# A Health System Perspective on Changes to the Diagnostic Process During the COVID-19 Pandemic

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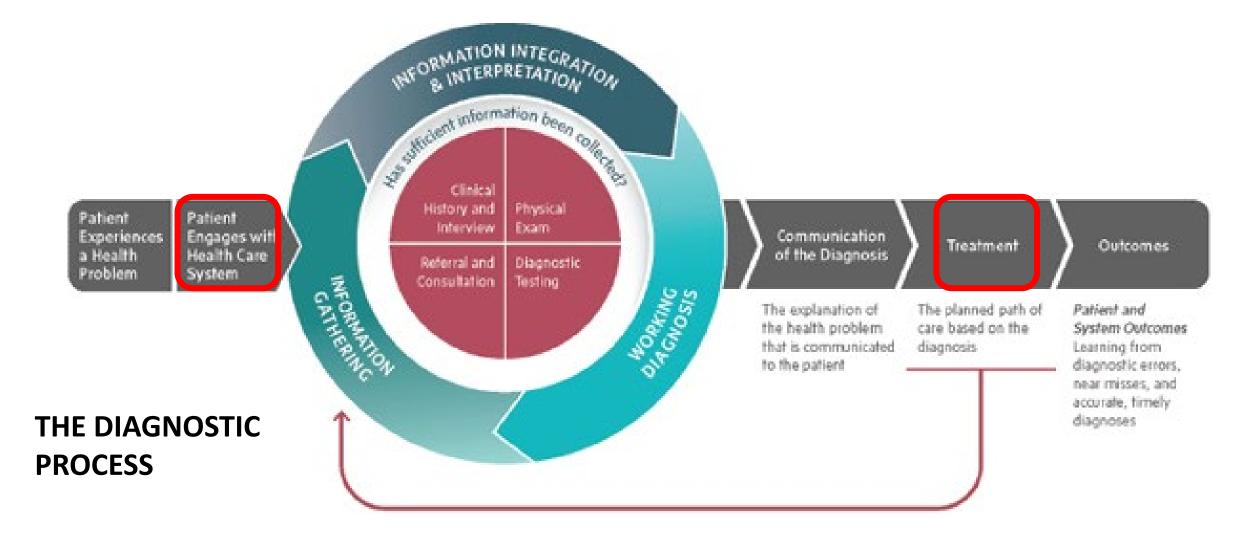
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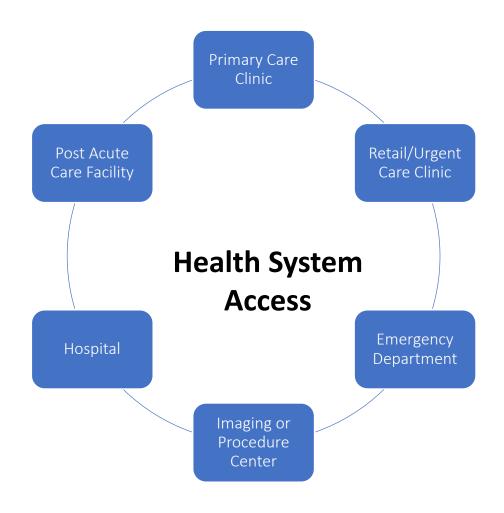
#### **TRIAGE**



TIME —

Committee on Diagnostic Error in Health Care; Board on Health Care Services; Institute of Medicine; The National Academies of Sciences, Engineering, and Medicine; Balogh EP, Miller BT, Ball JR, editors. Improving Diagnosis in Health Care. Washington (DC): National Academies Press (US); 2015 Dec 29. 2, The Diagnostic Process. Available from: https://www.ncbi.nlm.nih.gov/books/NBK338593/

