



About Clinical Resources for Emergency Shortages of Treatments and Supplies (CRESTS)

Recent critical shortages of chemotherapy agents, blood culture bottles, immune globulin for Rh (RhoGam), and crystalloid solutions such as normal saline have required significant clinical practice changes and, in some cases, posed substantial risk to patients. Shortages in medications and other medical products increasingly require health care facilities and providers to conserve and allocate scarce treatments and supplies.

Though federal agencies are responsible for monitoring and regulating some medical product shortages (particularly the U.S. Food and Drug Administration [FDA]) there is no central location for information for health care facilities and providers seeking *clinical* best practices to fairly and safely address pharmaceutical, sterile supply, or equipment shortage situations. National work groups or specialty societies often share guidance, but it may be delayed or difficult to find or access.

CRESTS is only activated when a shortage:

- Is of national significance,
- Poses a significant threat of poor patient outcomes,
- Will last long enough (weeks to months) to require use restrictions, and
- Has no reasonable substitutes/alternatives.

The U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) created Clinical Resources for Emergency Shortages of Treatments and Supplies (CRESTS) to help address these challenges. In addition to a webpage populated with recommendations for addressing previous critical supply shortages, CRESTS is a mechanism to rapidly convene key subject matter experts (SMEs) and partners when a shortage occurs. CRESTS maintains Core Partners in the public and private sector who discuss when and which actions to take during a shortage. In addition to the Core Partners, CRESTS has points of contact with Specialty Clinical and Regulatory/Supply Chain Partners who can be engaged depending on the product in shortage.

CRESTS facilitates group discussion to identify interim strategies for conservation and tiered use of the affected products. These interim recommendations are rapidly posted on a dedicated, open-access webpage to minimize providers and facilities having to independently develop their own strategies and to encourage consistency. CRESTS then continues to monitor and amplify best practices and formal clinical recommendations as they are developed by specialty societies and others. ASPR TRACIE can also create tip sheets with summaries and resources if needed to consolidate information that crosses multiple disciplines or documents. Information posted on the CRESTS webpage is based on the recommendations and expertise of the CRESTS Partners and should not be interpreted as official clinical guidance of HHS, ASPR, or any other entity.

The figure on the following page represents the CRESTS activation process. CRESTS is integrated into [ASPR TRACIE](#), which can leverage a robust cadre of SMEs and partners to boost messaging about updates and resources (e.g., webinars) to promote consistent national-level response strategies.

If you have questions or resources for shortages that you think should be listed on the CRESTS webpage, contact us at askasprtracie@hhs.gov.

CRESTS Activation Process

