



REGIONAL HEALTHCARE SYSTEM EMERGENCY RESPONSE PLAN ANNEX

Regional Patient Tracking Concept of Operations

Version 2, October 2016

Contains material adapted from:

“Recommended Minimum Data Elements for Patient Tracking”, *Puget Sound: Victim Information and Family Assistance Annex – Regional Catastrophic Disaster Coordination Plan*



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Record of Changes

Version No.	Description of Change	Date Entered	Posted By
1	Created first version of the concept of operations	July 5, 2012	Rebecca Lis Onora Lien
2	Updated concept of operations to include King and Pierce Counties and conform with new NWHRN plan format	April 13, 2015	Rebecca Lis
2	Updated concept of operations to clarify: <ul style="list-style-type: none"> • Role of patient tracking in the victim accounting and family assistance process. • End of the patient tracking process. • Patient information sharing procedures. 	Nov. 9, 2015	Cory Fairbanks Rebecca Lis
2	Updated concept of operations to include: <ul style="list-style-type: none"> • Manual paper-based patient tracking process. • Added that regional tracking of specific patients will end when NDMS assumes responsibility for tracking. • Added language about HCF responsibility for assigning a unique identifier if a patient presents without one. 	Oct. 10, 2016	Cory Fairbanks Rebecca Lis



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Introduction

Throughout national and international disaster history, previous lessons from mass casualty incidents have consistently revealed shortcomings in local, state and national capabilities to manage patient tracking. In addition, lack of sufficient patient tracking has led to adverse consequences for the patient, their families and/or loved ones, responding organizations and the community recovery as a whole. The inability of the community to track patients during a mass casualty incident can create many complications for the response. These include:

- Prolonging, complicating and/or adversely affecting the delivery of patient care
- Exacerbating the psychological impact on patients and their loved ones when patient location is unknown
- Complicating and/or delaying the family reunification process, potentially leading to duplication of efforts on the part of loved ones and responding agencies and inefficient use of resources
- Hindering effective situational awareness about patient impacts and overall health system resource needs
- Adversely affecting law enforcement and/or medical examiner investigations and relevant evidence collection
- Adversely affecting future litigation if appropriate documentation is not available
- Compromising financial reimbursement for affected organizations
- Adversely affecting future research and quality improvement efforts related to patient care and patient outcomes during medical emergencies

Purpose

For the purposes of this concept of operations the following are considered the primary objectives for patient tracking:

1. To determine and document the identity of the patient
2. To determine and document the patient's location
3. To ensure standardized documentation of the condition of the patient and facilitate the continuity of care
4. To document the patient's involvement in the incident
5. To facilitate family reunification and victim accounting
6. To support community Family Assistance Center, call center, and healthcare system Patient Family Assistance Branch¹ operations as applicable

Scope

The Regional Patient Tracking Concept of Operations is applicable for all regional events that require coordination of patient tracking information for the purposes of patient care and family reunification in King and Pierce Counties. Events may include smaller MCI events when a centralized regional coordinating group (Northwest Healthcare Response Network (NWHRN)) may not be necessary as well as catastrophic events when a regional coordinating agency will be vital in centralizing patient tracking information and ensuring the appropriate and timely dissemination of information.

Planning Assumptions

1. Not all information about the patient will be available at the beginning of patient tracking. As patient care and time allows more information about the patient will be gathered and documented.

¹ Hospital Incident Command System (HICS) 2014



2. Based on the incident, patient tracking may continue for a prolonged period of time
3. The unique identifier established during patient tracking should² be maintained in the medical record of the individual indefinitely
4. Patient tracking is one component of a larger system of family reunification efforts that may include other partner agencies
5. Patient tracking systems should be in place with or without a technology database. Manual backup processes should be established
6. Much of the information gathered for patient tracking is considered Protected Health Information (PHI) and is subject to the Health Insurance Portability and Accountability Act (HIPAA).

Concept of Operations

A. Operations Overview

In a mass casualty incident, it is essential that at a minimum, patient tracking process will initiate as soon as the patient begins receiving healthcare services as a result of, or during the incident. This may occur when patients are transported from the field to a point of definitive care, or following arrival at a point of definitive care via self-referral (e.g. hospital, Alternate Care Facility, clinic). In an evacuation incident the minimum patient tracking process should initiate before the patient is transported to a receiving facility. The patient's whereabouts and condition should be tracked throughout the incident, until such time as the patient or the patient's guardian³ resumes responsibility for the patient.

