Procedure to Maximize the Effectiveness of Ventilator Distribution Across States

Problem Statement: There is an acute need for additional ventilators within the hospitals of many states to save the most lives. States are working to acquire additional ventilators to support the healthcare needs of their residents, however, it is extremely challenging to determine the most effective and most equitable mechanism of distribution across the hospitals to meet the critical care system's needs.

Proposed Solution: States will continue to identify ways to improve their data collection systems to attempt to gather the data needed to identify where ventilators are needed. State public health departments will reach out any or all of their 1) Regional Disaster Health Response System (if applicable), 2) their Healthcare Coordinating Coalition (HCC), and/or 3) their state hospital association to create an expert roster of 1) intensive care/critical care providers and 2) respiratory therapy managers from a representative set of hospitals who can partner with the state health department to support effective ventilator distribution. The assembled roster of experts will work under the direction of the state health department to reach out to all affected hospitals in the state and determine 1) if each hospital has sufficient clinical staff/space resources to use additional ventilators to provide critical care and 2) if the specific ventilator model available can be used at each requesting hospital. The mobilized experts will be charged with meeting the needs of the state as a whole in their decisions and will not be allowed to uniquely consider the needs of their own institutions. The final authority to direct the state resources will remain with the state public health department.

Process:
1. The state will collect data on maximum ICU and ventilator capacity of each hospital as a one time or periodic request
2. The state will collect daily data on ICU and ventilator availability using its usual system
3. The state will also monitor specific requests for ventilators using its usual resource request processes
4. The state will use the data to identify when maximum capacity is being reached and when ventilators are being requested
5. Under the direction of the state, the expert advisory team will identify the most appropriate destinations for the ventilators by considering the following variables:
   a. Geography
      i. The resources should be spread fairly across the entire state
      ii. Special consideration may be needed to support hospitals that solely serve larger geographic catchment areas and/or are more isolated
   b. Capacity
      i. Any hospital receiving a ventilator must be able to confirm that they have the provider, nurse, and respiratory therapist staffing to allow them to use the ventilator immediately for critical care

    ii.   Any hospital receiving a ventilator must be able to confirm that they have the appropriate space, biomedical engineering support, and medical gas supply to allow them to use the ventilator immediately for critical care

    iii.   Any hospital receiving a ventilator that they are unfamiliar with must be able to confirm that they can immediately provide training for their staff to allow them to use the ventilator immediately for critical care

    iv.   The expert advisor team may reach out directly to the identified hospital points of contact for critical care and respiratory therapy if there are any questions about the ability of a receiving hospital to immediately use the ventilator(s) available.

6. Because of the extreme time sensitivity of the need, every attempt will be made to have the ventilators delivered directly and immediately to the appropriate receiving hospitals, rather than introduce delays with delivery to an intermediary.

The [COVID State Ventilator Planning Template](#) (available in Excel) can help states better estimate their needs.