

# Crisis Standards of Care Brief: Public Messaging

April 2022

## What is crisis care?

- Crisis care occurs when the healthcare system has sustained resource shortages that are severe enough that we have to change the way we deliver services because the demand for resources has significantly exceeded our supply.
- Disasters and epidemics can stretch many healthcare systems to the point of restricting services and having to ration the care provided.
- This does not mean patients will not receive care; usually crisis care is a matter of stretching staff to care for more patients, or providing patients less of a resource, or delaying certain types of patient care.
- Many hospitals will postpone necessary surgeries, discharge patients they normally would hospitalize, and use staff in areas of the hospital where they may not normally work.
- Crisis care carries real risks and is not undertaken unless the alternatives – like getting more supplies or moving patients to areas that are not as impacted – are not possible.
- Pandemics affect so many areas of our nation at once that we simply do not have the resources to provide to all the hospitals and patients in need. In natural disasters or terrorist events, it may not be possible to get help into an area fast enough to prevent some rationing and triage decisions from needing to occur.
- Hospitals in crisis consider all the patients that need care, and not just the individual patient, when making medical and healthcare delivery decisions.
- The overall goal of crisis care is to provide the best care possible to the largest number of people with the resources available while ensuring equal access to services for all.

## What are some resources that may be in shortage?

- Supplies, such as medications, N95 masks, dialysis equipment, ventilators, beds and patient monitoring equipment.
- Staff, particularly those with specialized training like critical care.
- Space may be a problem if there are too many patients for the hospital to accommodate.
- Some of these resource shortfalls can be addressed through changing our practices, others may require rationing decisions to be made.

## How are fair decisions made in crisis care situations?

A lot of work has been done to describe the principles of providing care in crisis situations:

- Fairness – evaluating and treating each patient in an equitable manner
- 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 and no more
- Accountability – to engage experts as needed and document our decisions and process

Each hospital and healthcare system must make sure that the doctors and nurses understand their role, and how to request assistance with making challenging decisions. National specialty groups (e.g., those that specialize in critical care) publish and update guidelines that provide the best evidence possible to guide our ability to provide care and determine prognosis (i.e., predict a patient’s outcome).

### What can I expect?

- Healthcare facilities will do whatever they can to avoid rationing decisions.
- As hospitals become more overwhelmed, patients are more likely to have poor outcomes or die compared to conventional (daily) operations.
- Whenever possible, decisions will be made consistently and according to the best available evidence.
- Healthcare facilities will strive to avoid any bias or consideration of age, race, gender, disability, or other non-medical factors (excepting that advanced age may carry an independent increased risk for death – for example from COVID-19 – and may be included in consideration if that is the case).
- Healthcare providers will always aim to provide comfort and relieve suffering, regardless of any shortage in resources. Providers will also seek second opinions when needed and will look for the best available evidence to help them make decisions.
- The most common crisis care issue will be the lack of trained staff – hospitals will often need to use staff that are not as experienced with intensive care to work in those areas.

### What can I do?

- The only way to keep the healthcare system out of crisis is to prevent demand from exceeding the resources available. Reduce the burden on the healthcare system by following any public health guidelines, using emergency services only for emergencies, and asking others to do the same.
- Understand and accept that the best care available may not be what you expect; there may be delays and limited choices of where you receive care.
- Always seek care if you are experiencing chest pain, trouble breathing, possible stroke symptoms, or other emergencies.
- Make sure that you and your loved ones have documented your wishes for end-of-life care (e.g., if you would want to be on a ventilator for a prolonged period of time with little potential of survival, or if you would want aggressive treatment even if multiple body systems were failing). This can help ensure your wishes are respected and keep you from receiving treatments you may not want.