In a mass casualty environment, the ability for EMS providers to document patient identifying information will be extremely limited. As such, the priority for EMS should be to begin the patient tracking process by initiating a unique identifier for the patient in the field (a unique identifier is a number that may be tracked through bar coded triage tags) at the point of transport. The collection of patient identifying information will be prioritized once the patient arrives at a point of definitive care.

Healthcare facility patient tracking should end when the patient or guardian⁴ resumes responsibility for the patient. This could include:

1. Patient is discharged home (with or without home health/care services)
2. Patient is discharged to a long term care facility
3. Patient is deceased and the County Medical Examiner has taken control of the human remains⁵
4. Assumption of responsibility and tracking by the National Disaster Medical System.

Regional patient tracking will end when all patients have been reunified with appropriate family and/or guardian if desired.

In some scenarios, such as a radiological or biological incident surveillance, patient care and incident related documentation may continue for many years. A clear delineation will be made, by the NWHRN in coordination with Public Health, to determine when the "hand off" for tracking patients will shift primarily to the appropriate epidemiological investigation processes.

² For the purposes of this plan the word "should" represents a recommended action to be taken and represents best practice of the stakeholders of this plan.

³ Guardian could include state agency if patients are transferred out of state in a state coordinated patient movement effort or any legally appointed guardian, next of kin or responsible healthcare provider

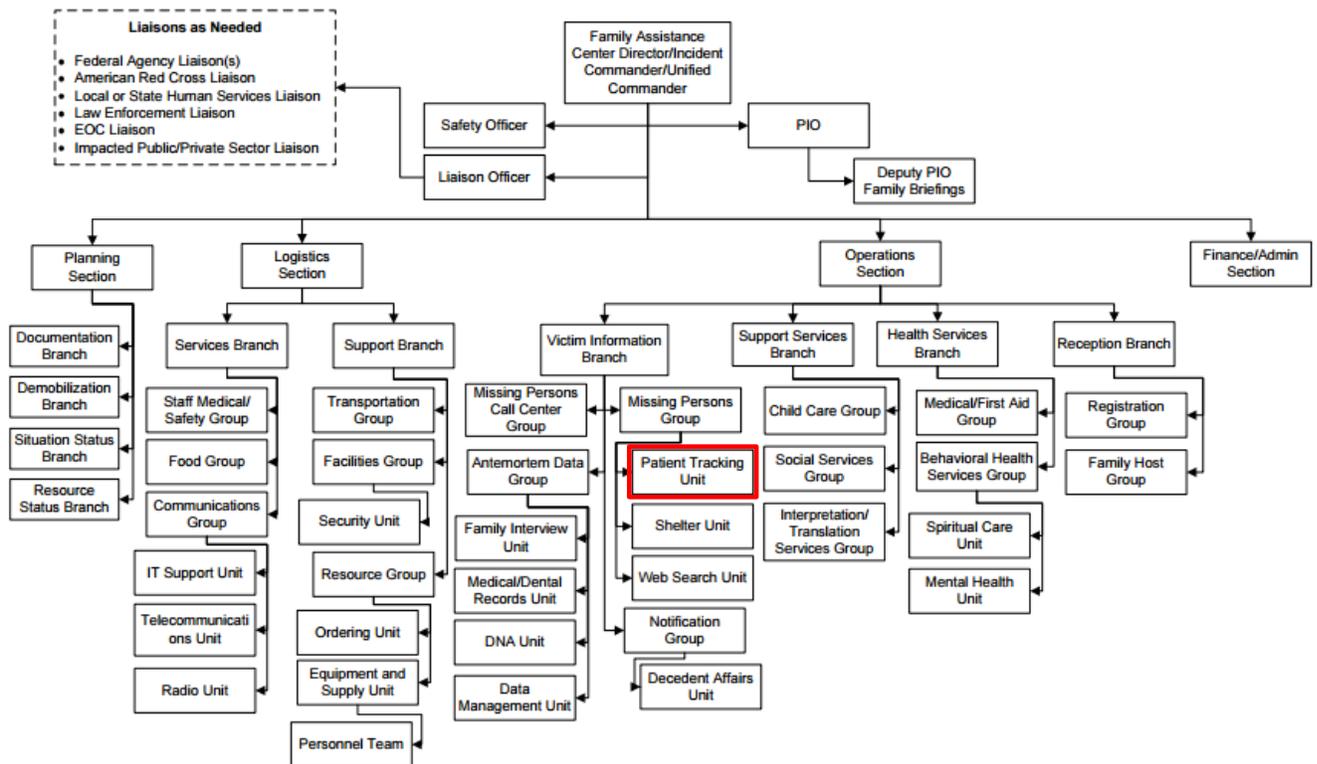
⁴ Guardian could include state agency if patients are transferred out of state in a state coordinated patient movement effort or any legally appointed guardian, next of kin or responsible healthcare provider

⁵ Tracking of the deceased should follow the County Medical Examiner's tracking protocol or requirements



Patient tracking is one aspect of a larger victim accounting and family assistance process. The overall purpose of the Family Assistance Center (FAC) is to assist with victim identification and family reunification with the missing and deceased. Patient tracking information supports the identification of individuals associated with an incident, along with information on the deceased, missing persons and uninjured persons. Patient tracking is only meant to track living patients, with the understanding that some patients may become deceased as the incident progresses. In the FAC organizational structure patient tracking is a unit under the Missing Persons Group within the Victim Information Branch (see Figure 1).

Figure 1: Example Family Assistance Center Organizational Chart



Source: Puget Sound Region Victim Information and Family Assistance Annex

For more information on FAC planning see: Puget Sound Region Victim Information and Family Assistance Annex, King County Mass Fatality and Family Assistance Operations Response Plan and Region V – Joint Family Assistance Center plan.

B. Activation of Concept of Operations

Patient tracking will be activated to support a mass casualty incident (MCI), the evacuation of a healthcare facility, or under circumstances that warrant the activation of the Disaster Medical Control

Center (DMCC) or relevant patient distribution mechanism⁶. Circumstances that warrant initiating patient tracking include, but are not limited to (one or more may apply in an incident):

- More than one facility will be receiving patients
- Patients may arrive at a treatment facility (e.g. hospital, Alternate Care Facility) by multiple methods including EMS and self-transport
- A field treatment site is established
- There are multiple incident locations
- One or more healthcare facilities will be evacuating patients
- Incident is determined to be a mass fatality (based on local threshold)
- Circumstances warrant the activation of a Family Reunification and/or Family Assistance Center
- Patients are contaminated or infected with chemical or radiological hazard or have been exposed to a biological agent as a part of a naturally occurring or human caused mass casualty incident

In King and Pierce Counties the coordinating agency for patient tracking is the NWHRN. The NWHRN will be responsible for the following:

1. Monitoring healthcare system and population impacts
2. Identifying and anticipating resource needs
3. Coordinating centralized patient tracking information
4. Serving as the single point of contact for patient tracking

Internal patient tracking (using internal processes) can be activated within their own organization by the following agencies who can in turn request the activation of regional patient tracking as needed.

1. Emergency Medical Services (EMS)
2. Hospitals and other healthcare organizations
3. Alternate Care Facilities

Regional patient tracking can be activated by the following groups:

1. Disaster Medical Control Center (DMCC)
2. NWHRN
3. Local Health Jurisdiction (LHJ)
4. Washington State Department of Health (WA State DOH)

C. Patient Tracking Data Elements

Core to the patient tracking process is the need to know what data elements will be required during an incident. It is important to recognize that early in the event only limited information about the patient's identity may be available. EMS and healthcare providers will prioritize patient care over collecting patient identifying information. Efforts to collect more comprehensive information about a patient's identity will be done as resources are available.

The following table reflects a continuum of essential patient tracking data that should be collected during the patient tracking process, as soon as conditions allow. The data elements categorized as "M" are data points that should be collected and documented upon the first encounter with a patient, and comprise the "minimum" data points needed by the participating agencies during a response. These should be shared with the relevant organizations at the beginning of the patient tracking process. The

⁶ Example includes nursing home response team to assist with distribution of patients to other nursing homes in a facility evacuation



data elements categorized as “S” are secondary data points that should be collected and provided to relevant organizations as it becomes available. It is important to keep in mind that much of the information gathered for patient tracking is considered Protected Health Information (PHI) and is subject to the Health Insurance Portability and Accountability Act (HIPAA).

