Crisis Standards of Care Brief: Health Care Providers

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What is crisis care?

- Crisis care occurs when a sudden increase in demand or a resource shortage 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., do 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.
- A crisis situation can exist absent a disaster when a critical medication or supply is in shortage. State actions are less likely in these situations, but a coordinated response is important to preserve equitable access to resources.

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

- Supplies, such as medications, N95 masks, dialysis equipment, oxygen, ventilators and other respiratory equipment, beds, and cardiac monitors.
- Staff, particularly those with specialized training like critical care or pediatrics.
- Space may be a shortfall if there are too many patients for the hospital to accommodate.

How can those shortfalls be addressed?

- It is important to monitor supply shortages and conserve items before they run out.
- 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 – rather than having crisis strategies as a separate plan.
- 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, rationing or re-allocating a life-saving resource. 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 health care 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 relevant to the decision for advice and support.
- Health care 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 health care 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.
- Most resource decisions involve how best to "stretch" a resource (e.g., dialysis) and do not involve "taking" resources from one patient to give to another.
- Non-beneficial treatment (i.e., that which cannot be reasonably expected to benefit the patient) should be identified and care reduced or withdrawn as appropriate.
- In some cases, treatments may be considered inappropriate for the patient given the overall demand. Reduction/withdrawal of care may be considered with appropriate consultation with other clinical experts and the patient/loved ones. Note that this is a crisis standard that is situational and thus different from non-beneficial treatment. These decisions should be made only after an attempt to obtain needed resources.
- A triage team process for making withdrawal of life-sustaining treatment decisions should be used on an individual patient basis. Legal protection may be needed for involuntary reductions in care.

What are the core values that affect allocation decisions?

- Fairness – evaluate and treat each patient in an equitable manner
- Duty to care – for each patient, without bias, to the best of your ability
- Duty to steward resources –do the greatest good for the greatest number
- Transparency – to have shared assumptions, processes, and documentation
- Consistency –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?

- Most prognostic scoring systems (e.g., the Sequential Organ Failure Assessment, or SOFA) perform poorly and should only be used in accord with published or adopted guidelines at each facility. Individualized assessments based on prognosis should guide decisions about non-beneficial treatment.

- Prognosis should focus on survival to hospital discharge and short-term survival thereafter rather than longer-term survival.
- Understand the potential resource decisions you may have to make and who to call for assistance.
- 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, or other non-medical factors when making 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 health care 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.
- Avoid implicit triage. Assumptions about what the patient would want or what is inappropriate treatment are often subject to bias. Consultation should be sought when treatment that is considered "inappropriate" is withheld unless consistent with circulated guidance (previously mentioned).

Access the other briefs in this collection:

- Crisis Standards of Care Brief: Planners
- Crisis Standards of Care Brief: Principles
- Crisis Standards of Care Brief: Public Messaging
- Crisis Standards of Care: Roles and Responsibilities
- Crisis Standards of Care Brief: Support for Clinical Allocation Decisions