

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

**APPENDIX D3:**

**FEDERAL COORDINATING CENTER PATIENT MOVEMENT GUIDELINE**

MARCH 2023

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## Purpose

The purpose of the North Carolina Federal Coordinating Center Patient Movement Guideline is to establish a standardized framework for patient movement that incorporates lessons learned from real events when the movement of patients is initiated by the activation of a Federal Coordinating Center (FCC). This guideline identifies activation triggers, outlines procedures for triaging and placing patients in appropriate receiving facilities. These guidelines are intended for use in conjunction with the NCOEMS Emergency Operations Plan, Annex D: Patient Movement, Appendix D1 – Hospital Patient Movement Guideline and Appendix D4 – Patient Transportation.

## Assumptions

- FCC Activation decision will be a joint decision between NCEM and NCOEMS with engagement from the Statewide Patient Coordination Team.
- A qualifying lead facility will have a transfer center and has been educated/trained to the state Patient Movement Annex and Hospital Patient Movement Guideline.
- A patient's health generally does not improve with relocation. Patient movement may expose patients to additional risks associated with exacerbation of their medical condition, transportation accidents, or in-route delays due to weather, accidents, or secondary events after the originating event/incident.
- Ideally, patients should be stabilized prior to being moved. The capability to effectively stabilize all patients prior to transport may vary based upon medical capabilities, available resources, and impending threats to the patient(s) (e.g., emergency evacuations).
- During the patient movement process, all efforts are directed toward maintaining continuity of patient care across the entire continuum of care.
- All evacuations/patient movements are subject to weather conditions and safety considerations.

## Triggers

- The triggers for FCC patient movement begin with an alert of the FCC site which is part of a joint decision between NCEM and NCOEMS. The Statewide Patient Coordination Team will be notified of a potential activation for their concurrence that an activation can be supported. It is anticipated that greater than 48 hours before the initial arrival of patients will allow time to deliberately plan, identify, triage and link patients with appropriate facilities.

## Activation Framework

**Statewide activation** – requires collaboration between NCOEMS, Statewide Patient Coordination Teams, and NCEM to facilitate movement, and activate emergency contracts. If statewide activation occurs, ESF8 will assign a statewide Patient Movement Supervisor to oversee and coordinate all related operations. It is expected that much of the decision to activate this guideline will be based on input from the Statewide Patient Coordination Team with the ultimate decision being made by ESF8 leadership and NCEM.

## Procedure

### Initiation

#### Event/Impact

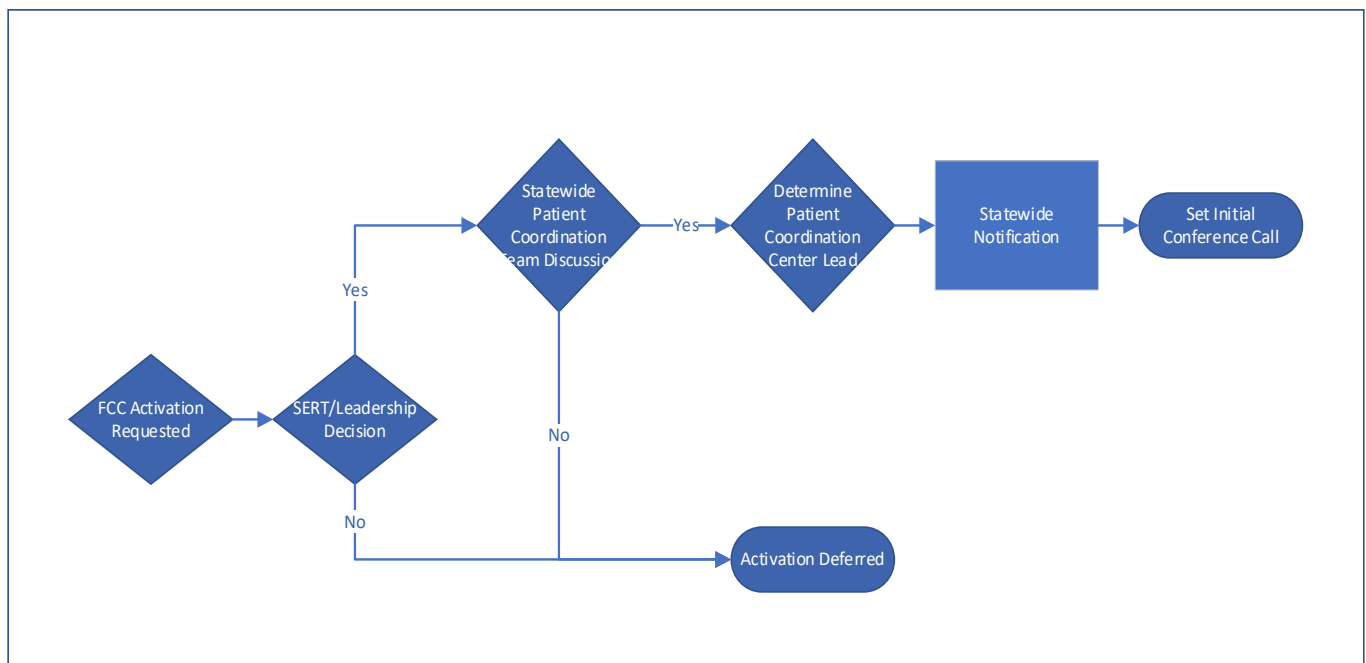
- An incident or event impacts an area outside of North Carolina necessitating the need for patients to be evacuated from that state or territory.
- The Veterans Affairs Area Emergency Manager (VA AEM) requests activation of a North Carolina Federal Coordination Center to the NC ESF8 Shift Duty Officer or ESF8 Lead.
  - Note: North Carolina has two FCCs, one in Salisbury, NC and one in Durham, NC. Both FCCs rely on the Piedmont Triad International Airport. Only one FCC can be activated at a given time.

- ESF8 Lead confers with NCEM Leadership and DHHS Leadership about the FCC Activation request. If concurrence to consider the FCC Activation is reached the Statewide Patient Coordination Team is notified for their input and concurrence.
- Once concurrence is reached the VA AEM is made aware that the FCC can activate.
- Final decision to activate and receive patients will come from the VA AEM once the decision to use that FCC has been determined through their chain of command.

### Notification of Activation

- Upon the decision to activate the FCC Patient Movement Guideline:
  - Notification will be made to the North Carolina Healthcare system via the Healthcare Coalitions and the North Carolina Healthcare Emergency Management Council (NCHEMC) list-serv for redundant communications that one of the NC FCCs has been activated.
  - Patient Movement Planning Form should be completed through receipt of information from the VA AEM to begin planning for potential patient movement resources. This information will be shared with the statewide patient coordination team as soon as received.

Chart 2: Approval Flowchart of FCC Activation Guideline by NCOEMS



### Implementation

- Patient Bed Reporting – it is anticipated that NC will be asked to provide the VA AEM and ASPR REC with the number of available beds by specific type (e.g., Adult, Pediatric, ICU, Med/Surgery, Psychiatry etc.). Currently bed reporting is completed via the APPRISS critical resource tracker and the Med-Surge Data Team can pull those bed numbers quickly to provide to VA AEM. NC does not track all the identified bed types so it will be limited to Acute Care (not including ICU) and ICU level beds for all ages.
- Receiving Patients - Patients will be sent from the sending facilities to one of the NC FCCs after a decision is made on placement by USTRANSCOM (the DoD patient evacuation agency responsible via the U.S. Air Force’s Air Mobility Command team).
- Patient Placement Needs – USTRANSCOM should provide the patient manifest through the VA AEM and/or the ASPR REC. This will allow the patient coordination process to begin.

## Patient Placement

- Patient movement to an FCC is determined by USTRANSCOM and provided to the receiving state's ESF8 lead by way of a patient manifest. This manifest should provide details on each patient's condition prior to their arrival and should include the number of patients, patient diagnosis, specialized equipment, types of beds needed, etc.
- The NCOEMS Patient Placement Coordinator or designee will review the patient information and distribute appropriately. Depending on timing these can be uploaded into ReadyOp and the Hospital Patient Movement Guideline followed. If there isn't time to facilitate this process, then the below information will be utilized to help distribute the information and coordination calls will be utilized to facilitate the discussion, placement and movement of these patients.
- The Individual Patient Information is provided to the Patient Coordination Center Lead
  - The Patient Coordination Center Lead will provide the initial and subsequent patient placement requests captured via HIPAA Compliant ReadyOp or via excel spreadsheet as tracked by NCOEMS Patient Placement Coordinator.
- Upon receipt of the patient placement requests, each hospital/health system will review the list to identify the appropriate placement of potential patients based off of current resources, specialties, and bed availability
- ReadyOp or excel spreadsheet will be updated during the coordination calls in real time by NCOEMS Patient Placement Coordinator.

## Patient Reception Site

- A patient reception site will be set up at the FCC location for the receipt, triage, emergency treatment, and transport of patients.
- Depending on the number of patients being received, available transportation assets and expected length of the FCC activation a State Medical Support Shelter may be setup to support the FCC Operations. This decision is a joint decision between the ESF8 Lead and the Patient Movement Supervisor in consultation with NCEM.
- The patient reception site will have an Incident Management Team setup to coordinate and oversee operations onsite.
  - The patient movement roles identified in the Patient Movement Annex should be under the operations section with responsibility for the oversight of the roles outlined in that annex.

## Patient Tracking

- Patient Tracking will be utilized to monitor and track patients in real-time – patient tracking is the responsibility of the Patient Transportation Coordinator or designee. In large scale events a Patient Tracking Unit may be activated to handle this responsibility. [Refer to Appendix D4: Patient Transportation Guideline](#) for more details on patient tracking.

## Receiving Facility

The receiving healthcare facilities should utilize this checklist, built on lessons learned from previous events, to help preplan and prepare for receiving patients during regional/statewide patient movement

- ✓ Convene stakeholders (may include the patient logistics/transfer center, nursing house supervisors, operational executives, emergency management, transportation, medical director, care management, etc.)
- ✓ Identify facility single point of contact for receiving information and accepting patients
- ✓ Obtain common operating picture and current state of hospital
  - Evaluate capacity
  - Evaluate staffing
  - Evaluate critical supplies and equipment (and PPE)

- ✓ Identify patients that can be discharged, downgraded, or lateraled to increase receiving capacity
  - Determine and activate patient movement, as necessary
  - Patients can be discharged to State Medical Support Shelters if activated to help decompress facility to handle higher level of care patients.
- ✓ Engage affiliate sites, as appropriate
- ✓ Participate in coordination call
  - Review patient list compiled by the state and identify patients that may be an appropriate placement
  - Ensure appropriate clinicians and decision makers are present/available to assist with patient acceptance

**Transportation:** For the FCC activation there will be a transportation coordinator assigned as part of the Patient Reception Site Incident Management Team. This individual will work the transportation coordinators of the receiving facilities to ensure good communication and coordination for transportation. **Additional information on the transportation coordination for patient movement can be found in [Appendix D4 – Patient Transportation Guideline](#).**

### Demobilization

- The deactivation of the FCC Patient Movement Guideline will be determined in consultation with NCOEMS ESF8 Lead, and the Statewide Patient Coordination Team, ASPR RECs and VA Area Emergency Manager based on the current requests for patient movement and the statewide availability of resources.
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