Triage Officer Training

AZ Crisis Standards of Care and COVID19 Addendum

Banner Health®

JULY 2020

BANNER TRIAGE TEAM

Audience

- Chief Medical Officers
- ED Triage Officers
- Tertiary Triage Officers
- Others who need to know

Worst Case Scenario: What If?

- Two patients need a ventilator and only one ventilator is available
  - Which patient gets the ventilator?
  - What happens to the other patient?
- Five ED patients need an ICU bed and only three ICU beds are open in the region
  - Which patients are admitted to an ICU?
  - What happens to the other patients?

Banner is continuing plans to prevent the need for ventilator and ICU bed triage

Why are we doing this training?
Duty to Plan and Prepare

- We don't know the future: current increases? unexpected surge? increase in the fall?
- Arizona is one of the worst "hotspot" for COVID19 per capita; in addition we continue to care for all our non-COVID patients
- AZ is operating under Crisis Standards of Care – "Do the best you can with what you have."
- This training honors our duty to plan and prepare
- If Arizona ever needs to perform ventilator or ICU triage – we will do so ethically, fairly, consistently, transparently, publicly and with a shared state protocol
- Triage criteria apply to all patients, COVID and Non-COVID

What does Crisis Triage mean?

- Conventional Triage: All patients get what they need
- Contingency Triage: Busy, patients still get what they need
- Crisis Triage: Not all patients get what they need - Lack of scarce resources
- Medical triage – Marathon Mass Casualty - Sprint
- What resources are we triaging now? ECMO, remdesivir, CRRT, staff, tele units...
- What scarce resources are we NOT triaging now? ICU beds, ventilators...

The Personal Burden of Triage

Goal: Save as many lives as possible

- Triage duty ("consider the whole community") is the opposite of bedside duty ("consider only the patient in front of you")
- Few clinicians have ever triaged in the US (except mass casualties)
- Decisions could result in morbidity or mortality for an individual patient in order to attain "the greatest good for the greatest number"
- The hardest job in clinical medicine

Today's Plan

- Triage Process
- Triage scoring
- Back end triage (PEG-T)
- Roles: ED Triage Officer, Tertiary Triage Officer
- Example scenarios
- Resources and toolkit review
- Q&A

Playbook: Crisis Standards of Care

Arizona Crisis Standards of Care

Activation of the Arizona Crisis Standards of Care (CSC) provides a framework of flexible resources as well as legal protection for clinicians providing the best care possible in response t...

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Banner Health's Triage Process

Status Report

We are NOT triaging ICU beds or ventilators at present

- Arizona cases continue to rise
- AZ CSC activated; COVID19 Addendum ready
- Surge plans activated in Arizona
- CSC/Triage Playbook “SWAY” created to support you
- The entire State of Arizona plans to triage or not triage together (public)
- **Triage criteria apply to all patients, COVID and Non-COVID**

Process Flow

Workflow: Az Crisis Standards of Care

How are Triage Scores Calculated?

- According to the protocol in the COVID19 Addendum
- The components are:
  - SOFA score
  - Plus short term prognosis
    - One year
    - Five year
- Final Result
  - Total Triage Score
  - Triage Color

Summary Table 1: Multi-principle Strategy for Determining Triage Priority Score for an Individual Pa
Based on Pittsburgh, California and Maryland Frameworks

	0 POINTS	1 POINT	2 POINTS	3 POINTS	4 POINTS
SOFA score (Table 1-A) Or PELOD-2 score (Table 1-P)		ADULT SOFA SCORE **(<6)** OR PEDIATRIC PELOD-2 SCORE <12	ADULT SOFA SCORE **(6-8)** OR PEDIATRIC PELOD-2 SCORE 12-13	ADULT SOFA SCORE **(9-11)** OR PEDIATRIC PELOD-2 SCORE 14-16	ADULT SOFA SCORE **(≥12)** OR PEDIATRIC PELOD-2 SCORE ≥ 17
----------PLUS----------					
	ADD 0 POINTS		ADD 2 POINTS		ADD 4 POINTS
Additional considerations	Expected to live more than 5 years if patient survives the acute illness		Death expected within 5 years despite successful treatment of acute illness		Death expected within 1 year despite successful treatment of acute illness

Triage Colors > International Standards

Summary Table 2: Determining Triage Color Group for an Individual Patient

Triage Color Group	Triage Priority Score from Summary Table 1
RED HIGHEST PRIORITY FOR CRITICAL CARE RESOURCES	1-3
YELLOW INTERMEDIATE PRIORITY FOR CRITICAL CARE RESOURCES	4-5
BLUE LOWEST PRIORITY FOR CRITICAL CARE RESOURCES	6-8

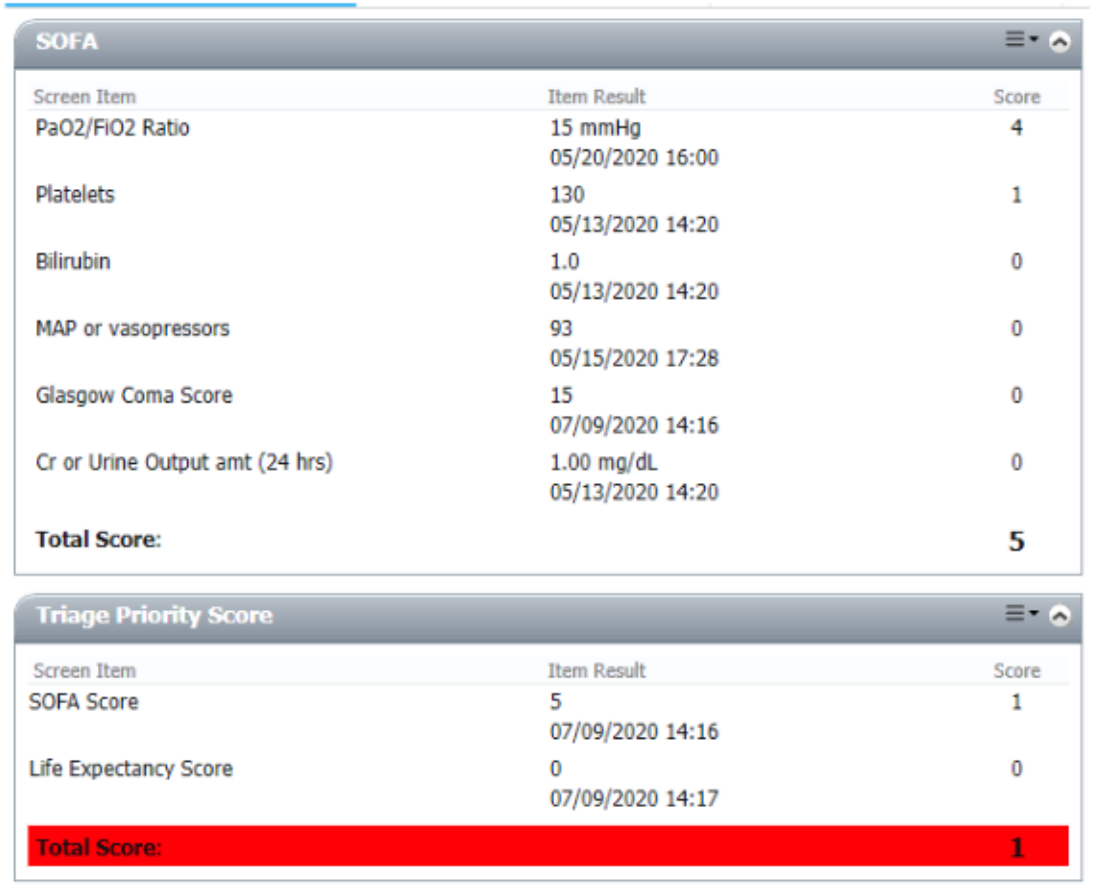
Identical Triage Scores

(The PEG-T can help with these criteria)

