources

<sup>2</sup> These top eight positions are: Incident Commander, Public Information Officer, Liaison Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief and Finance/Administration Chief.

in a disaster, the health care organization must not weaken itself to the degree that it cannot survive and continue to serve as an asset to the community. There needs to be planning for continuity of care and recovery so that the health care organization can continue its mission after the disaster.

**Desired Outcomes:**

- Health care Leadership has completed projections on financial losses that may likely be sustained in a disaster along with a financial recovery plan.
- Health care Leadership has completed a review of all insurance policies to determine if there are any exclusions or limitations that could negatively affect the organization in a disaster.

**13. Leadership has written plans, guidelines, and policies in place about requesting staff, over a prolonged period of time (weeks and months), to work long hours, multiple shifts and to assume high risk duties that may occur in times of a disaster.**

**Rationale:** The organization has a responsibility to develop plans, guidelines and policies for expected eventualities. Each organization should have policies to manage human resource issues in a disaster. Leadership should involve the workers themselves in the development of these policies. These policies should be made known to workers prior to any incident.

**Desired Outcomes:**

- Health care Leadership has convened focus groups of staff to identify staffing and personnel issues that will arise in a disaster and to play a role in the development of policies that will be implemented in a disaster.

**14. Leadership has plans, guidelines and policies in place about how to respond to staff that do not show up for work and to recognize what are acceptable reasons for work absences.**

**Rationale:** Employees will obviously be faced with conflicting obligations and

some will not show up for work because of these conflicts. This could result from directives of Public Health authorities, calling for the closing of schools and day-care. Others may not show up simply out of fear. There may also be good reasons for health care workers not to report to work such as when they are sick. Given health care worker shortages today, these issues must be thought out beforehand so that operations can return to normal as soon as possible. There is the likelihood that there may be the “disaster after the disaster” as employees confront other employees, who may not be perceived to have done their fair share during the disaster.

**Desired Outcomes:**

- Health care Leadership has convened focus groups of staff to identify staffing and personnel issues that will arise in a disaster, especially regarding those staff that do not show up for work and do not follow existing policy for absenteeism. Health care leadership is to play a role in the development of human resource policies that will be implemented in a disaster.

**15. Leadership has a process in place for the managers and supervisors to monitor the stress levels and demands on staff during the disaster.**

**Rationale:** Employees will be working under harsh conditions and will be professionally and personally affected by the disaster and the decisions that are being made. The organization has the responsibility to have a system in place to monitor the safety and well-being of its employees, given the fact that managers, supervisors and administrators will also be affected.

**Desired Outcomes:**

- Health care Leadership has a system in place, given the limitations of Employee Health Services or its equivalent in a disaster, to monitor the physical and mental well-being of employees.

**16. Leadership has a plan in place (developed prior to the disaster) to care for**

**the family members of health care workers and also community members and their needs in a disaster, as applicable.**

**Rationale:** During Hurricane Katrina some health care workers came to work only if they knew they could bring family members. Health care organizations found that they quickly ran out of food and supplies and could not take care of even the basic needs of these families. In addition, many community members sought refuge in hospitals.

**Desired Outcome:**

- Health care Leadership is to anticipate that it may also need to provide services to family members of staff and also community members, who see the organization as a place of refuge. The organization needs to consider, in collaboration with community Emergency Management, how basic needs will be cared for in the community.

**17. Leadership facilitates, to the extent possible, that the Human Resource decisions that are made at one health care organization are consistent with the decisions made at other health care organizations across the state.**

**Rationale:** Consistency of approach in caring for personnel is necessary in a disaster. Health care organizations have an obligation to collaborate in the development of these plans so that they are able to not only learn from one another but also so that personnel can be assured that there will be consistency in how all health care workers will be treated in a disaster.

**Desired Outcomes:**

- Health care Leadership meets through their professional associations or with their peers to discuss policies that may need to be implemented in a disaster and how these policies can be applied equally and consistently across all organizations.