Crisis Standards of Care Brief: Healthcare Providers

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What is crisis care?

- Crisis care occurs when a sudden increase in demand means that patients are placed at significant risk due to the need to ration or triage care. Most of the time these situations are resolved quickly as additional resources become available or patients can be moved to another facility that has capacity (e.g., after a mass casualty incident).
- Crisis Standards of Care (CSC) occurs when a disaster or epidemic results in *sustained* resource shortages that are severe enough to require a change in the usual manner in which health care is delivered across a *region* that puts the provider or patient at risk of a poor outcome. **CSC occurs regardless of whether it is "declared."** CSC situations require proactive guidance and a structured response to avoid ad hoc rationing decisions.
- CSC decisions take into account the needs of the community, and not just the individual (i.e., the "greatest good for the greatest number").
- Care is provided on a spectrum. Conventional care is the first and best option, contingency care (functionally equivalent care – perhaps using a different medicine to accomplish the same goal) is the next best, and crisis care occurs when the resource shortfalls cannot be addressed without a risk of poor outcome to individual patients.
- Doing everything possible to avoid crisis conditions by acquiring enough or adapting resources or moving patients to facilities where there are more resources is a core goal.

What are some resources that could be in shortage and lead to crisis conditions?

- Supplies, such as medications, N95 masks, dialysis equipment, ventilators, beds and cardiac monitors.
- Staff, particularly those with specialized training like critical care.
- Space may be a shortfall if there are too many patients for the hospital to accommodate.
- It is important to monitor supply shortages and conserve them before they run out.

How can those shortfalls be addressed?

- Some resource shortfalls can be addressed through adaptation of practices; others may require rationing decisions to be made.
- Surge plans should describe a stepwise adaptation of space and use of staff to accommodate increasing demand including contingency and crisis strategies.
- Strategies include substitution of similar supplies, conservation of existing resources (e.g., smaller doses, restrictions on use), adaptation of one resource for another purpose (e.g., using anesthesia machines as ventilators), re-use of resources (e.g., oxygen masks), and, in the most extreme situations, re-allocation of a resource from a patient with a poor prognosis to one with a better prognosis. This is highly unusual–most rationing involves giving only a portion of treatment to many people (e.g., providing dialysis twice a week instead of three times, or

providing outpatient care to selected patients that normally would be admitted when hospitals are full).

What is my role as a healthcare provider?

- A provider that is making a resource allocation decision outside of their usual scope of practice should consult a critical care or other expert for advice and support.
- Healthcare systems should clearly articulate "best practices for resource use" for resources in shortage in order to reduce "ad hoc" provider decisions.
- When crisis conditions exist, clear communication and management of expectations with the care team, patients, and families is required to minimize distress.
- Consistency in decision-making by healthcare providers both within the facility and on the regional level is a key goal. "Load balancing" (i.e., moving patients to facilities that have more resources) promotes a consistent level of care across the area and is recommended during crisis conditions to promote equity and access.
- Be familiar with the availability of resources, the facility plans, the principles of triage, and especially understand the need to fairly, legally, and ethically allocate scarce medical resources under crisis conditions.
- Most resource decisions surround medical futility and how best to "stretch" a resource (e.g., dialysis) and do not involve "taking" resources from a patient to give to another.
- Most prognostic scoring systems (e.g., SOFA) performed poorly in COVID-19 and should only be used in accord with published or adopted guidelines at your facility. The threshold for withdrawing resources is always higher than for not offering resources and a triage team process for making care withdrawal decisions when ongoing support is inappropriate should be used on an individual patient basis.

What are the core values that affect allocation decisions?

- Fairness – treating each patient with equity and evaluating them in the same way
- Duty to care – for each patient, without bias, to the best of your ability
- Duty to steward resources – to do the greatest good for the greatest number
- Transparency – to have shared assumptions, processes, and documentation
- Consistency – to provide a consistent level of care within a facility and region
- Proportionality – to only restrict care to the degree that we have to, no more
- Accountability – to engage experts as needed and document our decisions and process

What factors should I consider (and not) when making resource decisions?

- Understand the potential resource decisions that may rest on you and who to call for assistance.
- Assess prognosis based on the best available evidence when that contributes to the decision.
- Do consider the amount of resources required, duration of resource use, and potential benefit.
- Do not consider disability, age (unless an independent prognostic factor), race, gender, and other non-medical factors in your decisions.
- Only consider essential worker or other status when that is part of a community/state plan (e.g., priority access to limited amounts of a vaccine by healthcare workers is ethically very different than priority access to critical care).
- Try to avoid giving optimal resources to some patients and none to the rest by spreading/ stretching the staff or resource.
- Do not assume you know what the patient would want unless you know for sure.