

Critical Care Triage Protocol - Executive Summary

Alberta Health Services (AHS) developed Critical Care Triage Protocols (adult and pediatric) as a planned and pre-determined province wide approach to guide our response should the demand for life-sustaining critical care support become greater than the available resources either during the current COVID-19 pandemic, future pandemics, or other disasters.

AHS is not currently implementing the critical care triage protocol, nor has the protocol been enacted during the COVID-19 pandemic.

The pressure on our ICUs is severe, and AHS is doing all it can to increase capacity so that all patients needing critical care will receive it. It is important to be ready and AHS is taking steps to ensure we are prepared today and for the future. Given the significant pressure on our ICUs, we are providing education and training on the application of the protocol which is posted on the [Critical Care Triage webpage](#).

The triage protocol would only be activated when all available resources for critical care have been utilized and all other mitigations have been exhausted. If activated, triage will be provincial in scope; applicable to all health facilities and critical care units in Alberta.

The triaging of critical care resources will only occur at a time when clinical demand outstrips the health systems' ability to provide for all who might potentially benefit and after all efforts have been exhausted to add surge capacity and moving of patients and/or resources within the province to meet the demand.

The decision to escalate or to deescalate from a phase of triage will be informed by system wide indicators and triggers and will be decided by AHS Chief Executive Officer and Executive Leadership Team.

Led and operationalized by highly-trained critical care physicians and staff, the protocols ensure a fair and equitable process is applied to all Albertans. The process of development included extensive consultation with AHS clinical ethics to embed ethical guiding principles, review of literature and existing protocols in other jurisdictions, and consultation with medical specialist groups, patient and family advisory, and patient advocacy groups.

The main principle anchoring the triage process is the Capacity to Benefit. The best action when demand for absolutely scarce critical care resources exceeds supply is to save the greatest number of lives possible. Incremental survival differences are based on medical assessments of the patient only and not personal or group characteristics of the patient, (i.e. sex, age, disability, race, national or ethnic origin, colour, religion,).

Under 'normal' standards of care, 'triage' is used to sort injured and sick patients to determine who gets care first. Differentially, in a pandemic situation, critical care resources will not be available to everyone who may need it thus withholding or withdrawing life sustaining therapies may not be in the best interests of individual patients but is focused on saving the greatest number of lives.

AHS values the lives of all Albertans and follows Canadian standards for healthcare to provide non-judgmental healthcare to all who are in need. AHS critical care triage protocol applies to all patients considered for ICU admission.

As all individuals have equal moral worth, the principle of Formal Equality will be used when several patients have an equal likelihood to benefit from critical care. As such, patients who have an equal likelihood of benefitting from critical care but for whom there are not enough resources will be admitted to critical care on a first come, first-served basis.

The protocols reflect three areas of importance in successfully managing pandemic triage:

1. Team based decision-making utilizing evidence based protocols to objectively make the difficult determinations around who will most likely benefit from critical care. This decision making process will be supported by trained triage coordinators who are proficient in assessing eligibility and assisting front-line clinicians in following the protocol in the manner in which it was intended.
2. Support to patients and their families for who triage will be a new and unfamiliar way of experiencing the delivery of health care in Alberta.
3. Support to staff and physicians through triage education and psychological support.

The criteria for limiting access to critical care resources are focused on ensuring access is maintained for the patients who are most likely to have a positive outcome with the least use of critical care resources, either by intensity or duration. Thus, determining eligibility for critical care in Alberta will involve a three-step, team decision making process:

1. Identification of Goals of Care Designation Order (GCD) - Patient must have GCD of R1 or R2.
2. Identification of a clear need for critical care support – defined as the need for either invasive mechanical ventilation (IMV) and/or inotropes/vasopressors.
3. Objectively predict benefit from ICU care (relative ability to survive) using validated clinical assessment tools.

Triage activation and deactivation is expected to occur in a graduated fashion with two phases of triage.

- Phase 1: Eligibility assessment for entry into Critical Care are based on one year expected mortality of approximately > 80 per cent.
- Phase 2: Eligibility assessment for entry into Critical Care and a discontinuation assessment for current critical care patients. Assessments are based on one year expected mortality of approximately > 50 per cent.
- Note: Pediatric Triage protocols will be considered only in Phase 2.
- During Phase 2 of Critical Care Triage, a patient's admission to ICU constitutes a trial of critical care only, and their eligibility for continued critical care will be reassessed daily.
- Applicable to all patients regardless of the etiology of their illness (i.e. pandemic or non-pandemic patients):
 - Age 18 years or over, adult protocol applies.
 - Age less than 18 years pediatric protocol applies.

Critical Care Triage is an addition to current standards of practice whereby discussions may occur with families around withdrawal of life sustaining measures when clinically indicated. Triage decisions are team based. Discontinuation of critical care is not subject to consent or appeal.

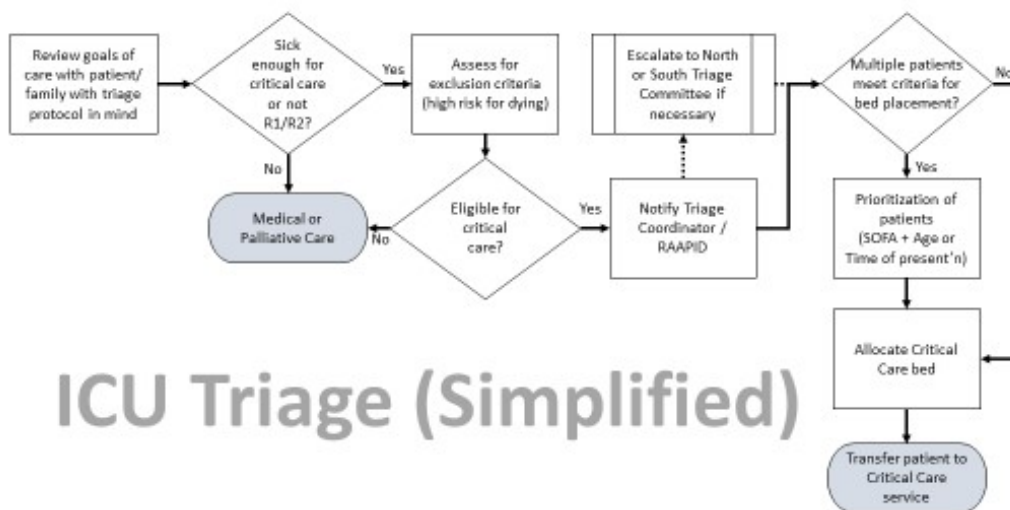
Prior to Critical Care Triage activation, education and training of staff will be conducted to assure organizational preparedness. Education and awareness will be organized to reflect tiered 'levels' of understanding—knowledge, competency, and proficiency matched to roles within the activation process.

It is recognized that patient/ family or persons acting on their behalf may be distressed by the Triage protocol application outcome. During triage activation, AHS Patient Relations will continue to play a role in supporting patient/family through the [Patient Concerns Resolution Process](#). Decisions for

critical care eligibility and discontinuation are team based and are not subject to consent or appeal when Triage is activated.

Canadian Medical Protective Association (CMPA) has offered guidance to the medical profession [CMPA Triage Protocol Advice](#) which states that in order to reduce liability during a phase of the pandemic that involves triage, practitioners should closely follow and not deviate from the established protocols of the province in which a practitioner is practicing.

Critical Care – Pandemic or Disaster Triage



* Protocol for discontinuation of critical care support complements the admission protocol

Public awareness of the triage protocol is an important part of pandemic readiness. AHS will develop and release public notification regarding the Triage protocol and any updates if and when they are available.