NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

APPENDIX D1:

HOSPITAL PATIENT MOVEMENT GUIDELINES

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Purpose

The purpose of the North Carolina Hospital Patient Movement Guideline is to establish a standardized framework for the movement of patients into a hospital. This guideline identifies activation triggers and outlines procedures for triaging and placing patients in appropriate receiving facilities. This framework applies during instances when local assets require state or federal assistance to manage patient movement, including evacuation of existing healthcare facilities.

The triggers for hospital patient movement may vary for each healthcare facility based upon classification, physical location, available resources, and other factors; therefore, the decision is made by the individual facility. This framework is not intended to overrule existing Healthcare Facility Emergency Operations Plans but is designed to provide guidance when statewide activation and resources are needed, and the anticipated needs exceed what the healthcare facility and affiliated healthcare coalition can coordinate and/or provide.

Scope

This framework covers the regional and statewide hospital patient movement guidelines to include patient identification, placement, and overall coordination by the NCOEMS, as well as the expected roles and responsibilities of other state and local emergency response organizations to meet its purpose. These guidelines were created to assist healthcare facilities plan and prepare for patient movement based upon impact to their facility from an event or incident; however, the basic framework can also be applied to a community-based event or incident when a local emergency manager requests assistance with patient movement resulting in patients being placed into a hospital or healthcare facility. These guidelines are intended for use in conjunction with the NCOEMS Emergency Operations Plan, Annex D: Patient Movement, and Appendix D4 – Patient Transportation.

Definitions

- *1135 Waiver:* allows for federal waivers or modification of various requirements from section 1135 of the Social Security Act to include: Emergency Medical Treatment and Labor Act (EMTALA); screening, triage of patients at a location offsite from the hospital's campus; hospitals housing patients in units not otherwise appropriate under the Medicare Conditions of Participation; Preapproval Requirements; ability for healthcare facility(ies) to temporarily increase licensed bed capacity during a mass effect event to accommodate for a resulting influx in patients. A declaration of the Stafford Act or National Emergencies Act in addition to a public health emergency under Section 319 of the Public Health Services Act must precede state or healthcare facility request for an 1135 Waiver.
- *Decompression:* the identification and movement of admitted patients that are appropriate for discharge, downgrade, or lateral movement to another unit, to increase capacity to receive incoming patients. This is often a preparatory function of a receiving facility (as defined below).
- *De-risking:* the process by which a healthcare facility proactively relocates admitted patients in anticipation of an event that could trigger an emergent evacuation. This is often a preparatory function of a sending facility (as defined below).
- *Healthcare Facility Evacuation:* the emergent movement of admitted patients to an alternate internal or external location in response to a mass-effect event as a result of patient safety concerns.
- *Patient:* for the purpose of this framework, the term 'patient' will broadly include any person(s) who: are receiving in-patient medical care at a healthcare facility; are newly injured or ill due to an emergency incident/event or have existing medical conditions requiring the need to be moved to healthcare facility for treatment.
- *Patient Movement:* the physical relocation of a patient from one area to another to preserve their safety in anticipation of, or response to, a disaster or emergency situation where local resources have become overwhelmed and regional, state, or federal support for patient movement is required.

- *Patient Coordination Center Lead:* the incident/event-specific state-appointed healthcare facility that will help to facilitate planning and discussion amongst other pre-identified hospitals, healthcare facilities and Healthcare Coalitions (HCCs).
- *Receiving Facility* –a healthcare facility that may receive patients as part of a statewide patient movement plan activation. Note: There may be one or more receiving facilities based upon patient volume and acuity.
- *Sending Facility* – a healthcare facility that requests support to activate the statewide patient movement plan in anticipation of, or response to, a disaster that may/has impact(ed) patient care and hospital operations. Note: There may be one or more sending facilities based upon the magnitude of the impact.
- *Shelter-in-Place* – the process by which a healthcare organization hardens current infrastructure in order to provide safety and security measures for current inpatients in preparation of a potential mass effect event. This decision may be made as a result of a risk assessment which highlights that it is safer to remain in place than to relocate patients.
- *Statewide Patient Coordination Team* – a key point of contact and backup designee from each of the Transfer Center/Patient Flow Centers for the large healthcare systems in North Carolina to routinely meet and coordinate on the patient placement coordination within the state during disasters and emergency situations.
- *Transfer Center/Patient Flow Center* – the service unit within a healthcare organization that manages patient movement and flow during daily (normal) operations.
- *Triage* – the process of sorting and prioritizing patients' treatments based upon acuity.

