

SUBJECT: Crisis Standards of Care - SARS-CoV-2 Pandemic	SECTION: <i>Patient Care</i> Page 1 of 4
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PURPOSE:

In June, the California Department of Public Health (CDPH) issued its *California SARS-CoV-2 Pandemic Crisis Care Guidelines: Concept of Operations/Health Care Facility Surge Operations and Crisis Care*, providing a framework to help health care facilities plan for an overwhelming medical surge due to the pandemic. The guidelines include an overview of surge capacity and crisis care operational considerations, a decision-making framework for allocating ventilators, and pandemic patient care strategies for scarce resource situations.

Importantly, while the guidelines provide information to support individual health care facility or health system operations, CDPH makes clear that they do not replace the judgment of operational management, medical directors, legal advisors, or clinical staff, or consideration of other relevant variables and options.

DEFINITIONS:

What is crisis care?

According to the state's Crisis Care Guidelines, crisis care is: "disaster strategies used when demand forces choices that pose a significant risk to patients but is the best that can be offered under the circumstances." Crisis care occurs when resources are scarce and the focus changes from delivering individual patient care to delivering the best care for the patient population that can be offered under the circumstances. As the state's Guidelines recognize, "Hospitals will not have an option to defer caring for patients in crisis. Demand, guided by ethics, will drive the choices that have to be made.

How is Crisis Care different from the care hospitals usually provide?

Crisis care is not a separate triage plan but is a part of the care continuum. It is an extension of a hospital's surge-capacity plan, which addresses the ability to manage a sudden influx of patients, and its surge capability – the ability to manage patients requiring very specialized medical care.

- During conventional care, customary routine services are provided through standard operating procedures.
- During contingency care, the care provided is functionally equivalent to routine care but equipment, medications, and even staff may be used for different purposes or in a different manner than typical daily use.
- Crisis care falls at the far end of the spectrum, when resources are scarce and the focus changes from delivering individual patient care to delivering the best care for the patient population.

Who decides when crisis care is in effect and how it should be implemented?

The decision that medical surge requires the implementation of crisis care, and the steps and actions that should be taken in response, rests at the hospital's level, based on the particular environment, hazards, and resources available and the hospital's own allocation framework. The hospital should not delay implementing crisis care when its own situation warrants it even if a declaration has not yet been made at the state, regional, or local level.

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When is Crisis Care implemented?

When an incident or circumstances such as a pandemic continue to overwhelm the health care system after initial stabilization and delivery of resources, decision-making must turn to whether resources can continue to be expanded given the patient prognosis and availability of resources - in other words, triaging (prioritizing) the limited care or resources available among the patients for whom it would be appropriate. The conditions to engage in such proactive triage are:

- Critically limited resource(s) and infrastructure are identified.
- Surge capacity is fully employed within health care facilities (and regionally) if capacity/space is the limited resources.
- Maximum efforts to conserve, substitute, adapt, and re-use are insufficient if supplies are the limited resource.
- Patient transfer or resource importation is not possible or will occur too late for bridging therapies (such as bag-valve ventilation or other temporizing measures) to be considered.
- Necessary resources have been requested from local and regional health officials (as applicable).
- A state of emergency has been declared, or other health powers (as applicable) have been activated.
- Regional, state, and federal resources are insufficient or cannot meet demand.

POLICY:

The shift to delivering crisis care happens at the extreme. During normal times, customary routine services are provided through standard operating procedures. As resources become constrained, from facilities to supplies to staffing, systems shift from conventional care into contingency care. Crisis care falls at the far end of the spectrum, when resources are scarce and the focus shifts from providing the best care for the individual patient to delivering the best care for the patient population.

AFFECTED PERSONNEL/AREAS: *Clinicians, Hospital Leadership*

PROCEDURE:

A. How do we ensure that scarce medical resources will be allocated fairly when crisis standards of care are being used?

Basic biomedical ethical principles are incorporated into decision-making about allocation of health care resources. In general, triage decisions must meet the following basic requirements:

1. **Fair and Equitable:** Process recognized as fair, equitable, evidence based, and responsive to specific needs of individuals and the population; focused on a duty of compassion and care, a duty to steward resources, a duty to abide by non-discrimination laws, and a goal of maintaining the trust of patients and the community.
2. **Transparent:** In both design and decision-making
3. **Consistent:** In application across populations and among individuals with reasonable modifications for disability.

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4. **Proportional:** Public and individual requirements must be commensurate with the scale of the emergency and degree of scarce resources (i.e., the restrictions on care should not be more restrictive than the situation requires – and this may require re-evaluation as more resources become available).
5. **Accountable:** Individuals making the decisions, as well as the facilities and governments that support the processes and the providers.
6. Consideration of the certain patient characteristics in allocating scarce resources is prohibited by law. Health care decisions, including allocation of scarce resources, cannot be based on age, race, disability (including weight-related disabilities and chronic medical conditions), gender, sexual orientation, gender identity, ethnicity (including national origin and language spoken), ability to pay, weight/size, socioeconomic status, insurance status, perceived self-worth, perceived quality of life, immigration status, incarceration status, homelessness, or past or future use of resources.

Ethical Principles: The ethical principles used to triage and allocate scarce resources include:

- a. Duty to implement disruptive justice (a socially – just allocation of goods)
- b. Duty to care: treat people with dignity and respect and make decisions according to an individualized assessment based on objective medical evidence
- c. Duty to plan: steward resources and promote instrumental value
- d. Duty to transparency: (in planning and implementation)

Goals of Pandemic Planning Allocation Framework – Any pandemic planning framework should be designed to ensure:

- a. Meaningful access for all patients. All patients who are eligible for ICU services during ordinary circumstances remain eligible, and there are no exclusion criteria based on age, disabilities, or other prohibited considerations listed above.
- b. Individualized assessments for all patients by clinicians, based on the best available objective medical evidence.
- c. No one is denied care based on stereotypes, assessments of quality of life, or judgments about a person’s “worth” based on the presence of disabilities or other factors, including those listed in the prohibited considerations above.
- d. A diminished impact of social inequalities that negatively impact patients’ long-term life expectancy by keeping in mind historic disparities and inequalities.

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- California Department of Public Health (CDPH), (June 2020). California SARS-CoV-2 Pandemic Crisis Care Guidelines. Concept of Operations Health Care Facility Surge Operations and Crisis Care
- California Hospital Association. (12/20/2020). Covid 19: Crisis Standards of Care –Resources for California Hospitals.