

# Mass Critical Care Surge Response During COVID-19

Task Force for Mass Critical Care used rapid guideline methodologies to identify suggestions and operational strategies

## STAFFING STRATEGIES

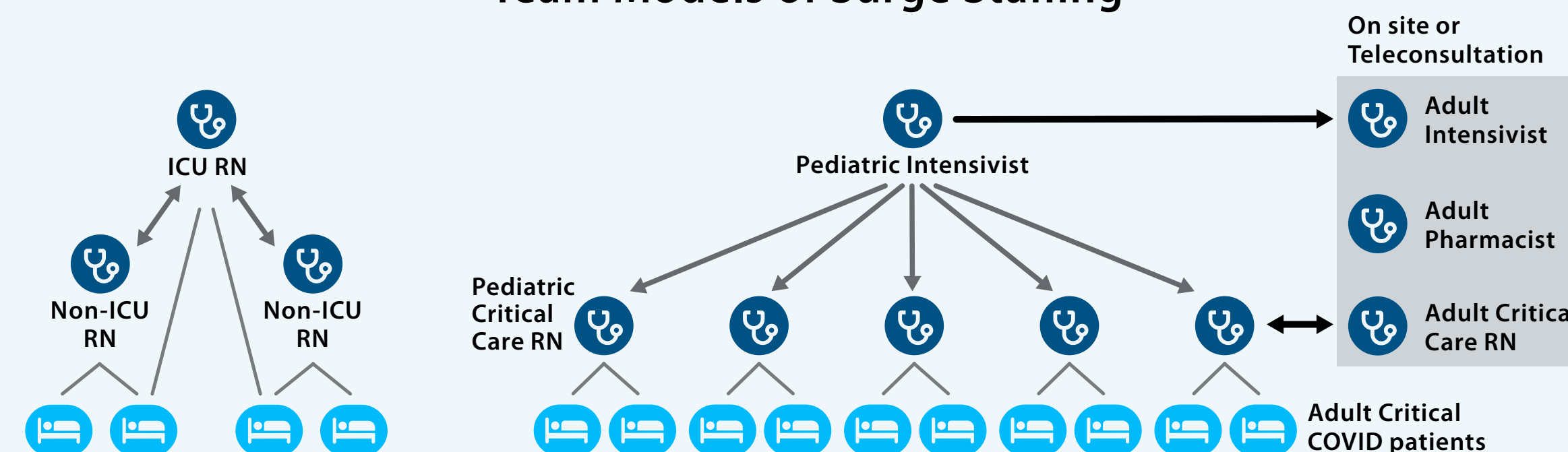
- Use **scaling coverage models** to maintain contingency level care
- **Limit overtime to <50%** above normal to minimize risk of burnout
- **Identify** those at risk for **moral injury or exhaustion**, address necessary **preventative changes** to clinical care, and promote an informed supportive culture
- Streamline documentation requirements

## TECHNOLOGY STRATEGY

- Utilize telemedicine to support bedside care and visitation needs of families

	Operating Conditions		
	Normal	Contingency	Extreme
	Conventional	Contingency	Crisis
<b>Space</b>	Usual patient care spaces maximized	Patient care areas re-purposed (PACU, monitored units for ICU-level care)	Non-traditional areas used for critical care or facility damage does not permit usual critical care
<b>Staff</b>	Additional staff called in as needed	Staff extension (supervision of larger number of patients, changes in responsibilities, documentation, etc)	Insufficient ICU trained staff available/unable to care for volume of patients, care team model required & expanded scope
<b>Supplies</b>	Cached/on-hand supplies	Conservation, adaptation and substitution of supplies with selected re-use of supplies when safe	Critical supplies lacking, possible allocation/reallocation or life-saving resources
<b>Standard of Care</b>	Usual care	Minimal impact on usual patient care practices	Not consistent with usual standards of care (Mass Critical Care)

### Team Models of Surge Staffing



## LOAD-BALANCING STRATEGIES

- **Empower clinical leaders** to determine conventional, contingency, or crisis levels of care
- Educate clinicians to recognize critical prioritization; prepare **decision support** for crisis scenarios; prioritize communication systems for **rapid access** to ethical, legal, administrative counsel when triage is encountered
- **Transfer patients early** before overwhelmed to maintain contingency level care
- Implement **regional transfer centers** to load-balance admissions in a state or region

## COMMUNICATION STRATEGY

- Establish **formal bidirectional** structures between incident command and front-line clinicians