Use the tie breaker criteria in the following order:

- Under 18?
- HCW or frontline responder?
- The sole caretaker for dependent minor or adult?
- Pregnant?
- Chance to experience life stages? (not the same as chronological age)
- Random allocation

Documentation: Triage Score and Color



SOFA

Screen Item	Item Result	Score
PaO2/FiO2 Ratio	15 mmHg 05/20/2020 16:00	4
Platelets	130 05/13/2020 14:20	1
Bilirubin	1.0 05/13/2020 14:20	0
MAP or vasopressors	93 05/15/2020 17:28	0
Glasgow Coma Score	15 07/09/2020 14:16	0
Cr or Urine Output amt (24 hrs)	1.00 mg/dL 05/13/2020 14:20	0
Total Score:		**5**

Triage Priority Score

Screen Item	Item Result	Score
SOFA Score	5 07/09/2020 14:16	1
Life Expectancy Score	0 07/09/2020 14:17	0
Total Score:		**1**

[Click here to access the full documentation education]

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Pandemic Ethical Guidelines Team (PEG-T)

The PEG-T

- "Back End System Triage": relieves treating provider of hard decision
- Their task is to interpret protocols strictly and take responsibility for hard decisions
- They are NOT an ethics consult service
- They are available 24/7 when triage is active
- By the time you call for a decision your facility should have exhausted all avenues to:
  - get the resource to your patient
  - get the patient to the resource

The PEG-T: General Info

Call the PEG-T for a decision when your facility is out of options

There are three primary reasons to contact the PEG-T:

- To **clarify** questions regarding the triage process (IF no one else can answer)
- To approve the involuntary/medically suboptimal **withholding** of any resource(s) from an existing patient, based on the triage protocol
- To approve the involuntary/medically suboptimal **reallocation** of any resource(s) from an existing patient for use in an alternate patient, based on the triage protocol

Calling the PEG-T for a Decision: Example

Articulate your dilemma	• one resource left, two patients in need
Report the triage SCORES of the eligible patients	• One resource, two patients, triage scores are 3 and 8

DO NOT Report the following information to the PEG-T:

- Name, Age, Sex, Gender, Genetic information
- Race, Ethnicity, National origin, Religion
- Judgment about quality of life
- Disability status
- Insurance status
- Veteran status
- Other ethically irrelevant information

Calling the PEG-T for a Decision

Call as early as possible if you see a decision looming

Dedicated phone line 480-684-7800; ask for PEG-T

Your call will be to the PEG-ICU

PEG-ICU is a <u>non-treating intensivist</u> doing only triage calls for the PEG-T

If the PEG-ICU cannot answer the question/dilemma easily they will contact the rest of the PEG-T and get back to you with a decision.

PEG-T decisions will be made strictly using the triage priority score

PEG-T is required to follow the protocol for fairness, consistency and transparency

PEG-T CONSULTANT NOTE (COVID-19)

Pandemic Ethical Guidelines Team (PEG-T) Consultation Note

This patient's care has been impacted by the application of the algorithm set out in the Arizona Crisis Standards of Care COVID19 Addendum of 6/15/20. (CSC-COVID19)

Banner Health is currently at Pandemic Triage Level ___ as declared by the Banner Health Leadership Team.

Accordingly, the CSC-COVID19 will direct allocation of hospital beds, ventilators, and other potentially life sustaining treatment (LST) during this time of extreme scarcity when demand exceeds supply. These guidelines are predicated on the fundamental assumption that decision-making during this pandemic is based on achieving the greatest good for the greatest number of people, within constraints of fairness and respect for human dignity. Therefore, the primary directive is to save the most lives possible while recognizing we may not be able to save all. Patients who cannot access scarce resources will receive the best available treatment and those who cannot be saved will receive comfort care.

Use of the CSC-COVID19 is based on fairness, consistency, duty to care, and duty to steward scarce resources. It will be used in a transparent manner and made available to all, including staff, patients, families, and the general public.

