

North Texas Mass Critical Care Task Force  
6:30 p.m. Jan. 15, 2013, at Park City Club  
Meeting Minutes

The North Texas Mass Critical Care Task Force met on Jan. 15, 2013, at 6:30 p.m. at Park City Club. Robert Fine, MD, called the meeting to order. The following attended the meeting.

**Attending**

Robert L. Fine, MD, Chair, NT Mass Critical Care Task Force  
John Carlo, MD, Co-Chair, NT Mass Critical Care Task  
Sandra Parker, MD, Co-Chair, NT Mass Critical Care Task Force  
David French, MD, Baylor Health Care System  
Nick Sloan, Emergency Management Coordinator, Baylor Health Care System  
Paul Pepe, MD, City of Dallas  
Mark Casanova, MD, DCMS Community Emergency Response Committee  
Stephen Landers, MD, DCMS Community Emergency Response Committee  
Don Read, MD, DCMS Community Emergency Response Committee  
Wendy Chung, MD, Dallas County Health and Human Services  
Christopher Perkins, MD, Dallas County Health and Human Services  
Judge Clay Jenkins, Dallas County Commissioners Court  
Michael Darrouzet, Dallas County Medical Society  
Connie Webster, Dallas County Medical Society  
Juan Rodriguez, Epidemiologist, Denton County Health Department  
Steve Love, DFW Hospital Council  
Ray Swinton, MD, Co-Director of EMS, Disaster Medicine and Homeland Security Section  
Paula Dobbs-Wiggins, MD, Faith Community Representative, SMU/Perkins School of Theology  
Scott Robins, MD, HCA North Texas  
Aaron Blue, MD, John Peter Smith Residency Program  
A.J. Kirk, MD, John Peter Smith Hospital  
Kendra Belfi, MD, Tarrant County Medical Society  
Bruce Clements, MPH, Texas Department of State Health Services  
Ed Goodman, MD, Texas Health Resource

**Minutes.** Minutes of the February 8, 2012, meeting were approved as submitted.

**Discussion Summary.** Dr. Fine gave an overview of the task force accomplishments over the last several months. He stated that Dallas and Tarrant County Medical Societies have met with the appropriate local elected officials, hospitals and pertinent community groups. Leaders of the task force also met with the appropriate leadership at the Texas Department of State Health Services to get their approval of the mass critical care guidance documents. The state reviewed the document and said that they have also been establishing a preparedness initiative to develop an overarching state Crisis Standards of Care plan. The state suggested that the task force meet to discuss a side-by-side comparison of the differences between the

two sets of guidance documents and work through several of the noted differences and then build on this work to develop some broad Crisis Standards of Care guidance for a myriad of disasters.

**Texas Department of State Health Services.** Mr. Bruce Clements with the Texas Department of State Health Services presented a comparison of the North Texas Mass Critical Care Guidelines vs. the State’s Crisis Standards of Care document. He stated the North Texas plan is consistent with the state’s efforts and provides a solid foundation for guiding local decision makers. After a thorough discussion, the task force approved the following reconciliation of the NTMCC & DSHS Plans.

Item	DSHS Workgroup	NTMCC Recommendations
Purpose	<p>These guidelines were developed by the Texas Hospitals and Health Systems Association, DSHS Triage Guidelines Workgroup. The purpose is to guide the allocation of patient care resources during an <b>Influenza pandemic or other public health emergency</b>, when demand for services dramatically exceeds supply. Application of these guidelines will require physician judgment at the point of patient care.</p>	<p>Use the following text: The purpose of these guidelines is to provide a triage protocol to allocate scarce healthcare resources (intensive care services, including ventilators) to those most likely to benefit during a pandemic respiratory crisis (such as pandemic Influenza) or other public health emergency that has the potential to overwhelm available intensive care resources. Application of these guidelines will require physician judgment at the point of patient care.</p>
Hospital & Medical Staff Planning	<p>Institute an <b>action team</b> to provide counseling and care coordination and to work with the families of loved ones who have been denied life-sustaining treatment.</p>	<p>Use the following text: Institute a supportive and/or palliative care team to provide symptom management, counseling, and care coordination for patients and the families of patients who do not receive intensive care services. <i>e death prolonging than life sustaining.</i></p>
Hospital Settings / Administrative Role	<p>2) Preserve oxygen capacity by: • <b>Phasing out all hyperbaric medicine treatments.</b> • Ensuring that all liquid oxygen tanks are full.</p>	<p>Use the following text: 2) Preserve oxygen capacity by: • <b>Phasing out all hyperbaric medicine treatments.</b> • Ensuring that all liquid oxygen</p>
ED/Hosp/ICU	<p>Use Hospital And Icu/Ventilator Admission Triage algorithm and tools AND has <b>Other factors to consider</b> when applying triage guidelines include: • Whether the patient is homeless or has someone to care for them at home • Whether the patient is in the 2<sup>nd</sup> or 3<sup>rd</sup> trimester of a pregnancy</p>	<p>Use the following text: Use <b>Hospital And ICU/Ventilator Admission Triage</b> algorithm and tools (pages 4 and 5) to determine which patients to send home for palliative care or medical management and which patients to admit or keep in hospital or ICU. Note that the <i>lowest</i> priority for admission is given to patients with the</p>

