Healthcare System Emergency Response Plan: Patient Movement Annex

Patient Tracking Appendix

Version 1, September 2018

Record of Changes

Version No.	Description of Change	Date Entered	Posted By
1.	First Draft Created	September 2018	Aaron Resnick Herakles Li

Table of Content

Introduction

Patient tracking is defined as the tracking of patients resulting from a mass casualty incident or other event that may cause a large movement of patients from one location to another. Numerous agencies and entities are responsible for patient tracking (e.g. hospitals, long-term care facilities, emergency medical services (EMS), dialysis providers, etc.) for multiple purposes (e.g. reimbursement, accountability, continuity of care, etc.). Patient tracking begins when a patient is identified and triaged by EMS at the location of an incident through their transport and until the patient reaches a point of definitive care. Consequently, successful multi-county patient tracking requires the cooperation of multiple entities including: hospitals, local health jurisdictions, local emergency management, long-term care facilities, EMS, transportation providers, tribal governments, healthcare coalitions, and other local coordinating entities. For a list of definitions of terms and acronyms used throughout this appendix, please refer to the section at the end of this document.

Lessons from mass casualty incidents have consistently revealed shortcomings in local, state and national capabilities to manage patient tracking. In addition, lack of sufficient patient tracking protocols has led to adverse consequences for patients, their families and/or loved ones, responding organizations and community recovery as a whole. The inability to track patients during a mass casualty incident can create many complications for the response agencies. These include:

- Prolonging, complicating and/or adversely affecting the delivery of patient care
- Exacerbating the psychological impact on patients and their loved ones when patient location is unknown
- Complicating and/or delaying the family reunification process, leading to duplication of efforts and inefficient use of resources
- Hindering effective situational awareness about patient impacts and overall health system resource needs
- Adversely affecting law enforcement and/or medical examiner/coroner investigations and evidence collection
- Adversely affecting future litigation if appropriate documentation is not available
- Compromising financial reimbursement for affected organizations
- Adversely affecting future research and quality improvement efforts related to patient care and patient outcomes during medical emergencies

Purpose

For the purposes of this appendix, the following are considered the primary objectives for patient tracking:

1. To determine and document the identity of the patient
2. To determine and document the patient's location, including any changes
3. To ensure standardized documentation of the patient's conditions and facilitate the continuity of care
4. To document the patient's involvement in the incident

5. To facilitate family reunification and victim accounting
6. To support community Family Assistance Centers (FAC), call centers, and healthcare system Patient Family Assistance Branch operations as applicable

Scope
The Patient Tracking Appendix is applicable for all incidents requiring coordination of patient tracking information for the purposes of patient care and family reunification within the coalition service area of the Northwest Healthcare Response Network (NWHRN). Currently the coalition service area includes the following 15 counties within Western Washington: Clallam, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, and Whatcom; as well as those adjacent tribal communities. Incidents may include single county events as well as larger multi-county incidents when the NWHRN will be vital in centralizing patient tracking information and ensuring appropriate and timely dissemination of information. This appendix does not supersede existing facility, county, or regional plans and procedures for patient tracking and will coordinate with state level plans for events that impact more than just the NWHRN service area.

Planning Assumptions
1. Not all information about the patient will be available at the beginning of patient tracking. As patient care and time allow, more information about the patient will be gathered and documented.

2. Depending on the incident, patient tracking may continue for a prolonged period.

3. The unique identifier established during patient tracking should be maintained in the medical record of the individual throughout the duration of the incident.

4. Patient tracking should include the tracking of living and deceased individuals associated with an incident. Further into the response, deceased individuals may continue to be tracked using other methods, but all records in patient tracking should be maintained.

5. Patient tracking is one component of a larger system of family reunification efforts that may include other partner agencies.

6. Patient tracking systems should be in place with or without a technology database. Manual backup processes should be established.

7. Patient tracking may require coordination across multiple jurisdictions, healthcare coalitions, and states

8. Much of the information gathered for patient tracking is considered Protected Health Information (PHI) and is subject to the Health Insurance Portability and Accountability Act (HIPAA). For more information see the Assistant Secretary for Preparedness and Response (ASPR) 'HIPAA and Disasters: What Emergency Professionals Need to Know' (https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-hipaa-emergency-fact-sheet.pdf).

