Triaged Out of Critical Care in the COVID-19 Pandemic: What Then?

Dr. Elysée Nouvet  
Associate Professor  
School of Health Studies  
Western University  
London, Canada

Dr. Patricia Strachan  
Associate Professor  
School of Nursing  
McMaster University  
Hamilton, Canada
Triage & Covid-19
Global preparedness, socio-cultural considerations, and communication

Elysée Nouvet, PhD (study lead)
Lisa Schwartz, PhD
Pat Strachan, PhD, RN
Michela Luciani, PhD, RN
Alessio Conti, PhD, RN
Lydia Kapiriri, PhD, MD
Sonya DeLaat, PhD

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PLAN

1. Study overview

2. Findings:
   - critical care triage guidance
   - care to the seriously ill
   - communication

3. Discussion / Q & A
The Extraordinary Decisions Facing Italian Doctors

There are now simply too many patients for each one of them to receive adequate care.

MARCH 11, 2020

CLAUDIO FURLAN / LAPRESSE / AP
Manaus, Brazil
Fair and transparent decision-making;

Patient or legal representative involvement in treatment choice;

Palliative care provision to those who do not receive life-saving intervention
Palliative care in public health emergencies
A RAPID INTERNATIONAL QUALITATIVE STUDY

Triage & COVID-19: Global preparedness, socio-cultural considerations, and communication
Study objectives

• To build evidence to support realistic and socially, culturally sensitive COVID-19 triage and triage communication strategies

• To clarify what individuals positioned to be on the front lines of healthcare delivery regard as ethically crucial to the care and treatment of seriously ill patients not prioritized for critical care

• To contribute to debate and discussion on critical care triage planning, delivery, and communication
Data collection

In depth, semi-structured interviews were conducted and online surveys were collected from frontline COVID-19 healthcare workers from all 6 WHO Regions.

Interviews were conducted in English, French, or Italian.
Is there a pandemic-specific plan for the allocation of critical care?

Who should make critical care triage decisions?

What care was currently and should be provided to patients triaged out of critical care?

Should triage criteria and plans be shared transparently with patients, families, and the general population?
25 Female Participants

42 Male Participants
Respondents from High-Income vs. Low and Middle-Income Countries

[Bar chart showing the number of respondents from LMIC and HIC countries.]

- LMIC: 22 participants
- HIC: 45 participants

Respondents from HIC vs LMIC Pie Chart
Nongo infectious disease treatment centre Conakry, Guinea

COVID-19 Hospital Ward in USA (HIC)
1. Providers’ views on plans and guidance for critical care triage in their context of practice
Many participants valued triage committees + guidance

• To support the fair and consistent practices across covid centres or hospitals and regions;

• To support responsible use of limited resources

• To alleviate the burden of resource allocation decision-making on HCPs
“If we leave it to them without guidelines, there will be a psychological, actually, catastrophic psychological impact on them in the long-run. I don’t know how it can be compared.” (P20, LIC)
GUIDELINES ....“DEVELOPED BY WHO KNOWS WHO, WHO KNOWS WHERE”

Several participants...

• Uncertain if there were guidelines
• Uncertain who had developed
• Unclear on details
• Some questioned their logic
“We are officially given PPEs only if we are certain that we have a patient with suspect [COVID] symptoms. You understand that if I arrive at the patient’s house and observe there the symptoms, I don’t have the PPE.” (P17, HIC)
“Nobody will tell me to, to put an 80-year old in good shape to a regular floor with morphine, because he is not in the observations of that government, or algorithm that should be followed. I am going to put a tube in his throat and try to save him even though he is not in the algorithm.” (P31, HIC)
Most participants in HICs expected some application of utilitarian reasoning but....

- Paper-based decision-making clinically unsound
- Risk of ageism, or other discrimination
- Inequalities would persist
“Nobody will choose the man, it will just happen somehow. Somehow, it’ll happen, even the woman will probably say, ‘I don't need it I'm doing fine’.”

(P4, MIC)
“I am a soldier. I am going to do anything for my country.”  (P14, LIC)
IN SOME CONTEXTS, ELDERLY MAY BE PRIORITIZED FOR LIFE-SAVING INTERVENTIONS
“if there is the son and dad, both are sick, [it] is very much possible that son will give the respirator to the dad, it is possible.” (P4, MIC)
### Implications for practice

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<thead>
<tr>
<th><strong>Interrupt</strong></th>
<th>Assumptions that there can be universally resonant, culturally acceptable logics for resource allocation, even in ‘war’</th>
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<tbody>
<tr>
<td><strong>Increase transparency</strong></td>
<td>Guidelines and committees supported if inclusive of bedside expertise, not overly rigid, and understood</td>
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<td><strong>Ensure</strong></td>
<td>Adequate PPE, as it is the key determinant of patient care</td>
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<td><strong>Recognize</strong></td>
<td>If fairness is a goal and expectation, plans need to take into account pre-existing inequities</td>
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2. What care for patients triaged out of critical care?
### Implications for practice

<table>
<thead>
<tr>
<th>Troubleshoot</th>
<th>Provision of psychosocial care in contexts of isolation</th>
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<tr>
<td>Further document</td>
<td>Realities of pandemic palliative care – towards supporting provision beyond symptom management</td>
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<tr>
<td>Recognize</td>
<td>Limits to patient care in isolation and provider mental health</td>
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<tr>
<td>Develop</td>
<td>Health provider communication skills</td>
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3. Communicating critical care triage plans
“Transparency is just as important as confidentiality, especially when it means life or death”  (P10, HIC)
“My gut instinct is that we should be trying to be as honest as we can but maybe there some consequences that I haven't thought through yet about … My fear is that it would also leave some people very fearful because it spells out the starkness potentially of triage decisions if we were to get to that point.”

(P32, HIC)
“What is the best way to communicate the triage criteria, need for Advance Care Planning conversations and planning? Booklets in ICU or Emergency Room? They won’t get read. Message updates on the web? I mean, I don’t even get to read them. People seem to be getting most information from live media sources.” (P40, HIC)
“Families and patients understand that those who were > 85 years of age with some advanced disease like Cardiac, Heart failure, COPD, Dementia, Cancer, would not go to ICU, but to another floor where symptom care [e.g. for breathlessness] and palliative care would be provided.”

(P41, MIC)
Transparency: pros and cons

On one hand……

• Incites fear and chaos
• Exposes inequities
• Uncertainty about “how to “ best practice

On the other hand…

• Promotes equity
• May promote tolerance of imposed triage decisions
• Discourages rumors
“Social media is the main source of information for people and the government. They believe everything they see on Facebook and the news on TV. There is no reflection about it. COVID is just ICU and dead people because that is what they see on social media. I don’t know who has credibility. All they believe what they see on social media. It is difficult to change their minds” (P39, LIC)
We are all in this together.....

“it’s better we share all truth with the people. [...] It’s a hard time for the medical personnel because it’s hard to say to a family that in your case we need the ventilator and we don’t have it; but, you know in the all around the world they have the same situation.”

(P28, MIC)
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<tr>
<td><strong>Avoid</strong></td>
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<td>All people should understand how and where to access care: avoid self-triage out of care</td>
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<td><strong>Develop and deliver</strong></td>
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<td>messages with trusted community partners</td>
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<td><strong>Consider</strong></td>
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<td>(health) literacy: aim for understanding</td>
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<td><strong>Develop</strong></td>
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Thank you!
(Reach out if you would like a copy of the report)