Assumptions

- Decisions regarding when to move patients that are in a healthcare facility and who to move, are made within the hospital/healthcare system.
- 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.
- Patients are often moved via ground and air ambulance through direct facility-to-facility transfer; however, competing transport resource requests may quickly overwhelm available resources during large incidents and should be avoided during statewide activation of the Patient Movement Guideline, except under the following circumstances:
    - Emergent patient transfers (STEMI, stroke, trauma, etc.). Standard procedures should ***not*** be bypassed during an activation of the Patient Movement Guideline to ensure safety of all patients.

Triggers

The need for patient movement can originate from external or internal sources as described below:

External – An event or incident, such as a hurricane, highly infectious disease/pandemic, fire, or hazardous plume that poses a risk to a healthcare facility that could compromise infrastructure, operations, or safety of patients/staff.

Internal – An event or incident such as an explosion, fire, hazardous material release or major utility failure involving only the healthcare facility.

Note: In all scenarios, prior to the movement of patients, healthcare decision makers have made the determination that the risk of sheltering in place outweighs the risk of moving the patients to an alternate location.

Activation Framework

There is a two-tiered approach to facilitating hospital patient movement:

- **Healthcare system** – utilization of flagship entity and affiliate sites to absorb patients without state support. Some agreements or standard partnerships between hospitals/healthcare systems may allow for the movement of low acuity and/or volumes of patients to respective facilities with no or minimal involvement from state coordinated patient movement.
- **Statewide activation** – requires collaboration between NCOEMS, the health system patient flow/transfer centers, and NCEM to facilitate movement, activate emergency contracts and implement mutual aid from other states, as necessary. If statewide activation occurs, ESF8 will assign a statewide Patient Movement Supervisor to oversee and coordinate all related operations. During an anticipated event 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.

Procedure

Initiation

Incident

- An incident impacts one or more healthcare facilities (or county if no healthcare facility involved), requiring some form of patient movement into a hospital.
- The healthcare facility Emergency Manager performs an assessment and makes a recommendation for patient movement based upon internal protocols.

Notification of Incident

- Upon the decision to request activation the Patient Movement Guideline:
    - Healthcare Emergency Management (EM) alerts County EM
        - County EM will notify their respective leaders & NCEM, as appropriate.
    - Healthcare EM alerts Healthcare Preparedness Coalition
        - Healthcare Preparedness Coordinator alerts NCOEMS ESF-8 Desk
            - NC HPP Shift Duty Officer 919.855.4687
    - Healthcare EM notifies other stakeholders as identified within their respective EOPs.
    - Patient Movement Planning Form should be completed by Healthcare Facility or designee (e.g., Healthcare Preparedness Coalition lead) to begin planning for potential patient movement resources. The link for the HIPAA Compliant ReadyOp Healthcare Facility Patient Movement Planning Form will be provided to stakeholders upon activation and also be accessible on the HPP website (https://hpp.nc.gov/) under the Resources tab.
        - Key Elements needed for ReadyOp Healthcare Facility Patient Movement Planning Form:
            - Associated Healthcare Preparedness Coalition
            - Healthcare Facility Information (County, Full Name of Healthcare Facility, Name of Individual Requesting, 24/7 Contact Info)
            - Anticipated Patient Transportation Request Details (e.g., number of stretcher bound Advanced Life Support and Basic Life Support patients needing transport, number of non-ambulatory patients that could be moved via wheelchair, any patients requiring air ambulance transport)
            - Anticipated Patient Placement Bed Types (e.g., Adult, Pediatric, NICU for Medical/Surgical, OB/LND, Psychiatric, Critical: ICU, Critical: CCU, NICU/PICU etc.)