Concept of Operations

A. Operations Overview

It is essential that patient tracking processes be initiated as soon as the patient begins receiving healthcare services because of, or during, an incident. Initiating may occur when patients are transported from the field to a point of definitive care or following arrival at a point of definitive care via self-referral (e.g. hospital, Alternate Care Facility/Systems (ACF), clinic). In hospital or long-term care facility evacuation, the minimum patient tracking process should be initiated before the patient is transported to a receiving facility.

While it is recognized that the patient tracking is a priority in any patient movement scenario, it is recognized that in an MCI, the ability for EMS providers to document patient identifying information may be extremely limited. Ideally the patient tracking process will be initiated through a unique identifier for each patient in the field (a unique identifier is a number that may be tracked through bar coded triage tags) at the point of transport. The collection of patient identifying information will be prioritized once the patient arrives at a point of definitive care.

Patient tracking is one aspect of the larger victim accounting and family assistance process. The overall purpose of the Family Assistance Center is to assist with victim identification and family reunification with the missing and deceased persons. Patient tracking information supports the identification of individuals associated with an incident, along with information on the missing, deceased and uninjured persons. Patient tracking occurs with the understanding that some patients may die as the incident progresses. In the FAC organizational structure patient tracking is a unit under the Missing Persons Group within the Victim Information Branch (see Attachment A for an example figure).

Deactivation of regional patient tracking will be dependent on community needs. Indicators for ending patient tracking include:

- All patients at healthcare facilities have been connected with their family and/or guardian(s), as desired.
- Patients have been connected or are able to connect themselves with their family and/or guardian(s), as desired.
- Patients who are deceased, and for whom the Medical Examiner/Coroner has assumed responsibility
- Patients who are deceased, and for whom the attending medical professional has contacted appropriate next of kin.
- Patients who were transferred via the National Disaster Medical System (NDMS) and are being tracked using the Joint Patient Assessment and Tracking System (JPATS).

In some scenarios (such as a radiological or biological incident), surveillance, patient care and incident-related documentation may continue for many years. A clear delineation will be made by the NWHRN in coordination with applicable public health authorities to determine when the "hand off" for tracking such patients will shift primarily to the appropriate epidemiological investigation processes.

B. Activation of Concept of Operations

Patient tracking will be activated to support a mass casualty incident (MCI), healthcare facility evacuation, or under circumstances that warrant the activation of a Disaster Medical Control/Coordination Center (DMCC) or Long-Term Care Response Team. Circumstances that warrant initiating patient tracking include, but are not limited to (one or more may apply in an incident):

- More than one facility will be receiving patients
- Patients may arrive at a treatment facility (e.g. hospital, ACF) by multiple methods including EMS and self-transport
- A field treatment site is established
- There are multiple incident locations
- One or more healthcare facilities will be evacuating patients
- Incident is determined to be a mass fatality (based on local threshold)
- Circumstances warrant the activation of a Family Reunification and/or FAC

The coordinating agency for patient tracking at both the local and the multi-county level is the NWHRN. The NWHRN will be responsible for:

1. Monitoring healthcare system and population impacts
2. Identifying and anticipating resource needs
3. Coordinating centralized patient tracking information
4. Serving as the single point of contact for patient tracking
5. Identifying, receiving, analyzing, and disseminating situational awareness information

Internal patient tracking (using internal processes) can be activated within healthcare organizations or similar entities by the following agencies who can in turn request activation of regional patient tracking

1. Emergency Medical Services (EMS)
2. Healthcare Organizations (hospitals, long-term care, surgery centers, outpatient clinics, etc.)
3. Alternate Care Facilities/Systems (ACF)

Regional patient tracking can be activated by the following groups:

1. Disaster Medical Control Center (DMCC)
2. Northwest Healthcare Response Network (NWHRN)
3. Local Health Jurisdiction (LHJ)
4. Washington State Department of Health (WA State DOH)
5. At the request of:
   a. Emergency Medical Services (EMS)
   b. Healthcare Facilities (Hospitals, Long-Term Care, etc.)
   c. Local Emergency Management or, if activated, Emergency Operations Center (EOC)
   d. Tribal Government

C. Patient Tracking Data Elements

Core to the patient tracking process is the need to know which data elements will be required during an incident. It is important to recognize that early in the event only limited information about the patient's identity may be available. EMS and healthcare providers will prioritize patient care over collecting patient identifying information. Efforts to collect more comprehensive information about a patient's identity will occur as resources are available.

