



## COVID-19 UPDATE

### **URGENT**

## **IMPLEMENTATION OF TRIAGE FOR CRITICAL CARE RESOURCES IN ALL MEDICLINIC HOSPITALS**

18 June 2021

**This third wave of COVID-19 infections has again created an unfamiliar reality for a number of hospitals in Mediclinic, where the demands on our resources outstrip the supply.**

Many hospitals have had to urgently implement their Critical Care Triage Teams using the Critical Care Society of South Africa guidelines<sup>1</sup> (CCSSA) supported by Treatment Escalation Support Teams (TEST<sup>2</sup>). As the demand is increasing exponentially, it is becoming extremely challenging to make such triage decisions. The TEST role is then to **support the treatment and triage teams in such challenging decisions**, especially in cases where disagreements arise between the treating doctors and the triage team regarding, e.g., allocation of a ventilator and de-escalation of care.

We are aware of our colleagues' concerns with implementing such drastic triage measures. Litigation for these decisions may or may not occur after the pandemic. We want to reiterate that it is important to prepare for that by ensuring that all hospitals and doctors follow the best practice guidelines and decision-making trees to justify decisions made during this time. This should include implementation of the Triage and TEST structures (the TEST to be appointed and mandated by the hospital's CPC/CHC), utilisation of the CCSSA triage guidelines, daily monitoring and prognostication of patients, documenting these decisions during triage rounds and documenting decisions and discussions on escalation and resuscitation with the patient and family.

It is important that the treating doctor communicates the possibility of triage to patients and families early on, and that appropriate decisions about "do not attempt resuscitation" or "do not escalate care" as per MCSA policy<sup>3</sup> should be agreed with the patient and family and documented by the doctor. The omission of therapy is often much more tolerable than the withdrawal of treatment,

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<sup>1</sup> "Allocation of Scarce Critical Care Resources during the COVID-19 Public Health Emergency in South Africa" guidelines - published on <https://criticalcare.org.za/wp-content/uploads/2020/06/V3-2020-May-05-Allocation-of-Scarce-Critical-Care-Resources-During-the-COVID-19-Public-Health-Emergency-in-South-Africa-FINAL-.pdf>

<sup>2</sup> Guideline for Operational management of COVID-19 – section on Treatment Escalation Support Teams, 4 June 2021. [http://intranet/communities/ClinicalServices/IPC/Guidelines/COVID-19%20Guidelines%20for%20Operational%20management\\_28%20May%202021\\_FINAL%208%20June%202021%20published%20UPDATED.pdf](http://intranet/communities/ClinicalServices/IPC/Guidelines/COVID-19%20Guidelines%20for%20Operational%20management_28%20May%202021_FINAL%208%20June%202021%20published%20UPDATED.pdf)

<sup>3</sup> published on the MCSA nursing clinical guidelines intranet site on [http://intranet/communities/nursing/GuidelinesAndPositionPapers/Clinical%20Guideline\\_Do%20not%20attempt%20resuscitation\\_%20Do%20not%20escalate%20care.pdf](http://intranet/communities/nursing/GuidelinesAndPositionPapers/Clinical%20Guideline_Do%20not%20attempt%20resuscitation_%20Do%20not%20escalate%20care.pdf)

and for this reason, it is imperative that patient wishes, and end of life care are discussed during the admission process, and not left for when it is too late.

We urge all doctors, who are being confronted with these triage decisions to encourage the establishment of both Triage & TEST structures and follow the CCSSA triage guidelines so limited resources can be used to benefit the most.

We further urge the Mediclinic Hospital Management Teams to support such Triage & TEST structures, document attempts made to transfer patients in need to better equipped facilities and attempts to secure more resources.

The MCSA Clinical Ethics Committee<sup>4</sup> is available on short notice to assist where conflicts arise regarding prioritisation of patients for scarce resources that cannot be solved by the relevant TEST. The referral should be sent electronically to the office of the Chairperson of the CEC, Prof Keymanthri Moodley at [clinicaethics@mediclinic.co.za](mailto:clinicaethics@mediclinic.co.za).

The COVID-19 pandemic is likely to continue to affect our lives in South Africa and Namibia for the rest of this year. We serve our patients best by applying the best practice guidelines as established by our peers.

My sincere thanks to all of our staff and supporting doctors for stepping up and helping our COVID-19 and other patients during this third surge.

Kind regards



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Chief Executive Officer  
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<sup>4</sup> Mediclinic Southern Africa (MCSA) Clinical Ethics Committee (CEC) during COVID-19. 22<sup>nd</sup> December 2020