Activation Decision

- Once the request is made to NCOEMS ESF8 Lead for patient movement support a series of steps occurs to determine need for activation. Based on urgency of need to activate statewide patient movement support, step two below is considered optional.
    - Request for support from healthcare facility or impacted county.
    - Optional: Discussion with the Statewide Patient Coordination Team to determine availability of resources for placement to support request
    - Situation Report to NCOEMS ESF8 Lead for decision to activate patient movement guideline.
    - Once approved NCOEMS ESF8 lead will assign Patient Movement Supervisor and Determine Patient Coordination Center Lead

Notification of Activation

- Patient Movement Guideline activation notification
    - Healthcare System – Notification may or may not occur depending upon the scale of the incident.
    - Statewide – NCOEMS activates communication trees (ReadyOp)

Identification of Patient Coordination Center Lead

- NCOEMS will work with unaffected lead hospitals from active members in the Statewide Patient Coordination Team to determine an appropriate Patient Coordination Center Lead based upon impact and availability.
- Notification of the Patient Coordination Center Lead will be provided in the initial activation communication.

Patient Movement Coordination Activation

- NCOEMS will send activation email to NCEM SERT Emergency Services, Healthcare Coalitions, all hospital EMs & all Statewide Patient Coordination Team Members – this notification will include the Patient Coordination Center Lead, brief details of the situation, and ReadyOp Forms for patient movement.
- An email notification will be distributed through the NCHA_EMC list serve to provide the information in the activation email from NCOEMS as a method of redundant communication.

Implementation

Patient Placement

- The Patient Coordination Center Lead will facilitate the patient placement process. All Statewide Patient Coordination Team members have a facility login for ReadyOp to view the requests for patient movement and to facilitate the placement of these patients. Additionally, a coordination conference call may be held to facilitate discussion, larger planning needs, and speed of process. NCOEMS will provide a Patient Placement Coordinator to record notes and provide overall support to these coordination calls. In large scale events a Healthcare Facility Patient Placement Unit may be activated to provide direct support to the Patient Placement Coordinator. This will likely occur when patient movement processes are supporting multiple mission types (e.g., SMSS Patient Movement and Hospital Patient Movement). This unit will answer to the Patient Placement Coordinator and is responsible to complete all Hospital Patient Movement responsibilities outlined for the Patient Placement Coordinator.
- Activation of the members of the Statewide Patient Coordination Team will be via their registered phone numbers/email addresses (as maintained in ReadyOp). Each team should have at a minimum of two contacts listed.
- Initial activation may be via email/phone call/text and should include an invitation to the initial conference call.

- Initial conference call agenda:
  - Roll Call (One spokesperson per entity/system)
  - Situation Update (pertinent information about reason/need for activation and expected timelines)
    - Anticipated patient volumes and acuities
  - Rules/expectations
    - Establish meeting cadence.
    - Discuss patient inclusion criteria.
    - Discuss need for physician presence in patient transfer center for acceptance of patients.
    - Determine timeline needed for patient placement.
  - Challenges/Issues
  - Updates to process
  - Next call

- Subsequent conference call agendas (if needed):
  - Roll Call (One spokesperson per entity/system)
  - Situation Update (pertinent information about current situation)
    - Current patient volumes and acuities
    - Patient
  - Patient Placement Update
    - Total number of patient placement needs identified.
    - Total number of patients placed.
    - Total number of patients pending placement
    - Total number of patient placements remaining
  - Challenges/Issues
  - Updates to process
  - Next call

- Patients requiring placement are identified by the sending facility or facilities based upon their entity's Emergency Operations Plan and are submitted via the HIPAA Compliant ReadyOp Hospital Individual Patient Placement Request Form provided in the activation email and accessible on the HPP website (https://hpp.nc.gov/) under the Resources tab.

  - The NCOEMS Patient Placement Coordinator or designee will receive via ReadyOp the Individual Patient Placement Request Form(s). After initial review they will be marked as "Received by NCOEMS Staff."
    - For bulk upload of patients, NCOEMS can provide an excel template and instructions for secure upload into ReadyOp to reduce the burden of multiple entries. These bulk uploads will create an individual entry in ReadyOp under the Individual Patient Placement Request Form to track these requests. Please note that all patients must be ready for placement at the time the form is uploaded.
  - Upon receipt of the hospital individual patient placement requests, each transfer center will review the patients in ReadyOp to identify the appropriate placement based on current resources, specialties, and bed availability.
  - The Patient Placement Coordinator or Healthcare Facility Patient Placement Unit (if activated) will monitor ReadyOp for patients that have not been placed and ensure these are brought up for discussion during the next scheduled Patient Placement coordination call (if applicable).

