Decision-making in crisis: Applying a healthcare triage methodology to business continuity management

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Received (in revised form): 18th January, 2017

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Abstract

The concept of triage in healthcare has been around for centuries and continues to be applied today so that scarce resources are allocated according to need. A business impact analysis (BIA) is a form of triage in that it identifies which processes are most critical, which to address first and how to allocate limited resources.

On its own, however, the BIA provides only a roadmap of the impacts and interdependencies of an event. When disaster strikes, organisational decision-makers often face difficult decisions with regard to allocating limited resources between multiple ‘mission-critical’ functions. Applying the concept of triage to business continuity provides those decision-makers navigating a rapidly evolving and unpredictable event with a path that protects the fundamental priorities of the organisation.
organisation. A business triage methodology aids decision-makers in times of crisis by providing a simplified framework for decision-making based on objective, evidence-based criteria, which is universally accepted and understood. When disaster strikes, the survival of the organisation depends on critical decision-making and quick actions to stabilise the incident. This paper argues that organisations need to supplement BIA processes with a decision-making triage methodology that can be quickly applied during the chaos of an actual event.

Keywords: business continuity, triage, business triage, business impact analysis (BIA), resilience

INTRODUCTION
When faced with a situation where available resources are overwhelmed by need, the process of triage allows healthcare practitioners to make objective decisions in difficult circumstances. Rooted in battlefield medicine, triaging makes it possible to determine what (or who) is critical, and what (or who) can safely wait. The concept of triage today can be applied not only to patient prioritisation, but also to guiding an organisation through a business disruption with minimal operational, reputational and financial impacts. A properly executed business impact analysis (BIA) should inform organisational decision-making on the most critical processes. In an actual response, however, abstract criticality ratings must be translated into concrete decisions that will allocate limited resources where they are most needed.

In frontline healthcare, the process of simplified decision-making to allocate limited resources occurs in the form of triage. Health triage systems have been studied extensively to identify the optimal system of categorisation that will achieve the best patient outcomes. This research also provides lessons for business continuity managers in considering the features of an ideal triage system for business continuity management. This paper describes the key features of a triage system that are useful in a business continuity context: it simplifies decision-making in a way that can be applied in a quickly-unfolding crisis situation; it establishes evidence-based, objective criteria; and it provides a common organisational language and understanding of priority outcomes.

The ability to recover sufficiently to continue essential operations is paramount to any organisation. If services are not available due to inadequate disaster planning, reputation and confidence could be impacted negatively. A poorly executed response that misses the mark on protecting what is most important to the organisation can have long-lasting impacts on the reputation of the organisation.

Organisations are more resilient when they are able to make decisions quickly to ensure their most critical operations and assets are protected during an event or disruption. Adapting the principles of healthcare triage to an organisation is a useful approach when determining how best to make those decisions to achieve the optimum post-disaster outcomes for the organisation.

CONCEPTS
Resilience is the ability of an organisation to adapt quickly and recover from or cope with any known or unknown changes to the environment. Resiliency is not a process, but rather an end state for organisations. The goal of a resilient organisation is to continue its essential functions when faced with any type of disruptive event. Identifying which functions are essential requires a system of prioritisation or a method to triage functions according to their priority. A completed BIA provides organisations with criticality rating
by function, but it is important to consider what the rating means and how it can be applied effectively during an actual event.

The word ‘triage’, from the French trier (to sort), has its origins in the battlefields of Napoleon’s Imperial Guard where French surgeon Baron Dominique Jean Larrey first applied the concept of sorting war casualties according to priority. Triage continues to be applied today in modern medical systems as a brief clinical assessment to determine the time and sequence in which patients should be seen, such as in a hospital emergency department, or, if applied in the field, the sequence of transport and choice of hospital destination.

More recently, the concept of triage has been applied to business as ‘a system of process analysis and resource allocation for resource-limited business environments’. Business triage has been applied in a number of business contexts including start-up financial difficulty and disaster recovery. In applying triage to business, the emphasis has been on identifying desired outcomes and rapidly assessing the actions required to achieve those outcomes. Much like in medical triage, business triage begins with a rapid assessment to determine criticality, address incident priorities and commence initial actions to stabilise the situation. This paper uses the concept of business triage in the context of incident response to events that strain organisational resources, necessitating a move away from normal operations and towards contingency operations.

