



Access speaker bios here:

<https://files.asprtracie.hhs.gov/documents/crisis-standards-of-care-insights-from-covid-19-and-pharmaceutical-supply-challenges-speaker-bios.pdf>

Access the recording here:

<https://attendee.gotowebinar.com/recording/3769186777818918575>

T R A C I E

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Crisis Standards of Care: Insights from COVID-19 and Pharmaceutical Supply Challenges

January 15, 2025



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Rachel Lehman
Acting Program Director, ASPR TRACIE



ASPR Key Priorities



ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



asprtracie.hhs.gov



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)



1-844-5-TRACIE



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials



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John Hick, MD, Moderator
Hennepin Healthcare & ASPR TRACIE



Select ASPR TRACIE Crisis Standards of Care Resources



[CSC Resource Page](#) and [CSC Topic Collection](#)



[CSC Considerations](#)

Anticipating/Mitigating Crisis Care
De-escalation of Care
Legal/Regulatory

Non-Beneficial Care
Pharmaceutical and Supply Shortage
Reducing Provider Distress



[CSC Briefs](#)

Healthcare Providers
Planners
Principles

Public Messaging
Support for Clinical Allocation
Decisions



[Hospital Surge Capacity and Immediate Bed Availability Topic Collection](#)



[Hospital Crisis Standards of Care Resource Allocation Annex Template](#)



[Crisis Standards of Care: Lessons From the COVID-19 Pandemic](#) (Speaker Series)



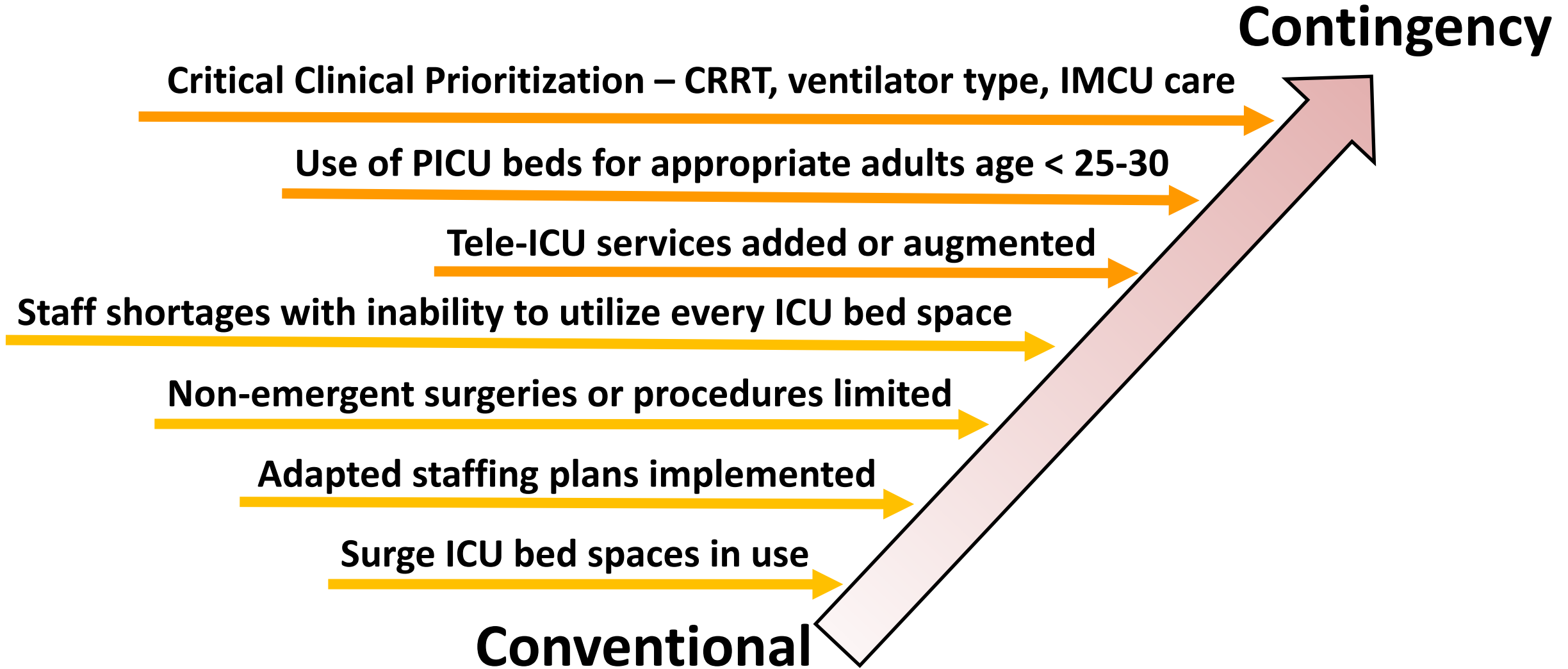
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Jeffrey R. Dichter, MD
Associate Professor of Medicine, University of Minnesota



How do you know when you are in crisis conditions?

