KootenaiHealth

POLICY

Title: Allocation of Scarce Resources

Effective Date: 01/26/2016

Contents

Purpose

This policy is provided for the purpose of setting forth guidance and process for determining allocation of scarce medical equipment, medicines and/or staff in the event of an officially designated disaster or epidemic situation, or when the critical needs of patients exceed the current ability to provide such resources and all usual reasonable and appropriate measures as defined by Kootenai Health/departmental Policy and Procedure for resolution have been exhausted.

This policy is based on the ethical principles of beneficence and justice, utilizing the concepts of triage to provide the most ethically and medically effective decisions regarding allocation of resources. This policy and its process incorporate and reflect the following values and principles:

1. Consistent application
2. Incorporation of current acceptable medical standards of practice
3. Respect for the dignity of all patients
4. Open transparency of triage criteria
5. Consistent periodic review of practice, decisions, and policy
6. Recognition that scarce resources include medication, equipment, necessary staff and physical space

Definitions

1. ***Scarce Resource***. Scarce resource situation is defined as an acute situation wherein Kootenai Health is unable to fulfill the requirement for critical resources as defined by the relevant department necessary to meet immediate patient needs. Such resources include, but are not limited to equipment, medication, appropriate staff and physical space.

2. ***Palliative Care***. Palliative Care is specialized medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The Palliative Care Team also provides support for and facilitation of discussions about patient's goals of care.

3. ***Acute Physiology and Chronic Health Evaluation II (APACHE II) Score.*** The APACHE II tool is used to determine severity of disease and mortality estimation. http://www.mdcalc.com/apache-ii-score

4. ***Sequential Organ Failure Assessment (SOFA) Score***. The SOFA is a tool utilized to predict outcomes for critical care patients. The SOFA focuses on organ dysfunction and measures morbidity severity and mortality estimation. http://clincalc.com/IcuMortality/SOFA.aspx

Activation

Initiation of the process of allocation herein is prompted by declaration of internal or external triage or declaration of epidemic by Kootenai Health Incident Command, or when the critical needs of patients exceed the current ability to provide such resources and after all usual reasonable and appropriate measures for resolution as defined by each department have been exhausted, as follows:

1. When there is potential for critical shortage of a resource, Director or designee of the department in which the potential shortage has been identified will immediately contact the Administrator on Call (AOC) and the Hospital Supervisor while following departmental policy to obtain the resource. The Hospital Supervisor or AOC will notify the Chair or Co-Chair of the Clinical Ethics Committee to provide early warning of the possibility that the Scarce Resource Triage Team may be required. The Team is coordinated by the Chair or Co-Chair of the Clinical Ethics Committee or designee, and is comprised of the following members, as applicable for the specific scarce resource situation:

    A. Hospital Supervisor or Administrator on Call (*required*)

    B. Clinical Ethics Committee Chair and/or Co-Chair or designee (*required*)

    C. Chief of Staff or designee

    D. Chief Medical Officer

    E. Hospital Chaplain

    F. Risk representative

    G. Kootenai Health General Counsel

    H. Director(s) of affected Department(s)

    I. Emergency Department Physician currently not caring for the patient(s)

J. Medical Director of Critical Care if currently not caring for the patient(s) or designee

K. Director or designee of affected nursing unit(s)

L. Attending physician(s) of patients for whom allocation is to be decided

M. Medical Department Chair(s) or designee(s)

N. Ad hoc specialist(s) relative to current situation (e.g., cardiology, nephrology, neurology, infectious disease, patient's primary care physician, etc.)

2. A quorum of three (3) members of the Triage Team is required for deliberation and voting relative to which patient(s) receive the resource, to include Ethics Committee representative as set forth in (B), above, and Hospital Supervisor. Decision by the Team will be by majority vote, with any physician(s) directly involved in the ongoing care of the patient(s) being considered for resources excluded from the voting process.

3. The Triage Team will take minutes during its meeting(s), and will document its process, decisions and notifications.

Process

1. ***Prior Discussion with Patients and Families.*** After a potential critical shortage is verified by Department Director and prior to activation of this Policy, the Palliative Care Team will be utilized to conduct Goals of Care conversations with patients who are likely to be affected by the shortage, along with families/surrogate decision-makers, in order to identify patients whose goals may negate the necessity for the resource in question. It is assumed that prior to activation of the Scarce Resource Triage Team, conversations have occurred between patients/families and all involved physicians relative to diagnosis and prognosis, patient wishes, advance directives, and so on; and that when appropriate, consult with Palliative Care Team has been requested.

