



February 15, 2023

## Hospital Rules Related to Crisis Standards of Care

Hospitals across Oregon are facing increasing patient census and multiple hospitals have reported implementation of crisis standards of care. When a hospital implements crisis standards of care, there are two OHA rules that may apply. The chart below summarizes the two hospital rules and highlights the differences so hospitals can ensure they are in compliance.

	<u><a href="#">OAR 333-510-0140 (Nurse Staffing)</a></u> Nurse Staffing Plan During an Emergency	<u><a href="#">OAR 333-505-0036 (Notice and Documentation of Triage Decisions)</a></u> <sup>1</sup> Hospital Requirements During Emergency Impacting Standard of Care
<b>When are these rules used?</b>	<p>A hospital can deviate from their Nurse Staffing Plan approved by the hospital’s nurse staffing committee under ORS 441.154 in the event of:</p> <ol style="list-style-type: none"> <li>1. A Government declared federal or state emergency that results in the hospital:           <ol style="list-style-type: none"> <li>a. Implementing a Facility Disaster Plan as that is defined in OAR 333-510-0140(7)(b); AND</li> <li>b. Implementing Crisis Standards of Care; OR</li> </ol> </li> <li>2. Sudden and unforeseen adverse weather conditions; OR</li> <li>3. An infectious disease epidemic suffered by hospital staff.</li> </ol>	<p>A hospital must use this rule when making triage decisions because of an emergency.</p> <p>For purposes of this rule:</p> <p>“Emergency”:</p> <p>“includes but is not limited to a federal emergency declaration, Governor’s declared emergency, a determination by the state Public Health Director under ORS 431.015(1), an epidemic defined under ORS 431.005, or any unforeseen event that results in an increased need for scarce hospital resources or significant reduction of health care staff”.</p> <p>“Triage decisions” means:</p> <p>“decisions necessary to provide equitable prioritization of critical</p>

<sup>1</sup> OHA’s permanent rule [OAR 333-505-0036](#) is effective January 24, 2023.

		care resources for patients during an emergency.”
<b>What is the definition of crisis standard of care applicable to the rule?</b>	Policies or standards adopted by a hospital to be implemented during an emergency for objective prioritization of care, prioritization of patients, and limitations on services because of the declared emergency. The crisis standards of care for purposes of this rule include only those policies or standards adopted by the hospital that change the nursing services.	Policies or standards adopted by a hospital to be implemented during an emergency to make triage decisions, such as but not limited to Oregon Health Authority adopted crisis standards of care and related tools.
<b>What is a hospital required to do?</b>	<p>In the event a hospital deviates from their approved Nurse Staffing Plan:</p> <ol style="list-style-type: none"> <li>1. No later than 30 days after deviation from the Nurse Staffing Plan the hospital incident command shall report to both nurse staffing committee co-chairs a written assessment of the nurse staffing needs arising from the emergency;</li> <li>2. The co-chairs shall call a meeting of the staffing committee to develop a contingency plan; and</li> <li>3. The staffing committee must vote to adopt a contingency plan within 90 days, or the hospital must return to the Nurse Staffing Plan developed and approved by the hospital nurse staffing committee.</li> </ol>	<ol style="list-style-type: none"> <li>1. Within 24 hours of starting to make triage decisions: <ol style="list-style-type: none"> <li>a. Notify OHA.</li> <li>b. Post notifications in conspicuous locations at the hospital and online notifying patients that triage decisions are being made. Notifications must be posted in the five most commonly spoken languages in the county where the hospital is located.</li> </ol> </li> <li>2. Post the crisis standard of care the hospital is using to make triage decisions on its website in the five most common spoken languages in the county where the hospital is located.</li> <li>3. Communicate triage decisions to patients or their representatives and provide a copy of the CSC used to make the triage decision.</li> <li>4. Document triage decisions as required by rule.</li> </ol>
<b>Does the rule have a time limit?</b>	Yes. May not deviate from approved Nurse Staffing Plan for more than 90 cumulative days without approval from the nurse staffing committee	No
<b>Notification to OHA</b>	<p>None required.</p> <p>Hospitals can, but are not required to, use the link in OHA’s <a href="#">Hospital</a></p>	Required using the link in OHA’s <a href="#">Hospital Notification for Crisis Standards of Care Activation</a> form.

	<p><a href="#">Notification for Crisis Standards of Care Activation</a> form to indicate that crisis standards of care are being implemented according to OAR 333-510-0140.</p> <p>The form allows hospitals to indicate whether or not they are making triage decisions as defined in OAR 333-505-0036.</p>	
<p><b>Documentation Requirements</b></p>	<ol style="list-style-type: none"> <li>1. Documentation reflecting that the hospital implemented crisis standards of care, as that is defined in the rule, prior to deviating from the approved Nurse Staffing Plan.</li> <li>2. Documentation reflecting that the emergency continued and that its impacts required the hospital to continue to deviate from the Nurse Staffing Plan for the duration of the deviation.</li> <li>3. Documentation that the hospital provided timely and compliant notice to the nurse staffing committee co-chairs.</li> <li>4. Documentation reflecting that the nurse staffing committee co-chair(s) called for and conducted one or more meetings of the hospital nurse staffing committee to formulate a contingency plan.</li> <li>5. Documentation reflecting that the staffing committee voted on the deviation by the 90<sup>th</sup> day.</li> <li>6. Documentation that reflected a return to the Nurse Staffing Plan developed and approved by the hospital nurse staffing committee following any vote disapproving of the deviation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Documentation for each patient that is subject to a triage decision: <ol style="list-style-type: none"> <li>a. The patient’s medical record number.</li> <li>b. The hospital’s name and location.</li> <li>c. The patient’s date of birth.</li> <li>d. The patient’s sexual orientation and gender identity, if known.</li> <li>e. The patient’s race, ethnicity, language and disability, in accordance with OAR chapter 943, division 70.</li> <li>f. Whether, at the time of presentation at the hospital, the patient was using a personal ventilator or other personal medical treatment equipment or resources.</li> <li>g. The patient’s home address, whether they are unhoused, or whether their housing status is unknown.</li> <li>h. The patient’s care preferences, as documented in an advanced directive, portable orders for life-sustaining treatment (POLST), or as communicated by a health care representative, support person, or a family member.</li> <li>i. The patient’s triage prioritization and clinical outcome.</li> </ol> </li> </ol>

		2. Documentation reflecting compliance with OHA posting and notification requirements.
--	--	--

**Document accessibility:** For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. If you need this document in an alternate format please contact our office at 971-673-0540 or [mailbox.hclc@odhsoha.oregon.gov](mailto:mailbox.hclc@odhsoha.oregon.gov)