



Note: examples only – does not represent all potential adjustments. Increasing risk for poor patient outcome as progresses from left to right. Regional agreement on what constitutes ‘significant risk’ and therefore crisis conditions is needed to facilitate communications, resource distribution, and guide response strategy

Criteria for Assigning Resources

- Medical
 - Prognosis
 - Duration of benefit – limited to consideration of short term – e.g. 1 year
 - Duration of need
- Social
 - Age – different from age as risk for outcome
 - Reciprocity – essential workers
 - At-risk communities – e.g. communities of color, LTC, disadvantaged / access to care issues

Cautions on resource triage

- Disability assessments / exclusions
 - Present in many early versions of triage criteria but successfully challenged in court
- Age
 - Medical prognosis vs. social factor – key distinction!
- SOFA
- Social factors – reciprocity, impact on communities of color
 - What is the correction we are trying to apply?
 - What is the consequence if we miss the target?
 - Assuring fair access is NOT the same as favoring a group
 - ALL social factors should be agreed upon by the community at large as these are not medical decisions – social contract agreed upon by the community

Critical Care

- Load balancing is important to maintain consistent standard of care
 - MOCC model
 - Differential impact on hospitals in at-risk areas
- Whenever possible, diagnosis-specific prognostic information should be used
- COVID-19 has few predictors of outcome aside from age
 - LR for death 80 year old vs. 40 year old is over 11
 - Data is limited
 - Avoid self-fulfilling assumptions (if resources aren't offered to high risk individuals of course most will die)

Provider

- Knowledge
 - Current evidence
 - Ethical issues
 - Principles
 - Resources available
- Practice
 - Make decisions in usual scope of practice
 - Apply available policy to resource allocation decisions
 - Consult when decision not usual / no policy

Consultations
Conditions
Needs

Guidelines
Education
Resources
Clinical assistance

Facility / System

- Incident Command System
 - Recognizes / anticipates issues
 - Integrates clinical experts
 - Receives info from consultants/triage team
 - Develops system policy
 - Allocates resources
 - Public / provider messaging
- Knowledge
 - System status
 - State / Coalition status
 - Resource issues
- Policy
 - Clinical decision consultant available
 - Triage team available if needed
 - Clinical guidelines
 - Allocation policies (e.g. monoclonals, medications)
 - Surge policy – space, staffing expansion / models

Practices
Conditions
Needs

Guidelines
Education
Resources
Protection
Regulatory relief

Coalition / State

- Incident management / coordination
 - Recognizes / anticipates issues
 - Integrates clinical experts
 - Make resource requests to State / Federal
 - Provider/public messaging
- Knowledge
 - System status
 - State / facility status
 - Resource issues
 - Information / policy sharing
- Policy
 - Regional clinical decision consultant?
 - Regional triage team?
 - Guidance (clinical / non-clinical)
 - Strategies for allocation
 - Regional bed / transfer coordination (MOCC)?
- STATE only
 - Liability protection
 - Executive orders
 - Regulatory relief



TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY