# Crisis Standards of Care Critical Care Triage TTX

## Exercise Evaluation Plan

The Exercise Plan (ExPlan) gives elected and appointed officials, observers, media personnel, and players from participating organizations information they need to observe or participate in the exercise. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.

# EXERCISE OVERVIEW

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|---|---|
| **Exercise Name** | Crisis Standards of Care Critical Care Triage TTX 1 |
| **Exercise Dates** | [Month Date, Year] |
| **Scope** | This is a drill, planned for [participating agencies and facilities]. Exercise play is limited to no longer than 3 hours. Drill should begin shortly after [time]. |
| **Mission Area(s)** | Mitigation & Response, Medical Surge |
| **Core Capabilities** | Planning, Operational Coordination, Situational Assessment, and Health & Social Services. |
| **Objectives** | • Assess how [participating facilities] will manage a situation in which the number of critically ill patients presenting for care exceeds available critical care resources.<br>• Identify key resources and management strategies needed to handle critical care triage in this situation ethically and effectively.<br>• Assess utility and acceptability of a regional triage officer network to support decision making about critical care resource allocation in smaller facilities. |
| **Threat or Hazard** | Pandemic Influenza, medical surge, and supply shortages |
| **Scenario** | In another part of the world, there are reports that large numbers of people are very sick with respiratory illness. Many have died. CDC confirms that the illness is a new form of influenza. It spreads rapidly around the world, arriving in Oregon three weeks later. Statewide, 49,000 people have become ill with the infection, and more than 1,000 have died.<br><br>Many hospital staff members are out sick, making it difficult to care for patients. Trades people who usually deliver hospital supplies are also sick. Stocks are rapidly running low. Providing life-saving surgeries and other essential medical services is difficult due to limited supplies and staff. It isn't possible to transfer patients to other hospitals to relieve the burden, because all communities are affected |
| **Sponsor** | [List sponsor] |

| | |
|---|---|
| | [List facilitators] |
| **Participating Organizations** | [List participating organizations] |
| **Point of Contact** | [List points of contact, along with contact information] |

# GENERAL INFORMATION

## Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

| Exercise Objective | Core Capability |
|---|---|
| Assess how [participating facilities] will manage a situation in which the number of critically ill patients presenting for care exceeds available critical care resources | Planning |
| Identify key resources and management strategies needed to handle critical care triage in this situation ethically and effectively | Planning |
| Assess utility and acceptability of a regional triage officer network to support decision making about critical care resource allocation in smaller facilities. | Operational Coordination |

**Table 1. Exercise Objectives and Associated Core Capabilities**

### Introductory Materials

Thank you for coming. This exercise explores how your health system would implement allocation of scarce critical care resources during a public health crisis where severe, sustained surges in healthcare demand strain the resources in our communities. Some of the scenarios we will discuss may be uncomfortable to think about. Still, it is important for us to think through how we would deal with these situations, so that Oregon health systems and communities are prepared to respond effectively to such emergencies.

### Ground Rules

1. The goal of the exercise is to think through how your health system would respond to the scenarios presented, explore what is in place to provide care in a crisis, and identify next steps that would enable your health system to allocate limited critical care resources ethically, efficiently, and effectively when healthcare resources are overwhelmed. Critical care resources, and available staff, might well be more limited at smaller hospitals, and this could pose special challenges that would need to be addressed. There is no need to reach final agreement on next steps today, and participants should feel free to express their thoughts and views whether or not they differ from others. Our goal is to develop a list of possible next steps related to implementation of the Oregon Crisis Care Guidance's Oregon

Triage Model that can later be refined and incorporated, as appropriate, into your emergency operations plans.

2. Please give everyone a chance to speak, but don't feel that you have to answer every question, if you don't want to talk about a particular topic.

3. Let's avoid side conversations, so that everyone can hear what is being said, and no one misses anything.

## Participant Introductions

Name

Where you're from

Job position

Just briefly, what is your level of familiarity with the Oregon Crisis Care Guidance?

# APPENDIX A: EXERCISE SCHEDULE

| Time | Personnel | Activity | Location |
|---|---|---|---|
| | | | |
| 30 min. | Mtg. Attendees | Arriving to Conference | |
| 15 min. | Sponsor | Introductions | |
| 15 min. | Facilitator | History/Background of Crisis Care Plan (See powerpoint presentation) | |
| 90-120 min. | Facilitators | Table Top Exercise | |
| 20 min. | Sponsor | Exercise Conclusion – Identify candidate surge capacity strategies; Outline Next Steps | |
| 10 min | Sponsor | Hot Wash | |

# APPENDIX B: EXERCISE PARTICIPANTS

| Participating Organizations |
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# APPENDIX C: EXERCISE QUESTIONS

1. Implementing surge capacity strategies has enabled your health system to care for far more patients than would otherwise have been possible. Nonetheless, even your expanded capacity is soon overwhelmed. Many critically ill patients requiring pressors or mechanical ventilation continue to present, and even your expanded critical care bed space is limited.

   Who will make decisions about which of these patients will receive critical care resources? The Oregon Crisis Care Guidance recommends designating triage officers, on a rotating basis, who would make these decisions using the Oregon Triage Model. To lessen emotional stress on healthcare providers, the Crisis Care Guidance further recommends that, whenever possible, an on-duty Triage Officer should not be involved in direct patient care.

   Would this approach work for your facility? Why or why not?

   Should there be some effort to promote consistency across health systems in how critical care resources are allocated in a public health crisis? What would be the downside? What would be the benefits?

2. You are on duty as critical care triage officer. In your ICU, several patients are not responding to treatment. After three days in intensive care, one is requiring $FiO_2$ of 0.9 and high levels of PEEP to maintain an $SpO_2$ of 90%, up from an $FiO_2$ of 0.5 and PEEP of 5 on admission. This 100kg person was normotensive at admission, but is now requiring 15 mcg/min. of norepinephrine to maintain a mean arterial blood pressure of 72mm Hg. Another, also on a ventilator and in ICU day 5, has developed jaundice, has anasarca, and has not produced urine in 12 hours despite IV fluids.

   In the meantime, additional severely ill patients are presenting for admission. Two will almost certainly die if they do not receive critical care resources, but in your clinical judgment, have a good chance of surviving with intensive care.

   Should critical care resources used for the first two patients mentioned be re-allocated to others with a greater chance of survival?

   In keeping with its mission to maximize the number of lives saved in a public health crisis, the Guidance recommends that, within the capacity to do so, periodic reassessment of critical care patients, using objective criteria, should be undertaken to determine whether critical care should be continued, or if the available resources should be allocated to others with a greater likelihood of benefit and ultimate survival. In a crisis setting, would it make sense for your facility to conduct periodic re-assessment of critical care patients, with re-allocation as needed to maximize the number of lives saved?

3. At small facilities in your region, many clinicians are out of commission due to the flu. All available physicians, nurse practitioners, and physician assistants are providing direct care, and it is not possible to staff the Triage Officer position at these facilities. Phone and internet connectivity is still intact.

   Would it be useful to have a regional triage system to support smaller facilities? If not, what would be a reasonable alternative? If so, could the support system be expanded to include critical care triage consultants from other health systems and regions? Would there be credentialing issues? If so, and this seems to be an important service, how could these be addressed?

   If a regional triage system is established, could your health system help staff it? What would be key elements that would make such a system work for your health system?