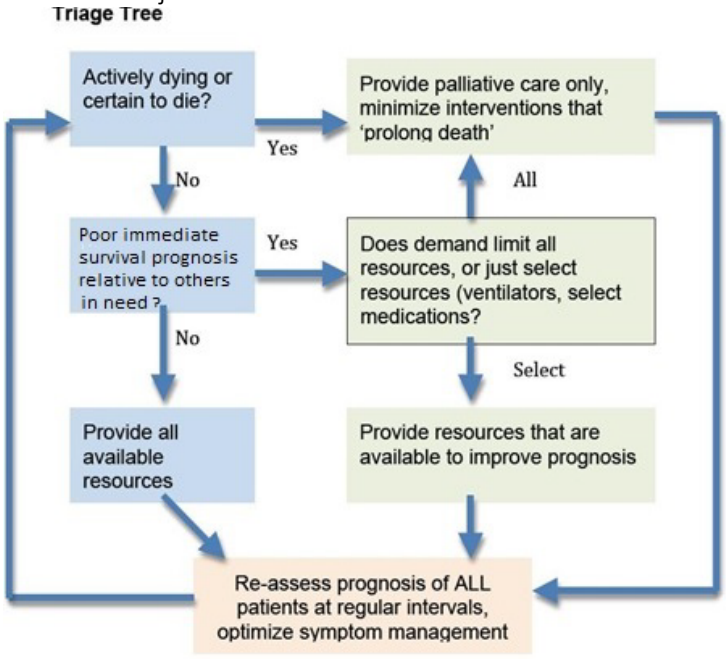
Implementing Crisis Care: A Step-by-Step Guide for Hospitals

- ☐ When an incident continues to overwhelm the hospital after initial stabilization and delivery of available resources, proactive triage of resources should only occur when the following conditions are met:
    - Critically limited resource(s) and infrastructure are identified.
    - Surge capacity is fully employed within health care facilities (and regionally) if capacity/space is the limited resource.
    - Maximum efforts to conserve, substitute, adapt, and re-use are insufficient if supplies are the limited resource.
    - Patient transfer or resource importation is not possible or will occur too late for bridging therapies (such as bag-valve ventilation or other temporizing measures) to be considered.
    - Necessary resources have been requested from local and regional health officials (as applicable).
    - A state of emergency has been declared, or other health powers (as applicable) have been activated.
    - Regional, state, and federal resources are insufficient or cannot meet demand.

The key is to implement crisis strategies only when assistance from regional and state partners is inadequate (too little or too late), and no "bridging" therapies or patient transfers can address the need.

- ☐ Facilities implementing triage of critical care resources need to notify their local California Department of Public Health (CDPH) district office to ensure the state is aware of conditions at the facility. CDPH advises that this notification will serve as a warning system of where the state may need to provide resources or plan for transfers or diversions; it will also assist the state in ensuring California's surge response is guided by ethical and equitable principles.
    - ☐ When allocating scarce medical resources, decision-making should include a basic triage tree based on objective medical evidence:



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- ✓ Ethical considerations: Basic biomedical ethical principles (autonomy, beneficence, justice, fairness/equity, transparency, consistency, proportionality, accountability) should be incorporated into decision-making for allocation of scarce critical resources (see CDPH Guidelines, pp. 15-17).
- ✓ Prohibited considerations: Health care decisions, including allocation of scarce critical resources, cannot be based on age, race, disability (including weight-related disabilities and chronic medical conditions), gender, sexual orientation, gender identity, ethnicity (including national origin and language spoken), ability to pay, weight/size, socioeconomic status, insurance status, perceived self-worth, perceived quality of life, immigration status, incarceration status, homelessness, or past or future use of resources.
- ✓ Implementing the hospital's decision-making tools and triage process for allocating scarce critical care resources ("allocation framework").
    - Triage officer and triage team should use the allocation framework to determine priority scores of all patients eligible to receive the scarce medical/critical care resource.
        - For patients already being supported by a scarce resource, the evaluation should include reassessment at pre-specified intervals to evaluate for clinical improvement or worsening.
    - Make daily determinations of how many priority groups can receive the scarce resource.
        - All patients should be eligible to receive critical care resources regardless of their priority score. The availability of critical care resources should determine how many eligible patients will receive critical care.
    - Triage officer should review the comprehensive list of priority scores for all patients and should communicate with the clinical teams immediately after a decision is made about allocation or reallocation of a critical care resource.
        - Underlying health conditions should not form the basis of the determination of the immediate or long-term survivability of the patient.
    - Triage decision should be communicated/disclosed to patient/family/surrogate. Provide a written, plain language explanation of the triage and appeals process to the patient, family, and/or surrogate.
        - Consider explaining the medical factors that informed the decision, as well as the factors that were not relevant (e.g., race, ethnicity, disability, or other factors listed under "prohibited considerations" above).
    - In response to objection/request by patient/family/surrogate, implement appeal process.
    - Conduct periodic reassessments of patients who are receiving critical care services in accordance with the allocation framework in order to determine whether the patient should continue with the treatment.
    - Patients who are no longer eligible for critical care treatment should receive medical care including intensive symptom management and psychosocial support.

- ✓ The need for ongoing utilization of crisis triage protocol should be continuously evaluated. Triage should be suspended immediately once critical resources are no longer scarce.
    - Hospital/health system leadership should consult with local health authorities about these decisions.
- ✓ At the conclusion of an emergency triggering crisis standards of care and implementation of the triage protocol, a formal report describing the hospital/health system's experience, patient outcomes, community response, and lessons learned should be developed and shared with providers, system leaders, governing authorities, patients, and the public. Feedback from these stakeholders should be used to evaluate and update, as appropriate, all aspects of the triage framework.

