Decision Making Matrix for Resource Allocation During a Declared Pandemic

Policy Number: 86100-PRE-029

PURPOSE:

To offer ethical support to clinicians for clinical decision making before and, if possible, during a declared pandemic.

APPLIES TO:

All Licensed Independent Providers (LIP), caregivers, volunteers and contract employees of Providence Health & Services Southwest Washington Service Area (SWSA).

POLICY STATEMENT:

1. During a declared pandemic, and in conjunction with the facility's policies regarding disaster events, it is anticipated that healthcare professionals, and especially clinicians, will need support in making clinical decisions which may not follow normal standards of care. Decisions should be made with transparency, promoting of the common good, and giving due attention to the vulnerable. Professional judgment will be respected and supported by Administration. The Ethics Committee will be available for consultation.

2. A declared pandemic represents a new and challenging context for healthcare, and it will trigger certain structured responses from government, public health, and healthcare providers. Ethically, it brings public health or population based ethics to the fore. Traditional medical ethics typically focuses on an individual's health and often reveals a preference for individual autonomy, while public health ethics typically focuses on the health of population and is more concerned with social justice and maximizing benefits to the community.

3. Under conditions of radical scarcity in a declared pandemic, current standards of care may need to change. In Critical Care Units (CCU), new standards of care will follow the Emergency Mass Critical Care (EMCC) standards by the Task force for Mass Critical Care. Thus, for example, one patient's desire to seek all possible treatments may be subordinated to making decisions for several other patients who have a greater likelihood of survival and who require fewer resources. Also, time constraints during a pandemic may not permit prolonged ethical deliberation on hard cases, and so, to the extent possible, the
major ethical decisions should be made prior to a pandemic disaster as part of our other preparations.

4. Triage will be used when CCU capacity is inadequate to meet patient needs. It is anticipated that during a pandemic three levels of triage will be operative. Primary triage will take place outside of the hospital; secondary triage will take place in Emergency Services; and tertiary triage – which this document addresses – will take place in the hospital and will be used to allocate resources for those needing critical care services. Triage will be managed by supervising providers or an appointed triage officer, and this person will be in charge of patient and resource allocation. Other providers and clinicians will provide needed care, but will not have primary responsibility allocation decisions.

5. This document works in tandem with the ethical Focus During a Declared Pandemic policy and follows the key values of transparency, subsidiarity, the common good, and attention to the vulnerable.

6. Providence facilities, will need to learn what limitations will be imposed by county and state protocols, and what limitations they may need to impose within their institutions. They will also need to consider the effects these limitations may have in order to plan for transparency, the common good, and caring for vulnerable patients.

PROCEDURE:

1. Local emergency preparedness plans will be followed, congruent with state and federal plans. Other facilities, outside the hospital, may be utilized (i.e., palliative care patients may be directed to a local clinic where healthcare providers offer comfort care).

2. Adequate Staffing
   A. Human Resources guidelines will be implemented during a declare Pandemic Influenza Level 4 or 5

3. Education
   A. Staff and the community should be educated appropriately and in a timely manner regarding this policy in order to promote transparency, trust, and compliance during an actual pandemic.

4. Activation of the Critical Care Triage Team
   A. The decision to activate the Critical Care Triage Team will be based on observation by members of the Emergency Center, CCU, Thurston/Lewis County Public Health Officer, and/or Hospital Incident Command System for pandemic influenza/emergency.
   B. The Critical Care Triage Team will meet daily and as needed once a pandemic influenza/emergency Level 4 status has been declared. The team will include:
      2. Thurston County Public Health Officer, or designee.
      3. All available intensive care specialists.
      4. Other providers serving as the provider of record for patients in the CCU.
      5. Ethics Committee chairperson.
      6. Manager of Respiratory Therapy, or designee.
      7. Critical Care charge nurse.
      8. Triage Officer-Patient Flow Coordinator/Administrative Supervisor

5. Triage of Critical Care Resources

A. Daily updates regarding CCU capacity and expected patient resource requirements will be discussed during pandemic influenza/emergency Levels 4 and 5.

B. Patients receiving critical care resources will have their critical care needs reviewed by the responsible intensive care specialists throughout the day.

C. All patients receiving critical care resources that may be limited or removed will be evaluated and represented by an intensive care specialist. The intensive care specialists on-call will consult on any of these critically ill patients not receiving current evaluation by the group.

D. Patients will be ranked by the intensive care specialists based on clinical criteria that may include, but may not be limited to, severity of illness scoring. This list will rank patients based on likelihood of survival and will be updated on a continuous basis.