The following table reflects a continuum of essential patient tracking data that should be collected during the patient tracking process as conditions allow. The data elements categorized as "M" are data points that should be collected and documented upon the first encounter with a patient and comprise the "minimum" data points needed during a response. These should be shared with relevant organizations at the beginning of the patient tracking process. The data elements categorized as "S" are secondary data points that should be collected and provided to relevant organizations as they become available. It is important to keep in mind that much of the information gathered for patient tracking is considered Protected Health Information (PHI) and is subject to the Health Insurance Portability and Accountability Act (HIPAA).

Table 1: Minimum Data Elements for Patient Tracking

Responsible Agency		EMS	Hospital	ACF	Other Healthcare	Agencies Supporting Patient Tracking and Family Reunification	WA State DOH
Data Elements M = minimum data element for first/initial encounter S = secondary data points to be collected as time and information allows	Unique Identifier	M	M	M	M	M	M
	Triage Color/Patient Condition	M	M	M	M	M	M
	Current location/point of access to system	M	M	M	M	M	M
	Date/Time of Encounter	M	M	M	M	M	M
	Disposition	M	M	M	M	M	M
	Mode of Arrival	S	M	M	M	S	S
	Gender	S	M	M	M	M	M
	Age (approx.)	S	M	M	M	M	M
	Date of Birth	S	S	S	S	S	S
	Legal Full Name (includes middle Initial)	S	S	S	S	S	S
	Legal Guardian or Responsible Party	S	S	S	S	S	S

There are many circumstances during an MCI when the identity of a patient may not be easily or quickly determined (e.g. patient is unconscious or unable to communicate and does not have personal identification with him/her). Under these circumstances, healthcare organizations should document as many identifying characteristics about the patient as possible and work with the NWHRN to provide this information to law enforcement and/or the FAC if established.

Pediatric patients and accompanied minors may require additional actions in the tracking process. An unaccompanied minor is an un-emancipated child younger than 18 who has been separated from parents, guardians, or other relatives. All unaccompanied minors need to be documented and reported to specific authorities including the police and the National Center for Exploited and Missing Children (NCEMC). When possible, pediatric patients and unaccompanied minors should have their status as such noted in WATrac.

D. Information Coordination

During a response, patient tracking information will be needed by multiple agencies to support a variety of activities. These activities may include supporting patient care and patient/victim identification, family reunification efforts, resource tracking, public information, and/or criminal/legal investigations. The following entities may require patient tracking information:

- Healthcare Organizations/ACF
- Northwest Healthcare Response Network
- Health Officials at local, tribal, state, and/or federal agencies
- Emergency Medical Services
- WA State DOH
- Law enforcement agencies
- Medical Examiner/Coroner
- Agencies supporting family reunification processes (e.g. passenger aid/rail providers, local emergency management, etc.)
- Non-Governmental Organizations supporting the response (e.g. American Red Cross)
- Tribal Government

The coordinating agency will work with LHJs and healthcare organizations to develop and deliver accurate and timely patient tracking information. Patient tracking information should only be shared with entities on a need to know basis and who are directly involved in the care of patients, incident investigation, or supporting local family reunification efforts. The involved stakeholders may need and receive detailed patient tracking information (including identifying information); all other stakeholders may only receive summary reports. (See attachment B for a breakdown of stakeholders and their roles/responsibilities in the distribution of patient tracking information)