- Data on organizational duress needed to assess crisis conditions
 - Staffing, Space, Equipment, System
- Data sources needed to ascertain crisis conditions
 - Data from your hospital or health system
 - Data from neighboring hospitals, healthcare coalition partners, or departments of health
 - Medical Operations Coordination Center (MOCC)
- Priority: avoid crisis conditions by prolonging contingency conditions
- Minnesota Critical Care Working Group statewide experience (references)

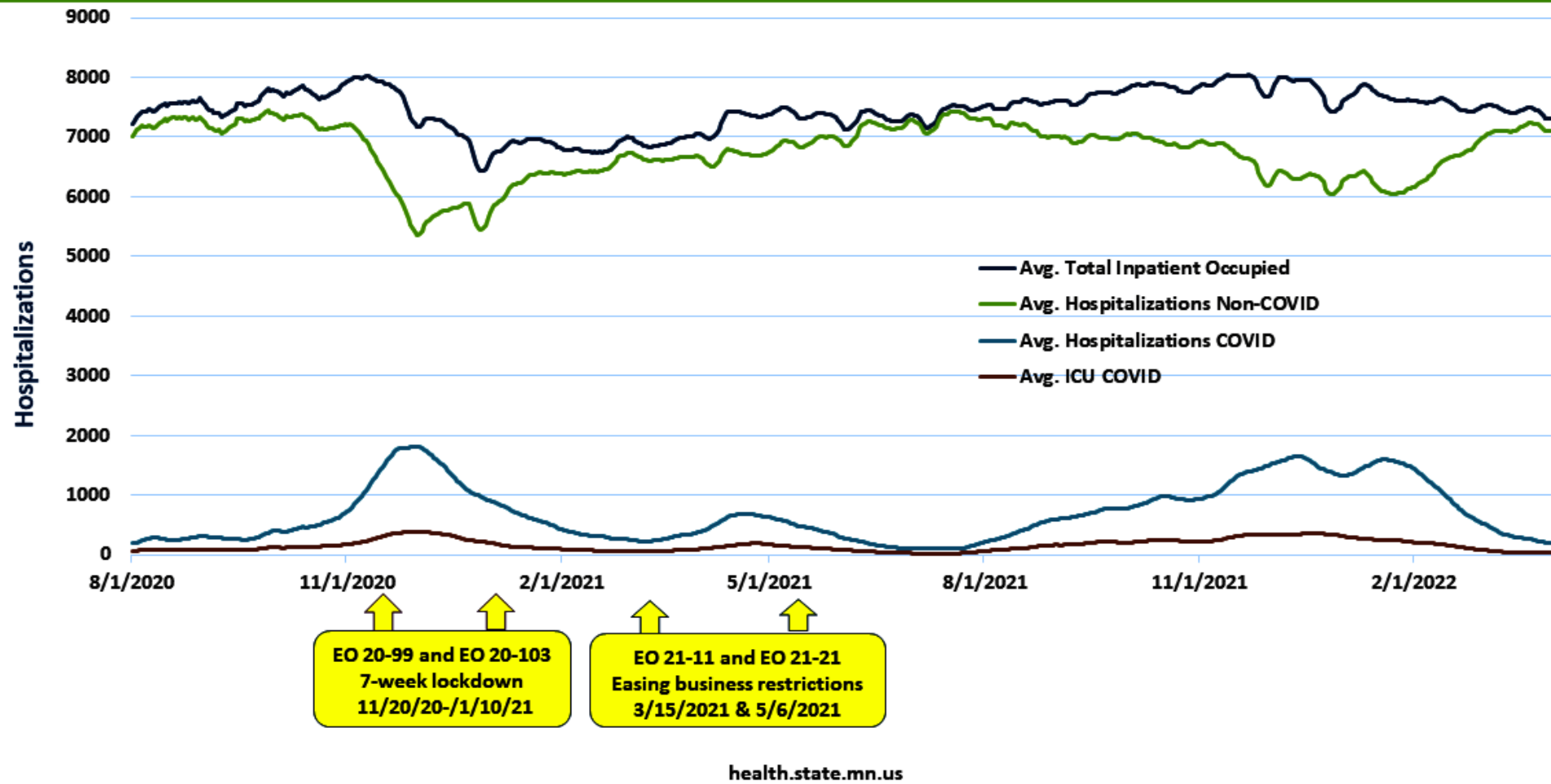


- The Minnesota Critical Care Working Group 1: Monitoring and coordinating statewide critical care surge response in the COVID-19 pandemic, March 2020 through July 1, 2021. published Chest online Nov 2024
- Mass Critical Care Surge Response During COVID-19: Implementation of Contingency Strategies – A Preliminary Report of Findings From the Task Force for Mass Critical Care. CHEST 2022; 161(2):429-447