Table 1: Minimum Data Elements for Patient Tracking

Responsible Agency		EMS	Hospital	ACF	Other Healthcare	NWHRN/County Public Health/Emergency Management	State Health Department
Data Elements M = minimum data element for first/initial encounter S = secondary data points to be collected as time and information allows	Unique Identifier	M	M	M	M	M	M
	Triage Color/Patient Condition	M	M	M	M	M	M
	Current location/point of access to system	M	M	M	M	M	M
	Date/Time of Encounter	M	M	M	M	M	M
	Disposition	M	M	M	M	M	M
	Mode of Arrival	S	M	M	M	S	S
	Gender	M	M	M	M	M	M
	Age (approx.)	M	M	M	M	M	M
	Date of Birth	S	S	S	S	S	S
	Legal Full Name (includes middle Initial)	S	S	S	S	S	S
	Legal Guardian or Responsible Party	N/A ⁷	S	S	S	S	S

There are many circumstances during an MCI when the identity of a patient may not be easily or quickly determined (e.g. patient is unconscious or unable to communicate and does not have personal identification with him/her). Under these circumstances, healthcare organizations should document as many identifying characteristics about the patient as possible and work with the NWHRN to provide this information to law enforcement and/or the Family Assistance Center, if one is established. If individuals self-refer to a healthcare facility the healthcare Patient Family Assistance Branch should ensure protocols are in place to track this information as well. This information will be used by the authorities to assist with the coordination of missing persons’ information and reconciled with data being provided about individuals who are unaccounted for to assist in determining the patient’s identity (see family reunification and missing persons planning for more information). See the Unidentified Patient Form and the Disaster Missing Persons information Form in Attachment C.

⁷ When the table was created, the committee did not feel that EMS would be able to reliably track this information and confirm guardianship or responsible party in the time frame required for patient tracking

D. Patient Tracking Procedures

Mass Casualty Incident Patient Tracking

1. Incident Occurs
2. EMS will arrive on scene and begin triaging patients according to institutional and regional protocols
3. When a patient is received by a transporting unit, personnel will document the unique identifier that is attached to the patient (via wristband if available⁸). If a unique identifier has not been assigned to the patient, then the transporting unit's personnel will do so. Unique identifiers should remain on/with the patient the entire time they are active in the incident. If time allows EMS may take down some additional information and may enter the information into a patient tracking database, if available. If a manual patient tracking process is being used, NWHRN will receive tracking information from hospitals in step #5.
4. Patient is transported
5. Upon arrival at a hospitals/ACF or other healthcare facility, intake staff will begin to collect the minimum data elements outlined in Table 1. Not all information may be collected immediately but the intake staff will begin the process by creating a record for the patient and taking note of the unique identifier begun by EMS (on the wrist band if available). If a unique identifier has not been assigned the facility will assign one. This information will then be recorded into a patient tracking database (WATrac), if available. Before entering any data into the system healthcare staff should search the database to ensure they are not duplicating profiles. Hospitals should also record the unique identifier in the patient's electronic medical record file. Hospitals are the primary source of patient tracking information for the NWHRN.
6. As time allows more information will be gathered about the patient and entered into a patient tracking database, if available.
7. If a patient is being transferred out to another facility, ensure the patient maintains their unique identifier and record in their file and profile on the patient tracking database when and where they are being sent. Ensure the patient receiving facility is provided the appropriate information and unique identifier.
8. Upon receipt of a transferred patient, intake the patient as you would above. If a profile has already been created on a patient tracking database update that information with all relevant information. NWHRN will follow-up with patient accepting facilities who are not able to track patient in WATrac, as needed.
9. If a patient is being discharged, ensure that their file and profile are updated appropriately.
10. Regional patient tracking will end when all patients have been reunified with appropriate family and/or guardian if desired.

Healthcare Facility Evacuation Patient Tracking

1. Incident Occurs
2. The evacuating facility should prepare patients for evacuation and complete the Patient/Resident Evacuation Form, if time allows. The evacuating facility will assign a unique identifier (via wristband, if available) to the patient prior to transport. A copy of the patient's medical record should also be printed and sent with the evacuating patient if available. (See Regional Long Term Care and Hospital evacuation plans for guidelines on what to include in medical record)

⁸ Any unique identifier captured on a wristband is capable of being tracked through WATrac, even if from different organizations or brands.



