

# **Community Healthcare Decision Making Tool**

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The findings and conclusions in this guide are those of the authors, and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

# Community Healthcare Decision Making Tool

## Brief Guide

### **Overview of the CHDMT**

Community and healthcare leaders and other decision makers, such as public health officials, healthcare partners and emergency management coordinators, can use the Community Healthcare Decision Making Tool (CHDMT) during an influenza pandemic to assess resources available at healthcare facilities, medical surge within the community, and the severity of the medical surge. The CHDMT also can help community and healthcare leaders and other decision makers to make decisions regarding appropriate sites of care where patients can be screened, treated or transferred during an influenza pandemic. Therefore, when using the CHDMT, these leaders and decision makers should advise their healthcare partners to appoint employees at these facilities to collect needed site-of-care assessment data when requested. Finally, use of the CHDMT in conjunction with the Pandemic Influenza Triage Algorithm (PITA)<sup>1</sup> can enhance overall community influenza pandemic planning, preparedness and response.

### **Goals of the CHDMT**

- Help community and healthcare leaders and other decision makers assess medical surge at the community level to mobilize necessary resources during an influenza pandemic.
- Help community and healthcare leaders and other decision makers direct patients to the appropriate sites of care during an influenza pandemic based on each patient's PITA acuity levels and resource needs.

### **Assumptions of the CHDMT**

- Community-level partnerships have been established among public health departments, community healthcare agencies and organizations, and emergency management agencies.
- Partners and community leaders are in communication with each other on a regular basis.
- Partners and community healthcare leaders have developed a pandemic influenza preparedness plan at the community level that addresses issues such as resource needs, medical surge and sites of care.
- Partners and community healthcare leaders are familiar with the National Incident Management System (NIMS), including functions of an Emergency Operations Center (EOC) and a community Incident Command System (ICS).

### **Recommended Use of the CHDMT**

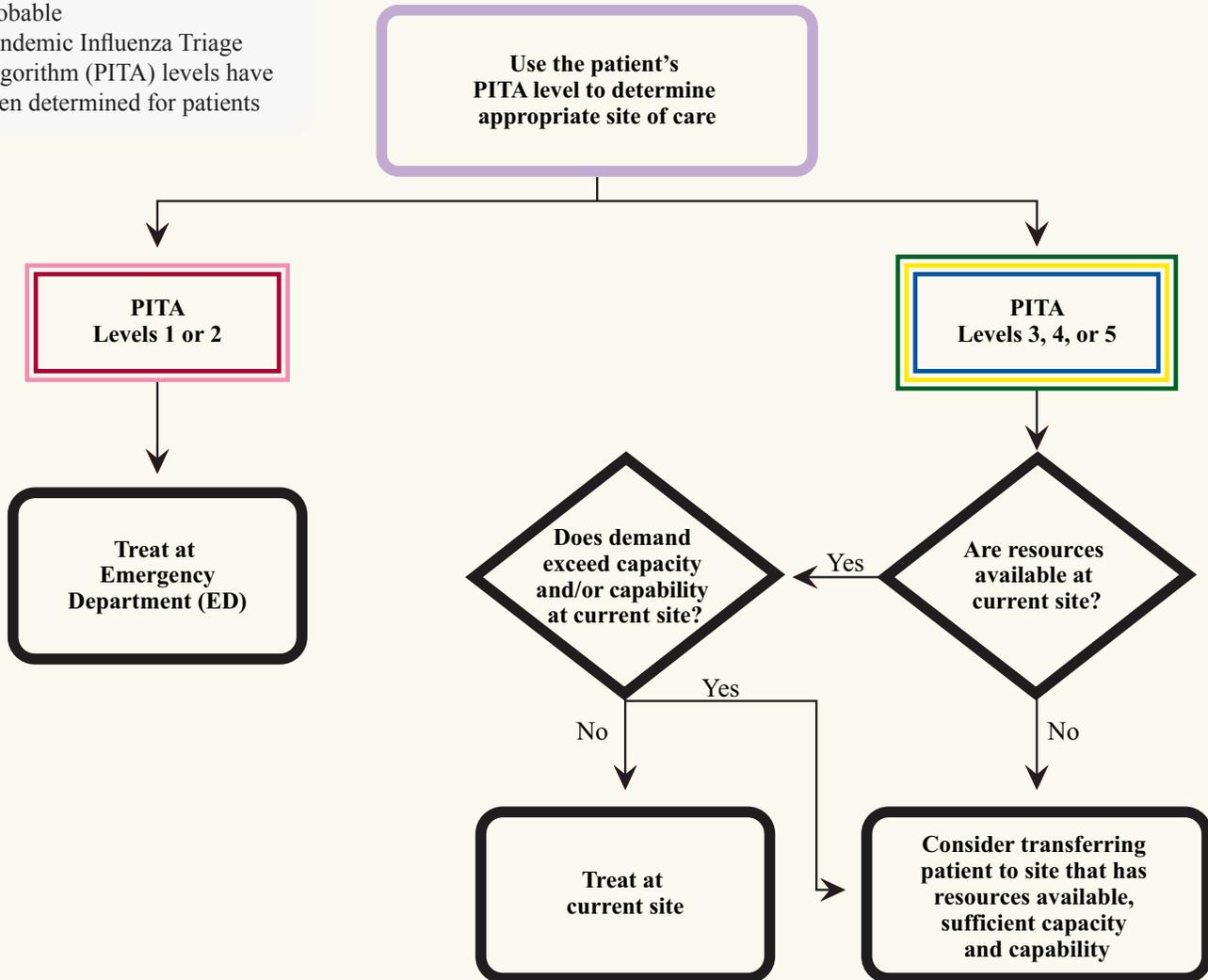
- When an influenza pandemic is declared.
- Along with the PITA and community pandemic influenza plans.
- In conjunction with other available methods to assess community and healthcare resources, medical surge, and medical facility capacities and capabilities.
- To help identify appropriate sites of care for patients (based on their PITA levels).

