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 Healthcare Coalition, and Washington State Department of Health

Purpose

The Washington Medical Coordination Center (WMCC) is designed to prevent any single hospital or small group of hospitals from experiencing significant resource constraints by balancing patient placement coordination to hospitals with additional capacity. The WMCC serves as a focal point for 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 throughout Washington. ***The WMCC does not support patient discharge coordination, nor does it support behavioral or mental health placement.***

Background

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 believe a centralized entity is beneficial to direct patient placement during acute and protracted stressors. Originally established to triage and place COVID-19 patients in an equitable manner, the WMCC has since expanded its scope to support Washington healthcare facilities experiencing a variety of acute and protracted stressors and hazards. The WMCC ensures maximum coordination and equitable patient distribution across jurisdictional, healthcare system, responding agencies and institutional boundaries.

Scope

The WMCC is designed to place patients from any healthcare facility requiring transfer considerations to acute care hospitals. 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 infectious disease outbreaks that threaten to overwhelm local communities such as correctional 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) which provides planning and data support, and maintains public facing documents. It is supported by the Washington State Department of Health, the REDi healthcare coalition (REDi), the Washington State Hospital Association, local health jurisdictions, EMS agencies, emergency management departments, and healthcare systems and facilities throughout Washington State.

The NWHRN and REDi supports WMCC operations via the following:

- 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.
- 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.
- Maintain and update WMCC operational framework and public facing documents

Clinical Guidance

The WMCC must have rapidly available clinical expertise and data to effectively and safely triage and place patients requiring hospitalization, 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.

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 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 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 to align with the fair and equitable process outlined in this Framework. However, the WMCC will try to place the patient within their originating region if possible.
- 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]:

- A hospital, which is not part of a larger system, that has exhausted ICU capacity and attempted to move the patient via normal patient transfer processes, may contact the WMCC to assist in patient movement of one or more patients to decompress.
- A hospital system that has exhausted intra-system ICU capacity and has attempted to move patients via normal patient transfer processes, may contact the 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**.
- 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, on-call pediatric specialists [see pediatric patient procedures section], 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.
- All patient decisions coordinated through the WMCC will be tracked by the WMCC

- 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.

Pediatric Patient Procedures

WMCC pediatric patient procedures applies to the placement of all patients under the age of 18

- When a facility has a pediatric patient requiring transfer and are unable to utilize standard referral partners, the WMCC will be notified
- The WMCC, with assistance from an on-call pediatric specialist for all critically ill patients and others as needed, will review bed availability and other pertinent data elements to identify patient placement and/or support.
- WMCC will not support the transfer of pediatric behavioral health patients unless they have acute medical needs that cannot be managed at the referring facility.
- In periods of severe surge, if the patients are unable to be placed in a pediatric facility within Washington, the WMCC in consultation with the Pediatric Specialist will work to decide the following:
    - The patient can be kept at the requesting facility with remote pediatric support
    - The patient can be transferred to a community hospital with a pediatric hospitalist
    - The patient requires out of state transfer [see last bullet point under Operational Procedures section]
- The Medical Director of the WMCC will provide backup assistance as requested

Guaranteed Acceptance Policy

If statewide hospital capacity becomes too scarce to identify bed availability for the most acute patients, the WMCC will activate the Guaranteed Acceptance Policy. This policy is a statewide agreement between hospital leadership and the WMCC. When the Guaranteed Acceptance Policy is activated (and deactivated), it will be communicated to hospitals via WSHA, the state healthcare coalitions and communicated to staff via the hospital leadership.

When activated, the WMCC will utilize a geographic and acuity-based system to identify patients with the highest need for acute care (see triage criteria below) and contacted hospitals will be required to accept the patient regardless of facility capacity. The only exception is if the facility is unable to treat the patient, which should be communicated to the WMCC. Under the Guaranteed Acceptance Policy, all attempts will be made to keep the distribution of high triage level patients balanced among appropriate facilities, but it will not be in a round robin methodology; patients will be distributed to facilities that can care for them while minimizing long distance transfers as the priority. When the WMCC contacts hospitals

about a patient transfer, they will start the request by stating whether the patient is in the highest triage level requiring guaranteed acceptance by the facility. Facilities must adequately communicate with the WMCC whether they are able to treat the patient.

WMCC Guaranteed Acceptance Policy Triage Process – Adult Triage Categories

- **High Urgency (expected decline 8-12 hours)**
  - Requires urgent specialty procedure/surgery not available at the sending facility
  - Requires urgent therapy not available at the sending facility
  - Examples: cardiogenic shock in need of CABG, GI bleeding requiring frequent transfusion, impacted and infected kidney stone with sepsis
- **Moderate Urgency (stable, no urgent procedure/surgery necessary)**
  - Requires specialty of procedural expertise unavailable at sending hospital but no anticipated decline in 8-12 hours
  - Examples: impacted kidney stone with acute kidney injury, GI bleeding not requiring frequent transfusion, acute coronary syndrome (ACS) requiring heparin and/or nitroglycerin with down trending troponin/stable symptoms but requiring drips, COVID pneumonia on BiPap/intubated, multi-organ failure
- **Low Urgency (no expected short-term decline, would benefit by specialty consultation)**
  - Patient would benefit by specialty consultation and/or intervention during hospitalization, but no anticipated decline while being managed at referring hospital
  - Examples: resolving sepsis without need for surgical source control, biliary stone without evidence of acidosis/pancreatitis, non-STEMI without need of IV medication support

WMCC Guaranteed Acceptance Policy Triage Process – Pediatric Triage Categories

- **High Urgency (expected clinical (decline 4-6 hours)**
  - Requires urgent specialty procedure/surgery not available at the sending facility
  - Requires urgent therapy not available at the sending facility
  - Examples: shock, unstable intubated pediatric patient, unstable congenital heart disease, bowel obstruction, hyperkalemia
- **Moderate Urgency (floor or PICU patient who is ill but stable)**
  - Requires specialty care but can be observed in place and able to wait 6-10 hours before anticipated clinical decline.
  - Examples: stable DKA without neurologic changes; respiratory distress not intubated and not worsening; stable surgical case (e.g. unruptured appendicitis)

- **Low Urgency (no expected short-term decline, would benefit by specialty consultation)**
    - Patient would benefit by specialty consultation at some point in care, but no anticipated decline while being managed at referring hospital
    - Examples: resolving sepsis without need for surgical source control, stable and improving acute RAD event, stable and improving DKA, stable and improving dehydration or infection.

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 occurs rapidly. Therefore, this Operational Framework will be reviewed frequently by the WMCC and its partners. In times of Crisis Standards of Care, 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 –