

Sept. 15, 2021

Critical Care Triage

During Pandemic or Disaster in Alberta – adult and pediatrics

What is the Critical Care Triage Protocol?

The Critical Care Triage Protocol is a guiding document that was developed in the context of the COVID-19 pandemic, but it could apply to future pandemics or disasters that have the potential to overwhelm the healthcare system.

The protocol is used to decide which patients receive critical care when resources are scarce. It is a pre-determined, objective, system-wide approach to decision making when there are more patients than available critical care resources.

Resources can range from beds, ventilators, life-saving equipment, healthcare workers and medicines.

Do you think you're going to have to implement this protocol?

Critical care triage is used only as a last resort, and does not extend beyond the pandemic emergency or disaster. It would only be activated at a time when clinical demand outstrips the health systems' ability to provide for all who might potentially benefit. Triage is not about withholding care from patients, it is about providing the best care to the greatest number of people.

AHS is not currently implementing the critical care triage protocol, nor has it 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](#).

Protocols like this were developed in several jurisdictions in Canada, the U.S., and Europe at different times during the COVID-19 pandemic. This is important work for today and for the future.

Why is this protocol needed?

In the event AHS' resources are overwhelmed, difficult decisions need to be made about who should receive critical care. It is important to be prepared. These are decisions that should be guided by best practice, using validated clinical assessment tools that objectively predict benefit from ICU care.

The triage protocol creates an objective process to guide healthcare professionals in making the difficult determination of how to allocate resources to critically ill adult and pediatric patients when there are not enough critical care resources for everyone. These protocols ensure decisions are made in an ethical, fair, and structured way ensuring that a fair and equitable process is applied to all people of Alberta.

Importantly, the protocols also help to reduce the uncertainty around decision making and share the burden of difficult decisions with a team of clinicians.

Who wrote the Critical Care Triage for adult and pediatric patients?

The Critical Care Triage protocol has been developed by the Provincial Critical Care Triage subgroups (adult and pediatric), as requested by the Provincial Critical Care Pandemic (COVID-19) Committee. The triage subgroups included provincial multidisciplinary adult and pediatric representation including ICU intensivists, emergency physicians, registered nurses, operational leaders, and clinical ethicists. 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. This work has been facilitated by the Critical Care Strategic Clinical Network™.

Is there a pediatric triage protocol?

Yes, there is a pediatric protocol. The concepts of triage and ethical foundations are the same across both protocols. The pediatric triage protocol applies to patients younger than 18 years of age. What differs between these protocols are the specific clinical criteria used.

What would happen if the health system were overwhelmed and we did not have this protocol in place?

Without a Critical Care Triage Protocol, we believe there would be more preventable deaths because those with the best chance of survival might not get the care they require in time. Additionally, there could be regional and socio-economic inequities – for example, there is greater capacity for critical care in some areas of the province, those who live outside the larger centres could be disadvantaged. In addition, there would be potential for implicit bias and divergent approaches in decision making on who should and should not receive critical care treatment in Alberta hospitals.

Who decides when it's time to activate Critical Care Triage?

The decision to activate the process, if it becomes necessary, will be made by the AHS Chief Executive Officer in consultation with the AHS Executive Leadership Team (ELT). The application of the Triage protocols in Alberta will be applied provincially.

What other steps will AHS take before activation of Critical Care Triage?

AHS is committed to exhausting all other options before activating the Critical Care Triage protocols. Mitigation measures, such as load levelling (transferring patients, personnel, equipment and medications) between sites and communities within the same zone, and across zones within the province, will have been exhausted prior to triage activation.

How are Critical Care Triage decisions made?

It is recognized that the activation of Critical Care Triage will be a new and unfamiliar way of experiencing the delivery of health care for all Albertans. The protocol provides a transparent and accountable process to make decisions and will be applied to all patients equally.

Triage decisions are team-based utilizing validated clinical assessment tools to objectively predict a patient's likelihood of survival. As the availability of critical care resources diminish in the face of increasing patient need, the likelihood of survival required to gain admission to critical care also increases.

Information about a patient's underlying illness, disease, or disability will not be taken into consideration unless they directly impact their likelihood of surviving the next year.

Can a patient, or their family, appeal a decision if they do not agree?

During Triage activation, AHS Patient Relations will continue to play a role in supporting patient/family through the [Patient Concerns Resolution Process \(PCRP\)](#), though resolution of critical care concerns will be altered as decisions for critical care eligibility and discontinuation are team-based and are not consent based or appealable when triage is activated.

Are healthcare providers given priority for critical care?

No one is given preferential treatment based on who they are. Decisions about eligibility for critical care will not consider age, sex, socioeconomic status, race, disability, employment status, or the cost of future care.

Will Albertans who are fully vaccinated get priority over unvaccinated individuals?

A patient's capacity to benefit is considered in the finalized document and this applies equally to all patients considered for ICU admission. Unvaccinated patients benefit tremendously from receiving critical care as the majority of them survive to ICU discharge. Considering vaccination status in this context would also treat patients unfairly and depart from the deeply rooted healthcare practice of providing healthcare services to all in need.

Will older adults be treated differently than younger adults if the Critical Care Triage Protocol is activated?

The decision is based on capacity to benefit as determined by their medical assessment as opposed to their personal or group characteristics themselves (such as age or disability).

What happens if a patient does not qualify for critical care when Critical Care Triage is activated?

Care and support will continue to be provided regardless of the outcome of Triage decisions. All patients will continue to receive medical care, including comfort care, and symptom management. Every effort will be made to support clear and transparent communication about available resources and options, and to align the care plan with the patient's wishes and values.

Are there any legal implications?

Critical Care Triage represents a standard of care that a reasonable health practitioner in the same circumstances would follow. It was developed by ICU intensivists, emergency physicians, other specialists, nurses and ethicists. The literature and other triage protocols from other jurisdictions were considered in its development. Canadian Medical Protective Association (CMPA) advises physicians to follow applicable and relevant triage protocols established by your healthcare institution, if Triage is activated. See [CMPA Triage Protocol Advice](#) for more information.

The College of Physicians and Surgeons of Alberta (CPSA) also strongly supports physicians following the AHS Critical Care Triage Protocol if a state of Triage is activated.

What kinds of supports are available for the patient and family?

Our healthcare teams will remain focused on caring for Albertans. The healthcare team will support the patient and family with any questions or concerns and continue to address symptom management and comfort through all points of the patient's journey. Social Workers, spiritual care, and chaplains can provide emotional and spiritual support and discuss options with the patient and family.