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From: Executive In Charge, Office of the Under Secretary for Health (10)

Subj: Crisis Standards of Care in VHA during the COVID-19 Pandemic

To: VHA Central Office Senior Leaders  
Veterans Integrated Service Network (VISN) Directors (10N1-23)  
VA Medical Center Directors

1. There is currently an outbreak of respiratory disease caused by a novel coronavirus. The virus has been named "SARS-CoV-2" and the disease it causes has been named "Coronavirus Disease 2019" (COVID-19). On January 31, 2020, HHS issued a declaration of a public health emergency related to COVID-19. In addition, on March 13, 2020, the President declared a national emergency in response to COVID-19.
2. In a public health disaster, health systems must plan for a shift to crisis standards of care if the demand for health care resources exceeds the available supply despite all efforts to augment care resources. Crisis standards of care, as defined by National Institutes of Health (NIH), are "a substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster." [IOM, 2009, <https://www.ncbi.nlm.nih.gov/pubmed/22696782>].
3. VHA has statutory authority to implement crisis standards of care pursuant to 38 USC 7301(b) which states that VHA's primary function "is to provide a complete medical and hospital service for the medical care and treatment of veterans" as well as the various authorities in title 38, United States Code, that permit VHA to provide different types of medical care including 38 USC 1710, 1710A, 1710, 1712, 1784, and 1785.
4. VHA Directive 0320.02, *Veterans Health Administration Health Care Continuity Program*, dated January 22, 2020, provides policy and responsibilities for ensuring the continuity of essential health care functions and services during an emergency. The Directive states that the Under Secretary for Health is responsible for, amongst other things, establishing crisis standards of care for VHA in coordination with other Federal and State agencies. It further states that, among other things, VA Medical Facility Directors are responsible for developing and implementing procedures for scarce resource allocation and crisis standards of care.

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5. This memorandum authorizes the establishment and implementation of crisis standards of care in order to respond to this emergency when the following conditions are present:

a. All attempts to augment health system capacity have been unable to meet clinical needs, and the resource scarcity remains.

b. Alteration of standards of care are absolutely necessary to ensure:

i. Continued delivery of care that achieves the greatest good for the greatest number;

ii. The minimum necessary alteration to achieve mission goals; and

iii. That care remains consistent with overall community standards.

6. *Individual practitioners are not authorized to independently alter the standard of care.* These decisions must be informed by broad leadership input including facility leadership and subject matter experts (SMEs) (e.g., Director, Chief of Staff, AD PCS, Service Chief(s)) in consultation with the VISN Director, and when appropriate, with the Emergency Management Coordination Cell (EMCC), and VHACO leadership, and in coordination with other federal and state agencies.

7. Clear guidance for altering standards of care is essential to ensure that VHA facilities follow a transparent decision-making protocol that allocates resources fairly, consistently, and rationally based on the currently available evidence. Although many professional organizations and jurisdictions are issuing COVID-19 related ethical guidance, VHA facilities and staff must follow VHA guidance based on VA's unique mission and values; staff must not follow guidance from Federal, State, or local agencies/entities to the exclusion of VHA guidance, unless VHACO leadership instructs them to do so.

8. When a pandemic imposes severe demands on the VA health care system, an altered system of care is required, meaning that it is necessary to shift care, resources, supplies, and personnel in a way that saves the largest number of lives in contrast to the traditional focus on individuals. VHA's aim is to keep the health care system functioning and able to deliver acceptable quality of care to preserve as many lives as possible. VHA has a duty to care for the sick even in high-risk situations and to not harm patients by transmitting disease. The rights of individuals must still be protected to the extent possible and reasonable under the circumstances. Decisions to restrict or override the right of individuals to achieve public health goals must be proportional to the degree of disease or injury, necessary, relevant, applied equitably, and should be employed by the least restrictive means possible.

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9. VHA guidance for meeting the ethical challenges of the COVID-19 pandemic, including structures, processes, and protocols to responsibly allocate scarce resources and implement crisis standards of care in VHA is available at:

[https://www.ethics.va.gov/docs/policy/meeting\\_the\\_challenge\\_of\\_pan\\_flu\\_ethical\\_guidance\\_vha\\_2010\\_web\\_posting\\_2013.pdf](https://www.ethics.va.gov/docs/policy/meeting_the_challenge_of_pan_flu_ethical_guidance_vha_2010_web_posting_2013.pdf). The guidance includes the ethical framework and structure for pandemic response, and protocols for triage of scarce resources, including ventilators (refer to numbered pages 27-42 of the document for specific steps for establishment of a Scarce Resource Allocation team, a tertiary triage team, and a tertiary triage plan).

10. Facilities facing COVID-19 disease surges should establish the required structures and plan to implement these protocols. Facility Directors must notify VISN leadership of their activities related to crisis standards of care. VISN leadership, EMCC, and VHACO leadership when appropriate, should acknowledge these actions and provide instructions about the continuation or modification of these protocols based on regional conditions and/or national guidance and provide communication about this to Veterans and their families.

11. If you have questions, please contact Teresa Boyd, D.O., Assistant Under Secretary for Health for Clinical Services, at [Teresa.boyd@va.gov](mailto:Teresa.boyd@va.gov) or the VHA National Center for Ethics in Health Care at [vhaethics@va.gov](mailto:vhaethics@va.gov).



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