Crisis Condition Indicators

- MOCCs unable to place all patients
 - Patient placement percentage
- Consensus data from working group members
 - Severe ED crowding
 - Numbers of patients, change in the numbers over time, wait times
 - Tertiary hospitals unable to accept transfers
 - Healthcare professionals under severe duress- risk of implicit rationing
- Escalating implementation of staffing tactics
- Increasing delay of elective (time sensitive) procedures
- Triage/ethics teams established to determine ICU admissions
- Hospital and ICU admissions for COVID-19 patients inversely correlated with non-COVID admissions

The Minnesota Critical Care Working Group 2: Crisis conditions during the COVID-19 Pandemic, July 2021 through March 2022. Published Chest online Nov 2024



References

- Dichter, Jeffrey et al. The Minnesota Critical Care Working Group 1: Monitoring and coordinating statewide critical care surge response in the COVID-19 pandemic, March 2020 through July 1, 2021. published Chest online Nov 2024: [The Minnesota Critical Care Working Group 1: Monitoring and coordinating statewide critical care surge response in the COVID-19 pandemic, March 2020 through July 1, 2021 – CHEST](#)
- Kesler, Sarah, et al. The Minnesota Critical Care Working Group 2: Crisis conditions during the COVID-19 Pandemic, July 2021 through March 2022. Published Chest online Nov 2024: [The Minnesota Critical Care Working Group 2: Crisis conditions during the COVID-19 Pandemic, July 2021 through March 2022 – CHEST.](#)
- Baum, Karyn, et al. The Minnesota Medical Operations Center: A COVID-19 Statewide response to ensure access to critical care and medical –surgical beds. Chest, 2024;165(1);95-109.
- Dichter, Jeffrey et al. Mass Critical Care Surge Response During COVID-19: Implementation of Contingency Strategies – A Preliminary Report of Findings From the Task Force for Mass Critical Care. CHEST 2022; 161(2):429-447



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Matthew Wynia, MD, MPH, FACP

Director, Center for Bioethics and Humanities, University of Colorado; Professor,
University of Colorado School of Medicine and Colorado School of Public Health



“Non-Beneficial” vs. “Inappropriate” Care in Crises

- Caught COVID in October 2020
- By January 2021, ventilated for many weeks, no improvement
- January 11: hospital tells his wife he will be removed from the ventilator
 - “in compliance with... policies and procedures regarding *medically nonbeneficial interventions*”
- Judge issues restraining order
- January 15 moves to Texas
- January 22 dies



Scott Quiner, 1966-2022

“Medically Ineffective Interventions” (AMA CEJA Opinion 5.5)

“Physicians are not required to offer or to provide interventions that, in their best medical judgment, cannot reasonably be expected to yield the intended clinical benefit or achieve agreed-on goals for care.”

- Discuss goals for care
- Provide appropriate symptom management
- Negotiate a plan consistent with the patient’s goals and sound clinical judgment
- Consult ethics committee
- Transfer care if possible



SOFA Scores Not Reliable, and Not Enough...

“Although the use of acute illness scores, such as the Sequential Organ Failure Assessment (SOFA) score, were proposed for the previous pandemic triage plans, a growing body of evidence suggests such **scoring systems are unlikely to** predict critical care outcomes with sufficient accuracy, in particular for patients suffering from COVID-19, or **be a useful basis for triage decisions** based upon the current protocol cut points.”

[https://journal.chestnet.org/article/S0012-3692\(20\)30691-7/fulltext](https://journal.chestnet.org/article/S0012-3692(20)30691-7/fulltext)

