

APPENDIX D2:

SMSS PATIENT MOVEMENT GUIDELINE

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Purpose

The purpose of the State Medical Support Shelter (SMSS) Patient Movement Guideline is to establish a standardized framework for ESF8 SEOC and Support Cell staff to utilize upon activation of a SMSS. Staff must ensure that both the medical and transportation needs of patients are evaluated carefully when placing patients into a shelter.

Scope

This appendix covers specifics related to the movement of patients to/from the State Medical Support Shelters to include patient identification, patient placement, patient tracking, patient repatriation and overall coordination by North Carolina Office of Emergency Medical Services (NCOEMS) and Healthcare Coalitions (HCC). Additionally, it outlines the expected roles and responsibilities of other federal, state, and local organizations to ensure maximum efficiency and effectiveness during these operations. These guidelines are intended for use in conjunction with the NCOEMS Emergency Operations Plan; Annex D: Patient Movement; and Appendix D4: Patient Transportation.

Guidelines

Patient Identification: As outlined in the Patient Movement Annex, the identification of patients to be considered for placement within a State Medical Support Shelter is the responsibility of the sending entity (medical facility, county agency, state agency, or federal agency etc.). This is to ensure pertinent information to determine the appropriateness of placement is known prior to acceptance of the patient into an SMSS.

SMSS Patients can be received from various locations:

- **General Population Shelter** - Citizens arriving at a general population shelter may be triaged and found to be more appropriately served at a Medical Support Shelter. Request for placement into a SMSS from General Population Shelters should be initiated by the Healthcare Lead at the individual shelter and placed into the ReadyOp SMSS Individual Patient Placement Request Form. If telemedicine is in use at the general population shelter, then the patient may be referred directly by the physician supporting the shelter via telemedicine.
- **Healthcare Entity** – Hospitals, Long Term Care (LTC) Facilities, and other healthcare entities needing to de-risk, decompress, or evacuate, could potentially consider sending patients to a SMSS. Requests from Healthcare Entities requesting SMSS assistance should be routed through the healthcare emergency manager and placed into the ReadyOp SMSS Individual Patient Placement Request Form.
- **Home** – County entities (e.g., Social Services agencies, Emergency Management etc.) may identify individual residents in their communities who need to evacuate and require active monitoring/management. Requests for patients coming from home to be placed into the SMSS should be routed through local County Emergency Management and placed into the ReadyOp SMSS Individual Patient Placement Request Form.

The process for identifying patients appropriate for medical support shelters and those responsible for each step are outlined below.

Sending Entities (local emergency management agencies, healthcare facilities, EMS agencies, social services agencies, independent living facilities, etc.) considering the placement of patients who have or will be disrupted by the situation should evaluate individuals seeking SMSS placement based on the [Medical Support Shelter Placement Guidance](#). Entities are encouraged to have a plan ahead of an emergency on how they will identify and transport individuals that will need to be placed in a medical support shelter. County emergency managers or designees are encouraged to complete a SMSS Patient Movement Planning Form upon activation of this plan to allow NCOEMS to begin preparing to handle the necessary patients that may require placement. This form is an early planning document to help inform the need for size, number and location of medical support shelters,

potential transportation resources needed and staffing requirements. This should be completed at a minimum of 120 hours pre-land fall in the case of a potential hurricane.

1. *SMSS Patient Movement Planning Form* should be completed by the local county emergency manager, healthcare facility emergency manager or designee (e.g., county ESF8 lead or Healthcare Preparedness Coalition). A link to the form will be provided to stakeholders upon activation and is also accessible via the HPP website (<https://hpp.nc.gov/>) under the Resources tab.
 - a. Key Elements needed for ReadyOp SMSS Patient Movement Planning Form:
 - i. Name of Organization
 - ii. Associated Healthcare Preparedness Coalition
 - iii. County Contact Information (24/7 Contact Info)
 - iv. 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, number of caretakers)
2. *Identified Patients* for placement in an SMSS, upon approval by the county emergency manager or designee, the SMSS Individual Patient Placement Request Form must be entered into the HIPAA Compliant ReadyOp platform. This form is an official request to have the patient accepted and placed in the medical support shelter and officially starts the process for patient placement. For counties that need to place multiple patients, there is a bulk upload Excel template on our website at <https://hpp.nc.gov/internal-response-resources/sms-resources/> along with instructions for secure upload into ReadyOp utilizing a Bulk Patient Movement form. All patients must be ready for placement at the time the form is uploaded.
 - a. Key Elements needed for ReadyOp SMSS Individual Patient Placement Request Form:
 - i. Name of Organization (Name, County, Contact Person, Title, Phone Number)
 - ii. Patient Details (Name, Address, Phone, Patient's Date of Birth, Veteran's Status, Weight (lbs.))
 - iii. Patient Condition (Primary Diagnosis, Infectious Disease Status)
 - iv. Any specialty patient considerations:
 1. Alzheimer's/Dementia, Dialysis, Feeding Tube, IV Medications, Oxygen Dependency, Tracheostomy/Stoma, Ventilator, Wound Vac, Other
 - v. Transportation Details:
 1. Type of Transportation: Wheelchair Van - Driver Only (No Attendant), BLS - Basic EMTs (No Specialty Equipment), ALS - Paramedic (Limited Specialty Equipment), Specialty Care Transport - RN/Paramedic (Specialty Equipment), Other
 - vi. Notes/Attachments
 1. Feel free to attach any additional information you may have, such as medical history, medications, allergies, concerns about the residence, etc.