E. Coordinating Patient Tracking Information

Mechanisms for documenting and sharing patient tracking information will vary depending on the conditions during the incident, resources available, and patient tracking processes or systems established prior to an incident. Depending on the scale and complexity of the incident, it will likely be necessary to centralize patient tracking in a database (WATrac) or manual process
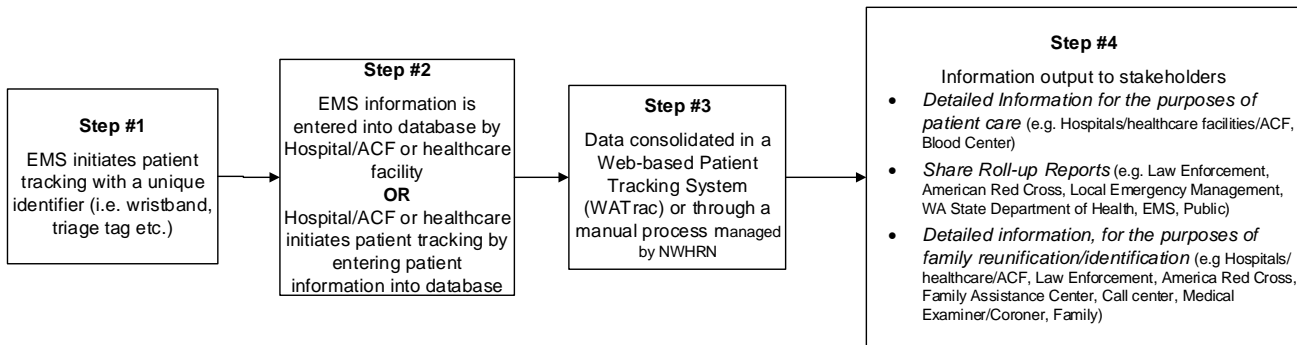
through a Patient Tracking Unit at the NWHRN Healthcare Emergency Coordinating Center (HECC). It is important to centralize information to:

- Ensure organizations are receiving up-to-date and appropriate information.
- Decrease the burden on healthcare, EMS, law enforcement, and other response partners to continually provide information.
- Create a centralized source of patient tracking information that can be accessed for the purposes of family reunification and victim identification.

If a centralized database (WATrac) is not available, the HECC will use fax, phone, radio, or other methods to collect patient tracking information from healthcare facilities and centralize information using spreadsheets or a database. If a manual process is used the timeframe for gathering and sharing patient tracking information will likely be extended.

Figure 1: Patient Tracking Information Flow
The following diagram outlines how information may flow in a large or complex incident and be shared between organizations/response entities.

Step #1
EMS initiates patient tracking with a unique identifier (i.e. wristband, triage tag etc.)

Step #2
EMS information is entered into database by Hospital/ACF or healthcare facility
OR
Hospital/ACF or healthcare initiates patient tracking by entering patient information into database

Step #3
Data consolidated in a Web-based Patient Tracking System (WATrac) or through a manual process managed by NWHRN

Step #4
Information output to stakeholders
- *Detailed Information for the purposes of patient care* (e.g. Hospitals/healthcare facilities/ACF, Blood Center)
- *Share Roll-up Reports* (e.g. Law Enforcement, American Red Cross, Local Emergency Management, WA State Department of Health, EMS, Public)
- *Detailed information, for the purposes of family reunification/identification* (e.g Hospitals/ healthcare/ACF, Law Enforcement, America Red Cross, Family Assistance Center, Call center, Medical Examiner/Coroner, Family)

Roll-up information shared concerning patient tracking may include but is not limited to:
- # of patients transported by EMS
- # of patient treated at healthcare facilities following an incident
- Types and severity of injuries treated at local healthcare facilities

F. Patient Tracking Procedures
   Mass Casualty Incident Patient Tracking
   1. Incident occurs.
   2. EMS will arrive on scene and begin patient triage.
   3. Transporting personnel will document a unique identifier attached to the patient (via wristband if available). If a unique identifier has not been previously assigned to the patient, transporting unit personnel will do so according to the methods and protocols established by their agency. Unique identifiers should remain on/with the patient the entire time they are active in the incident. If a manual patient tracking process is used, NWHRN will receive tracking information from healthcare facilities in step #5 below.
   4. Patient is transported.

5. Upon arrival at a hospital/ACF or other healthcare facility, intake staff will begin collecting minimum data elements outlined in Table 1, including a unique identifier (i.e. wristband, triage tag with number, etc.). If a unique identifier has not been previously assigned, the facility will assign one in addition to the medical record number for the hospital. Data elements will be recorded into a patient tracking database (WATrac), if available. When entering any patient into the system, healthcare staff should ensure they are not duplicating profiles in the database. Hospitals should also record the unique identifier in the patient's electronic medical record file. Hospitals/ACF are the primary source of patient tracking information for the NWHRN because they are the primary recipient of patients during a MCI.
6. As time allows, more information will be gathered about the patient and entered into a patient tracking database, if available.
7. If a patient is transferred to another facility, ensure the patient maintains their unique identifier and record in their file and profile on the patient tracking database, including when and where they are being sent. Ensure the receiving facility is provided the appropriate information, such as a log of where they have been, and unique identifier.
8. Upon receipt of a transferred patient, begin step #3 above If a profile has already been created on a patient tracking database, update that information. The NWHRN will coordinate with facilities who will be accepting patients who are not able to track patient in WATrac, as needed.
9. If a patient is being discharged, ensure that patient's file and profile are updated appropriately
10. Regional patient tracking will end when all patients have been reunified with appropriate family and/or guardian, if desired

