This scoring grid was prepared to provide the Governor and State officials with timely data regarding the state of hospital resources in New Mexico. It is scored at least weekly by the NM Medical Advisory Team (MAT) Operations Team. Each row is scored based on reports from the NM "Hub Hospitals," who in turn base their reports on their meetings with the NM "Spoke Hospitals." The qualitative data below represents the impressions of the MAT Operations Team of the status of the majority of hub and/or hub and spoke hospitals in any given week.

Each column represents a hospital capacity contingency level and corresponds to a certain number of points. If the status is near-equally divided between the two levels of care the values are halved (for example 1 becomes 0.5, 2 becomes 1, and 3 becomes 1.5).

To calculate a total score, the values across the indicators are calculated to arrive at a weighted score. The weighted score will align with a contingency level of care (18.5 or less = Contingency Level 1; 18.6 to 32.4 = Contingency Level 2; 32.5 or higher = Crisis Standards of Care).

Indicator		**Criteria Demonstrating Contingency Level 1 (1 point)**	**Criteria Demonstrating Contingency Level 2 (2 points)**	**Criteria Demonstrating Crisis Standards of Care (3 points)**
Clinical Care	Delays	Delay of non-essential patient care and extended wait times without anticipated clinical compromise.	Cancelling, postponing or modifying essential clinical services that compromises patient care.	Patient care limited to emergency and time critical services only.
	Transfers	Increasing patient transfers to regional facilities due to exhaustion of local facility capacity or capability.	Significant transfer delays occurring, or receiving facilities experiencing transfer volumes that compromise patient care, particularly in specialty services.	Inability to transfer or receive patients and/or implementation of transfer triage and allocation protocols.
		Statewide triage and transfer center used to transfer COVID-19 patients to higher levels of care or for level-loading of Intensive Care Units (ICU).	Statewide triage and transfer center used to transfer all but specialty-care patients.	Statewide triage and transfer center used to manage all ICU patient transfers.
	Triage and Allocation	Hospitals developing triage boards and identifying triage officers according to the *New Mexico Triage Protocol for the Allocation of Scarce Resources Under COVID-19 Crisis Standards of Care.*	Hospital triage boards meeting to develop triage protocols and processes.	Full activation of triage officers and boards, and implementation of triage and allocation protocols and processes.
Facility	Emergency Dept. (ED) and Alternative Access Points	Less than 50% utilization of expanded ED capacity and/or alternative access points.	More than 50% utilization of maximum expanded ED capacity and/or alternative access points for multiple days within each reporting period.	Saturated access leading to triage and/or resource allocation that compromise patient care.

Indicator		Criteria Demonstrating Contingency Level 1 (1 point)	Criteria Demonstrating Contingency Level 2 (2 points)	Criteria Demonstrating Crisis Standards of Care (3 points)
	ICU	Less than 50% utilization of contingency capacity.	More than 50% utilization of contingency capacity for multiple days within each reporting period.	More than 100% utilization (overflow) of contingency capacity for multiple days within each reporting period.
	Non-ICU	Less than 50% utilization of contingency capacity.	More 50% utilization of contingency capacity for multiple days within each reporting period.	More than 100% utilization (overflow) of contingency capacity for multiple days within each reporting period.
	Healthcare Modeling	Hospitalization data project the need for contingency level capacity.	Hospitalization data project that community needs will exceed the resources available within 2 weeks.	Hospitalization data project that community needs will exceeding resources available presently and into the future.
Workforce	Redeployment	Workforce cross-training and orientation implemented in anticipation of staff redeployment to new areas of care.	Workforce redeployed (e.g. from non-essential services such as clinics) and providing care outside of regular scope of practice.	Insufficient qualified and/or available staff for immediate need.
	Sustainment	Tiered staffing model initiated to permit staff with virus infection or exposure to provide patient care under specified conditions, with asymptomatic but exposed staff working under those conditions.	Utilization of asymptomatic COVID-19 positive staff for the care of COVID-19 positive patients under specified conditions.	Utilization of asymptomatic COVID-19 positive staff for the care of all patients under specified conditions.
	Capacity	Workforce augmentation, protection and conservation strategies implemented (e.g. hiring, use of overtime, use of contract workers, worker infection control practices).	Staff shortages resulting in inability to fully staff licensed and/or contingency bed capacity.	Insufficient number of qualified and/or available staff to maintain patient care.
	Ratios	Staff shortages and patient volumes resulting in maximum staff to patient ratios in most areas of care.	Standard staff to patient ratios exceeded with compromise of patient care.	Unable to further increase staff to patient ratios due to compromise of patient care.

Indicator		Criteria Demonstrating Contingency Level 1 (1 point)	Criteria Demonstrating Contingency Level 2 (2 points)	Criteria Demonstrating Crisis Standards of Care (3 points)
Essential Equipment and Supplies	Acquisition	Depletion of pre-pandemic supplies and equipment resulting in extensive re-orders, interfacility sharing and requests for State assistance.	Supply chain for essential equipment and supplies no longer reliable, and limited availability of interfacility sharing.	Supply and/or equipment shortages leading to triage and/or resource allocation that compromise patient care.
	Management	Facilities practicing conservation, reuse, adaptation, and substitution without anticipated clinical compromise.	Initial rationing or substitution of materials and supplies that compromises patient care.	Shortages leading to triage or resource allocation that compromise patient care.