3. When a patient is received by a transporting unit (EMS or other unit), personnel will document the unique identifier that is attached to the patient (via wristband if available). If a unique identifier has not been assigned to the patient, then the transporting unit's personnel will do so. Unique identifiers should remain on/with the patient the entire time they are active in the incident. If time allows EMS may take down some additional information and may enter the information into a patient tracking database, if available. If a manual patient tracking process is being used, the NWHRN will receive tracking information from hospitals in step #5.
4. The patient will be transferred to a receiving facility. This may occur via EMS, private vehicle, private ambulance, or other vehicles as necessary.
5. Upon receipt of the patient the patient receiving facility intake staff will begin to collect the minimum data elements outlined in Table 1. Not all information may be collected immediately but the intake staff will begin the process by creating a record for the patient and taking note of the unique identifier or medical record number. If a unique identifier has not been assigned the facility will assign one. This information will then be recorded into a patient tracking database, if available. Before entering any data into the system healthcare staff should search the database to ensure they are not duplicating profiles. If the patient has arrived with their medical records and a copy of the Patient/Resident Evacuation Form this information may be more readily available. Hospitals should also record the unique identifier in the new patient's electronic medical record file. Hospitals are the primary source of patient tracking information for the NWHRN.
6. If a patient is being transferred out to another facility, ensure the patient maintains their unique identifier and record in their file and profile on the patient tracking database when and where they are being sent. Ensure the patient receiving facility is provided the appropriate information and unique identifier.
7. Upon receipt of a transferred patient intake the patient as you would above. If a profile has already been created on a patient tracking database update that information with all relevant information. NWHRN will follow-up with patient accepting facilities who are not able to track patient in WATrac, as needed.
8. If a patient is being discharged, ensure that their file and profile are updated appropriately.
9. Regional patient tracking will end when all patients have been reunified with appropriate family and/or guardian if desired.

E. Distribution of Patient Tracking Information

During a response, patient tracking information will be needed by multiple agencies to support a variety of activities. These may include providing patient care, patient/victim identification, family reunification efforts, resource tracking, public information, and/or criminal/legal investigations. The following table reflects primary entities that may need patient tracking information and examples of the potential purposes for which it will be needed. The NWHRN will coordinate with Public Health and healthcare organizations to develop and deliver accurate and timely information on patient tracking. The stakeholders listed below may need and receive detailed patient tracking information (including identifying information), all other stakeholders may only receive summary reports.

Table 2: Stakeholders and Roles/Responsibilities in the Distribution of Patient Tracking Information



Stakeholders	Purpose
Hospitals/ other healthcare organizations/ACFs	<ul style="list-style-type: none"> ▪ Document involvement in the incident ▪ Maintain situational awareness ▪ Document and ensure continuity of patient care ▪ Identification of the patient ▪ Patient Family Assistance Branch operations and family reunification ▪ Media/Public Information ▪ Documentation to assist with financial reimbursement ▪ Accountability
NWHRN	<ul style="list-style-type: none"> ▪ Situational awareness ▪ Monitor healthcare system and population impacts ▪ Identify/anticipate resource needs ▪ Coordination with Public Health concerning healthcare and patient tracking ▪ Coordination of WATrac for patient tracking operations ▪ Coordination of the completion of all patient tracking information (closing the loop on outstanding patients) ▪ Media/Public Information ▪ Accountability
Public Health	<ul style="list-style-type: none"> ▪ Situational awareness ▪ Monitor healthcare system and population impacts ▪ Identify/anticipate resource needs ▪ Call Center operations/public information to assist with family reunification (Public Health lead in King County, Public Health support Emergency Management in Pierce County) ▪ Family Assistance Center operations/assist with victim accounting (Public Health lead in King County, Public Health and Emergency Management collaboration in Pierce County) ▪ Alternate Care Facility operations (Public Health as the care provider) ▪ Coordination with regional partners (EMS, Emergency Management, Law Enforcement) concerning patient tracking ▪ Media/Public Information ▪ Accountability
WA State Department of Health	<ul style="list-style-type: none"> ▪ Situational awareness ▪ Monitor healthcare system and population impacts ▪ Identify/anticipate resource needs ▪ To monitor patient movement across regions/out of state ▪ Call Center operations/public information to assist with family reunification (if this is coordinated at a state level) ▪ Family Assistance Center operations/assist with victim identification (if this is coordinated at a state level) ▪ Media/Public Information ▪ Accountability
Emergency Medical Services	<ul style="list-style-type: none"> ▪ Document involvement in the incident ▪ Situational awareness ▪ Document and ensure continuity of patient care ▪ Identification of the patient ▪ To provide information to the public information officer ▪ Documentation to assist with financial reimbursement ▪ Media/Public Information ▪ Accountability
County Medical Examiner	<ul style="list-style-type: none"> ▪ Victim Identification ▪ Determining cause/manner of death