Making “Inappropriateness” Decisions Under Pressure





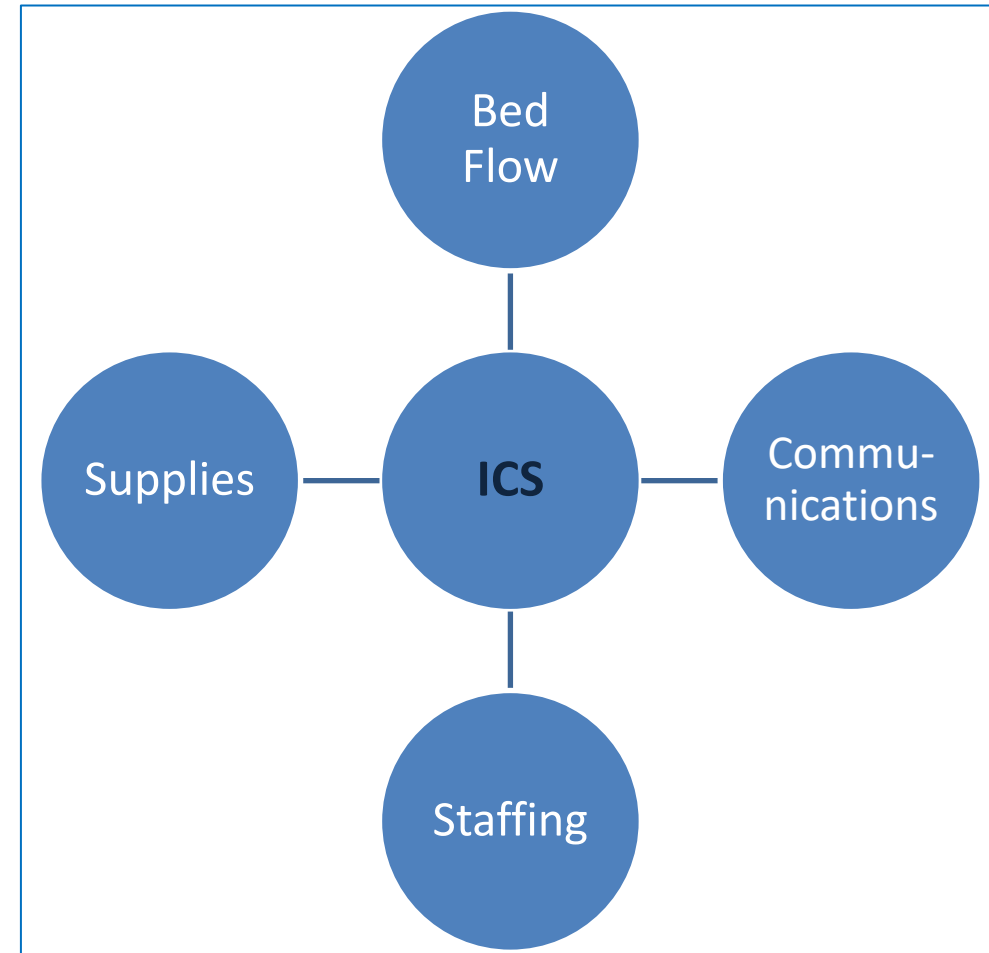
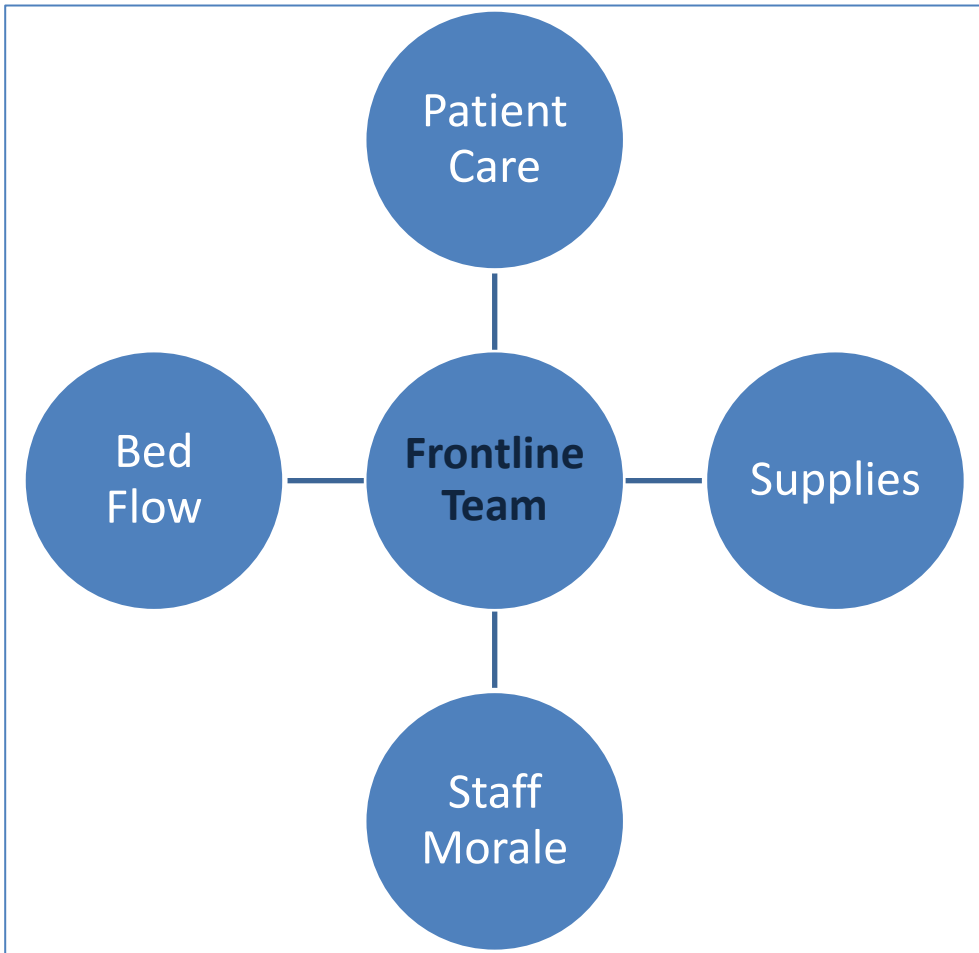
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