		<p>lowest chance of survival with or without treatment, and to patients with the highest chance of survival <i>without</i> treatment.</p> <p>Physician judge should be used in applying these guidelines.</p>
Exclusion Criteria #1	Known “Do Not Resuscitate” (DNR) status.	Use the following text: Known Do Not Attempt Resuscitation (DNAR) or Out of Hospital-DNR (OOH-DNR) status.
Exclusion Criteria #4	<p>Severe acute trauma with a Revised Trauma Score &lt;2 (see (d) and (e)) GCS: _____ SBP: _____ RR: _____ Revised trauma score: _____</p>	<p>Use the following text: Traumatic Injury: Severe traumatic brain injury, hemodynamically unstable traumatic injuries requiring more than 10 units of blood transfusion, or more than one pressor, ARDS requiring high peep &gt;15 or HFVO: Revised Trauma Score &lt;2 (see (e)) GCS: _____ SBP: _____ RR: _____ Revised trauma score: _____</p>
Exclusion Criteria #5	<p>Severe burns <b>with &lt;50% anticipated survival (patients identified as “Low” or worse</b> on the Triage Decision Table For Burn Victims (f)). Burns not requiring critical care resources may be cared for at the local facility (e.g., burns that might have been transferred to the University of Texas Medical Center Burn Center under normal circumstances). Score: _____</p>	<p>Use the following text: Severe burns <b>with anticipated survival “Low”, “Low/Expectant”, or “Expectant”</b> as indicated by age and burn size on the Triage Decision Table For Burn Victims (f)). Burns not requiring critical care resources may be cared for at the local facility. Score _____</p>
Exclusion Criteria #10	<p>Liver: Pugh Score &gt;7 (h), when available. Includes bili, albumin, INR, ascites, encephalopathy. Total score: _____</p>	<p>Use the following text: Liver: MELD SCORE &gt;20 or Pugh Score &gt; 7 (h), when available. Includes bili, albumin, INR, ascites, encephalopathy. MELD score calculators available online. PUGH Score table on page 7.. MELD: ____ PUGH: ____</p>
Exclusion Criteria #11	<p>Age:</p> <ul style="list-style-type: none"> <li>• Triage Level 1: &gt;95 years</li> <li>• Triage Level 2: &gt;90 years</li> </ul>	Do not list an exclusion on age.

	• Triage Level 3: >85 years	
MOSFA Chart	Uses MSOFA chart	Use MSOFA chart
Definitions	No mention of "palliative care"	Define "palliative care"
Appendix A. INITIAL TRIAGE for Pandemic Influenza	No infants mentioned	Use the following text: Is the patient an infant younger than 2 months with a fever, feeding poorly, or with fewer than 3 wet diapers within a 24-hour period?
Pt Worksheets	No pediatric worksheet	Appendix B2 is a PEDIATRIC patient worksheet for Pandemic Influenza Triage
Pt Handouts	More Detailed (about 3 pages)	Use the Less Detailed Handouts (about 2 pages)

**Next Steps:**

- a. Reconcile the NTMCC & DSHS Plans and provide the updated DRAFT version to the task force and to the state.
- b. Communicate within the healthcare community through articles in the appropriate county medical society's publications, blast emails etc.
- c. Follow-up with elected leaders and provide an update.
- d. Begin public awareness campaign, which will be done primarily with the help of the media.
- e. Continue to work with DSHS to draft a Crisis Standards of Care plan and institute a process for public engagement.

The meeting was adjourned at 8:40 p.m.