<sup>1</sup> The Pandemic Influenza Triage Algorithm (PITA) was developed by the Centers for Disease Control and Prevention, Healthcare Preparedness Activity (CDC-HPA) with input from a group of medical triage experts. The PITA is intended only for in-person triage of patients (performed by healthcare professionals) who have suspected exposure to influenza during a pandemic.

# Community Site-of-Care Tool

## Use the Site-of-Care Tool When:

- Influenza pandemic declared
- Medical surge is highly probable
- Pandemic Influenza Triage Algorithm (PITA) levels have been determined for patients



### Suggestions for Appropriate Patient Site of Care

*The following information is dependent on resource availability, patient demand and other community coordination considerations:*

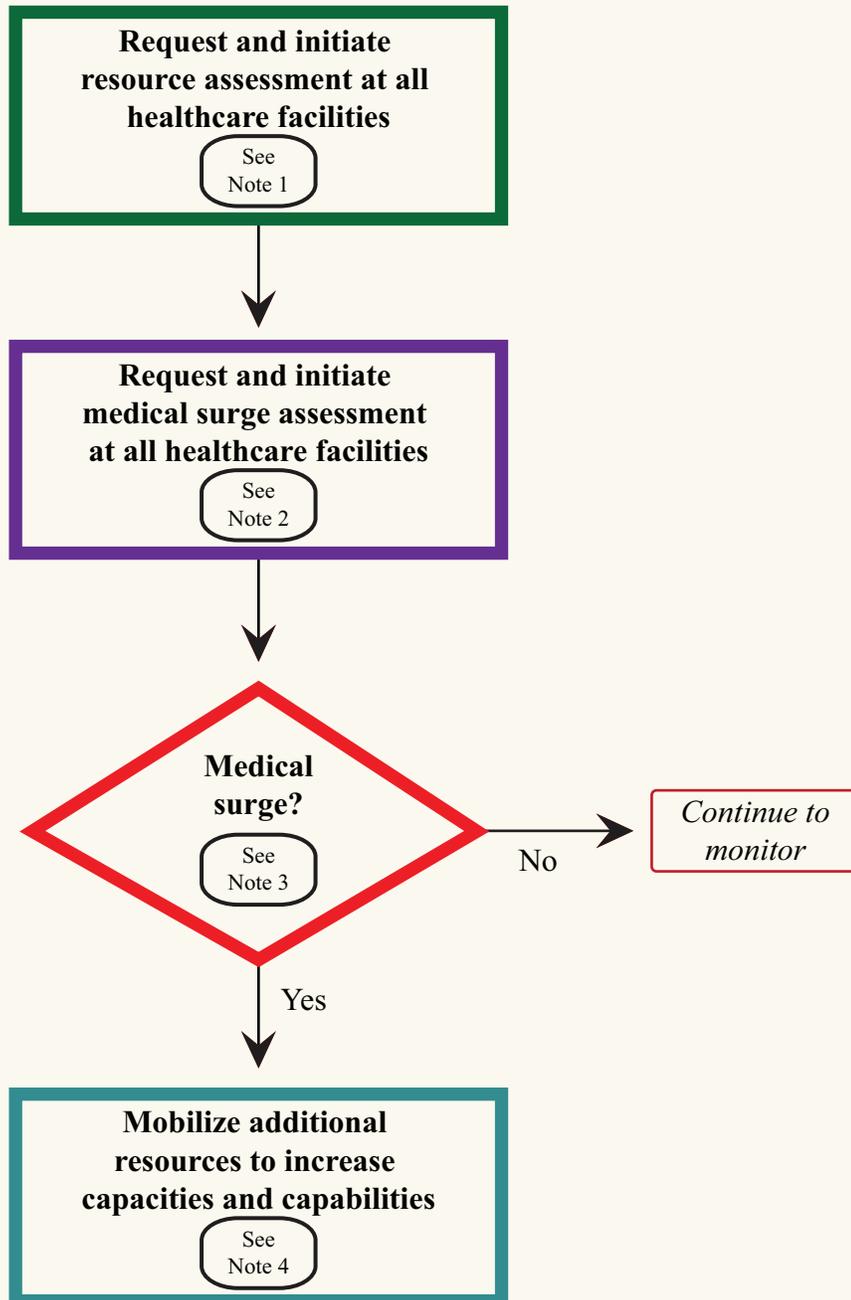
- Level 1: ED (resuscitation needed)
- Level 2: ED (potential to deteriorate, necessary resources available)
- Levels 3-5: ED, urgent care centers, primary care providers, outpatient clinics, long-term care facilities, or other alternate healthcare facilities (depending upon resource availability)

