Supplemental digital content

Supplement 1. Patient Survey Form for Resource Scarcity

Supplement 2. COREQ (Consolidated criteria for Reporting Qualitative research) Checklist

Patient Survey Form for Resource Scarcity
Version PrioPan-Study
Adapted from S1-Leitlinie Guideline, Version 2.0

Hospital rechts der Isar Technical University Munich

Patient: (Pseudonym) _____

Age: _____

Diagnosis (acute): _____
Diagnosis (chronic): _____

Date of ICU admission: _____

Part 1A: General health status (prior to acute illness)

Interdisciplinary team-based Decision-making		Surname, Name, Date **Part 1**	Surname, Name, Date **Part 2**	Surname, Name, Date **Part 3**
Physician / Speciality department				
Physician / ICU				
Physician / ICU				
Nurse / ICU				
Others (incl. Clinical ethicists)				
Date of prioritization team visit:				

1Score/Patient ☐ ECOG: ____ or ☐ Karnofsky: ____ or ☐ Clinical Frailty Scale: ____

Additional information:

Part 1B: Comorbidity (prior acute illness), that in severity or in combination decreases the probability to survive intensive care

☐ Severe organ insufficiency ☐ heart ☐ lung ☐ liver ☐ kidney
☐ Severe generalized neurological disease
☐ Severe oncological disease
☐ Severe and irreversible immunodeficiency
☐ Multimorbidity

Charlson-Comorbidity-Index (CCI): ____

Part 1C: Patients' preferences

☐ patient capable on admission

Health Care Proxy
☐ Yes, copy in medical record. ☐ yes, named verbally, date _____ ☐ **No**

Surname, Name: _____ **Phone:** _____

Advance directive exists (copy in medical record):
☐ **Yes**, Advance directive (AD) or ☐ **Yes**, Advance-Care-Planning Document ☐ **No**

Conversation with:
☐ patient (= current preferences)
☐ health care proxy (see above)
☐ legal representative **Name, Surname**: _____ **Phone:** _____

☐ **Next of kin** ☐ **Relative,** friend, neighbour

Name, Surname: _____ **Phone:** _____

➔ ☐ **Refusal of ICU-treatment**
➔ ☐ **Informed consent to ICU-treatment**
➔ ☐ **Patients' preferences are not elicitable/unknown**

Part 2A: Severity of acute illness, duration and trajectory of intensive care

SOFA-Score: _____
Response to ongoing ICU-treatment: **Day on ICU** (ongoing): _____ **Trend of SOFA-Score** (↑↔↓)**:** _____

Part 2B: Individual patient-centered treatment decision

The goal of care is:
☐ to prolong life ☐ to prolong health-related quality of life ☐ palliation, not life prolonging

☐ **Initiation/Continuation of intensive care,** because the treatment goal remains realistic and patient consents to therapy.	☐ **Initiation/Continuation of intensive care, but with following limitations:** ☐ No CPR ☐ No invasive mechanical ventilation ☐ no intubation, ☐ no tracheotomy ☐ No haemodialysis ☐ Other limitations: ☐ _____ ☐ _____	☐ **Therapy redirected to palliative care, because** ☐ **Patient did not consent.** ☐ **No medical indication**, because ☐ the process of dying has begun, ☐ the therapy is estimated as futile because the treatment goal became unrealistic, or ☐ the survival would depend on long-term inhospital ICU-treatment.
In case of resource shortage ☐ **Reevaluation by the prioritization team**		☐ palliative care, if appropriate and possible on ICU or if triage required refer to general ward immediately.

Teil 3: Prioritization decision (ONLY in Phase C if really no other option is available)

The prioritization team (see documentation on page 1) has to reevaluate

- The assessment fort he individual probability of survival of (potential or ongoing) intensive care with regard to a realistic, patient-centered treatment goal and
- The overall assessment of all patients who would need ICU resources as well as
- The current information about available internal and external capacities.

After these steps, following decision is documented here:

☐ **Priority treatment** (initiation/continuation of intensive care)

☐ **Non-priority treatment** (Non-initiation or discontinuation of intensive care providing adequate medical treatment, including palliative care)
☐ palliative care team ☐ psychosocial support team

Information send to:
☐ Executive committee of the hospital
☐ Head of the department

☐ **Relatives by**
☐ Attending physician/subspeciality ☐ Attending physician/ICU

COREQ (COnsolidated criteria for REporting Qualitative research) Checklist for Manuscript

Preparing for the worst case scenario: Intensivists simulate prioritization and triage of scarce ICU-resources

A checklist of items that should be included in reports of qualitative research. You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information, either revise your manuscript accordingly before submitting or note N/A.

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	7
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	1
Occupation	3	What was their occupation at the time of the study?	1
Gender	4	Was the researcher male or female?	N/A
Experience and training	5	What experience or training did the researcher have?	7, 8
Relationship with participants			
Relationship established	6	Was a relationship established prior to study commencement?	7
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	7
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	7
Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	6, 8
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	7
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	6
Sample size	12	How many participants were in the study?	10
Non-participation	13	How many people refused to participate or dropped out? Reasons?	10
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	7
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	7
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	10
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	7
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	N/A
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	8
Field notes	20	Were field notes made during and/or after the inter view or focus group?	7
Duration	21	What was the duration of the inter views or focus group?	7
Data saturation	22	Was data saturation discussed?	9
Transcripts returned	23	Were transcripts returned to participants for comment and/or	9

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		correction?	
Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	8
Description of the coding tree	25	Did authors provide a description of the coding tree?	9
Derivation of themes	26	Were themes identified in advance or derived from the data?	9
Software	27	What software, if applicable, was used to manage the data?	8
Participant checking	28	Did participants provide feedback on the findings?	9
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	10, 11, Table2
Data and findings consistent	30	Was there consistency between the data presented and the findings?	9-12
Clarity of major themes	31	Were major themes clearly presented in the findings?	10-12
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	10-12

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357