2. ***Information to patients/families.*** Upon activation of the policy, patients (and their families/surrogate decision-makers) who may be affected by the withholding or withdrawing of any scarce resource will be notified by their attending physician of the scarcity and the possibility of the patient not being provided with the resource ("most likely to survive" vs. "most critical," etc.). Included in this discussion will be information regarding unavailability of the scarce resource, options for treatment, assurance of compassionate and ethical care of patient, or palliative care, patient transfer, and so on.

3. ***Triage scoring***. The following process will be utilized for determination of allocation of scarce resources when it is appropriate to determine allocation based upon severity of illness:

A. Every patient requiring the equipment or medication will be assessed utilizing objective scoring criteria of survivability by use of the *Acute Physiology and Chronic Health Evaluation II* (APACHE II) (http://www.mdcalc.com/apache-ii-score/) and/or *Sequential Organ Failure Assessment* (SOFA) (http://clincalc.com/IcuMortality/SOFA.aspx). It is recommended that both the APACHE II and SOFA tools be utilized for each patient being assessed.

B. APACHE II score and/or the SOFA score will be determined by Emergency Department physician or Intensivist in the Emergency Department or upon admission. If the resource continues to be scarce, patient will be re-assessed at 48 hours and 120 hours or as needed, with documentation posted in patient's chart.

C. If multiple patients qualify for the scarce resource [APACHE II score less than 34 (85% mortality rate) or SOFA score less than 15 (mortality greater than 90%)], the resource will be provided to the patients with the lowest APACHE II score and/or SOFA score.

D. Objective scoring criteria is always used in combination with clinical judgment and peer consultation when engaging in this triage process, and is not used alone to determine patient care.

5. ***Continuation of Care***. If a patient is unable to receive a scarce resource resulting in a potentially end of life situation for the patient, all appropriate compassionate care will be provided to the patient, including Palliative Care, when appropriate.

6. ***APACHE II and SOFA Scoring Not Applicable*.** In situations where APACHE II and SOFA scoring are not applicable as part of the decision-making process (e.g., vaccine shortage, staffing shortage, etc.), the Triage Team shall be utilized to decide allocation of the resource as applicable.

7. ***Flexibility.*** Real time resource allocation will be scalable, flexible, and adaptable throughout the period of scarcity.

8. ***Ethical Decision-Making Process.*** The predominating process to be used by the Triage Team in its decision-making will be the "4-Box Method" utilized by the Kootenai Health Clinical Ethics Committee. This process will be facilitated by the Ethics Committee member(s) present on the Triage Team. The Ethics Committee is responsible for providing training and resource material as needed to members of the Triage Team.

9. ***Elective Procedures during Disaster/Epidemic Conditions***. Elective procedures which potentially utilize scarce resources will be cancelled to allow for adequate emergency response. Determination of those cases to be cancelled will be made by the Triage Team including applicable Medical Chair(s).

10. ***Media Statement.*** When Incident Command has been activated, ongoing communication will be provided to the media relative to the scarcity, its impact on care at Kootenai Health, and the fact

that there is a policy and process in place for decision-making relative to the resource. Such statement will be made through the usual channels via Incident Command (i.e., Public Information Office, or PIO). The Triage Team will rely on Incident Command standard operating procedure to ensure that EMS is notified relative to assessment of non-critical, non-acute patients being transported to Kootenai Health during the shortage of critical resource(s). When Kootenai Health Administration determines that media statements should be made regarding critical shortages in situations where Incident Command has not been activated, then such statements will be made per usual Kootenai Health policy relative to media statements.

9. ***After-Action Review/After-Action Report-Improvement Plan.*** All activations of this policy will be immediately followed by a review of the situation and use of the policy; and an after-action report generated, including recommended improvements to the process/policy. The person facilitating the after action review and preparation of the report will have not been a part of the Triage Team or the process involved in this policy.

References

Hick JL, Rubinson L, O'Laughlin DT & Farmer JC: Clinical Review: Allocating ventilators during large-scale disasters – problems, planning, and process. *Critical Care* 2007; 11:217.