E. The intensive care specialist on-call for that day will maintain this list of patients, updating this list as changes in condition occur. The list will be passed on to the succeeding intensive care specialists on-call.

F. Once the Critical Care Triage Team has determined that critical care resource requirements have exceeded the available resources (Level 5), the appropriate intensive care specialist on-call will provide the name(s) of the patients that will have critical care resources limited/removed.

G. The Thurston/Lewis County Public Health Officer will be notified and will validate the orders to limit or remove critical care resources based on the ranking and recommendations of intensive care specialists.

H. Orders to limit or discontinue resources will be entered into the record by the appropriate intensive care specialist.

I. Documentation of the decision to limit/remove critical care resources will be provided by Critical Care Triage Team.

6. Medical Record Documentation During Declared Pandemic/Emergency Influenza Level 5

A. In the event of a declared pandemic/emergency Level 5, the Critical Care Triage Team will reference the following in the patient record.

1. That a state of declared emergency exists, and that the emergency response system of the facility has been activated.

2. That all existing resources and surge capacity of the institution and region have been overwhelmed and/or exhausted.

3. That no obvious resource capability is imminent, and a mass triage strategy has been instituted per hospital instruction that will result in rationing of care.

4. That a triage team has made the assessment to withhold a resource and is acting in a non-discretionary manner with the approval of the regional incident commander and in concert with state emergency declarations and enacted legal protections.

5. That all existing medical modalities for supportive care and for alleviation of suffering will be instituted or continued.

Key Words: Pandemic, pandemic flu, Critical Care Triage Team, pandemic

AGE-RELATED CONSIDERATIONS:

Age will not be a primary consideration and will be considered only in the likelihood of death.
CONTRIBUTING DEPARTMENT/COMMITTEE APPROVAL:

- Ethics Committee,
- Medical Staff,
- Critical Care,
- Patient Care Services

DEFINITIONS:

- **Declared Pandemic**: A publicly recognized outbreak over a large geographical area, often worldwide, with the potential to cause serious illness, death, or colossal social and economic disruption. A pandemic is officially "declared" by the World Health Organization. A local declared emergency, including a pandemic, occurs when an official – often a governor, president, or other leader – has been given sufficient evidence from healthcare leaders that an outbreak of a specific illness or a catastrophe causes a great threat to society.

- **Declared Pandemic Influenza Levels**: These will be defined by Thurston County Health Officer, who has request that they have a placard on the policy and be utilized at a later time.

- **Subsidiarity**: The principle of subsidiarity holds that the functions of government/leadership should be performed at the lowest level possible, as long as they can be performed adequately. When the needs in question cannot adequately be met at the lower level, then it is not only necessary, but imperative that higher levels of government/leadership intervene.

- **Transparency**: Transparency means that the reasoning behind choices and actions are fully articulated, in a manner appropriate to the audience, and that the values and principles for those decisions and actions are communicated and open to examination. Transparency is more than disclosure, it is a two-way communication. Transparency also promotes the Catholic principles of subsidiarity and participation – decisions should involve those individuals most affected by them. Transparency may be the most important practice for Providence hospitals during the implementation of a response plan and to promote our Mission during the declared pandemic.

- **The Common Good**: The common good encompasses those aspects of society necessary to promote common human flourishing. In times of disaster or pandemic, basic aspects of society are needed to keep it functioning, including, but not limited to, water, food, clothing, shelter, basic health care, and the necessary infrastructure to deliver and provide access to these goods and services.

- **Vulnerable Individuals**: Those persons that are particularly susceptible to share in a disproportionate amount of the harm and burden of societal policies and actions. As in many situations, the socially and economically disadvantaged also are particularly vulnerable in a declared disaster pandemic. Hurricane Katrina demonstrated that these groups suffered the worst from the aftermath of the disaster because of their inability to leave the area or the lack of sufficient resources to respond appropriately.

OWNER:

VP / Mission

Prior Policy History:

- Implementation Date: 11/2009
- Reviewed Date: 4/2014
REFERENCE:

- Chest 2008; 51-56 New York Guidelines
- Heller, Jan C., Ph.D., *Disaster Planning: Shifts in Ethical Priorities*, Catholic Health Association Assembly, June 2009

ADMINISTRATIVE APPROVAL:

Angie Wolle - VP / Mission
Gregg VandeKieft, MD - Medical Staff President

All revision dates: 3/11/2020, 4/1/2014

Attachments

No Attachments

Approval Signatures

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Applicability

WA - Providence Centralia Hospital, WA - Providence St. Peter Hospital