POMONA VALLEY HOSPITAL
MEDICAL CENTER

Expert care with a personal touch

Pomona Valley Hospital Medical Center – Crisis Care Guidelines

1. Purpose:

History indicates that there are times where demand for healthcare exceeds the ability of health systems to supply it.[1] In such circumstances, "triage standards of care" are ethically justified to allocate healthcare resources according to broadly consequentialist reasoning, meaning that a shift from focusing on the individual autonomy of patients to the overall public good is warranted.[2]

Pandemics[3] have caused sufficient crises in our country and world wide[4] impacting the healthcare systems such that in some localities a shift from normal standard of care to a triage standard of care may be necessary.

Pomona Valley Hospital Medical Center (PVHMC) hereby create(s) a Pandemic Triage Committee (PTC), for the primary purpose of developing and implementing ethical methods for allocating scarce clinical healthcare resources and supporting health care professionals in a crisis circumstance. These resources include but are not limited to ventilators, ICU beds, medications, dialysis, ECMO, blood and /or blood products, etc.

2. Pandemic Triage Committee (PTC) Operations Procedures

2.1 Structure and Function

The PTC is a subcommittee of the Ethics Committee & Medical Executive Committee. The PTC has two basic functions:

1. To develop guidance for ethically allocating scarce healthcare resources.
2. To implement allocation methods, making choices to provide, withhold or withdraw scarce resources.

The PTC Committee is made up of the Primary and Secondary PTC members. The Primary PTC committee develops the guidance identified in #1 above. The full committee participates in implementation as identified in #2. The primary members of the committee meet regularly to work on developing and agreeing upon the ethical framework for decision making, clinical algorithms for triage, educational materials and methods, and other business as needs arise. All PTC business of this nature may be performed remotely, including any voting required to ratify committee actions.

When making allocation decisions, the full PTC participates, operating in smaller groups, called decision making teams (DMTs), which include primary and secondary members. These teams have at least two individuals, preferably three, one of whom must always be a physician

committee member. As long as circumstances allow it, preference will be to staff PTC-DMTs solely by physicians.

Allocation decisions are decisions to provide, withhold, or withdraw a resource (e.g., a hospital bed, a ventilator) to or from a patient when resources are scarce, meaning that the volume of patients in need of the resource is far greater than the amount of the resource available. Allocation decisions are made by the PTC - DMTs , in smaller groups, using guidelines endorsed by the PTC and approved institutionally, not by individual healthcare professionals at the bedside.

In the event the hospital anticipates a surge of patients (defined as 75% of capacity as certified by the Administrative Representative) to such an extent that triage standards of care are likely to be implemented and allocation decisions likely to be necessary, the PTC Chair will designate one or more member of the PTC to:

- Group committee members into sets of three to form decision making teams (DMTs);
- Coordinate an on-call schedule for DMTs, such that they are available 24 hours a day, 7 days a week;
- Identify a communication method for decision making teams, such as email, phone conference or other electronic platform;
- Determine and communicate how leaders and frontline providers will communicate with decision making teams;
- Regularly report and/or communicate with the hospital's Leadership Briefing Committee;
- Report to the Administrative Representative on the actions of the PTC;

In the event the hospital experiences a surge of patients to such an extent that triage standards of care are implemented (90% of capacity as certified by the Administrative Representative) and allocation decisions must be made, the PTC Chair or designee will:

- Notify decision making teams of their position in the on-call schedule, the duration over which the on-call schedule is in force, and the expectations of each team;
- Request additional staff, if needed, from hospital leadership to support the functioning of decision making teams
- Implement a regularly occurring, mandatory operations huddle for the full PTC, which may be virtual;
- Communicate daily with the Administrative Leader to determine when triage standards of care are likely to be suspended (<90% of capacity)
- Procure explicit written authorization from PVHMC's Administrative Representative to implement allocation decision making as described in this document;

In the event the PTC's decision making teams are implemented, the PTC Chair shall schedule a mandatory debrief for all PTC members no later than 72 hours after the conclusion of the last decision making team's work, which may be virtual.

