Healthcare Emergency Response Plan: Patient Movement Annex

Inbound Patient Movement Appendix

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Introduction

Patient movement is a vital and complicated component of a coordinated healthcare response. Patient movement plans are generally designed around surges in patient volume because of an incident such as a mass casualty incident (MCI) or a healthcare facility evacuation within a coalition's service area. There are nuances to a response when there is an influx of patients from a disaster-struck area arriving from outside our region for care. This scenario is called an inbound patient movement event and this document outlines the strategies for addressing this unique challenge.

Purpose

The purpose of this appendix is to provide specific information on the coordination of a regional response related to the movement of patients into the Northwest Healthcare Response Network (NWHRN) coalition service area (Clallam, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, and Whatcom counties) from outside the area, to receive or continue care. This appendix describes the coordination of decision making, operations, and communications for patient movement during such a response. Specifically, the purpose of this appendix is to:

1. Describe the process for placement, tracking, and movement of patients during an inbound patient movement incident.
2. Define the roles and responsibilities for healthcare facilities, NWHRN, State and Local Disaster Medical Coordination Centers (DMCCs), local health jurisdictions (LHJs), emergency management, EMS, non-governmental, military, and local, state, federal, and tribal partners during an inbound patient movement incident.
3. Describe procedures for communication and coordination among responding agencies and partners during an inbound patient movement event.

Scope

The Inbound Patient Movement Appendix is a part of the Patient Movement Annex which is itself a part of the NWHRN Healthcare Emergency Response Plan. This appendix:

1. Provides a framework of coordination for patient placement, tracking, and movement as well as an outline of the strategies and tactics to support inbound patient movement operations.
2. Is meant to coordinate with other relevant multi regional plans and partners and is intended to be scalable and encompass up to and including federally declared events.
3. Is applicable for any incident that requires regional coordination of mass patient movement from outside of the coalition service area to one or more healthcare facilities within the service area.
4. Is designed to support the National Disaster Medical System (NDMS) which serves as the federally coordinating aeromedical patient movement entity transporting individuals from an affected area to receiving facilities in an unaffected area.

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This appendix does not:

1. Replace or supersede healthcare facility internal plans for patient surge incidents
2. Replace or supersede the Puget Sound Patient Reception Area (PRA) Federal Coordination Center (FCC) NDMS Operations Plan for NDMS activations
3. Apply for daily/routine patient movement or patient movement from a localized incident.
4. Cover all patient movement processes and procedures; please refer to the Patient Movement Annex (In development: Spring 2019) for full details.
5. Address the full scope of possible exceptions to state or federal rules and regulations that may be realized under a declaration.

Planning Assumptions

1. Patients being transported have received initial assessment and are in stable condition when being moved out of the disaster struck region to a healthcare facility in our region where they can begin to receive or continue care.
2. The sending facility will provide at least some notice for partners on the expected timeframe and number of patients. Depending on the distance and number of patients, it may take hours or days to place and move all patients to receiving facilities.
3. The Western Washington regional infrastructure (transportation, communication, etc.) has not been impacted.
4. Healthcare organizations and partners will activate their emergency response structure to support response.
5. Healthcare organizations and systems throughout the coalition service area will commit their resources and rely on existing agreements with vendors to the maximum extent possible to address internal challenges prior to requesting resources from other healthcare organizations or regional partners.
6. Patients will arrive and be distributed from one or more staging areas (e.g. an airport).

Concept of Operations

A. Notification and Activation

This appendix should be activated to support any inbound patient movement event. Notification should be received from the Washington State Emergency Management Division and/or the Washington State Department of Health (DOH) to the Healthcare Coalitions, the DMCCs, and LHJs of an inbound patient movement scenario. This may or may not include NDMS activation.

After the NWHRN is activated, it will notify appropriate partners who will or may be involved with the response. Partners may include:

- Healthcare facilities
- LHJs
- DMCCs
- Local emergency management

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- Local EMS
- Non-governmental organizations
- Tribal Governments

B. Coordination

Coordination for an inbound patient movement incident will depend on incident type. This appendix can be utilized in support of a NDMS event-incident or in an inbound patient movement incident where NDMS has not been activated.

NDMS-activated incident: The lead federal agency will be the Department of Health and Human Services (HHS). The Puget Sound Federal Coordination Center at Madigan Army Medical Center will be the primary POC for FCC alert and activation as well as information on inbound patients. Operations will be coordinated with local partners through DOH.

Incident without NDMS activation: The lead agency will be determined at the time of the event and will be responsible for coordination. This could include coordinating resources, mutual aid requests, situational awareness, public information, activating ICS. (This section is currently in development with LHJ's Coalitions and state DOH)

C. Patient Movement Overview

One of the assumptions of an inbound patient movement event is that patients will arrive at one or more arriving staging areas for triage and distribution to receiving healthcare facilities by EMS and other transportation partners.

NDMS-activated incident: For an NDMS event these areas are termed Patient Reception Sites (PRS) and will be determined by the Puget Sound FCC.

Incident without NDMS activation: For a non-NDMS event the lead agency will ensure that there will be identification and determination the staging area.

D. Patient Placement

The lead agencies for placing patients in hospital facilities are the State and local DMCCs. If the State DMCC is activated, it will coordinate the placement of patients coming into WA state in coordination with local DMCCs. Local DMCCs or patient placement entities will identify and collect bed availability information in their jurisdictions and provide that information to the State DMCC. (See the Washington State Disaster Medical Coordination Center Agreement for additional information).

If long-term care patients are identified and long-term care (LTC) facilities are being utilized, State and Local DMCCs will work with the NWHRN LTC Response Team to identify and place LTC patients into receiving LTC facilities. (See the NWHRN Long Term Care Response Appendix (In Development) for more details). Other specialty patients such as those who require dialysis will be coordinated with other providers as needed by the NWHRN.

NDMS-activated incident: During a NDMS activation the FCC Patient Administration Officer will provide the TRANSCOM Regulating and Command & Control Evacuation System (TRAC2ES) manifest to the DMCC for patient placement into the available beds within the NDMS volunteer hospitals.

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Incident without NDMS activation: The lead agency will ensure coordinate information with the DMCCs, LHJs, healthcare coalitions, EMS, and other partners to discuss the situation and process.

E. Patient Transportation

Patient transportation will be handled by local EMS agencies and private carriers as appropriate. They will work with receiving facilities, Emergency Management, and DMCCs to prepare transport for arriving patients and secure necessary resources for the operation. Securing adequate resources may require activation of mutual aid agreements, or other existing resources, and calling upon other local transportation agencies. Local emergency managers should have this already addressed in the ESF-1 Annex of their CEMP.

Receiving facilities should establish a patient receiving area at their facility, and if possible, communicate that designated area with their DMCC and incoming transportation units.

F. Patient Tracking

The NWHRN administers the patient tracking process and will function as the coordinating agency for any patient tracking response that involves the healthcare facilities in its coalition service area.

Patients will be tracked through WATrac and a paper-based backup if necessary. The NWHRN will work with the lead patient tracking entities of other regions involved to establish a coordinated patient tracking process.

Healthcare facilities and EMS are expected to use and maintain internal patient tracking processes and provide that information to the NWHRN via WATrac or fax as the medical status or location of their patients change. (See the Patient Tracking Appendix for additional information)

NDMS-activated incident: If NDMS is activated, patients will be also tracked via the Joint Patient Assessment and Tracking System (JPATS). Patients will be confirmed in WATrac concurrently after they have landed in the PRA. This is opposed to typical patient tracking process which begins at the hospital.

Incident without NDMS activation: DOH will determine if patient tracking will begin before the patient arrives at the hospital.

G. Receiving Facilities

To expedite preparations and improve patient care at healthcare facilities that choose to accept patients, NWHRN and local DMCCs will work with coordinating partners to provide the following information to receiving facilities as it becomes available:

- The number of patients
- Unique patient identifiers (if applicable)
- The condition of the patients (i.e. ambulatory vs. non-ambulatory, specialty needs, etc.)
- What equipment, supplies, and staff are arriving with the patients
- Medical records of any type (if applicable)

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Recognizing an influx of patients may present a surge situation for health facilities, the following strategies are recommended for healthcare facilities receiving patients to consider employing in preparation for arriving patients, if applicable:

- Activating emergency response plans
- Implementing surge plan strategies
- Census decompression
- Rapid discharges
- Postponing non-emergency surgeries

H. Resource and Regulatory/Policy Requests

Healthcare resource requests should be handled through facilities' normal channels first (e.g. attempting to fulfill the request through internal sources and vendors). Once the facility's internal resource sources have been exhausted, then requests for additional resource support can be made directly to NWHRN or through local emergency management office and then to NWHRN by submitting the Resource Request Form 213 RR.

Regulatory/policy changes and requests should be made to the corresponding authority, as appropriate, depending on the law or regulation.

I. Support Services

Additional activities may be needed for an inbound patient movement incident to support arriving patients, their family members and other individuals. Coordination of support services may require the support of multiple jurisdictions, partners, and emergency support functions, and should be coordinated through the primary EOC/ECC. Services could include:

- Connect inbound patients with family members
- Get support for patients that require outpatient care or services
- Provide wrap-around services for both the early discharge of arriving inbound patients and for patients that were discharged during the healthcare facilities surge process
- Provide telemedicine support
- Support for family members of inbound patients
- Opening a Family Reception Center or call center, if needed.

Communications

Healthcare situational awareness will be coordinated by NWHRN and be shared with all responding healthcare organizations, as well as supporting partners during the response in accordance with the NWHRN Situational Awareness Annex. (See the Situational Awareness Annex for more information). The lead agency for the patient movement incident will coordinate public information and risk communications messaging and education as well as lead any Joint Information System (JIS) established. NWHRN, healthcare facilities, Emergency Management, and LHJs will involve their Public Information Officer (PIO), or designee, to coordinate public messaging, communications, and ensure consistency

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NDMS-activated incident: During a NDMS activation the Department of Defense will provide a Public Affairs support from the Madigan Army Medical Center and HHS will provide a Public Information Officer.

Incident without NDMS activation: DOH and/or LHJ(s) will lead public information coordination and messaging.

Demobilization

While there is no specific timeline for demobilization activities during an inbound patient movement incident, the following are triggers for the process of demobilization to begin:

1. All patients from the event have been placed within the receiving healthcare system.
2. Long-term support has been identified for all patients
3. The DMCC, LTC Response Team and, if applicable, NDMS operations have begun to demobilize.
4. Patients have been reunified with their families, if desired
5. The location where the patients came from regains the ability to provide patient care and patients can begin to return to their home locations.

Following deactivation of this appendix, some regional response operations, such as patient tracking and long-term support services, may continue to support family reunification and other support services.

NWHRN will notify all appropriate partners of the demobilization process and when patient tracking will end through typical channels.

During a NDMS activation, Service Access Teams provided by Health and Human Services coordinate the discharge and transportation of patients torturing to their point of origin, or other acceptable location.

Roles and Responsibilities

The following is a non-exhaustive list of roles and responsibilities of major responding organizations in an inbound patient movement incident. Please refer to the Patient Movement Annex for a full list of roles and responsibilities in a patient movement response.

- **Emergency Medical Services** – Along with other transport agencies, transport patients to receiving healthcare facilities.
- **Local and State Disaster Medical Coordination Center** – Solicit bed availability from healthcare organizations and coordinate with EMS and healthcare facilities to distribute patients to receiving facilities.
- **Long-Term Care Response Team –** Coordinate with NWHRN, LTC facilities, and State and Local DMCCs to distribute LTC patients.

- **Northwest Healthcare Response Network (NWHRN) –** Manage patient tracking, support resource requests, and coordinate/distribute situational awareness updates.
- **Healthcare facilities** – Hospitals and LTC facilities report their bed counts and prepare their facilities if they are assigned patients. Receive and provide care for patients. Track patients as they arrive in WATrac or via FAX to NWHRN.
- **Local and State Emergency Management** – Support resource requests for an inbound patient movement response as appropriate.
- **Local Health Jurisdictions** – Support coordination of patient movement and patient tracking processes. coordinate public information and risk communications messaging and education
- **State Department of Health** –Provide notification of an inbound patient movement incident to relevant partners. Activate the State DMCC as appropriate. Coordinate with other state and local partners to support inbound patient movement response. Coordinate with federal partners as appropriate.
- **Tribal Governments** – Coordinate with federal, state, and local partners to support inbound patient movement response as appropriate.

  Puget Sound Federal Coordinating Center- A federal facility (DoD or VA) located at Madigan Army Medical Center, Joint Base Lewis McChord, responsible for the day to day coordination of planning, training, and operations of two assigned NDMS Patient Reception Sites (PRS).

References

A. NWHRN Healthcare Emergency Response Plan

B. NWHRN Annex - Patient Movement

C. NWHRN Patient Movement Appendix - Patient Tracking

D. Washington State Disaster Medical Coordination Center Agreement

E. Puget Sound Patient Reception Site (PRS) Operations Plan

F. NWHRN Patient Movement Appendix: Long Term Care Response (In development: Summer 2019)

G. NWHRN Resource Request Process (In revision)

H. Resource Request Form 213RR

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