Regional COVID-19 Coordination Center Operational Framework

24/7 Availability: 206-520-7222 | 877-520-7222
Based at the Northwest Healthcare Response Network & Harborview Medical Center

Overview

The novel coronavirus (COVID-19), pronounced a Public Health Emergency of International Concern by the World Health Organization on January 30th, 2020 and a pandemic on March 11th, 2020, represents a clear and present danger to the health, well-being and economic stability of communities across the world. Following a public health emergency declaration by the United States Department of Health and Human Services on January 31st, 2020, Washington State Governor Jay Inslee proclaimed a State of Emergency on February 29th, 2020. Local emergency declarations were made throughout Washington State following the Governor's proclamation.

Healthcare facilities of all sizes have and continue to triage, evaluate, and treat suspected and confirmed COVID-19 cases. Public health and other local and state agencies are coordinating with local, regional, and state response operations. In order to effectively continue delivering care to Washington patients within conventional and contingency standards, a region-wide approach linking healthcare facilities, public health and emergency management agencies, and emergency medical services is needed to equitably triage, place and transport patients requiring acute hospital care for COVID-19 related illness.

Concept

Washington State is composed of large, national healthcare systems; state-wide and local healthcare systems; large independent acute care facilities; and numerous smaller clinics, inpatient facilities and outpatient specialty centers. While no individual or collective entity links disparate healthcare facilities across Washington, numerous partners currently impacted by COVID-19 or preparing for COVID-19 related impacts believe a centralized entity or entities are required to direct patient placement for ensuring maximum coordination and equitable distribution of patients across jurisdictional boundaries, established healthcare systems and facilities, and responding agencies and institutions.

The Disaster Medical Coordination Center (DMCC) model is composed of local, regional, and state-designated acute care hospitals volunteering as mass casualty incident and similar emergency patient placement coordination centers. The DMCC concept serves as a state-wide model for coordinated patient movement to appropriate acute care emergency departments; however, its limited scope in focusing on acute incident response patient movement to emergency departments requires adaptation of our current infectious disease emergency processes.

NORTHWEST HEALTHCARE Response Network

Purpose

The Regional COVID-19 Coordination Center (RC3) was established to triage and place COVID-19 patients requiring acute emergency department or inpatient hospital care in an equitable manner across a large geographic area. The RC3 is designed to prevent any single hospital or small group of hospitals from experiencing significant COVID-19-related resource strain by balancing patient placement and supporting transport coordination to hospitals with additional capacity.

In additional to placing suspected or confirmed COVID-19 patients, the RC3 will also assist hospitals at maximum capacity seeking to decompress by transferring a group of COVID-19 or non-COVID-19 patients to other hospitals for continued care.

The RC3 serves as a focal point for COVID-19 patient triage, situational awareness, decision-making, bed placement and coordinated patient transport to destination facilities with the capacity and capability to care for ill patients. The RC3 will ensure coordinated, efficient, and equitable patient distribution if COVID-19 stresses communities requiring patient distribution within western Washington.

Scope

The Regional COVID-19 Coordination Center is designed to place patients from any long-term care facility, hospital or similar facility requiring non-emergency transfer considerations to acute care hospitals. The goal is to place several patients at one time; however, the RC3 can assist smaller facilities place fewer patients as resources allow. The RC3 will also serve as a coordination hub for decompressing hospitals at or beyond capacity by placing patients from impacted acute care hospitals to similar settings as requested. The RC3 is not meant to take precedence over standard patient placement protocols such as transfer centers.

Given the continued dynamic nature of the COVID-19 response and the potential for continued patient surges across the state, the RC3 will work with the eastern Washington REDi Healthcare Coalition and regional DMCCs to support patient movement between coalition regions, as needed.

The RC3 may expand its coordination support to include alternate care facilities and other non-hospital facilities experiencing significant COVID-19 outbreaks that threaten to overwhelm local healthcare – such as correctional facilities, behavioral health facilities, etc. However, decisions to expand the scope of the RC3 will require stakeholder assessment and consideration to ensure alignment with regional response priorities and quality assurance (see review and improvement process section).

This Framework is not currently designed for the RC3 to advise existing EMS agencies regarding patient placement from a non-healthcare facility incident scene or 9-1-1 dispatch scenario. The Framework and operational aspects of the RC3 will be reviewed regularly by stakeholders such as those listed below for quality assurance purposes.

Agency Coordination

The RC3 is led by Harborview Medical Center (Seattle, WA) in conjunction with the University of Washington Medicine Transfer Center in close partnership with the Northwest Healthcare Response Network (NWHRN). It is supported by the Washington State Department of Health, local health jurisdictions, EMS agencies, emergency management departments, and healthcare systems and facilities throughout Washington State.

The NWHRN supports RC3 operations via the following:

- If the RC3 is at a low-level of activity, the RC3 24/7 phoneline transfers to the NWHRN 24/7 Duty Officer line. The NWHRN Duty Officer will triage incoming calls and notify the RC3 physician on-call if RC3 support is needed.
- Ensuring provision of regular and timely situational awareness updates/data to facilitate patient placement.
  Convene regular meetings with relevant partners to review recent patient placements, support continued operations, assess regional patient coordination challenges and potential solutions, coordinate immediate or possible patient placement needs, align resource sharing and facilitate mutual aid, as appropriate.

In addition, the NWHRN will support RC3 connections with local health jurisdictions, emergency management organizations, Washington Department of Social and Health Services and Washington State Department of Health.

Clinical Guidance

The RC3 must have rapidly available clinical expertise and data to effectively and safely triage and place patients requiring hospitalization for COVID-19 and related illnesses, or to decompress hospitals with similar or unrelated patient prognose. To execute this, the RC3 will rely on clinical guidance and decision-making from a roster of designated clinical experts. If the region is under governmentally declared Crisis Standards of Care (CSC), clinical guidance will be determined by the CSC Regional Triage Team comprised of physicians and bioethics subject matter experts among other sub-specialties appointed by the Washington State Department of Health (please see CSC Triage Team Guidelines for details regarding the CSC Regional Triage Team).

Partner Agreement

To successfully implement the RC3's mission, hospitals (acute care, specialty and critical access) and long-term care facilities (skilled nursing, hospice, assisted living, etc.) throughout Washington State agree to the following principles:

- All acute care and critical access hospitals will accept confirmed or suspected COVID-19 patients.
- It is understood that bed placement and capacity is a complex multifactorial process. But in times of actualized or possible medical surge, all facilities agree to minimize the number of "reserved" or "closed" beds to that necessary to support critical function (e.g. trauma beds).
- Recognizing the importance of surge capacity, all facilities will fully utilize licensed beds and maximize any additional surge capacity. This includes airborne infection isolation rooms (AIIR), negative pressure rooms and instituting cohorting principles to maximize surge capacity.
- All long-term care facilities will continue to use private EMS or 9-1-1 emergency services for emergency patient transport.
- All healthcare facilities with access to WATrac will regularly input data into the system.
- All hospitals will regularly input data into WA HEALTH at directed intervals.
- All healthcare facilities will respond to on-demand RC3 data requests for information in a rapid and timely manner to support situational awareness.
- Healthcare facilities seeking RC3 assistance will establish communication with RC3 personnel as early as possible, and will provide redundant contact information, patient acuity, and other key data points.
- All initiating facilities and receiving hospitals agree that patients may need to travel long distances in order align with the fair and equitable process outlined above.
- All healthcare facilities will provide two points of contact to the RC3. These contacts must allow for 24/7 coverage and have the authority to accept patient transfers.
- The RC3 will bear no financial responsibility for patient placement, transfer, or transport.
- All EMS arrangements and directions will be managed by the individual facilities not by RC3.

Operational Procedures

The RC3 will fulfill its mission via the following actions [Annex 1]:

- Long-term care facility with a confirmed COVID-19 case in at least one resident will contact the RC3 to establish communications and provide situational awareness. This should be done if possible before residents require acute care. When a resident requires acute care due to COVID-19, the facility should contact the RC3 [this is not to bypass normal procedures or for life-threatening emergencies].

- A hospital, which is not part of a larger system, that has exhausted ICU capacity identifies a need for RC3 to assist in patient movement of more than one patient to decompress.
- A hospital system that has exhausted intra-system ICU capacity identifies a need for RC3 to assist in patient movement of more than one patient to decompress.
- The RC3 can be contacted 24/7 by calling **206-520-7222** or **877-520-7222**. If phone lines are down, the RC3 can be reached via satellite phone.
- If the RC3 is at a low-level of activity, the RC3 line will transfer to the NWHRN 24/7 Duty Officer line. The Duty Officer will triage the call and activate the RC3 if needed. When the RC3 is at a high-level of activity, the RC3 is staffed by a 24/7 Registered Nurse Coordinator who will receive and document the request(s).
- The appropriate clinical guidance is obtained for decision-making process:
    - if non-CSC situation, the RC3 physician is contacted.
    - if CSC have been declared, CSC Regional Triage Team is contacted in addition to the RC3 physician.
- The physician(s) reviews data elements from facility transfer centers, online dashboards, etc. Direct clinical discussion may occur between multiple partners such as: facility transfer centers, local DMCC, clinical providers directly and any other pertinent partner. This review could include a request for healthcare facilities to update information sources and/or provide patient or facility data elements.
    - The senior level physician will have extensive knowledge of regional characteristics for both pre-hospital providers and hospitals, and is responsible for assessment of patient condition based on pre-hospital or facility description. The physician will triage to the most appropriate facility based on capacity and location.
- If a patient cannot be placed in western Washington or eastern Washington, the RC3, REDi Coalition, and/or designated DMCCs will coordinate potential patient placement across the state.
- If there is not appropriate placement for the patient in Washington State, the Washington State Department of Health is contacted.
- Verbal and written confirmation of bed placement location will be submitted to the requesting and receiving facilities.
- All patient movement coordinated by the RC3 will be tracked using the WATrac patient tracking module.

Review and Improvement Process

The RC3 will regularly review its processes and outcomes as part of its quality assurance/improvement processes. It will provide routine reports to state healthcare preparedness coalitions including but not limited to the following data points: call volume, call origination locations, the number of patients placed, their placement location and any barriers or challenges to patient placement.

It is understood that during a response, changes to procedures, space, staff, and supplies may occurs rapidly. Therefore, this Operational Framework will be reviewed frequently by the RC3 and Northwest Healthcare Response Network. In times of CSC, DOH will ensure processes outlined herein align with changing operational procedures, resource challenges and any other impediments to full implementation.

NORTHWEST HEALTHCARE Response Network

Annex 1: Workflow and Process