2.2 Membership

Academic literature,[6] and allocation plans from other jurisdictions,[7] state that PTCs should be multidisciplinary bodies. The membership of the PTC will necessarily be fluid in the setting of a crisis. The following roles should be filled to the extent possible. For each role, a primary and secondary member should be identified by PVHMC medical leaders, to be approved by the Medical Executive Committee or their delegates, as appropriate.

a) Critical Care Representative: This individual must be a physician with expertise in critical care, pulmonology, or internal medicine.
b) Infection Control Representative: This individual must be either a physician or other employee with expertise in infection control and/or infectious diseases.
c) Emergency Medicine Representative: This individual must be a physician with expertise in emergency medicine.
d) Hospitalist Representative: This individual must be a physician with expertise in internal medicine or hospital medicine (i.e., a "Hospitalist").
e) Nursing Management Representative: This individual must be a nursing manager, with a preference for expertise in critical care nursing.
f) Respiratory Care Representative: This individual must have expertise in respiratory therapy.
g) Palliative Care Representative: This individual must be a physician with expertise in palliative care.
h) Medical Ethics Representative: This individual must have expertise in biomedical ethics.
i) Pharmacy Representative: This individual must have expertise in clinical pharmacy, preferably with expertise in operations and utilization.
j) Social Work Representative: This individual must have expertise in social work.
k) Community Representative: This individual must be a PVHMC Ethics Committee community member.

If the volume of allocation decisions and related work is high, the primary and secondary members will be required to rotate to the best of their availability. Members may fill a primary and secondary role but neither two primary nor two secondary roles.

The group shall be chaired by the Chairperson of the Ethics Committee or their delegate, who has clinical privileges at PVHMC. The chair may rotate as needed and must fulfill at least a secondary role.

2.3 Ethical Framework

Academic literature[8], emergency preparedness plans from California and other jurisdictions,[9] and professional society guidelines[10] all agree that ethical allocation of scarce resources in crisis conditions should be supported by an explicit ethical framework. The PTC is responsible for developing, vetting, and approving the ethical framework that supports its work prior to the implementation of allocation decision making.

An ethical framework supports the PTCs structure, function, and operations. In times of crisis, allocation decisions rest on the principles of minimizing mortality: allocation decisions aim to minimize overall mortality by finding the right balance between overtriage and undertriage. Ethical allocation decisions are also based upon the principle of harm reduction; a duty to care; principles of justice, fairness, and equity; transparency; professionalism; and other principles as delineated in the appendix, Ethical Framework for Allocation Decision Making.

Bioethics policies already under effect across PVHMC will be helpful in supporting ethical medical decision making under normal and surge conditions prior to the implementation of triage standards of care. These include:

- Healthcare Decisions for Unrepresented Patients HW#1A.204. This policy supports an attending physician in making treatment decisions that would otherwise require documented informed consent and the patient both lacks capacity and lacks an available surrogate decision maker. In this case, decisions may be made by a bioethics subcommittee per existing policy. During a pandemic, like the novel coronavirus, which affects family clusters, it is more likely than in normal circumstances that legally recognized health care decision makers for patients who lack capacity will themselves be ill and unavailable to participate in decision making. In such a setting this policy may be used to support treatment decision making without an available surrogate.

2.4 Clinical Algorithms

Allocation decisions made by the PTC must be supported by clinical algorithms that are vetted and approved by appropriate subject matter experts at PVHMC. The PTC is responsible for developing these algorithms in as timely a manner as possible based on anticipated need. Current algorithms are defined in the appendix, Clinical Algorithm for Allocating Critical Care and Mechanical Ventilators in the Setting of a Pandemic Crisis.

2.5 Educational Materials

As needed, the PTC will develop educational materials for leaders, frontline healthcare providers, staff, and other stakeholders explaining allocation decision making in a crisis setting, including the ethical framework and clinical algorithms that support decision making. Educational materials must be vetted and approved by the Business Planning Committee or their delegates. Approved educational materials become appendices to this document.

2.6 Personnel

Work by additional personnel may be needed to be included to meet the above goals, such as a project manager, quality analyst, or Public Relations. The PTC Chair or designee should request temporary personnel assignments from PVHMC as indicated.

2.7. Non-Discrimination Clause

This policy shall not discriminate on the basis of sex, sexual orientation, gender, age, gender identity, gender expression, genetic information, marital status, registered domestic partner status, citizenship or immigration status, incarceration status, homelessness, primary language, immigration status, socioeconomic status, insurance status, ability to pay, the source of payment, educational background, race, color, religion, ancestry, ethnicity (including national origin and language spoken), disability (including weight-related disabilites and chronic medical conditions), weight/size, percieved quality of life, or past and future use of resources.

3.0 References

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