Healthcare Facility Evacuation Patient Tracking
1. Incident occurs.
2. The evacuating facility should prepare patients for evacuation and complete the Patient/Resident Evacuation Form (Attachment C) if time allows. The evacuating facility will assign a unique identifier (e.g. wristband, medical record number etc.) to the patient. A copy of the patient's medical record should also be printed and sent with the patient if available.
3. When a patient is received by a transporting unit (EMS or other unit), personnel will document the unique identifier attached to the patient. If a unique identifier has not been assigned to the patient, the transporting unit will do so. Unique identifiers should remain on/with the patient the entire time they are active in the incident. If time allows, transporting unit staff may obtain additional information and enter the information into a patient tracking database, if available. If a manual patient tracking process is being used, the NWHRN will receive tracking information from healthcare facilities in step #5.
4. The patient is transferred to a receiving facility.
5. Upon receipt of the patient, the receiving facility intake staff will begin collecting minimum data elements outlined in Table 1. If a unique identifier has not been previously assigned, the facility will assign one. Data elements will be recorded into a patient tracking database (WATrac), if available. Before entering any data into the system

healthcare staff should search the database to ensure they are not duplicating profiles. Hospitals should also record the unique identifier in the patient's electronic medical record file. Hospitals are the primary source of patient tracking information for the NWHRN.

6. Upon receipt of a transferred patient, intake the patient as described above. If a profile has already been created on a patient tracking database, update that information with all relevant information. The NWHRN will coordinate with patient accepting facilities who are not able to track patient in WATrac, as needed.

7. If a patient is being discharged at any point during the evacuation, assure that their file and WATrac profile are updated appropriately.

8. Regional patient tracking will end when all patients have been received and accounted for at accepting facilities or reunified with appropriate family and/or guardian, if desired.

G. Multi-County Patient Tracking

Patient tracking will be coordinated according to the type of response required. The table below outlines response types and expected actions of the affected areas and other areas within Washington. Depending on the area affected and the incident, response operations may automatically move beyond the county level to the multi-county or state level. Coordination at the multi-county level will be led by the NWHRN. State level situations will be handled in a joint effort by the patient tracking leads involved.

Table 2: Expected Actions by Response Types

Type of Response	Situation	Affected Areas	Other Areas
County	Isolated incident affecting one county	Local patient tracking coordinated by local entity (i.e. NWHRN, EMS, patient receiving facilities)	All Western Washington maintains awareness of possible impacts to healthcare
Multi-County	Incident requiring patient tracking in at least two counties	Affected areas activated and coordinating patient tracking together, led by NWHRN	Non-neighboring areas (including those in Eastern Washington) maintain awareness of possible impacts to healthcare
Western Washington	Incident affecting most or all western Washington	All Western Washington coordinates patient tracking together	Eastern Washington maintains awareness of possible impacts to healthcare
State	Incident affecting most or all of Washington state	All of Washington activated and coordinating patient tracking together	NA

Responsibilities

Implementation of a successful patient tracking process is dependent on coordination among numerous entities. The following are roles and responsibilities for key emergency response partners. Individual roles may vary depending on the circumstances of the incident.

A. **Emergency Medical Services**
- Activates internal patient tracking; may request activation of regional patient tracking as needed
- Initiates minimum patient tracking in the field via a unique identifier, on a wristband, for each patient requiring transportation to definitive care
- Coordinates with Disaster Medical Control/Coordination Center (DMCC) regarding patient distribution
- Shares unique identifier (and any other patient information captured) with hospital/ACF/receiving healthcare facility

B. **Disaster Medical Control/Coordination Center (DMCC)**
- Activates or requests activation of patient tracking as needed. Activates patient tracking in the centralized database (WATrac), if available and able
- Notifies the NWHRN and all regional partners of patient tracking activation
- Coordinates patient distribution with EMS
- Document patient's initial condition for the purposes of patient distribution

C. **Hospitals, Alternate Care Facilities/Systems and other Healthcare Organizations**
- May request activation of regional patient tracking as needed
- Establishes process for documenting patient tracking information provided by EMS and coordinates this information with patient registration/medical records
- Initiates patient tracking for patients received at the facility
- Documents minimum patient tracking information via a paper log or in a patient tracking database (WATrac), if available
- Provides patient tracking lists to the NWHRN, if not using WATrac
- Documents information on unidentified patients using the Unidentified Patient Form (See attachment D); provides information to law enforcement, FAC, or call center if established
- Facilitates family reunification for patients within the facility via the Patient Family Assistance Branch, in coordination with local partners (Red Cross, FAC, Call Center)
- Report pediatric patients who are unaccompanied minors to law enforcement and NCEMC

D. **Northwest Healthcare Response Network (NWHRN)**
- Activates Healthcare Emergency Coordination Center (HECC)

- Activates patient tracking as needed. Activate patient tracking in the centralized database (WATrac) if available
- Notifies regional partners of patient tracking activation
- Shares patient tracking information with ESF-8 and other response partners
- Participates in a Joint Information Center on behalf of patient tracking if activated and requested

E. Local Health Jurisdiction
- Serve as lead agency for Emergency Support Function 8 (ESF-8)
- Requests activation of patient tracking as needed, per local plans and capacity. Requests activation of patient tracking in the centralized database (WATrac) if available.
- Notifies or supports notification to NWHRN, per local plans and capacity. Supports notification to local partners of patient tracking activation
- Coordinates with the NWHRN
- Works with lead incident response organization/agency to establish a call center to provide public information about patients/missing persons, per local plans and capacity
- Assists with the coordination of a FAC per local plans and capacity
- Works with WA State DOH and local partners (EMS, Emergency Management, Law Enforcement, Tribal Government etc.) for coordination of patient tracking information
- May serve as the lead local agency for or coordinates with other lead local agency (e.g. local Emergency Management) on public messaging related to health and medical system impacts, including information about patient tracking and related family reunification efforts, per local plans and capacity

F. Washington State Department of Health
- Activates patient tracking as needed. Activates patient tracking in the centralized database (WATrac) if available.
- Notifies NWHRN and other relevant partners of patient tracking activation
- Provides support for coordinating patient tracking information during incidents that cross jurisdictions
- Coordinates with local health departments to obtain patient tracking information from their jurisdiction, as needed
- Serves as conduit for sharing patient tracking information with federal agencies as needed
- Provides coordination with state level FAC or call center if established
- Serves as the lead agency at the state level for public messaging related to health and medical system impacts, including information about patient tracking and related family reunification efforts
- Serves as lead in charge of providing standardization of data collection across all entities.

G. Local Emergency Management
- Supports resource needs for coordination of a FAC and/or call center
- Serves as conduit with State Emergency Management for coordination of resources as applicable
- Supports coordinated public information and messaging in partnership with the NWHRN and Public Health through a Joint Information Center, if established

H. Tribal Government
- Requests activation of patient tracking as needed, per local plans and capacity. Requests activation of patient tracking in the centralized database (WATrac) if available.
- Notifies or supports notification to NWHRN, per local plans and capacity. Supports notification to local partners of patient tracking activation
- Coordinates with the NWHRN
- Works with WA State DOH and local partners (EMS, Emergency Management, Law Enforcement, Tribes etc.) for coordination of patient tracking information
- Supports resource needs for coordination of a FAC and/or call center
- Serves as conduit with State Emergency Management for coordination of resources as applicable
- Supports coordinated public information and messaging in partnership with the NWHRN and Public Health through a Joint Information Center, if established

I. Law Enforcement
- Responsible for coordinating missing persons information
- Assists with identification of unidentified patients who are still living
- Assists with family reunification for missing persons and unaccompanied minors as applicable

J. Other Partners
- **County Medical Examiner/Coroner** – Accesses patient information for victim identification
- **Blood Service Providers–** Monitors patient location information to inform response operations and planning
- **Non-Governmental Organizations (e.g. Red Cross)** –Assists with family reunification.

Authorities and References
A. Review Process and Update Schedule
1. Sections of this appendix will be updated as needed based on the evolution of planning activities and partnerships or in coordination with the coalition-wide Regional Improvement Plan after exercises or real-world events.

2. The appendix will be provided to the healthcare organizations, public health, EMS agencies, emergency management departments, and other partners for review and input.

3. Following review, modifications will be made, and a copy will be provided to partners. Partners are expected to share the updated appendix internally within appropriate personnel.

4. The NWHRN Board of Directors will be informed when updates to this appendix are completed.

B. Maintenance

This appendix will be reviewed every other year, or as needed, following the process outlined above.

C. Training and Exercise

Training on roles and responsibilities for all relevant partner agencies will occur following the adoption of the finalized version of this document. Exercises including tabletops and functional training will occur with healthcare organization, public health and other relevant partners. As appropriate patient tracking will be incorporated into and exercised during larger regional or state-level exercises.

Definitions & Acronyms

A. Definitions

Coordinating Agency – An agency that provides coordination, leadership, expertise, and decision making during a health and medical response. Serves as the single point of contact during an incident.

Disaster Medical Control/Coordination Center (DMCC) – A center that works with EMS to provide a coordinated and planned method for the distribution of patients to area hospitals or other health care facilities based on patient needs and hospital capabilities. Each county in has its own DMCC which is typically based in a designated hospital within the county.

Emergency Support Function 8 (ESF-8) – The mechanism for coordinated Federal assistance to supplement State, Tribal, and local resources in response to a public health and/or medical disaster.

Family Assistance Center (FAC) – The FAC is a site which provides emotional support to the families of victims in a mass casualty incident (MCI). The primary purpose of a FAC is provide services and information to the family members of those killed and to those injured or otherwise impacted by the incident. The FAC provides a venue for authorities to provide information to victims, coordinate access to support services, and facilitate the collection of information from families that is necessary for victim identification. Although the specific needs of those impacted will vary, it is presumed that the prevision of information and access to services is essential in any MCI.

Healthcare Emergency Coordination Center (HECC) – In the event of an emergency the NWHRN will activate the Healthcare Emergency Coordination Center (HECC) to

facilitate situational awareness, resource matching, communications, and coordination among regional healthcare providers and partner agencies.

Multi-County Patient Tracking – Numerous agencies and organizations are responsible for patient tracking (e.g. hospitals, long-term care facilities, EMS, dialysis providers, etc.) for multiple purposes (e.g. reimbursement, accountability, continuity of care, etc.). Multi-county patient tracking is the tracking of patients across response agencies and organizations to support local family reunification and continuity of care efforts. Successful multi-county patient tracking requires the cooperation of multiple agencies and organizations including hospitals, long-term care facilities, EMS, transportation providers, NDMS, and local coordinating entities.

Northwest Healthcare Response Network (NWHRN) – Is a regional Healthcare Coalition that leads the effort to build a disaster-resilient healthcare system in Western Washington through collaboration with healthcare providers, public health agencies and the community partners they depend on. NWHRN works to keep hospitals and other healthcare facilities open and operating during and after disasters, enabling them to continue serving the community.

Patient – An individual who requires assessment and/or treatment because of their involvement in an incident as defined by local plans

Patient Tracking – The process for documenting and following information about a patient including the patient's physical location and other limited information about the patient such as condition, disposition, and patient identifying information.

Point of Definitive Care – The goal of emergency medical services is to transport patients to a location that can provide appropriate treatment of the patients presenting medical conditions. This location is referred to as the point of definitive care and an example is the emergency department (ED) of a hospital or a stand-alone ED.

Victim Identification – Identification of the remains of individuals who have deceased

B. **Acronyms**

ACF – Alternate Care Facility/System

DCAC – Disaster Clinical Advisory Committee

DMCC – Disasters Medical Control/Coordination Center

DOH – Department of Health

EMS – Emergency Medical Services

ESF-8 – Emergency Support Function 8

FAC – Family Assistance Center

HECC – Healthcare Emergency Coordination Center

HIPAA – Health Insurance Portability and Accountability Act

JIC – Joint Information Center

JPATS – Joint Patient Assessment and Tracking System

LHJ – Local Health Jurisdiction

MAP – Mutual Aid Plan

NCEMC – National Center for Exploited and Missing Children

NDMS – National Disaster Medical System

NWHRN – Northwest Healthcare Response Network

PHI – Protected Health Information

WATrac - Washington System for Tracking Resources, Alerts and Communication

Attachments

A. Example Family Assistance Center Organizational Chart

B. Distribution of Patient Tracking Information Table

C. Patient/Resident Evacuation Form

D. Unidentified Patient Form