***Just a little…***

***Crisis***

***Healthcare Provider Introduction to Crisis Care***

***What is crisis care and how does it relate to disaster/surge planning?***

Crisis care occurs when a disaster results in sustained resource shortages that are severe enough to require a change in the usual manner in which health care is delivered. Of necessity, it takes into account the considerations of the community, and not just the individual, when making medical and healthcare delivery decisions. It is on a spectrum where conventional care is the first and best option, contingency care (functionally equivalent care – perhaps using a different medicine to accomplish the same goal) is the next best, and crisis care occurs when the resource shortfalls cannot be addressed without a risk of poor outcome to individual patients. Crisis situations may be temporary, lasting hours, or persisting, lasting days to weeks as in a pandemic. In all cases, planning for a crisis situation is far preferable to trying to figure out a response at the bedside.

***What are some resources that may be in shortage?***

Supplies, such as medications or ventilators, or even beds and cardiac monitors may be in shortage as may staff (particularly those with specialized training), or space, if there are too many victims for the hospital or clinic to accommodate the demand. Some of these resource shortfalls can be addressed rapidly, others may not be able to be solved in time to prevent triage decisions from having to be made.

***How can those shortfalls be addressed?***

Planning to accommodate a large surge in patients is important and makes it less likely that a crisis situation will arise. This requires pre-event planning that addresses equipment, supply, pharmaceutical and staffing needs. In fact, the goal of preparedness is to increase the capacity and capability of the facility to absorb a surge in demand *without* getting into a crisis situation. If there is a shortfall, there are several techniques that may be used – substitution of similar supplies, conservation of existing resources (e.g. smaller doses, restrictions on use), adaptation of one resource for another purpose (e.g. using anesthesia machines as ventilators), re-use of resources (e.g. oxygen masks), and, in the most extreme situations – re-allocation of a resource from a patient with a poor prognosis to one with a better prognosis.

***What is my role as a healthcare provider?***

Healthcare providers should understand that in the context of crisis care delivery, population-based, and not individual, outcomes will be prioritized. Healthcare systems should be aware of treatment and triage recommendations given the situation at hand. They must be able to communicate the need to make difficult resource allocation decisions to both their patients and healthcare providers. A key overarching goal is to assure consistency in decision making by healthcare providers in the region and not just the facility. When providers have emergency, surgical, or critical care responsibilities they should be familiar with the availability of resources, the facility disaster plan, and the principles of triage in disasters (see separate sheet on this topic), and especially understand the need to fairly allocate scarce medical resources under crisis conditions.

***Why is regional coordination important?***

Awareness of the situation across the region is critical to understanding both the demand and the resources available. This allows the hospital and healthcare system to attempt to balance available resources and patients across the area. This balance promotes a consistent level of care which is the goal of a disaster response. Facilities should never be in the position of providing crisis care without first requesting regional assistance to improve the local situation.

***How will a disaster and crisis care response unfold?***

Clinicians may recognize a disaster event and request activation of disaster plans. They may also have to make some initial triage decisions. The hospital or healthsystem should institute it’s disaster plans and utilize its command center. Incident management is a process of assuring that the institution has a consistent approach to recognizing and addressing problems, including making requests to other facilities in the area healthcare coalition, or potentially to the city/county for assistance.

***What else can I do?***

* Acquaint yourself with the hospital emergency operations plan, and understand your role in facility disaster response. If you are not hospital based, understand the disaster plans that exist within your community.
* Understand the potential resource decisions that may rest on you
* If you may have a role in triage, understand the principles of ethical triage and the potential goals of triage
* Participate in facility and community disaster exercises
* Assure subject matter experts (e.g. clinical staff) participate in disaster policy development at your facility – and can also inform decisions during a disaster
* Understand your regional (healthcare coalition) coordination system and resources relevant to your practice

***What are some resources that are available?***

* MDH Crisis Standards of Care plan (in particular the Healthcare Annex) (weblink)
* Just a little Crisis – Triage (weblink)
* Just a little Crisis – Hospital introduction (weblink)
* Just a little Crisis – EMS introduction (weblink)
* Institute of Medicine – Crisis Standards of Care Report 2012 (weblink); 2013 Indicators/Triggers IOM Report