

Frequently Asked Questions about Crisis Standards of Care (CSC)

What are Crisis Standards of Care (CSC)?

- Crisis Standards of Care (CSC) were developed by the State of Utah to help guide the allocation of scarce patient care resources during an overwhelming public health emergency, when the demand for services dramatically exceeds the resources available.
- The CSC could be used in a number of scenarios, including a natural disaster or pandemic (like COVID-19).
- The CSC guides a Crisis Triage Officer Team of health care professionals in deciding who gets ICU level care and who would get less aggressive care, based on who is most likely to survive in the short term. This team is designed to be separate from those providing direct patient care.

How were the Utah CSC developed?

- A diverse committee of professionals developed the original Utah CSC in 2009 under the direction of the Utah Department of Health with funding from the federal Healthcare Preparedness Program, based on federal guidance.
- The CSC has been updated as recently as November 2020 to ensure fair and unbiased treatment for all Utahns. The committee included physicians, ethicists, public health experts, nurses and geriatric and disability advocates.
- The CSC have been updated to be COVID-19 specific. New updates are made as science provides a clearer path for treatment and prevention.
- The current Crisis Standards of Care document is posted publicly on the Coronavirus.utah.gov website at: https://coronavirus-download.utah.gov/Health/Utah-Crisis-Standards-of-Care-Guidelines-v9-11122020.pdf?fbclid=IwAR0pA7vDeQe3ef1_q4Ux2vRdCM90EKlv8y0R2-vxSxg2U6FYFJQpM1_hYcg

What do Conventional, Contingency and Crisis Care mean?

- Utah's hospitals normally operate in Conventional Care mode. This means normal operations are underway with little limitation to staffing, physical space, equipment or other resources to treat patients.
- Contingency Care means that hospitals are feeling stressed due to increased patient load, staffing pressures and some limitation in ICU resources, but are still able to provide a near normal level of care for patients, in part because they are working together along with State Representatives and Public Health Officials.
- Crisis Care occurs when hospitals are overwhelmed and can no longer provide normal levels of care to patients. Crisis Standards of Care are implemented

during Crisis Care so that the limited care that is available is distributed in the most fair and equitable way possible, in the hopes of helping the most patients.

What does Load Leveling mean?

- Load Leveling is the process of hospitals across the state partnering to ensure no one hospital is overwhelmed while others have beds and staff available.
- The State of Utah and Utah Hospital Association have established a Medical Command Response Team (MCRT) with representatives from all hospital systems, EMS, long-term care and skilled nursing facilities.
- The MCRT meets virtually and keeps track real-time of ICU beds and hospital census.
- This team approach ensures all hospitals are working together and sharing patients, when needed, if one healthcare system is approaching capacity.

What is the process for invoking Crisis Standards of Care?

- Utah's hospital systems have been meeting regularly to monitor ICU capacity, staffing and other resources for treating COVID-19 as well as keeping resources open for other non-COVID patient needs.
- If and when Utah's hospitals can no longer operate in Contingency Care mode, a request will be made to the Governor for Crisis Standards of Care to be put in effect. Similarly, when the crisis ends, a request will be made by hospitals to end CSC.

What does CSC look like when implemented?

- Decisions about limited resources will be made based on who is most likely to survive in the short term.
- Evidenced-based tools will be used to guide health care decisions.
- When implementing CSC, a triage team of health care professionals will look at how long patients have been sick, how they are responding to treatment (e.g., are they getting better, worse or staying the same) and what resources are available.
- Decisions will be based on objective clinical criteria that have been reviewed by the Office for Civil Rights.
- The CSC does not discriminate based on disability, age, race, gender, sexual orientation, gender identity, ethnicity, ability to pay, socioeconomic status, perceived social worth, perceived quality of life, immigration status, incarceration status, homelessness, or exercise of conscience and religion.
- The CSC meet the ethical goals of fairness, duty to care, transparency, consistency, proportionality and accountability.
- End-of-life wishes will also be taken into consideration and honored.

Will older adults be treated differently than younger adults if Crisis Standards of Care need to be activated?

- No. There are no age-based provisions included in the Utah Crisis Standards of Care. An age cutoff that excluded patients 90 years and above from receiving limited health care resources was removed from the Utah CSC document in August 2020. An age-based “tiebreaker” provision that favored the younger patient over the older patient when these patients are otherwise clinically identical was removed from the Utah CSC document in November 2020.
- The Utah CSC document states that when a tiebreaker is needed, an individualized clinical assessment of the prospect of short-term survival will be used.
- Age alone is not a factor in these clinical assessments.

How can older adults ensure that their care preferences are respected?

- The best way for older adults to ensure that their care preferences are respected, regardless of whether the Utah CSC standards are invoked, is to engage in proactive advance care planning with their family and physician.
- Ideally, the advance care planning process will involve the patient, their primary care physician, and input from family and/or friends before hospitalization.
- The outcome of these discussions should include completion of the Utah advance health care directive (<https://ucoa.utah.edu/directives/>), the Utah POLST (Provider Order for Life-Sustaining Treatment), and/or a health care power of attorney document. These documents should indicate the older adult’s preferences for the intensity of their care in the hospital setting, and should also identify the person(s) who may make decisions for them in case they lack the capacity to do so on their own.

What are my rights as a patient?

- You have the right to have a person to help support you. This might be in person or virtually depending on the hospital’s visitor policies.
- You have the right to receive effective communication about your care, and you can request reasonable accommodations if it will help you receive care.
- You also have the right to receive care free from discrimination on the basis of your disability, age, gender, race, color, or national origin.

What can I do if disagree with the decision to have my care rationed?

- You or your health care representative (e.g., legal next of kin, medical power of attorney or legal representative) can file an appeal with the State.
- You or your health care representative can contact the hospital’s Crisis Triage Officer. This process can be initiated by speaking with the Nurse Manager or the physician team.
- Concerns or requests should be done in writing.
- If you or your health care representative believe the decision was discriminatory, you may also file a complaint with the U.S. Department of Health and Human

Services Office for Civil Rights, or you may contact the Disability Law Center. For more information call 801-662-3497 or visit (www.disabilitylawcenter.org).

What can be done to avoid Crisis Standards of Care?

- Utah's hospitals and public health partners are pursuing every available avenue to remain in Contingency Care. This includes maximizing beds, staffing and resources on a statewide basis to treat as many patients needing hospitalization as possible.
- Utah's healthcare providers need the help of every Utahn to limit the transmission of COVID-19. That means re-dedication to: 1) wearing masks when out in public, 2) staying home when sick or not feeling well, 3) washing hands often, and 4) getting tested if you think you might have COVID-19 or have been exposed to it.
- This also means being extra safe in everyday life to avoid hospitalizations related to trauma and avoidable illness.

Do hospitals make more money on COVID Patients?

- Some have alleged hospitals make more money treating COVID patients, which incentivizes them to take more COVID patients or to diagnose patients with two or more conditions including COVID as a primary COVID diagnosis.
- Hospitals and doctors will be reimbursed for treating COVID cases by health insurance companies, Medicare and Medicaid based on established rates of payment. There is no upcharge or financial gain for treating a COVID patient or classifying a patient with a primary COVID diagnosis.
- Hospitals are urging people to avoid contracting COVID so they don't need hospital care. Hospitals want fewer COVID cases, not more.