**The Site-of-Care Tool is used to help determine appropriate treatment facilities for patients based on their PITA levels.**

# Community Healthcare Decision Pathway

**Use the Pathway When:**

- Influenza pandemic declared
- Demand for community resources has increased
- Need to assess:
  - Surge
  - Resources
  - Capacities and capabilities



## Community Healthcare Decision Pathway

### Note 1: Request and initiate resource assessment at all healthcare facilities.

- Public health and emergency management coordinators working within the community ICS during an influenza pandemic should request all healthcare partners to initiate a resource assessment at their facilities.
- This assessment should identify all available resources for treating patients with influenza-like illness (ILI).
- Examples of resources to assess are oxygen, labs, IV fluids, radiology, medications, ventilators, beds, and resuscitation equipment.
- Availability of resources determines which patient Pandemic Influenza Triage Algorithm (PITA) level(s) the healthcare facility staff could manage during an influenza pandemic.
- The following table is a list of minimum suggested resources needed for each PITA level.

**PITA Resource Needs Table**

PITA Level 1 (Resuscitation)	PITA Level 2* (Emergent)	PITA Level 3 (Urgent)	PITA Level 4 (Semi-urgent)	PITA Level 5 (Stable)
Provider Evaluation	Provider Evaluation	Provider Evaluation	Provider Evaluation	Provider Evaluation
Oral Fluids	Oral Fluids	Oral Fluids	Oral Fluids	
Oral Medications	Oral Medications	Oral Medications	Oral Medications	
Metered Dose Inhalers	Metered Dose Inhalers	Metered Dose Inhalers	Metered Dose Inhalers	
Oxygen	Oxygen	Oxygen		
Labs	Labs	Labs		
IV Fluids	IV Fluids	IV Fluids		
Nebulized Medications	Nebulized Medications	Nebulized Medications		
CXR	CXR	CXR		
Ventilators				
Resuscitation Equipment				

\*Patients with comorbid conditions are likely to require a higher level of care. Consult current CDC guidelines.





## Community Healthcare Decision Pathway

### **Note 4: Mobilize additional resources to increase capacities and capabilities.**

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- If the healthcare facility is experiencing a shortage of resources during an influenza pandemic, then appointed staff should inform the community EOC of the shortage so that additional resources can be mobilized through the ICS.
- Examples of ways to increase capacities and capabilities.
  - Convert more rooms or areas of a healthcare facility to airborne infection isolation rooms (AIIRs) with negative pressure<sup>2</sup> air handling, if possible.
  - Add staff and volunteers during peak hours of operation.
  - Cancel elective surgeries.
  - Convert single rooms to double or triple room occupancy, if possible.
  - Postpone routine annual checkups.
  - Activate memoranda of understanding (MOU) with partners for sharing of resources.
  - Open tent(s) on hospital property for triage or care.
  - Activate alternate care system (ACS), such as
    - Open influenza treatment centers.
    - Expand the role of outpatient clinics.
    - Facilitate home-based care for patients in cooperation with public health and home care agencies.
    - Open an overflow hospital for influenza patients.

<sup>2</sup>Negative pressure is created by adjusting a room's or area's ventilation system so that more air is mechanically exhausted than is mechanically supplied. This creates a ventilation imbalance through which air is continually being drawn into the room or area rather than being let out into other areas where exposure may occur.