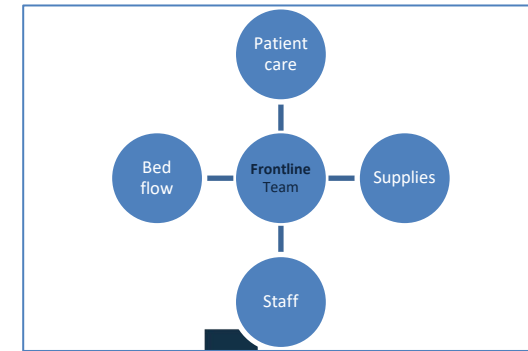
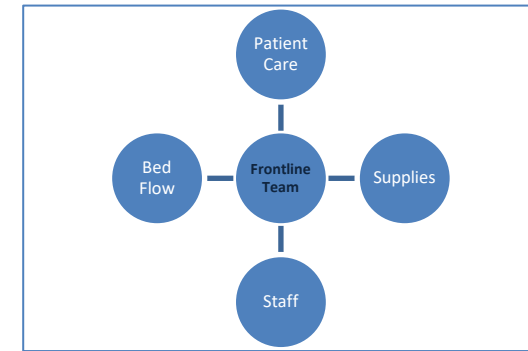
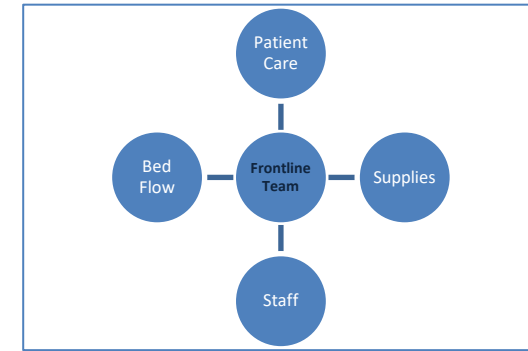
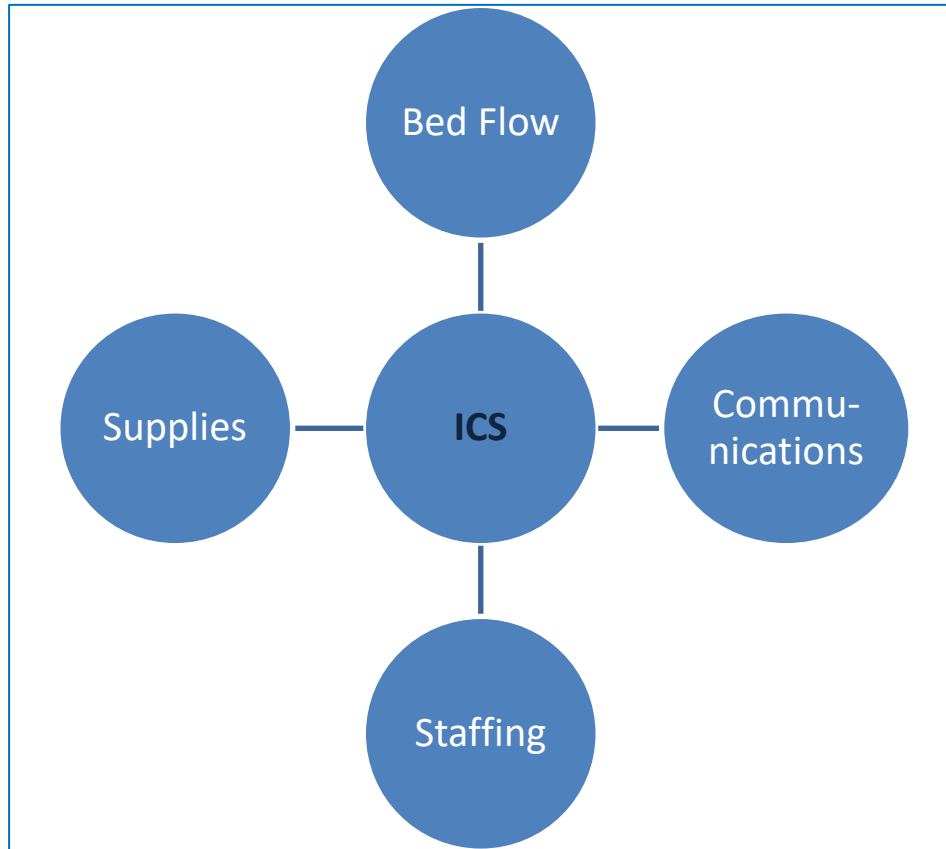