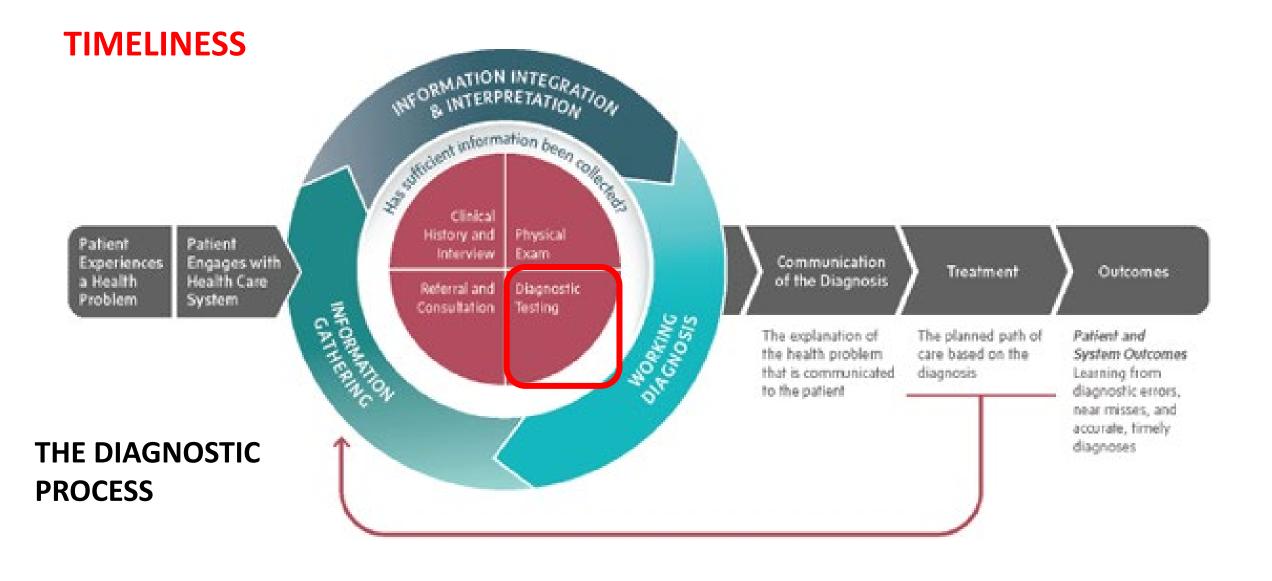
### **Pre-COVID-19 TRIAGE**



Value = Highest Quality/Lowest Cost

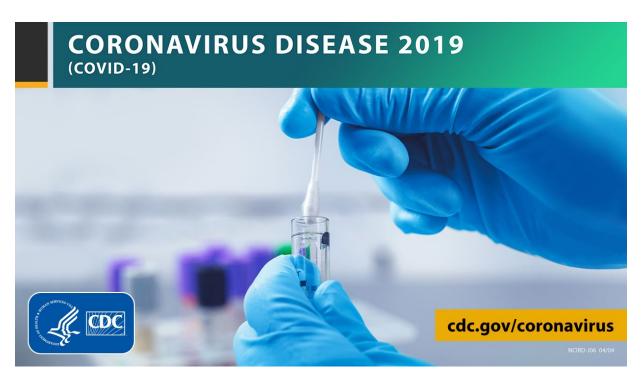
# COVID –19 PANDEMIC APPLYING MASS CASUALTY EVENT TRIAGE

MASS CASUALTY TRIAGE	ACCESSING HEALTHCARE	RESOURCE AVAILABILITY
IMMEDIATE	Acute Care: Go to the ED/Hospital	Low – Life Value?
DELAYED	Chronic Care: Call MD - Telehealth	Medium - Allocations
MINOR	Just Worried: Website Guidelines	High – All Benefit
NOT SALVAGEABLE (DECEASED)	Well – Safe to Wait	None – Moral Injury



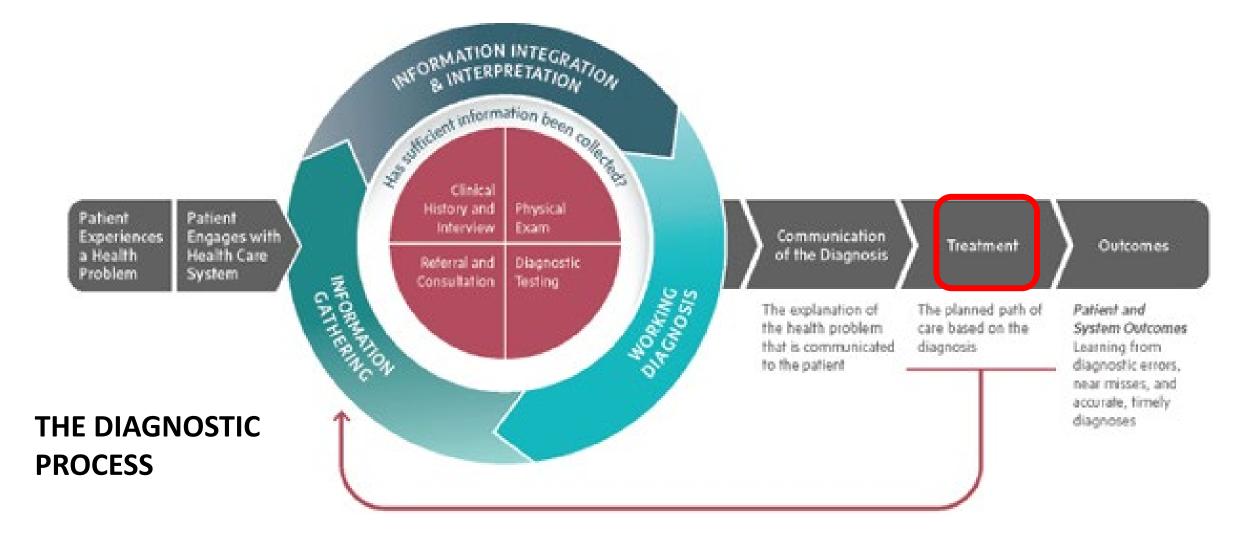
TIME

## COVID Testing Challenges





### **TAPPING OUT**



TIME —

### Healthcare Workforce Challenges

There is a difference between giving up and knowing when you had enough.

Quotesgram



Forbes.com