Stakeholders	Purpose
	<ul style="list-style-type: none"> ▪ Assist with family reunification ▪ Accountability
Law Enforcement	<ul style="list-style-type: none"> ▪ Criminal investigations (evidence/witness information) ▪ Suspect identification/location ▪ Assist with Family reunification ▪ Identification of missing persons
American Red Cross	<ul style="list-style-type: none"> ▪ Family Reunification

F. Coordinating Patient Tracking Information

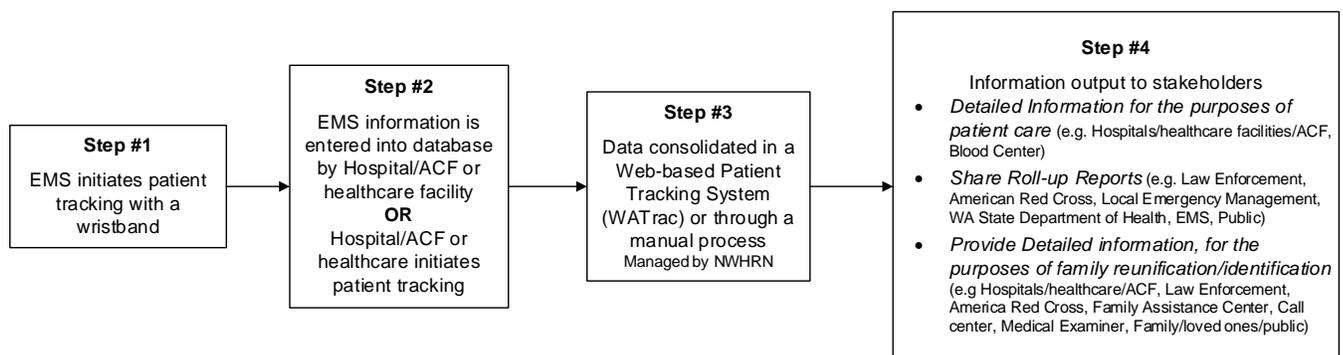
Mechanisms for documenting and sharing patient tracking information will vary depending on the conditions of the incident, resources available, and patient tracking processes or systems established prior to a disaster occurring. Depending on the scale and complexity of the incident patient tracking information may flow through normal channels, with response agencies communicating directly with each other. In larger or more complex incidents it may be necessary to centralize patient tracking information in a centralized database (WATrac) or through a manual process, through a Patient Tracking Unit at the Healthcare Emergency Coordinating Center (HECC). Even when patient tracking information is centralized there may still be a need for individual response agencies to communicate directly with each other for information. It is important to centralize information to:

- Ensure organizations are receiving up-to-date and appropriate information
- Decrease the burden on healthcare, EMS, law enforcement, and other response partners to continually provide information
- Create a centralized source of patient tracking information that can be accessed for the purposes of family reunification and victim identification.

In the event that a centralized database (WATrac) is not available HECC will use FAX, phone, radio, or other methods to collect patient tracking information from healthcare facilities and centralize information using spreadsheets or a database to include the minimum data elements identified in Table 1. If a healthcare system is already centralizing patient tracking information HECC will coordinate with the healthcare system to collect system-wide patient tracking information. If a manual process is used the timeframe for gathering and sharing patient tracking information will likely be extended.

Figure 1: Patient Tracking Information Flow

The following diagram outlines how information may flow in a large or complex incident and be shared between organizations/response entities.



