

Crisis Standards of Care During COVID-19

Public Messaging

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What is crisis care and how does it relate to COVID-19?

- 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.
- COVID-19 has stretched many healthcare systems to the point of restricting services and rationing the care provided.
- Though most of the time, we might think of rationing as not receiving care, in most cases this is not the case, and it's a matter of stretching staff to care for more patients, or that patients get less of a resource.
- Many hospitals have had to postpone necessary surgeries, discharge patients they normally would hospitalize, and use staff in many areas of the hospital where they may not normally work.
- Crisis care carries real risks, and is not undertaken unless there is no alternative – like getting more supplies or moving patients to areas that are not as impacted.
- COVID-19 has affected so many areas of our nation at once that we simply do not have the resources to provide to all the hospitals in need
- Crisis care takes into account the considerations of the community, and not just the individual, when making medical and healthcare delivery decisions.
- Crisis care always seeks to provide the best care possible to the largest number of people with the resources available.

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, may be inadequate.
- 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?

A lot of work has been done to describe the principles that need to be used during crisis:

- 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

Each hospital and healthcare system must make sure that the doctors and nurses understand their role, and how they ask for help making decisions. National specialty groups, like those for critical care publish and update guidelines that provide the best evidence possible to guide our ability to provide care and determine prognosis – that is, predict what the patient’s outcome will be.

What can I expect?

- Healthcare facilities will do whatever they can to avoid rationing decisions.
- Some patients may die or have poor outcomes compared to conventional (daily) operations – the more the hospitals are overwhelmed, the more likely this becomes.
- Decisions that must be made will, whenever possible, 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 does carry increased risk for death from COVID-19).
- Providers making decisions that they don’t have guidelines for will make sure to discuss the care plan with another experienced provider to ensure the best decisions possible.
- We will always aim to provide comfort and relieve suffering, no matter what other care is offered.
- 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 units.

What can I do?

- Reduce the burden on the healthcare system by following guidelines for wearing masks, physical distancing, reducing in-person contacts, and asking others to do the same – the only way to keep the healthcare system out of crisis is to prevent demand from exceeding the resources available.
- Understand and accept that the best care available may not be what you expect – that there may be delays, or that you may have limited choices in where you receive care.
- Always make sure, however, to seek care for emergencies, including things like chest pain, trouble breathing, or possible stroke symptoms.
- Make sure that you, and your family members have documented your wishes for end-of-life care including whether you would want to be on a ventilator for weeks at a time with little potential of survival, or whether you would want aggressive treatment even if multiple body systems were failing. This can help greatly to make sure that patient’s wishes are respected and decrease potential use of critical care resources for long-term intensive care stays that the patient may not have desired.