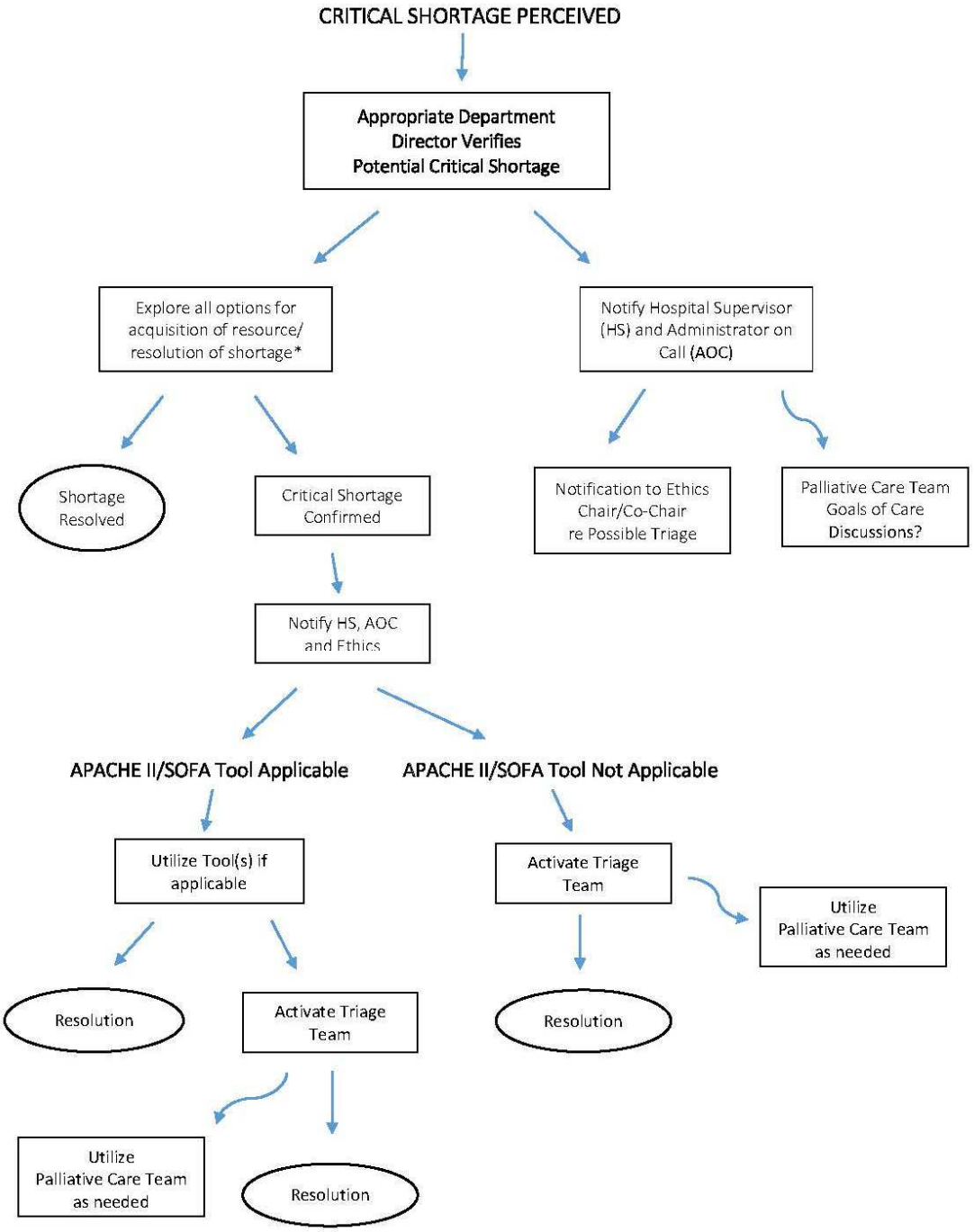
Lin JY, Anderson-Shaw L: Rationing of Resources: Ethical Issues in Disasters and Epidemic Situations. *Prehospital and Disaster Medicine* 2009; 24:215-221.

Powell T, Christ KC & Birkhead, GS: Allocation of Ventilators in a Public Health Disaster. *Disaster Medicine and Public Health Preparedness* 2008; 2:20-26.

White DB, Katz MH, Luce JM & Lo B: Who Should Receive Life Support During a Public Health Emergency? Using Ethical Principles to Improve Allocation Decisions. *Annals of Internal Medicine* 2009; 150:132-138.

Title: Allocation of Scarce Resources

Effective Date: 01/26/2016



*Per Kootenai Health and Departmental policy and procedure.

Title: Allocation of Scarce Resources

Effective Date: 01/26/2016

Compliance Criteria

List Departments affected by this document and which Committees approved this document (including your own service line committee).

Departments Affected	Approved by:	Date Approved
Ethics	Clinical Ethics Committee	9/1/15
Hospital Supervisor	Director, Patient Flow	10/30/15
Emergency Management	Safety Specialist	10/19/15
Lab	Directory, Lab	10/26/15
Pharmacy	Director, Pharmacy	10/26/15
Physicians	Medical Executive Comm	1/21/16

How will this document be disseminated to affected staff?
Education to staff involved in the triage process, Hospital Supervisor, AOC

☐ NO REVISIONS, reformatted with new template

☒ New Document

☐ Replacement of existing document

If a replacement, title of document being replaced: _____

☐ Revision

☐ If an organizational document exists, explain why this document is still necessary:

_____

☐ Archive Specify reason for archival _____

Manager, Chaplain and Palliative Services
Document Owner Title