Patient Placement: NCOEMS will assign a Patient Placement Coordinator to oversee the placement of all patients into the SMSS. Depending on the size of the activation and patient movement needs there may be a specific Medical Support Shelter Unit assigned to oversee SMSS specific patient placement.

Receipt of SMSS Individual Patient Placement Request Forms

1. Monitor ReadyOp forms (Section 13 EOP), and email (OEMSSupportCell@dhhs.nc.gov) for individual patient placement request forms and bulk patient movement forms. Excel spreadsheets attached to bulk patient movement forms will need to be imported into ReadyOp to access the individual patient placement request forms inside them.
2. Mark all received patient placement request forms in ReadyOp as **"Pending"** to indicate that the form has been received. The requestor should receive confirmation that NCOEMS is working on the patient placement form within 30 minutes upon entry into ReadyOp.

Review of SMSS Individual Patient Placement Request Forms

1. Review each placement request form utilizing the SMSS Placement Guidance ([found in Appendix G2F: SMSS External Forms & Reference Documents](#)) to determine/verify that the individual(s) submitted for placement into an SMSS is appropriate. Mark incomplete requests as **"Additional Information Requested"** and follow-up with the requesting agency.
2. Consult with the assigned Medical Provider to resolve concerns or questions about the appropriateness for placement. This may require the reviewer/Medical Provider to contact the submitting organization.
3. Mark all individuals meeting the guidance for Skilled Medical Care placement as **"Accepted, Notification Pending"** within ReadyOp Patient Placement Status section and note which SMSS facility (if multiple SMSS are open) the patient has been placed into along with the date and time patient was placed.
4. Mark all individuals meeting the guidance for *Medical Support* placement (general population shelters) or *Acute Medical Emergency* (hospital) as **"Declined"** within ReadyOp Patient Placement Status section. Notes should be added to explain the reason for declination.
5. Complete an SMSS Patient Intake Report in ReadyOp for every patient accepted for SMSS placement.
 - a. Mark Current Status as **"Accepted at Shelter"** and input the patient's DHHS Patient ID, Demographics, and Emergency Contact information.
6. Monitor the SMSS Placement Dashboard in ReadyOp (Section 13 EOP)
 - a. Ensure that the Dashboard is updating properly based on the processing of patient placement requests.
 - b. Communicate with the Patient Movement Supervisor to address any Patient Placement issues/concerns.

Resolution of SMSS Individual Patient Placement Request Forms (State Coordinated Transport)

Upon notification from the Patient Placement Coordinator that state coordinated transportation is needed (requests marked **"Accepted, Notification Pending"** in ReadyOp), the Patient Transportation Coordinator will review the request and contact the submitting organization to:

1. Notify them that their patient(s) have been accepted for SMSS placement.
2. Verify their need for state-coordinated transport.
3. Collect any additional information necessary for the creation of a transportation mission (e.g., type of transport needed, time, place, point-of-contact, etc.).

Once the need for state coordinated transport and mission details have been verified, the Patient Transportation Coordinator will work to:

1. Assign available and appropriate transportation resources (dedicated or non-dedicated) to the mission.
2. Communicate mission details to the assigned resource.
3. Complete the State Coordinated Transportation Tracking Information portion of the SMSS Individual Patient Placement Request Form.
4. Send confirmation of patient placement status to the submitting organization. The confirmation should include the SMSS location, SMSS IMT contact information, Point-of-Contact, contact information, and estimated time of arrival (ETA) of state coordinated transportation resources to the established patient pick-up point.

Refer to [Appendix D4: Patient Transportation Guideline](#) for more details.