Desperate Times Call for Different Measures: Building Crisis Standards of Care During COVID-19

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Desperate Times Call for Different Measures

Building Crisis Standards of Care During the COVID-19 Pandemic AND BEYOND

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Disclosures

None
COVID-19 wasn’t the beginning
The Deadly Choices at Memorial

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Crisis Care in the Pandemic
Hospitals in half of US states close to capacity as Omicron continues surge

In 24 states at least 80% of staffed hospital beds were occupied as the Omicron variant has triggered a record number of Covid cases.

A nurse checks the eyes of a Covid-19 patient at Sharp Grossmont hospital in La Mesa, California, this week. Photograph: Etienne Laurent/EPA

Hospitals in nearly half of US states are nearing capacity, according to the Department of Health and Human Services, as the Omicron variant has triggered a record number of cases across the country.
**Paramedics, Strained in the Hot Zone, Pull Back From CPR**

Their mission is to save lives at any cost. But in New Jersey, the coronavirus has sickened so many emergency workers that some units are holding off on risky procedures like CPR.

“It’s unsettling because it does go against everything we’ve been taught,” said Mr. McAleer, 51.
“To resuscitate and save one life, and risk five?” he asked. “It’s not balanced.”
In Case of Emergency

Crisis Standards of Care

a.k.a. Altered Standards of Care

Crisis standards of care guide decision-making designed to achieve the best outcome for a group of patients rather than focusing on an individual patient.
How Are Crisis Standards of Care Different?

Focus of Normal Care

Individual patient  Community

Focus of Crisis Care

- Space - Usual beds fully utilized
- Staff - Usual staff, including, called in off duty
- Supplies - Usual or cached stockpiled
- Standard Care - Usual Care

- Space - ICU or pre-op beds used; single conversion to doubles
- Staff - Longer shifts, different staff configurations and supervision
- Supplies - Conserve, adapt, substitute, re-use supplies
- Standard Care - Functional equivalent care, but may be delayed

Conventional  Contingency  Crisis

As demand increases so does risk to patients

Indicator

An indicator is a measure or predictor of change.

*Actionable or Predictive*
Threshold & Trigger

A *threshold* is the point at which a response will take place.

A *trigger* is a decision point. It can be *scripted* or *non-scripted*.

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Ethical Principles

1. Fairness
2. Duty to care
3. Duty to steward resources
4. Transparency in decision making
5. Consistency
6. Proportionality
7. Accountability

Institute of Medicine (US) Committee on Guidance for Establishing Standards of Care for Use in Disaster Situations; Editors: Bruce M. Altevogt, Clare Stroud, Sarah L. Hanson, Dan Hartling, and Lawrence O. Gostin.
Protect Yourself
Ethical Considerations for Decision Making Regarding Allocation of Mechanical Ventilators during a Severe Influenza Pandemic or Other Public Health Emergency

Prepared by the Ventilator Document Workgroup, Ethics Subcommittee of the Advisory Committee to the Director, Centers for Disease Control and Prevention

July 1, 2011
Stakeholders & Team Members
Take Away

• Determine if you have CSC in place
• Look to local and state partners
• Define thresholds and triggers that activate CSC
• Strong ethical grounding
• Engage with Hospital Legal and Ethics
• Education and communication
• Update plans regularly
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