Sending Facility

The sending healthcare facilities should utilize the following checklist, built upon lessons learned from previous events, to help preplan and prepare for sending patients during regional/statewide patient movement event:

- ✓ Convene stakeholders (may include the Patient Logistics/Transfer Center, Nursing House Supervisors, Operational Executives, Emergency Management, Transportation, Medical Director, Care Management, etc.) to determine all patients that need to be moved.
  - De-risking should be completed 72-96 hours before an anticipated incident (e.g., hurricane)
  - Ensure completion of Healthcare Facility Patient Movement Planning Form to inform planning factors as soon as possible.
  - Patients that are submitted to NCOEMS ESF8 for placement are considered ready for placement and transfer (e.g., the patient, family & medical care team should be aware before submission to patient transfer center if applicable)
  - Patient placement location is dependent on the receiving healthcare facility and cannot be determined by sending facility if they are requesting support for statewide patient movement.
  - Evacuation decision should be no later than 72-96 hours before an anticipated incident (e.g., hurricane) to provide time for coordination and to ensure adequate transportation assets.
  - Use of Regional or Statewide Hospital Patient Movement support for decompression should only occur after activation of a facilities internal surge plan and active steps to manage surge internally has occurred (EOC activated, decreased surgical load etc.)
  - Ensure proper waivers and regulatory notifications have been made.
- ✓ Identify facility single point of contact for receiving information on the placement and acceptance of patients through the patient movement process.
- ✓ Identify a hospital patient transportation coordinator to communicate, direct and support incoming transportation assets.
- ✓ Ensure patient chart/documentation, belongings, and specialty equipment (when applicable) are ready to depart immediately upon arrival of transportation asset.

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 and/or regular review of ReadyOp patient list:
  - Review patient list compiled in ReadyOp and identify patients that may be an appropriate placement.
  - Ensure appropriate clinicians and decision makers are present/available to assist with patient acceptance.

Transportation and Tracking:

Patient Transportation Coordinator is responsible for the notification of patient placement only if state coordinated transportation is needed. Additional information on the transportation and tracking coordination for patient movement can be found in Appendix D4 – Patient Transportation Guideline.

Demobilization

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

Patient Movement Considerations for Managing Medical Surge During Statewide Event/Impact

This patient movement guideline can be utilized to support the entire healthcare system during a large statewide event/impact due to catastrophic disaster or highly infectious disease outbreak response/pandemic to balance the medical surge and avoid overwhelming the entire healthcare system.

Key differences during this type of impact:

- Anticipate that majority/all healthcare facilities will be impacted by medical surge.
- State assigned roles may need to provide higher level of support to Patient Coordination Center Lead due to competing demands from medical surge on their facility.
- Primary goal of patient movement support will be to ensure patients are able to be cared for in most appropriate locations based on their conditions (e.g., ICU, Skilled Nursing Facilities, Alternate Care Sites etc.)
- The secondary goal of patient movement support will be to manage the medical surge needs of the entire healthcare system to optimize available space across each region and the entire state to balance the medical surge.
- Statewide collaboration, communication and cooperation will be key parts of the patient movement coordination during this type of impact to ensure the highest level of support across the entire state.
- Patient beds, appropriate staff and transportation assets will be extremely limited.
- Patients may need to be transferred from tertiary/specialty care facilities to support decompression and facilitate placement of higher acuity patients within those facilities.
- Additional facility types beyond just hospitals should be considered part of the patient movement coordination plan (e.g., Alternate Care Sites, Field Hospitals, Skilled Nursing Facilities as appropriate).
- Decision to activate hospital patient movement guideline will be based on request from Statewide Patient Coordination Team
- The timeframe for patient movement coordination may be extended due to length of the impact to healthcare system.

- Statewide patient movement coordination may be activated, and demobilized multiple times as needed throughout impact.