

May 19, 2022

Critical Care Triage

During Pandemic or Disaster in Alberta – adult and pediatrics

What is the Critical Care Triage Protocol?

- The critical care triage protocol (the 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.

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.
- Importantly, the protocol also helps to reduce the uncertainty and burden of difficult decisions.
- 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.
- 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 have provided education and training on the application of the protocol which are 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.

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.
- Without a clear and equitable process there could be regional and socio-economic inequities – for example, as there is greater capacity for critical care in some areas of the province, those who live outside these areas could be disadvantaged.

- Without the provincially standardized approach, 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 developed the protocol?

- The protocol was developed by the Provincial Critical Care Triage subgroups (adult and pediatric), as requested by the Provincial Critical Care Pandemic (COVID-19) Committee.
- The protocol subgroups included provincial multidisciplinary adult and pediatric representation inclusive of ICU intensivists, emergency physicians, registered nurses, operational leaders, and clinical ethicists.
- The process of development included review of literature and existing protocols in other jurisdictions, consultation with medical specialist groups, extensive engagement with AHS clinical ethics to embed ethical guiding principles, and broad consultation with patient and family advisory, and patient advocacy groups.
- This work has been facilitated by the Critical Care Strategic Clinical Network™.
- Other jurisdictions in Canada (Ontario, New Brunswick Quebec and Saskatchewan) have also developed Triage protocols to manage resources during an emergency situation.

Is there a pediatric triage protocol?

- Yes, there is a pediatric protocol. During the COVID 19 pandemic, implementation of the pediatric protocol was not considered as the virus primarily effected individuals over 18 years of age. However, having a pediatric protocol is an important part of preparedness for future pandemics or disasters that have the potential to overwhelm the healthcare system.
- The concepts of triage and the ethical foundations are the same across both the adult and pediatric protocols. The pediatric protocol applies to patients younger than 18 years of age. The difference between these protocols are the specific clinical criteria used.

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

- AHS has never enacted the critical care triage protocol. Though the pressure on our ICUs has been severe, AHS has been able to increase capacity so that all patients needing critical care have received it.
- Critical care triage is used only as a last resort, and does not extend beyond the pandemic emergency or another 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

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

- The decision to activate the triage process, if it becomes necessary, would 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 would be applied provincially.
- If and when critical care triage is activated, individual patient consent would not be necessary and resource allocation decisions would be final.

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 increasing capacity (beds and staff) and load levelling (transferring patients, personnel, equipment and medications) between sites and communities within the same zone, across zones within the province, and to other provinces if capacity is available, will have been exhausted prior to triage activation.

How will protocol decisions be made?

- It is recognized the activation of the protocol would 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 would be applied to all patients equally.
- The protocol uses validated and well-established clinical assessment tools to objectively predict a patient's likelihood of survival.
- The protocol ensures that the decisions are determined by the application of the protocol, thus creating consistency in decision-making on critical care eligibility across the province and making it a team decision by the physicians and nurses caring for the patient.
- As the availability of critical care resources diminish, the protocol selects individuals who are the most likely to survive. Critical Care resources are prioritized for these patients.
- Information about a patient's underlying illness, disease, or disability would not be taken into consideration unless they directly impact their likelihood of surviving the next year.
- Decisions would be made by teams (three health professionals) with provincial Alberta Health Services oversight to ensure consistent application of the protocol.

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 sex, gender, socioeconomic status, race, disability, employment status, or the cost of future care.
- Information about a patient's underlying illness, disease, disability, or current treatments would not be taken into consideration unless they directly impact their likelihood of surviving the next year.

Will a patient be excluded because of a disability?

- No, a person's disability or perceived quality of life is not included in the protocol. The application of the protocol considers each patient's chance of survival during the next year.

Will a patient be excluded because they chose to not be vaccinated against COVID-19?

- No, the protocol process does not take into consideration why patients were admitted to the hospital or vaccination status. It only takes into consideration their chance of survival.

- A patient's capacity to benefit is considered and this consideration of capacity to benefit applies equally to all patients considered for critical care. Unvaccinated patients benefit from receiving critical care. Considering vaccination status in this context would treat patients unfairly and depart from the deeply rooted healthcare practice of providing healthcare services to all in need.

Will a patient be automatically excluded because they have a chronic health condition?

- No, all patients would be assessed for the same exclusion criteria and there is no one health condition that would automatically exclude a patient from receiving critical care.
- However, a patient's capacity to benefit would be assessed and considered. Individuals who have a disease or long-term condition will be assessed for the disease/condition specific criteria which evaluate the probability of a patient's ability to survive a critical illness. These criteria are specific and have been pre-determined in the protocol

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

- Decisions would be based on capacity to benefit and likelihood to survive a critical illness. This would be determined by the medical assessment of each patient as opposed to their personal or group characteristics (such as age or disability).

What if a patient or family member does not agree with the decision?

- AHS respects that, should the critical care triage protocol be enacted, it would be a difficult time. Everyone works very hard to ensure the right patient receives the right care at the right time. The decision to exclude a patient from critical care would be determined by highly skilled healthcare professionals using clinical tools and an objective equitably applied protocol to assess the state of a person's health and their chance of survival.
- Under the protocol, AHS has an obligation to fairly and equitably save the most lives possible. This is why decisions would be made based on evidence-based tools that evaluate chances of survival. Under these conditions, decisions are final.
- This would not be an easy decision for the treatment team, or for patients and their families. The treatment team would help support the patient and family to understand why critical care was not an option.
- The healthcare team would continue to provide the patient with care to maximize their outcomes. The patient would not be abandoned if critical care is not available.

Can a patient, or their family, request for a second opinion?

- The Protocol was developed by an expert group of clinicians who have extensive experience and knowledge in determining how to assess the potential to survive a critical illness.
- A team of at least three clinicians would be responsible to apply the protocol which would result in a determination of eligibility. The use of this three-member team builds in a 'second opinion' into the process of eligibility determination.

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

- Decisions regarding critical care eligibility and discontinuation of critical care would be team-based and not consent-based or subject to appeal. For concerns specific to critical care eligibility and discontinuation of critical care, AHS Patient Relations would continue to play a role in supporting the patient/family. Other concerns (e.g., communication) would follow the usual [Patient Concerns Resolution Process \(PCRP\)](#).

How will patients/families be notified they are not eligible for critical care?

- The protocol decision would be clearly and compassionately provided by the most responsible healthcare practitioner (MRHP) within the healthcare team or a designated alternate.
- The MRHP would inform the patient/family about which exclusion criteria informed the determination and assure them that the patient would continue to be cared for, in whichever location is determined the most appropriate outside of critical care.
- The MRHP would also ensure the patient/family understands eligibility decisions are made based on pre-determined objective criteria, and, that due to the enacted emergency standard of care, these decisions are not subject to consent or appeal.
- Resources, including a dedicated number for patients and families resourced by Health Link, and connection to Patient Relations, would be provided to the patient/family.

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

- Our healthcare teams remain focused on caring for Albertans. The healthcare team would 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.
- Resources, including a dedicated number for patients and families resourced by Health Link, and connection to Patient Relations will be provided to the patient/family.