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Appendix 3.5.1.4 cmhpc CRISIS STANDARDS OF CARE

## 

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## Introduction

As defined by the Minnesota Department of Health – Science Advisory Team, Crisis standards of care (CSC) is when health care systems are so overwhelmed by a pervasive or catastrophic public health event it is impossible for them to provide the normal, or standard, level of care to patients. In situations like this, a formal declaration by state government would occur to recognize health care systems are in crisis operations that may last for some time. MDH supports CSC planning as it is impossible to predict the timing and severity of a future outbreak and waiting for the disaster to strike would be too late.

In recognition of this potential, a Science Advisory Team, composed of physicians, public health, ethicists, facility operations, and others subject matter experts were asked to anticipate what resource shortages might occur, and potential changes health care systems may need to implement in response. A current situation where crisis standards of care were enacted was for the 2020 COVID-19 response, where health care worker Personal Protective Equipment (PPE) became scarce.

As resource demands begin to exceed supply, health care systems begin to move from conventional, to contingency measures, and finally to crisis standards as seen in the table on the next page.

### Allocation of resources along the care capacity continuum

As incident demand/resource imbalance increase the risk of morbidity/mortality to patient increases.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Conventional** | **Contingency** | **Crisis** |
| Space | Usual patient care space fully utilized | Patient care areas re-purposed example: post anesthesia monitored units used for ICU care | Facility damaged/unsafe or non-patient care areas (classrooms etc.) used for patient care |
| Staff | Usual staff called in and utilized | Staff extension (brief deferrals on non-emergent service, supervision of broader groups of patients, change in responsibilities, documentation, etc.) | Trained staff unavailable or unable to adequately care for volume of patients even with extension techniques |
| Supplies | Cached and usual supplies used | Conservation, adaptation, and substitution of supplies with occasional re-use of select supplies | Critical supplies lacking, possible reallocation of life-sustaining resources |
| Standards of care | Usual care | Functionally equivalent care | Crisis standards of care |
| **Normal Operating Conditions** |  |  | **Extreme operating conditions** |

For the full MDH Crisis Standards of Care CONOPS, ethical, legal, EMS, and health care facility considerations, go the MDH website at<https://www.health.state.mn.us/communities/ep/surge/crisis/index.html>.

### Patient Care Strategies for Scarce Resources

The Minnesota Department of Health along with the Science Advisory Committee and the Ethics Committee developed a tool which outlines strategies that healthcare providers can utilize for specific scare resources. The resource is maintained and updated by MDH. It is the coalition recommendation to all members that they familiarize themselves with this tool.

[Patient Care Strategies for Scarce Resource Situations (state.mn.us)](https://www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf)