



Washington Medical Coordination Center Operational Framework

24/7 Availability: 206-520-7222 | 877-520-7222

Based at Harborview Medical Center, in partnership with the Northwest Healthcare Response Network, REDi and Washington State Department of Health

Overview

The novel coronavirus (COVID-19) pandemic represents a clear and present danger to the health, well-being and economic stability of communities across the world. 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 the highest standard of care for the resources available (conventional, contingency and crisis standards of care), a statewide approach linking healthcare facilities, public health jurisdictions, 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 healthcare facilities across the state, numerous partners currently impacted or preparing for additional COVID-19 related impacts believe a centralized entity is beneficial to direct patient placement for ensuring maximum coordination and equitable patient distribution across jurisdictional, healthcare system, responding agencies and institutional boundaries.

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 requires adaptation to the current COVID-19 emergency response.



Purpose

The Washington Medical Coordination Center (WMCC) 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 WMCC is designed to prevent any single hospital or small group of hospitals from experiencing significant COVID-19-related resource constraints by balancing patient placement and supporting transport coordination to hospitals with additional capacity.

In addition to placing suspected or confirmed COVID-19 patients, the WMCC will also assist hospitals at maximum capacity seeking to decompress by multiple COVID-19 or non-COVID-19 patients to other hospitals for continued care.

The WMCC 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 WMCC will ensure coordinated, efficient, and equitable patient distribution if COVID-19 stresses communities requiring patient distribution within Washington.

Scope

The WMCC is designed to place patients from any long-term care facility, hospital or similar facility requiring transfer considerations to acute care hospitals. The goal is to place several patients at one time; however, the WMCC can assist facilities with placement of fewer or singular patients as resources allow. The WMCC 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 WMCC is not meant to take precedence over standard patient placement processes and protocols such as those among health system transfer centers. Additionally, the WMCC is not currently designed to advise existing EMS agencies regarding patient placement from a non-healthcare facility incident scene or 9-1-1 dispatch scenario.

The WMCC 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 communities such as correctional facilities, behavioral health facilities, etc. However, decisions to expand the scope of the WMCC will require stakeholder assessment and consideration to ensure alignment with regional and state response priorities and quality assurance (see review and improvement process section).



Agency Coordination

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

The NWHRN supports WMCC operations via the following:

- If the WMCC is at a low-level of activity, the WMCC 24/7 phone line is answered 24/7 by the NWHRN Duty Officer line. The NWHRN Duty Officer will triage incoming calls and notify the WMCC on-call line if clinical support or transfer coordination is needed.
- Provision of regular and timely situational awareness updates/data to facilitate patient placement.
- Convene regular coordination 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.
- Administer patient tracking via the WATrac patient tracking module.
- Engage healthcare leadership, local health jurisdictions, state agencies, healthcare association, and non-hospital healthcare partners to ensure regional support.
- Outreach amongst relevant healthcare and response agency partners.

Clinical Guidance

The WMCC 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 prognosis. To execute this, the WMCC will rely on clinical guidance and decision-making from a roster of designated clinical experts and platforms such as WA Health and WATrac.

WMCC and Crisis Standards of Care

If the state is operating under declared Crisis Standards of Care (CSC) protocols, clinical guidance will be determined by state officials and the Washington State Crisis Standards of Care Framework will be implemented. Specific CSC Triage Team Guidelines will be implemented at that time. The WMCC will work with the CSC Triage Team to determine patient placement as needed. The CSC Triage Team will consist of experienced senior clinicians as well as a medical ethicist who will work as a team to allocate scarce resources. It is understood that when activated, each hospital will have its own internal Triage Team(s). The state Triage Team's role is to place patients when individual hospitals or hospital systems have exhausted their resources.



Partner Agreement

To successfully implement the WMCC'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:

- The success of the WMCC is dependent upon the willingness of acute care and critical access hospitals willingness to accept confirmed or suspected COVID-19 patients.
- It is understood that bed placement and capacity is a complex multifactorial process. 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 functions (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 WMCC data requests for information in a rapid and timely manner to support situational awareness.
- Healthcare facilities seeking WMCC assistance will establish communication with WMCC 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 to align with the fair and equitable process outlined in this Framework.
- All healthcare facilities will provide two points of contact to the WMCC. These contacts must allow for 24/7 coverage and have the authority to accept patient transfers.
- The WMCC will bear no financial responsibility for patient placement, transfer, or transport.
- All EMS transport arrangements and directions will be managed by the individual facilities and not by WMCC.

Operational Procedures

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

- Long-term care facilities with a confirmed COVID-19 case in at least one resident will can contact the WMCC to establish communications and provide situational awareness. This should be done if possible before residents require acute care. As patients start to develop symptoms of COVID-19 infection and require escalations in care, the WMCC should be contacted to help coordinate placement when more



than two patients are sent to hospitals for evaluation within a 24 hour period (this is not meant 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 WMCC to assist in patient movement of one or more patients to decompress.
- A hospital system that has exhausted intra-system ICU capacity identifies a need for WMCC to assist in patient movement of more than one patient to decompress.
- The WMCC can be contacted 24/7 by calling **206-520-7222** or **877-520-7222**.
- If the WMCC is at a low-level of activity, the WMCC line will be answered by the NWHRN 24/7 Duty Officer line. The Duty Officer will triage the call and activate the WMCC if needed. When the WMCC is at a high-level of activity, the WMCC 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 WMCC physician is contacted.
 - if CSC have been declared, CSC Regional Triage Team is contacted in coordination with the WMCC 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 physician will triage to the most appropriate facility based on available capacity data and location.
- If patient cannot be placed in Washington, the WMCC will consult with partners such as the Department of Health and the healthcare coalitions to assess next steps. Verbal and written confirmation of bed placement location will be submitted to the requesting and receiving facilities.
- All patient movement coordinated by the WMCC will be tracked using the WATrac patient tracking module.

Review and Improvement Process

The WMCC will regularly review its processes and outcomes as part of its quality assurance/improvement processes. It will provide routine reports as needed to state officials and 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 occur rapidly. Therefore, this Operational Framework will be reviewed frequently by the WMCC and its partners. In times of CSC, DOH will ensure processes outlined herein align with changing operational procedures, resource challenges and any other impediments to full implementation.

Annex 1: Workflow and Process –

