Health Care Facility Scarce Resource Decision-Making Tree

Health care facilities could utilize this more detailed triage plan during a Crisis Standards of Care situation.

**Hospital Scarce Resource Decision-Making**

**Clinical resources inadequate or will be inadequate to meet demands AND:**
- HICS implemented.
- Regional transfers not possible to off-load.
- Resources not available in a timely manner.
- Event of sufficient duration/magnitude to require proactive decision-making.

IC directs Clinical Care Committee (CCC) to examine situation, timeframe, available guidance, recommend changes to usual practice and use of resources.

**Are case-specific triage resources required?**

- No
- Yes

Each operational period:
- Maintain situational awareness/anticipate issues.
- Communicate clinical and operational changes to patients/families, staff and public as required.
- Re-assess response and decisions during prior cycle.

CCC consults with Office of Medical Director (OMD), appoints Triage Team (TT) composed of:
- OMD on-call
- TWO specialty staff with expertise in resource area (example critical care for ventilators, CV for ECMO, infectious disease for anti-virals, burn surgeon for mass burn event – most situations will involve at least one, if not two critical care staff.

Triage team reviews situation, patients, and available triage guidelines taking into account:
- Clinical / prognostic data (including relevant scoring systems).
- Duration of use.
- Likelihood of benefit

Team should not consider subjective factors in decision-making.

Team is consulted whenever a demand for specific resource occurs – may be in-person or virtual. Triage team confers and decides which patient(s) will receive the resources available.

Triage team documents decision-making in affected patient charts according to incident-specific template.

Decision communicated to patient’s Attending MD and Inpatient Supervisor.

Attending MD may make clinical appeal within 15 minutes if new clinical information suggest improvement (Triage Team – reevaluates in light of new information and communications decision)

Inpatient supervisor and attending physician determine:
- Family / Patient notification – may request OMD assistance.
- Level of care required for ongoing support (floor, intermediate, ICU).
- Transition plan for patient and family (location, support – clinical and emotional, etc.)

*Algorithm and plan does not apply to immediate, reactive triage decisions in the early phase of a disaster (e.g. ED, trauma surgery) or to non-emergency circumstances (specialty providers will engage colleagues in decision-making). This algorithm is a summary of select actions in the HCMC Crisis Care Annex which should be referred to for further details.