Templated Cerner Note

PEG-T Decision EMR Note: Part 1

Selection Criteria for Decision of PEG-T Triage Note Inclusion

1) The decision that **aggressive treatment may proceed** for this patient was made by the centralized PEG-T in accordance with the CSC-COVID19 specifically because this patient has a higher Triage Priority Score than other currently waiting patients.

OR

2) The decision that *admission to the hospital/admission to the ICU/access to a ventilator/access to another resource* _____ **cannot be allocated** to this patient was made by the centralized PEG-T in accordance with the CSC-COVID19 specifically because another patient with a higher priority score is expected to survive if given access to the resource, and there are currently not enough resources for both patients.

OR

3) The decision to **withdraw** a life-sustaining resource from this patient was made by the centralized PEG-T in accordance with the CSC-COVID19 specifically because a) despite receiving this resource for an adequate interval, this patient has the lowest priority score of patients using the resource and b) a waiting patient with a higher priority score is expected to survive if given access to the resource and c) no other such resource is currently available for the waiting patient.

Signed,

Physician Ethicist Representative of PEG-Team

PEG-T Decision EMR Note: Part 2

Home Ventilators/DME

Personal property will NEVER be reallocated

When a chronically ventilated patient with their own ventilator is admitted, they will continue to be ventilated using that ventilator which is considered to be their personal property. While ventilated by their own ventilator, patients will be exempt from the ventilator triage process.

-COVID19 Addendum

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ED Triage Officer

ED Triage Officer: ED to Facility Link

Tasks :

- Must know your ED resources/bed-board in real time (House Sup)
  - **We are working to get you access to the bed-board**
- Know your ED patient triage scores
- Liaison with Tertiary Triage Officer regarding current resource availability
- Do what you can with what you have: “Standard of care” is currently “Crisis Standards”

ED Triage Officer

Interacts and Collaborates closely with :

- Banner Health Transfer Services about whether/when transfers are possible involving your facility.
- Clinical Care Committee (CCC) including COO/CMO/CNO
- Tertiary Triage Officer
- ED Physicians and Care team

Ensure you have the contact information for these individuals at your facility

ED Triage Officer

What you do NOT do

- TREAT patients during your shift
- Supply any extraneous information to the Tertiary Triage Officer or PEG-T
- The actual triage priority scoring
- Make the tough decisions
- Tell families/patients the tough decisions
- Write orders

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Tertiary Triage Officer

Tertiary Triage Officer: Facility to System Link

Must Know the:

- Facility resources/bed-board in real time: vents and ICU beds (House sup)
  - **We are working to get you access to the bed-board**
- System resources: vents and transfer
- ICU Patient triage scores
- Triage scores of patients who are using a scarce resource
- Do what you can with what you have: “Standard of care” is currently “Crisis Standards”

Tertiary Triage Officer

Interacts and Collaborates closely with :

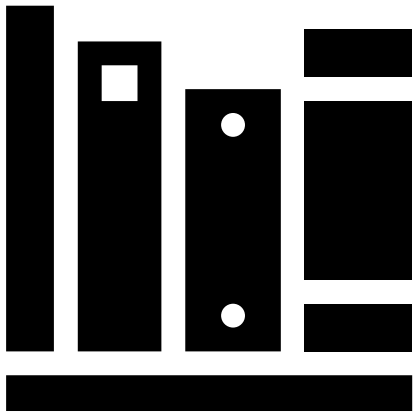
- ED Triage Officer
- Banner Health Transfer Services about whether/when transfers are possible involving your facility
- Clinical Care Committee (CCC) including COO/CMO/CNO
- Intensivist and Critical Care Team
- Palliative Medicine and Communication Team

Ensure you have the contact information for these individuals at your facility

Tertiary Triage Officer

What you do NOT do

- TREAT patients during your shift
- Supply any extraneous information to the PEG-T
- The actual scoring: SOFA, triage scores
- Make the tough decisions
- Tell families/patients the tough decisions
- Write orders



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Scenarios

What if?