Roll-up information shared concerning patient tracking may include but is not limited to:

- # of patients transported by EMS
- # of patient treated at healthcare facilities following an incident
- Types and severity of injuries being seen at local healthcare facilities

Detailed information for the purposes of family reunification/identification will be provided to some of the above agencies on a case by case basis, not all agencies may receive the same level of detailed information. Information may include but is not limited to:

- Patient name, date of birth, location
- Identifying information, marks, scars
- General information on condition
- More detailed information for the purposes of identification

Responsibilities

Implementation of a successful patient tracking process will be dependent on coordination among numerous entities. The following are roles and responsibilities related to patient tracking for key emergency response partners. Individual roles may vary depending on the circumstances of the incident.

A. Emergency Medical Services

- Activates internal patient tracking; may request activation of regional patient tracking as needed
- Initiates minimum patient tracking in the field via a unique identifier, on a wristband, for each patient requiring transportation to definitive care
- Coordinates with DMCC regarding patient distribution
- Shares unique identifier (and any other patient information captured) with hospital/ACF/receiving healthcare facility

B. Disaster Medical Control Center (DMCC)

- Activates patient tracking as needed. Activate patient tracking in the centralized database (WATrac) if available.
- Notifies NWHRN and all regional partners of patient tracking activation
- Coordinates patient distribution with EMS
- Tracks patient condition (initial condition only) for the purposes of patient distribution

C. Hospitals, Alternate Care Facilities and other Healthcare Organizations

- Activates internal patient tracking; may request activation of regional patient tracking as needed
- Establishes process for documenting patient tracking information provided by EMS and coordinating this information with patient registration/medical record
- Initiates patient tracking for patients received at the facility
- Documents minimum patient tracking information via a paper log or in a patient tracking database (WATrac), if available
- Provide patient tracking lists to NWHRN, if not using a database
- Documents information on unidentified patients using the Unidentified Patient Form; provide information to law enforcement or Family Assistance Center or call center if one is established
- Facilitates family reunification for patients within the facility via the Patient Family Assistance Branch, in coordination with local partners (Red Cross, Family Assistance Center, Call Center)



D. Northwest Healthcare Response Network (NWHRN)

- Activates patient tracking as needed. Activate patient tracking in the centralized database (WATrac) if available.
- Notifies all regional partners of patient tracking activation
- Monitors impacts to healthcare system and assists in coordinating medical resource support
- Coordinates centralized patient tracking information on a county level via centralized database or manual process
- Shares patient tracking information with Public Health – Seattle & King County and Tacoma Pierce County Health Department
- Disseminates patient tracking to local healthcare organizations as necessary
- Participate in the JIC on behalf of patient tracking if activated and requested

E. Local Health Jurisdiction (Public Health – Seattle & King County and Tacoma Pierce County Health Department)

- Activates patient tracking as needed. Activate patient tracking in the centralized database (WATrac) if available.
- Notifies NWHRN and all regional partners of patient tracking activation
- Coordinate with the NWHRN and local healthcare organizations
- Monitors impacts to healthcare system and assists in coordinating medical resource support
- Establish a call center to provide public information about patients/missing persons (Public Health lead in King County, Public Health support Emergency Management in Pierce County)
- Assists with coordination of a Family Assistance Center (Public Health lead in King County, Public Health and Emergency Management collaboration in Pierce County)
- Serves as conduit with WA State Department of Health and other regional partners (EMS, Emergency Management, Law Enforcement) for coordination of patient tracking information
- Serves as the lead agency at the county level for public messaging related to health and medical system impacts, including information about patient tracking and related family reunification efforts

F. Washington State Department of Health

- Activates patient tracking as needed. Activate patient tracking in the centralized database (WATrac) if available.
- Notifies NWHRN and all regional partners of patient tracking activation
- Provides support for coordinating patient tracking information during incidents that cross multiple jurisdictions
- Coordinates with local health departments to obtain patient tracking information from their jurisdiction, as needed
- Serves as conduit for sharing patient tracking information with federal agencies as needed
- Provides coordination with state level Family Assistance Center or call center if established
- Monitors impacts to healthcare system and assist in coordinating medical resource support as applicable
- Serves as the lead agency at the state level for public messaging related to health and medical system impacts, including information about patient tracking and related family reunification efforts