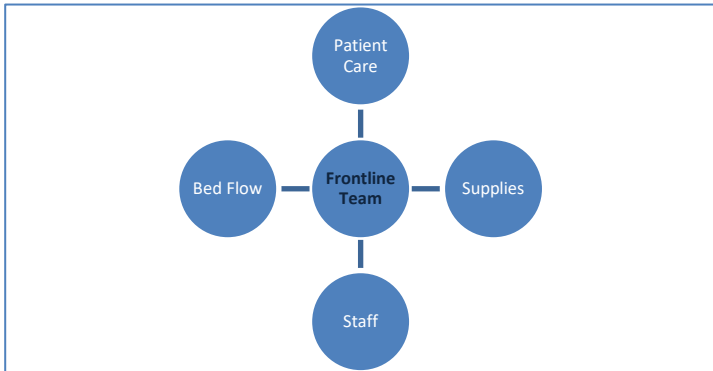
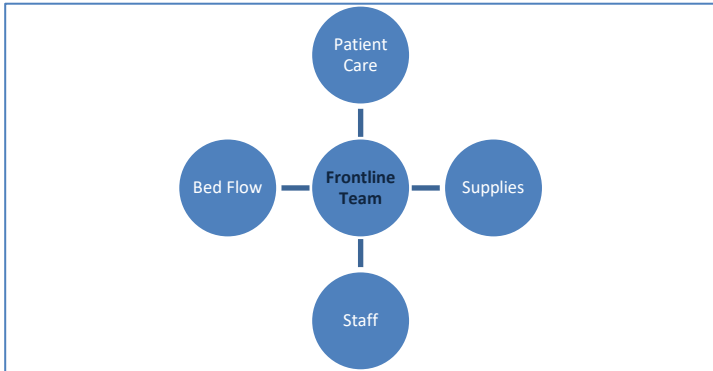
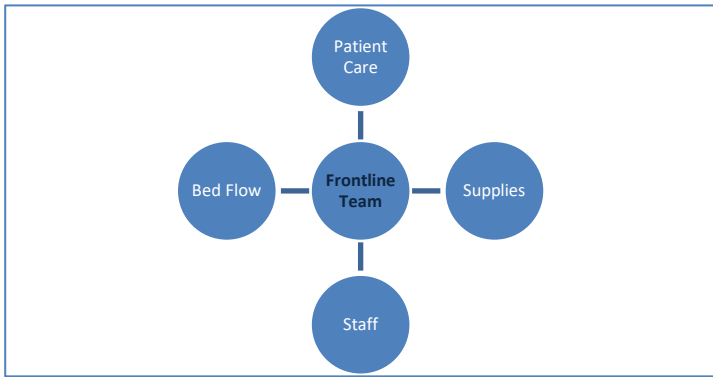
Vikram Mukherjee, MD
Chief, Critical Care
Bellevue Hospital, New York

