

The full version of the Health PEI Critical Care Protocol can be found on the Provincial Document Management Site (PDMS) <http://healthpeipolicy.medworxx.com/default.aspx?login=true>

Policy and Procedures Manual *Operational/Clinical Protocol*

CRITICAL CARE TRIAGE

Health PEI		PROTOCOL
Applies To:	Clinicians working within critical care environments	
Monitoring:	Executive Director of Medical Affairs	
Approving Authority:	Executive Leadership Team	
Date:	Effective: June, 2020 Next Review: December 2020 or post utilization of the Protocol, whichever comes first	
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CRITICAL CARE TRIAGE PROTOCOL

Health PEI
One Island Health System

Revised April 24, 2020; May 29, 2020

This protocol was developed for specific application to a pandemic which results in a significant surge in the need for critical care, with inadequate resources to meet the demand. It may also be applied to other mass casualty events (e.g. natural disasters, other outbreaks) resulting in a prolonged surge (longer than approximately 3 days without the likelihood of external assistance). This protocol outlines a clear, consistent, and principled process for the allocation of critical care resources during a prolonged surge resulting from a pandemic. It presumes that a pandemic will so overwhelm available critical care resources that existing decision-making processes will not be sufficiently refined to determine what patients should receive critical care and what patients should receive medical or palliative care. In this worst-case scenario, these decisions will no longer be purely clinical decisions, but will be resource allocation decisions with ethical and social dimensions. It is informed by a particular set of substantive values and principles that are of relevance to the fair allocation of extraordinarily scarce health resources.

Executive Summary

The practice of medicine dramatically changes when faced with pandemic or disaster and at these times the health care system struggles to treat a patient volume that overwhelms the system. The duties in such times shift from doing what is best for the individual patient to doing what is best for all patients as a whole. This requires triaging resources to those who are most likely to survive and who will utilize the least resources in doing so.

Clinical triage for pandemic/disaster surge must be done ethically and consistently according to principles of fairness, proportionality, and utility; that is, triage must be morally equitable across patients, provide the most appropriate highest level of care wherever possible, and allocate hospital resources to those most likely to benefit. The process must not only be “just” by transparently removing bias but also instill trust between the public and the health care system.

A critical care triage protocol has been developed according to these principles. The PEI critical care protocol is sequential and first identifies the patients who will most likely require critical care resources to survive (i.e. inclusion criteria). It then uses best evidence and opinion of expected mortality across acute and chronic disease to broadly stratify survivability across triage levels. Triage levels are progressively applied with surge to ensure critical care resources are available to those who are most likely to benefit. The protocol then uses supplemental clinical criteria to further identify those with the best chance of meaningful survival.

The triage process is performed anonymously with attending physicians completing triage forms. These are submitted to a Provincial Triage team that prioritizes patients to allocation of critical care resources. Results of triage are communicated to attending physicians who have the responsibility of discussing with patient and/or family. Triage can be appealed based on errors of procedure or judgement. Patients who are not eligible for critical care are provided with the best available medical or palliative care and may still be considered if further resources become available.

The decision to invoke a critical care triage protocol in PEI is based on available PEI critical care resources and the anticipated patient surge. This decision is that of the COVID 19 Joint Response Team in consultation with HPEI Operations incident command structures at Queen Elizabeth Hospital (QEH) and Prince County Hospital (PCH). The hope is that the critical care triage protocol never has to be invoked but if is, it provides an ethically sound framework to allocating limited resources.