**SIMPLIFYING DECISION-MAKING IN CRISIS**

In medicine, triage systems are designed to provide a simple decision-making methodology that can be applied quickly in the real world during a stressful, time-sensitive event. The underlying methodology of modern triage is made up of years of complex, evidence-based research compiled into simple criteria that are likely to predict patient outcomes. A BIA can produce a similar simplification of a large amount of data into a criticality rating or score through a simple calculation or software application. Regardless of BIA methodology, it is worth considering whether the BIA data can be understood sufficiently easily to inform decision-making during a crisis. It is also important to challenge assumptions regarding how well the existing BIA system of categorisation is suited to the complexity of a real-world application.

The BIA process deals in hypotheticals, asking organisations to consider the impacts of upstream and downstream interruptions. What this process cannot account for is the urgency of an actual event and the unexpected occurrences that almost always complicate actual responses. In healthcare, too, the tidy algorithms of medical triage systems are often challenged by the complexity of real patients who do not always neatly fit into the categories set out for them. Consider a scenario where finite resources make it possible to treat only one patient, or address only one priority business function when two or more entities are present in that category at the same high priority level. In that situation, BIA data are only as useful to the organisational decision-maker as the full patient medical records would be to the healthcare practitioner: even if there were time to review all available information, it is only relevant in the context of the other competing priorities. This reality necessitates simple guidelines for prioritisation, particularly to address grey areas and outlier scenarios where existing algorithms and criticality rating systems can fail.

Establishing triage criteria begins with identifying the outcomes the organisation is seeking to achieve. In healthcare, the
primary outcome being sought is to preserve the life of the greatest number of people. For other organisations, priorities may lie in protecting shareholder interests, or preserving a certain mission-critical operational function. An effective triage methodology focuses on the ultimate outcome sought over anything else. Even in the worst-case scenario, it applies a set of criteria that brings decision-makers back to the priority outcome. In many cases, all that may be required is an easily understood algorithm or set of questions that identify factors relevant to the priority outcome.

Decision-making in triage must provide practitioners with a lens through which to view information that allows them to separate information that is relevant to the triage decision. In a mass-casualty incident, healthcare providers do not have time to conduct a full assessment on all presenting patients. Similarly, in a time of crisis, organisational decision-makers do not have the luxury of time to gather and analyse significant amounts of information. Applying a triage methodology in these circumstances addresses this challenge by providing a simplified path to a decision based on a specific set of criteria.

In a crisis that involves a multitude of operational, financial and reputational impacts, a BIA only provides decision-makers with a roadmap to where impacts can be found and how they are interconnected. While that roadmap is an essential starting point for a resilient organisation, a triage methodology is what sets the course towards protecting what is most important to the organisation in the midst of crisis.

**ESTABLISHING EVIDENCE-BASED, OBJECTIVE CRITERIA**

Medical triage systems are developed by establishing indicators of patient condition or severity to predict patient outcomes. For example, we know that a patient who is able to walk unassisted and follow simple commands is more likely to be able to safely wait a longer period for care than a patient who is unconscious or having difficulty breathing and whose condition is likely to deteriorate more quickly and threaten life. It is these evidence-based indicators that inform the criteria by which patients are categorised in triage. A BIA allows an organisation to rank functions beginning with those that are mission-critical, but a criticality score alone does not provide the criteria needed to inform decision-making in crisis. This is particularly true for organisations that fall into the trap of identifying the vast majority of their operations, personnel, equipment or facilities as mission-critical.

When faced with a worst-case scenario where truly only the most critical processes can continue, a long list of mission-critical priority items will be of little use during a catastrophic event. At a time when stress and emotion is likely to cloud judgment, it is more important than ever to equip decision-makers with pre-determined, objective and evidence-based criteria to make solid decisions that will lead to the best outcome for the organisation.