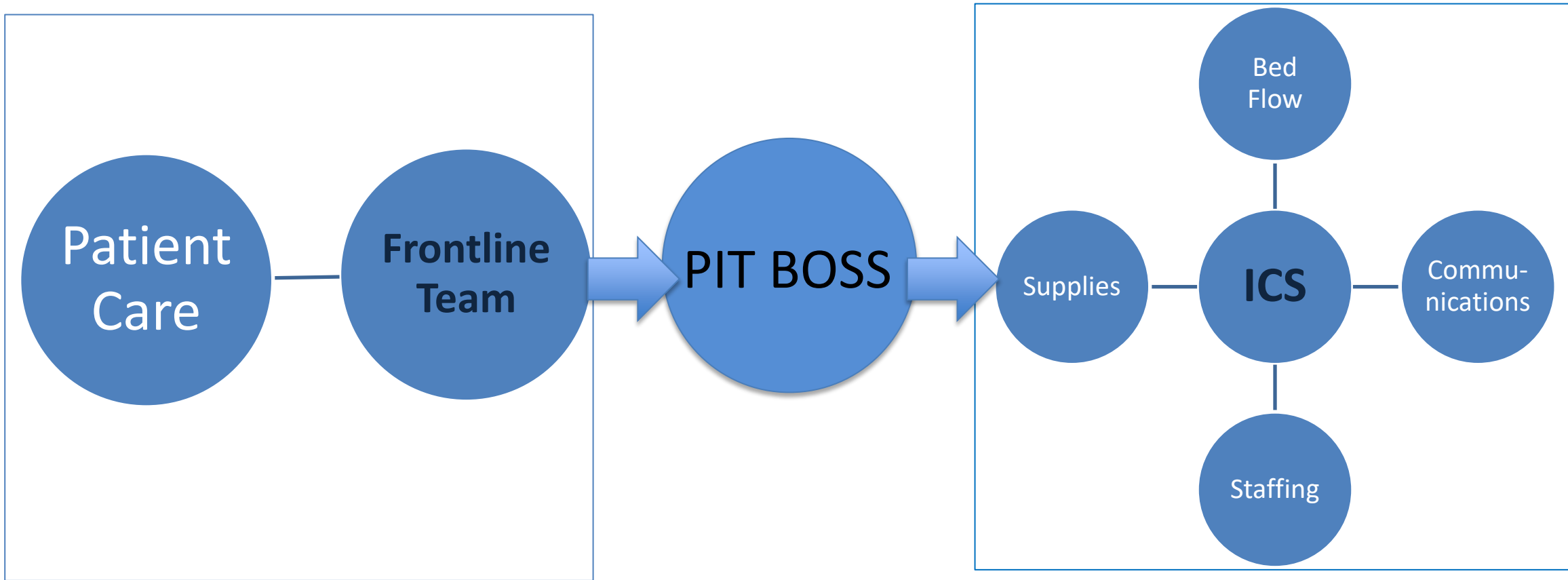


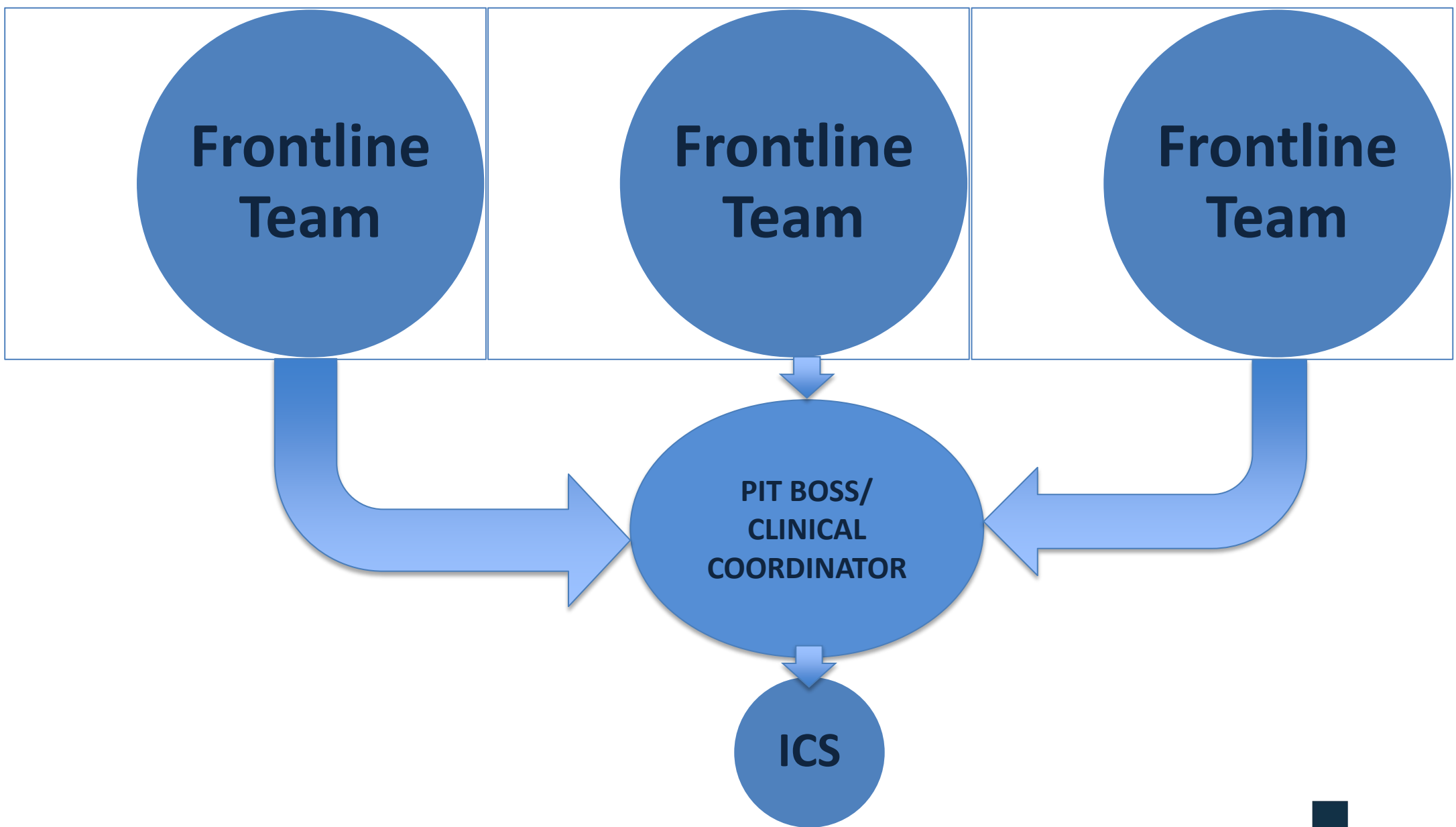
COVID-19: Lessons Learned

- Right bed for the right patient
- Right ventilator for the right patient
- Dialysis: surge in need
- Disconnect between frontline resources and actual scarcity