Two patients need resource (R), one R available

- Patient A: Triage color red
- Patient B: Triage color blue

Q: R is allocated to which patient?

Red is the higher priority patient

Q: What happens to the other patient?

- Gets the best we have available that does not include the R
- Triage does not equate to “live or die”
- It is “optimal” vs “best available” treatment

What if?

Two patients need R, both triage color RED (highest priority)

Q: R is allocated to which patient?

- Need the actual score. Red scores can be 1-3. Lowest score = highest priority

Q: What if both patients have the same number and color?

- Use the Equal Priority Resolution Process (pediatrics, HCWs, single caretaker, pregnant, life stages)

Q: What if every aspect is the same?

- Random allocation

What if?

5 patients need R, there are 3 R available

- Scores 1-2-3-4-5, all at same hospital
  - Allocate to 1,2,3
- Scores 2-3-3-6-8, at 3 different hospitals
  - Allocate to 2,3,3 ONLY if the resources and the patients can be connected
- Scores 1-1-2-3-4, the score 1s are located >3 hours from the R
  - If you can't get the distant 1s to the resource, allocate to 2, 3 and 4

What if?

3 patients in ER need R and 5 patients in house have R

- ER scores 2-5-8; In house 2-2-3-5-8

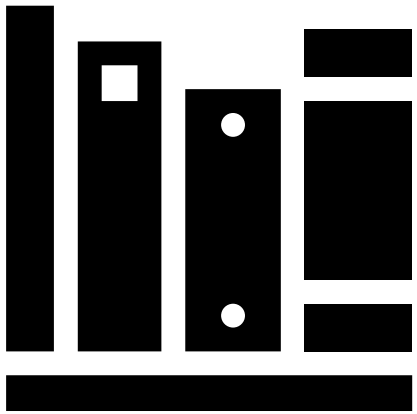
- In house 5 has been intubated 3 days and score has stayed the same, stable
- In house 8 has been intubated 14 days, scores have been 2-3-2-2-2-3-2-3-4-4-3-**8-8-8**
- ER 8 has treatment resistant metastatic cancer, refused hospice to “find a cure”

The resource is allocated to whom? From where?

- Requires entire PEG-T for decision
- Likely in house 8 R is reallocated to ER 2
- Burden of proof for a reallocation is very high

Triage Timeline

- SOFA scores are live now; total triage scores will go live by midweek
- Communication updates start 48-72 hours before ICU/vent triage is likely to begin
- Triage Officers will be deployed 24—48 hours before ICU/vent triage begins (facility call schedule – daytime only until triage is "live")
- Once deployed Triage Officers are in the triage role until triage stops
- Communication will go to all CMOs, TO, PEG-T, and the public if triage begins
- Once triage begins, the Triage role is your only duty during your shift
- CMOs, Birdi, Mayer, Simons on 24/7 backup during active triage



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Resources

Playbook: Crisis Standards of Care

Arizona Crisis Standards of Care

Activation of the Arizona Crisis Standards of Care (CSC) provides a framework of flexible resources as well as legal protection for clinicians providing the best care possible in response t...

Go to this Sway

Toolkit

Playbook: Az Crisis Standards of Care (Sway)

Workflow: Az Crisis Standards of Care

Templated Cerner Note

Documentation education

FAQ document

Banner Triage Role Summary

Single Point Lesson Sheet: All Clinical Staff

What do I need to do now?

- ❑Read the addendum
- ❑Familiarize yourself with the Playbook (Sway)

  Password: Banner123
- ❑Review the scenarios – think about other scenarios
- ❑Ensure access to your facility dashboards (house sup at present)
- ❑Setup your Hospital Triage Worklist in the EMR**

  Facility based Clinical Informatics team is available to help you

System Triage Task Force

Dr. Shiva Birdi

Dr. Mary Katherine Harper

Dr. Bree Johnston

Dr. Eric Katz

Dr. Patty Mayer

Dr. Mike O'Connor

Dr. Sarah Payne

Dr Michael Simons

Dr. Steve Wolinsky

QUESTIONS?