BoardBrief

Knowledge Resources for Governing Effectiveness

Crisis Standards of Care and the Pandemic: What the Board Needs to Know

Hospitals across the United States have been inundated with an alarming number of very ill, complex care patients suffering from COVID-19. The ability to adequately care for patients with non-coronavirus health care needs, such as cardiac and neurologic emergencies, along with the explosion of COVID-19 patients, has presented a very serious problem for hospitals. What should senior leaders do when there is no more space, no more staff, no more equipment and nowhere to transfer these critically ill patients?

Accepting an influx of patients with COVID-19 may require hospitals to prioritize the care of patients. In a severe pandemic, one of the most challenging demands that many hospitals may face is determining objective criteria and clinical guidelines for making decisions regarding the triage and management of COVID-19 patients who may be competing for scarce resources such as hospital emergency admissions, ventilators, equipment, medications, and intensive care resources. These critical, ethical and legal decisions should not be made by one person or even just a few people. The criteria used to make these decisions should be created in advance, formally adopted by the medical staff and hospital leadership, and approved by the board.[1]

The Institute of Medicine[2] (now known as the National Academies of Science, Engineering and Medicine) first published guidance on crisis standards of care during the H1N1 pandemic in 2009 for hospitals in serious disaster situations. This guidance was most recently updated in 2020, providing a framework and toolkit with indicators for hospitals to use when confronted with these dire circumstances. Considerations include whether critical infrastructure (such as beds, utilities and transportation) are critically compromised; absence or a serious lack of human, equipment and supply resources; and consistent information which eliminates transfer out to other viable alternative hospitals. The focus shifts from the individual patient to the population of patients who must be managed during an extreme emergency.

Movement from ‘conventional’ everyday standards of care, where all efforts are devoted to caring for the individual patient, to ‘contingency’ standards of care, when alternative, equivalent resources are possible, to the most challenging ‘crisis’ standards of care, is a most difficult decision for physicians and senior leaders. There is a duty to

plan in advance, with written guidelines, should these circumstances occur. Both urban and rural hospitals nationwide are facing this challenge. Earlier this year, several regions were prepared to activate crisis standards of care as supplies, space and staff became increasingly unavailable. In October of 2020, hospitals throughout Utah, in consultation with the Governor's Office, developed a state-wide plan for implementing crisis standard of care measures.[3] As of September 2021, hospitals in Alaska and Idaho have moved to crisis standards of care.[4,5]

Our country is facing another surge in COVID-19 infections; the board needs to be aware of how clinical and hospital leaders will proceed should these extraordinary challenges emerge.

The Committee on Guidance for Establishing Standards of Care for Use in Disaster Situations Ethical[6] noted in their recommendations to the IOM that the norms in medical care do not change during disasters – health care professionals are always obligated to provide the best care they reasonably can under given circumstances. For purposes of developing recommendations for situations when health care resources are overwhelmed, the committee defined the level of health and medical care capable of being delivered during a catastrophic event as crisis standards of care.

The decision to transition to crisis standards of care requires the following considerations, which the board will need to know have been evaluated:

- Legal assurances that the federal and state authorities' emergency declarations and statutes have authority for hospitals to use crisis standards of care.
- Evidence-based clinical processes, operations and treatment will follow current criteria and research for the population served-clear and detailed indicators, triggers to move to the next stage, and responsibility, as well as authority for decision-making, are available.
- Strong ethical guidelines on the use of available resources to sustain life for the 'greatest good' are understood.
- There is a documented plan for communication, including transparency to the hospital staff and community about the circumstances and the plan.

Perhaps most challenging are the ethical issues which must be considered when transitioning from the usual patient -centered approach of providing the best care for the individual patient, to providing resources fairly to the overall public. The Hastings Center describes a framework which reflects the tension clinicians, administrators and boards experience when the hospital can no longer do 'everything for everyone'.[6]

As this COVID-19 pandemic continues, weary hospital leaders, clinicians and boards hope it is possible to avoid having to resort to prioritizing the community above individual patients' needs. Moving to crisis standards of care is really a last resort.

References:

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2. Berlinger, N., Wynia, M., Powell T., Hester, D. M., Miliken, A., Fabi, R., Jenks, N. P. (2020). *Ethical framework for health care institutions & guidelines for institutional ethics services responding to the coronavirus pandemic.* Retrieved from The Hastings Center website: https://wcc.on24.com/webcast/present?e=2233370&k=B7392A3A3F099A073A390723187C0089

3. *Utah's hospitals prepare to ration care as a record number of coronavirus patients flood their ICUs,* The Salt Lake City Tribune, October 25, 2020. https://www.sltrib.com/news/2020/10/25/with-coronavirus-cases/

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5. *Crisis standards of care 'imminent' in other parts of Idaho after the Panhandle's desperate decision,* The Spokesman-Review, September 15, 2021. https://www.spokesman.com/stories/2021/sep/15/crisis-standards-of-care-imminent-in-other-parts-o/

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About the Author:

Ann Scott Blouin, RN, PhD, LFACHE, (ann@psq-advisory.com) is the President & Founder, PSQ Advisory. Ann Scott Blouin founded 'PSQ Advisory' to deliver strategic guidance to America's health systems, hospitals and critical access hospitals. Dr. Blouin works with boards, community groups and senior leaders to help organizations achieve success on financial and clinical metrics through an organizational focus on effective governance, improvement science and harm avoidance.

Dr. Blouin is a governWell™ advisory and regular contributor of thought leadership articles for trustees and senior health care leaders.

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