- Moral distress
- Fundamentals of equitable care

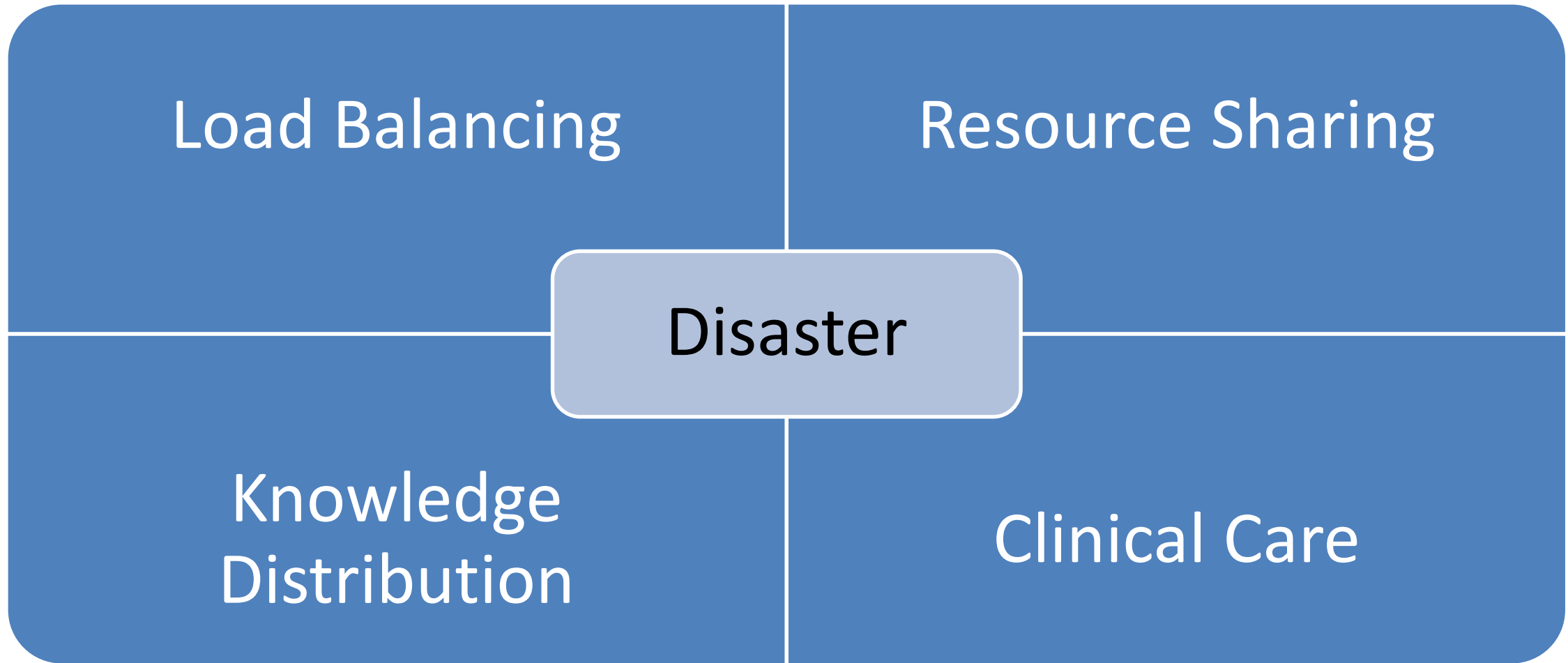




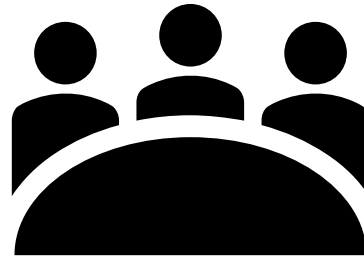




Need for Inter-Systemic Collaboration: Ongoing Challenges



Panel Roundtable



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