G. Local Emergency Management

- Support resource needs for coordination of a Family Assistance Center and/or call center
- Serves as conduit with State Emergency Management for coordination of resources as applicable
- Supports coordinated public information and messaging in partnership with the NWHRN and Public Health through a Joint Information Center, if established

H. Law Enforcement

- Responsible for coordinating missing persons information
- Assists with identification of unidentified patients
- Assists with family reunification for missing persons as applicable

I. Other Partners

- *County Medical Examiner* – Access patient information through Public Health, or the centralized database (WATrac) for the purpose of victim identification
- *Bloodworks Northwest/Cascade Regional Blood Services*– Monitor patient information in the centralized database (WATrac) to inform response operations and planning
- *Non-Governmental Organizations (e.g. Red Cross)* – Search for patients in WATrac to assist with family reunification.

Authorities and References

A. Review Process and Plan Update

1. Sections of this concept of operations will be updated as needed based on the evolution of planning activities and partnerships or in coordination with the Regional Improvement Plan after exercises or real world events.
2. The plan will be provided to the healthcare organizations, public health, and regional partners for review and input.
3. Following review, modifications will be made and a copy will be provided to regional partners. Healthcare organizations are expected to share the updated plan internally within their appropriate committees and with their leadership.
4. The NWHRN Board of Directors will be briefed when updates to this plan are completed.

B. Maintenance

The plan will be reviewed every other year or as needed following the process outlined above.

C. Training and Exercise

Training on roles and responsibilities for all relevant partner agencies will occur following the adoption of the finalized Regional Patient Tracking Concept of Operations. Exercises including tabletops and functional will occur with healthcare organization, public health and other relevant partners. As appropriate patient tracking will be incorporated into and exercised during larger regional or state-level exercises.

D. References

Regional Healthcare System Emergency Response Plan
King County Emergency Support Function 8 – Health, Medical, and Mortuary Services
Pierce County Emergency Support Function 8 – Health, Medical, and Mortuary Services



Regional Long Term Care Evacuation Plan
Regional Hospital External Evacuation Plan
King County International Airport/ Boeing Field Patient Reception Area (PRA) Operations Plan
Pierce County/McChord Field Patient Reception Area (PRA) Operations Plan
Regional Disaster Plan
Puget Sound Region Victim Information and Family Assistance Annex
King County Mass Fatality and Family Assistance Operations Response Plan
Region V – Joint Family Assistance Center

Definitions & Acronyms

A. Definitions

Northwest Healthcare Response Network (NWHRN) – Is a regional Healthcare Coalition that leads a regional effort to build a disaster-resilient healthcare system through collaboration with healthcare providers, public health agencies and the community partners they depend on. NWHRN works to keep hospitals and other healthcare facilities open and operating during and after disasters, enabling them to continue serving the community.

Healthcare Emergency Coordination Center (HECC) – In the event of an emergency the NWHRN will activate the Healthcare Emergency Coordination Center (HECC) to facilitate situational awareness, resource matching, communications, and coordination among regional healthcare providers and partner agencies.

Patient – An individual who requires assessment and/or treatment as a result of their involvement in an incident as defined by local plans

Patient Tracking – The process for documenting and following information about a patient including the patient’s physical location and other limited information about the patient such as condition, disposition, and patient identifying information.

Coordinating Agency – An agency that provides coordination, leadership, expertise, and decision making during a health and medical response. Serves as the single point of contact during an incident.

Victim Identification – Identification of the remains of decedents

B. Acronyms

DCAC – Disaster Clinical Advisory Committee

DMCC – Disasters Medical Control Center

DOH – Department of Health

EMS – Emergency Medical Services

FAC – Family Assistance Center

HECC – Healthcare Emergency Coordination Center

HIPAA – Health Insurance Portability and Accountability Act

JIC – Joint Information Center

LHJ – Local Health Jurisdiction



MAP – Mutual Aid Plan

PHI – Protected Health Information

WA State DOH – Washington State Department of Health

WATrac - Washington System for Tracking Resources, Alerts and Communication

Attachments

- A. Attachment A: Emergency Contact Information
- B. Attachment B: WATrac Patient Tracking Implementation Guidance
- C. Attachment C.1: Unidentified Patient Form
- D. Attachment C.2: Disaster Missing Persons Form

