

PREPARE.

Regional Patient Movement Response Plan - Training

RESPOND.

Rebecca Lis MPH

Tuesday, March 6, 2018

RECOVER.

Objectives

- Describe key components of the Regional Patient Movement Response Plan
- Outline patient movement processes for MCIs and facility evacuations
- Define roles and responsibilities of key partners in patient movement
- Review exercise objectives, structure, and participation for the upcoming April 2018 Puget Sound Coalition Surge Test



Goals for Planning

- Develop standard procedures for patient movement to include processes for: MCIs, hospital evacuations, long-term care evacuations, and specialty patient movement
- Consolidate existing plans and processes into a single regional plan for patient movement
- Develop the plan based on the patient movement plan template for Western Washington



History – Evacuation Planning

King County

King County Hospital
Evacuation and
Mutual Aid Plan

King County Long-
Term Care Mutual Aid
Plan for Evacuation
and Resource Sharing

Pierce County

Pierce County Hospital
Evacuation and
Mutual Aid Plan

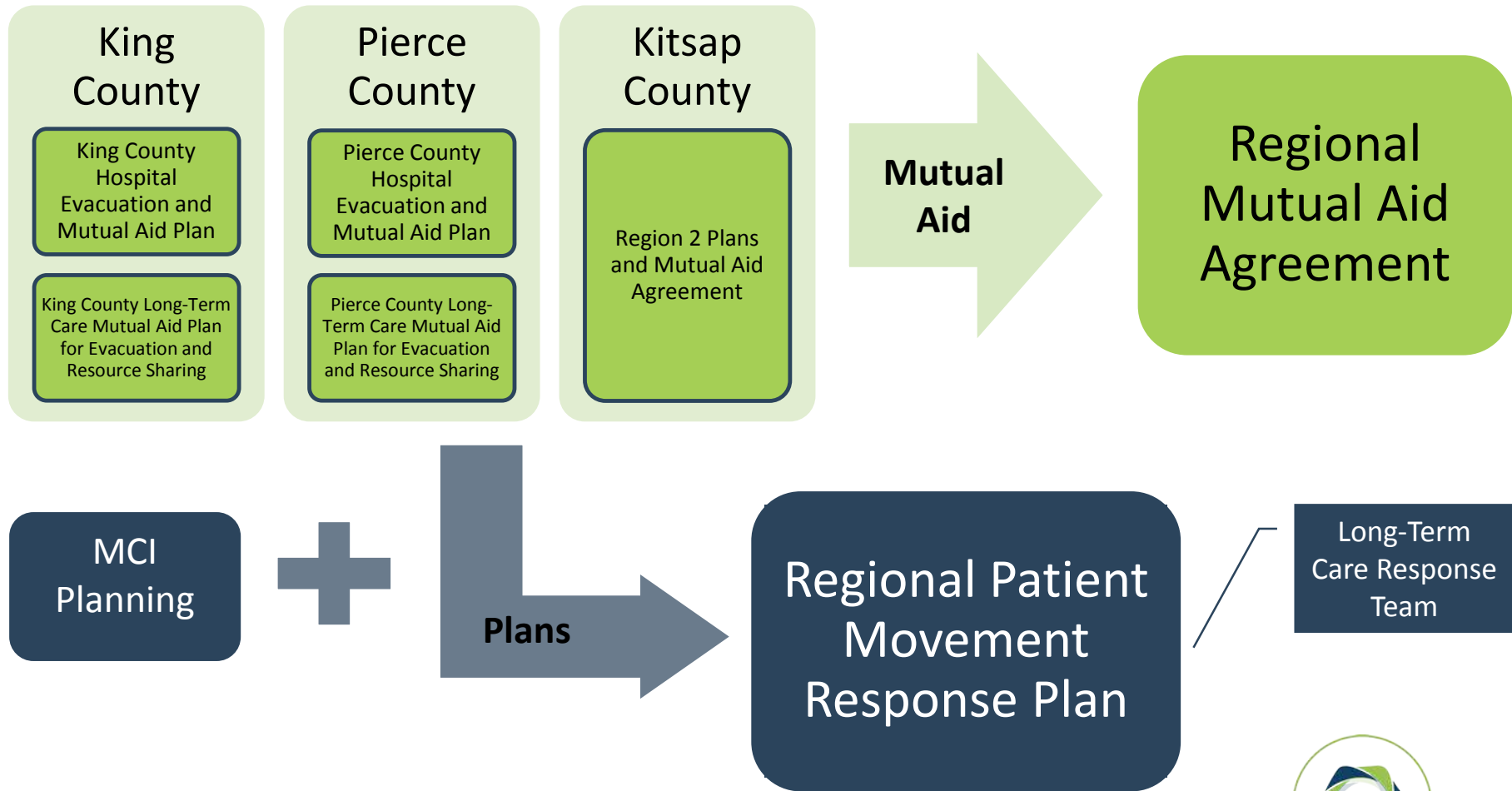
Pierce County Long-
Term Care Mutual Aid
Plan for Evacuation
and Resource Sharing

Kitsap County

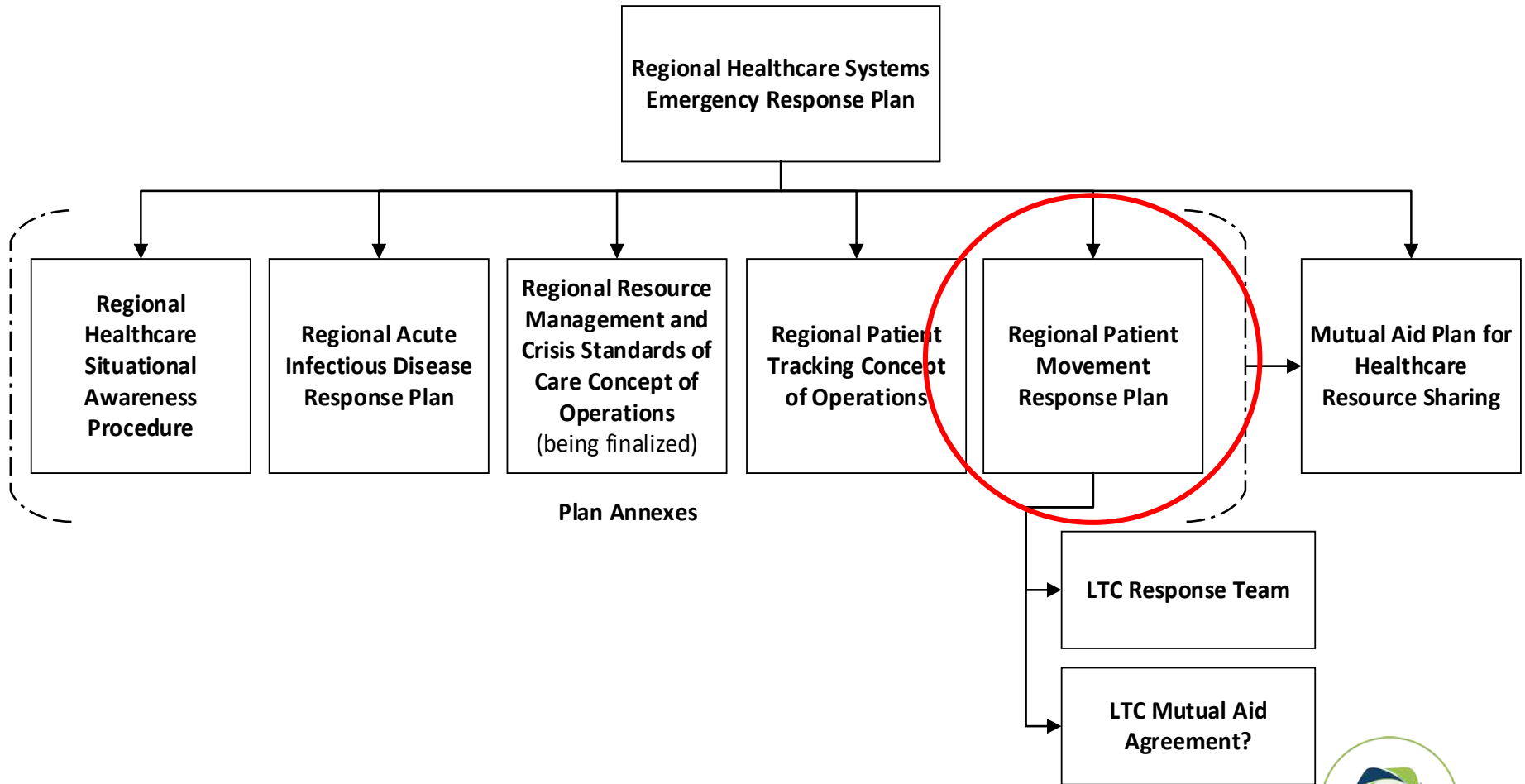
Region 2 Plans
and Mutual Aid
Agreement



Reorganization



Current King/Pierce/Kitsap Plans Structure



How it Connects - Western WA Work

- Created Regional Patient Movement Response Plan Template for all Western Washington Coalitions to adapt
- Used template to produce Regional Patient Movement Response Plan for King, Pierce, and Kitsap Counties
- Will create a Multi-Regional Patient Movement Plan for coordination across Western Washington



Purpose/Scope

Purpose

Concept of coordination for regional response related to patient movement

- MCI
- Hospital evacuation
- Long-term care evacuation
- Specialty patient movement

Scope

Framework for coordinated:

- Patient placement
- Patient tracking
- Patient movement



Planning Assumptions

- This plan does not replace or supersede healthcare facility internal plans and existing community and fire/EMS MCI plans
- Patient movement may be slow or fast moving
- Resource to support movement may be in short supply
- Specialty care patients may be transferred to any healthcare facility
- Patients may arrive by non-traditional means
- Patients may be moved across jurisdictional boundaries



Activation, Notification and Warning

This plan may be activated prior to or during any event in which there is a current or potential need to move patients throughout a region including an MCI, hospital evacuation, or long-term care facility evacuation.

Activated by:

- DMCC
- NWHRN
- LHJ
- Evacuating or potentially evacuating facility

MCI: EMS/dispatch notifies DMCC

Hospital Evac: evacuating facility notifies DMCC

LTC Evac: evacuating facility notifies NWHRN to activate LTC Response Team



Patient Movement Concepts

MCI: triage the patient as accurately as possible and move them efficiently to facilities that can best accommodate their care needs.

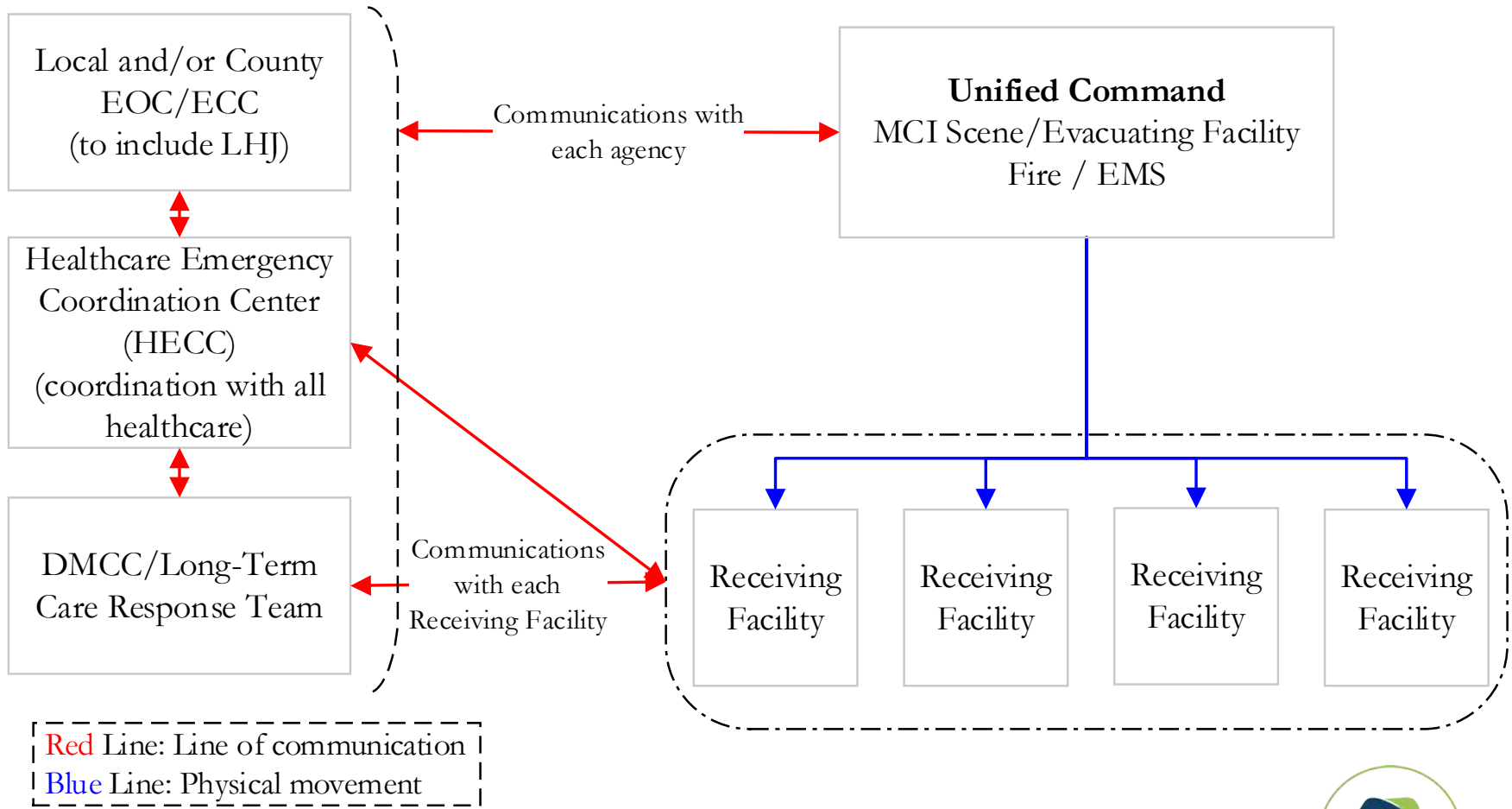
Facility Evacuation: patients will be evacuated from like-to-like levels of care or up a level of care, if possible.

Specialty Patient Movement (pediatrics, behavioral health, and intensive care patients):

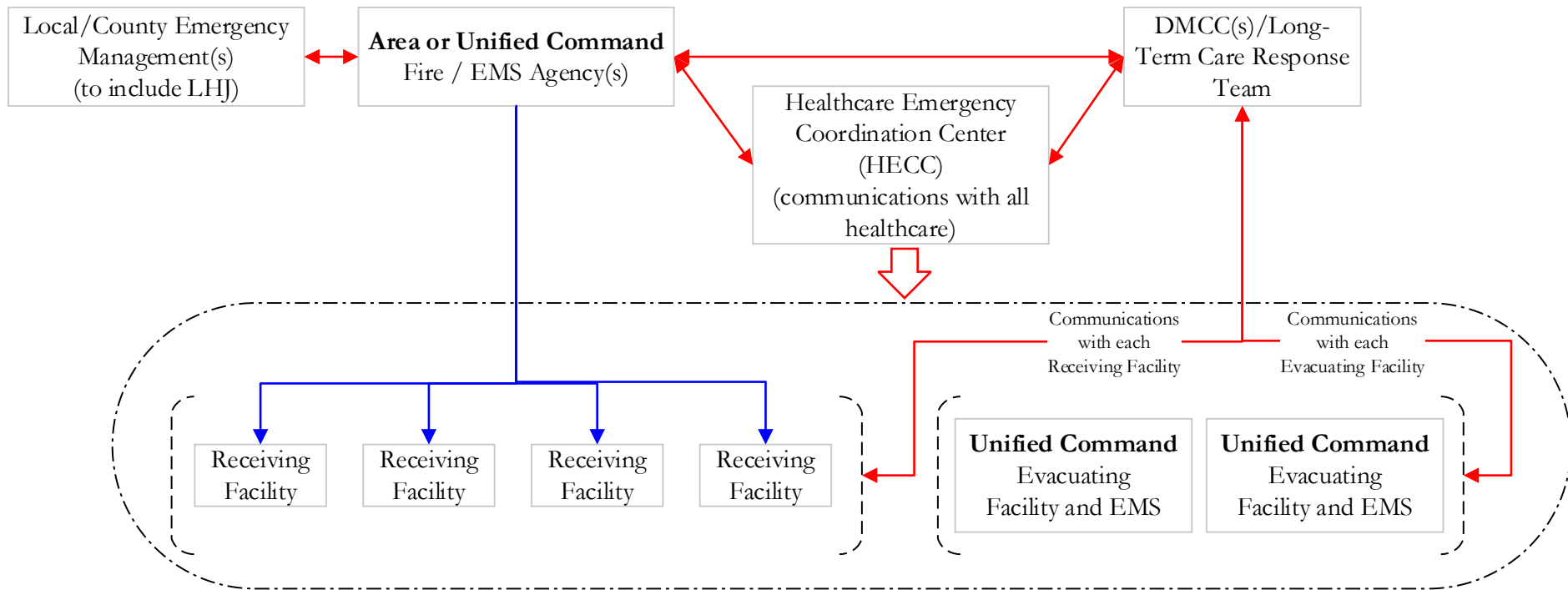
- Move entire units with staff/equipment
- Advanced teams
- Pre-identified receiving facilities
- Move beyond region
- Telehealth



MCI or Single Facility Evacuation



Multiple Facility Evacuation



Red Line: Communications
Blue Line: Location / physical movement



Patient Placement

Connecting patients with appropriate destination facilities

MCI/Hospital Evacuation → DMCC

- Provides clinical support to identify appropriate receiving facilities
- In a slow moving, single hospital evacuation the DMCC may support the hospitals efforts to identify receiving facilities

Long-Term Care Evacuation → Long-Term Care Response Team

- Provide support to identify appropriate receiving facilities
- Coordinated through NWHRN



Patient Transportation

MCI:

- EMS on scene will coordinate transport needs
- DMCC identifies destination and level of transport required for patient
- Additional resources: mutual aid, emergency management, other existing resources (Fire Mobilization)

Facility Evacuation:

- Evacuating facility identifies and requests transport needs and types (EMS, van, other transport, etc.)
- Evacuation areas and receiving areas



Patient Tracking

Regional process for documenting and following information about a patient including the patient's physical location, condition, disposition, and patient identifying information

- NWHRN administers patient tracking for the region
- **MCI:** unique ID in the field, tracking begins at receiving facility
- **Facility Evac:** tracking begins at evac facility if possible, receiving facility continues tracking



Patient Preparations

Medical Records and Patient Information

- Evacuating facility provide all available patient documentation to receiving facilities
- Receiving facilities do not discard information

Patient Medications

- If possible, should be sent with patient

Communications with Families

- Primary responsibility of evacuating facility
- Can request support from regional partners if unable to complete



Equipment/Supplies/Staff

- Evacuating facility should send with patient if possible
- Receiving facility should supply if needed
- Receiving facilities can request through the region
- Staff should present with identification, receiving facility should follow internal protocols for verification
- Transport, expenses, etc. will be coordinated between lending entities and receiving facilities



Large-Scale Patient Movement

Neighboring Regions (within WA)

- Western Washington patient movement
- WAMAS

Other States/Canada

- EMAC
- PNEMA

Federal Patient Movement

- Ambulance
- NDMS
- JPATS
- SATs



Communications

Situational Awareness

- Coordinated by NWHRN

Communications with Public

- Evacuating facility messaging
- LHJ public information and risk communications
- JIS/JIC

Communications with Families

- Evacuating facility supports, can request support



Demobilization

When:

- The DMCC or patient distribution entity has demobilized
- All patients have arrived at receiving facilities
- The patient tracking process has been connected to the regional family reunification processes

Additional regional response operations, such as patient tracking, may continue to support family reunification, provide family support services, and support community and healthcare recovery



Roles and Responsibilities

NWHRN

- Activate plan
- Establish HECC
- Situational awareness
- Patient tracking
- Resource coordination
- Healthcare coordination
- JIS/JIC participation
- Support DMCC/LTC Response team

LHJ

- Activate plan
- Establish emergency operation coordination
- Lead for ESF-8
- Coordinate for resource support
- Support patient tracking
- Implement ACS as needed
- JIS/JIC participation
- Conduit to DOH



Roles and Responsibilities Cont.

DMCC/LTC Response Team

- Activate plan
- Activate and coordinate patient placement
- Communicate with EMS and transportation agencies
- Tracking patient condition for purpose of distribution

Hospitals and LTC

- Activate internal plans
- Provide care
- Coordinate with:
 - DMCC/LTC response team
 - EMS
 - NWHRN
 - Emergency management
- Track patients and coordinate with family reunification
- Support mutual aid



Roles and Responsibilities Cont.

EMS

- Activate internal tracking, request regional patient tracking
- Coordinate on-scene response
- Notify and coordinate with DMCC/LTC Response Team
- Initiate tracking in the field
- Transport patients
- Coordinate with emergency management if needed

Emergency Management

- Activate EOC
- Support resource requests
- Coordinate with NWHRN and LHJ
- Support family reunification processes
- Serve as conduit to State EOC
- Support JIC/JIS



Roles and Responsibilities Cont.

Other Healthcare

- Support regional patient movement
- Situational awareness
- Support mutual aid
- Support ACS as appropriate

Neighboring Regions

- Support requests
- Situational awareness
- Coordinate patient tracking

State

- Activate emergency operations
- Support state-level patient movement and requests
- Activate state DMCC
- Activate DMAC
- Coordinate with federal partners

Federal

- Coordinate with DOH and State EMD
- Support with federal resource for patient movement



Mutual Aid and Exercises

Mutual Aid

- Mutual aid plan for healthcare resource sharing
- State-wide mutual aid agreement for hospitals
- LTC Mutual Aid

Exercises

Healthcare Coalition Surge Test:

- Annual requirement
- Evacuation of 20% of region's acute care beds
- Coming Soon!



Attachments

Attachment A: Emergency Contact Information

**Attachment B: Long-Term Care Response Team
Protocols (in development)**

**Attachment C: Categorization of Patients for
Evacuation: Charge Nurse Criteria**

Attachment D: Patient Evacuation Tracking Form



Attachments Cont.

Attachment E: Patient/Medical Record & Equipment Tracking Sheet

Attachment F: Controlled Substance Transfer Form

Attachment G: State 213RR – Resource Request Form

Attachment H: Mutual Aid Agreement for Emergency Response



Questions?

Puget Sound Coalition Surge Test (Early April 2018)

Nancy Blanford MPH

Exercise Requirements

- New federal requirement for healthcare coalitions
- 4-hour, peer-assessed, no-notice exercise
- Simulated evacuation of 20% of region's staffed acute care bed capacity
 - Approximately 1300 patients
- Learnings will continue to inform Regional Patient Movement Plan

NO movement of patients



Exercise Objectives

- Evacuating hospitals and coalition partners rapidly activate
- Evacuating hospitals contact appropriate partners quickly upon identifying need to evacuate
- Coalition (with the DMCC) communicates and coordinates quickly to find and match available beds and transportation resources for evacuating patients
- Hospitals perform tasks without excessive guidance or prompting
- HECC disseminates situational awareness notification to non-hospital healthcare facilities
- Non-hospital healthcare facilities conduct and provide bed count of available bed space to notionally receive evacuating patients



Exercise Structure

- Notice (60 minutes): Evacuating hospitals notified to activate hospital command elements
- Phase 1 Part 1 (90 minutes): Evacuating hospitals instructed to take a current patient census, find appropriate destination(s), and transportation for each patient
- Phase 1 Part 2 (90 minutes): All playing facilities (other partners optional) participate in a facilitated discussion via webinar



Exercise Participation

STARTEX

Hospitals

- Evacuating hospitals notified by exercise assessment team
 - Activate internal plans
- All other hospitals notified according to plan (i.e., via HECC or DMCC)
 - May be requested to support evacuation (i.e., provide bed count)

Non-Hospitals

- Notified according to plan (i.e., likely via HECC)
- LTC may be requested to support evacuation (i.e., provide bed count)



Exercise Participation (Cont.)

Fire/EMS

- Will be notified according to plan (i.e., via evacuating hospital, DMCC, LHJ, and/or HECC)
- Asked to provide numbers of transport vehicles available to support patient movement
 - May be asked to reach out to other patient transport partners for their numbers

EM/LHJs

- Will be notified according to plan (i.e., via fire/EMS, evac hospital, HECC, and/or DMCC)
- Coordinate/communicate partners in context of exercise objectives
- Possibly responding to patient transport resource requests, if applicable



After Action Review

- Friday, April 13th at 9:30AM-10:30AM at NWHRN office building
- Attendance: organizations who played in the exercise
 - Emphasis on senior leadership
- Invitation forthcoming



Questions?

Thank You

CONTACT US:



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