Establishing evidence for decision-making in crisis is difficult due to the infrequency of events and complexity of response actions. However, greater objectivity in decision-making can be achieved by identifying the priority outcome for the organisation and working backwards to establish objective criteria asking 'what indicators represent a threat to that outcome?' In healthcare triage, criteria are established looking towards preventing loss of life, with all other factors taking a lower priority. This concept can be applied to an organisation’s overall response to crisis as well. For example, if the priority outcome is the protection of shareholder assets, objective criteria must be established to
examine the level of threat to that outcome and protect it at all costs, even if it occurs at the expense of other ‘mission-critical’ functions.

Building an evidence-base for decision-making requires that the organisation establish the reliability of its business triage framework and system of prioritisation. Triage in its simplest form provides categories of prioritisation such as red, yellow and green levels of patient acuity in healthcare. However, underlying the system of categorisation is a set of guiding principles that provide an overall priority framework for decision-makers to make difficult decisions even in a worst-case scenario. It is important that these guiding principles be sufficiently reliable to be useful across multiple events with diverse impacts.

In triage, it is important to consider not only the threat to the priority outcome, but also the results likely to be achieved by dedicating resources to a certain area of response. In healthcare, this means addressing not only the level of need but also how likely the patient is to benefit from treatment. This ensures limited healthcare resources are allocated to those who will benefit most. To apply this to the business continuity context, it means considering the level of impact/severity, but also incorporating response costs into the decision-making, looking outside of the individual business process and focusing on the benefit to the overall organisation’s priority outcome.

A COMMON ORGANISATIONAL LANGUAGE

In both health triage and business continuity, there is disagreement regarding the ‘best’ system of triage or criticality categorisation. While it is important to examine the merits of these systems, the approach used by the organisation is less important than the critical success factor that everyone involved in the response is using the same system and there is widespread buy-in and consensus on the organisation’s priority outcome. Consider an emergency department where half of waiting patients are told they will be seen on a first-come-first-served basis, and the other half are told the sickest will be seen first — the result would be chaos. Triage only works when the concept is widely understood by all involved. Similarly in business continuity planning, business units must understand where they fit in to the ‘triage’ process involved in enacting the organisation’s business continuity response plan.

The triage system must also reflect organisational values and culture. In healthcare, the aim is to treat patients based on need — not on how visible, how persuasive, or how affluent they may be. To be successful in this, the entire healthcare organisational culture must align with these values. Similarly, when disruptions occur in any industry, it is important to prioritise organisational functions according to pre-determined criteria that reflect the organisation’s overall priorities. Above all else, organisations experiencing a disruption must protect the functions that have been deemed most essential. By establishing organisational buy-in in advance of the crisis, organisations are able to respond in a cohesive way across multiple business units and prevent false understanding of the priority of less critical business functions or processes.

SUMMARY

Business continuity planning processes lay out the essential groundwork for organisational response to crisis. In response to actual events, however, BIA criticality ratings often fail to provide useful tools for decision-making that can be applied easily during times of crisis. Applying the
concept of healthcare triage to business continuity can better equip organisations to make decisions that maintain focus on the priority outcomes the organisation is seeking to achieve in its response. The BIA process must be expanded to include a view through the lens of the worst-case scenario where only the most critical functions can survive, with little time available to make decisions and with severely limited resources. An overarching triage methodology that simplifies the process of prioritisation and resource allocation fills a gap that is often present for organisations responding to real events. The criteria by which these impacts and threats to organisational priorities are assessed should be as objective as possible. The challenge in the field of business continuity is establishing an evidence base supporting a particular triage methodology or tool for events that are unplanned and occur infrequently. As more incidents occur, organisations must build this evidence base by reflecting on which factors indicate threats to organisational priorities and which response actions have a worthwhile impact. It is also important to have an organisation-wide understanding of the underlying methodology of how the organisation triages in crisis so that the criteria can be applied across the organisation in unforeseen situations where, for example, multiple unrelated events occur simultaneously or unexpected impacts occur. The concept of triage has served the healthcare field for centuries and shows considerable promise in useful application to business continuity.

REFERENCES

(2) Ibid.
(8) Jendry, ref. 5 above.
(9) Ibid.