

**APPENDIX D4:**

**PATIENT TRANSPORTATION GUIDELINE**

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## Purpose

The purpose of the Patient Transportation Guideline is to set forth a standard framework for state coordinated transportation for patients during an incident that overwhelms local resources. Additionally, it will allow maximum efficiency for the movement of patients during an emergency or disaster by having a central point of coordination for all patient transportation.

## Assumptions

- EMS Resources referred to in this framework often involve private and public assets that will require reimbursement or payment for services rendered.
- All patient transportation is subject to weather conditions and safety considerations.
- In the absence of a Presidential declaration of a major disaster or emergency, there is no federal reimbursement available for costs associated with state or local patient movement activities and the responsibility for costs resulting from patient movement are primarily the obligation of the sending healthcare facility.

## Guidelines

The sending entity is ultimately responsible for providing transportation from the patient's origin to their destination (healthcare facility, medical support shelter etc.). However, it is anticipated that during a large-scale incident there will not be enough local transportation assets to complete patient movement activities without state coordinated transportation support. Early notification when transportation support is anticipated is critical to ensuring enough assets can be coordinated.

**Patient Transportation Coordinator:** The NCOEMS Support Cell will assign a Patient Transportation Coordinator to oversee all EMS resources assigned to the OEMS Support Cell. All patient transportation requiring state support from healthcare facilities and/or counties during the activation of patient movement should be coordinated through the Patient Transportation Coordinator or designee. A Job Action Sheet for this position can be found in **Appendix 6: Organization and Assignment of Responsibilities** of the Base Plan. Depending on the size of the activation a Patient Transportation Unit will be assigned under the Patient Transportation Coordinator to complete roles and responsibilities outlined below.

- Roles and Responsibilities for the Patient Transportation Coordinator include:
  - Monitors ReadyOp for Overall Transportation Needs
    - Monitor need for and availability of transportation resources for state coordinated patient movement activities.
    - Communicate with the Patient Movement Supervisor to address any Patient Transportation issues/concerns.
  - Monitors Vetted Individual Patient Movement Request Forms in ReadyOp
    - Verifies the need for State Coordinated Transport with sending entities.
    - Collects information necessary for the creation of an EMS Resource Assignment (e.g., type of transport needed, time, place, point-of-contact, etc.)
    - Assigns available Transportation Resources asset from ReadyOp.
    - Updates the Transportation Method portion of Individual Patient Placement Request forms in ReadyOp.
  - Creates EMS Resource Assignment & Tracking Forms in ReadyOp to initiate transportation missions.
    - Sets tracking details and enters patient assignment and communication information from Individual Patient Placement Request.
    - Marks form as "Assignment Pending" indicating that the mission is ready for assignment and tracking by the Tracking Unit.

**Statewide Communication Channel:** NCOEMS ESF-8 desk will request a statewide communication channel for transportation assets to utilize for direct communications between the transportation coordinator and the sending/receiving facilities and all transportation assets.

**Sending Facilities Transportation Coordinator:** Sending facilities should identify a Patient Transportation Coordinator to serve as the main point of contact at the facility to support patient transportation assets with access, direction, and coordination on site. This individual should have access to the statewide communications channel.

**Specialty Care Transport (SCT)** should be utilized to the extent possible when patient movement involves two healthcare facilities unless it is anticipated that there will not be enough SCT resources to manage all the patient movements in a timely manner. Resource allocation decisions should be made based on the individual patient transfer request forms as determined by the patient transportation coordination team. Ideal hierarchy of available resources is outlined below:

- Sending facility Specialty Care Transport entities should be utilized first when available in an acceptable timeframe to complete patient transport to receiving facilities.
- Receiving facility Specialty Care Transport entities should be utilized second when available in an acceptable timeframe to complete patient transport from sending facilities.
- Any available Specialty Care Transport entity should be utilized third when available in an acceptable timeframe to complete patient transport between sending/receiving facilities.
- Non-Emergency Transportation entity should be utilized fourth when available in an acceptable timeframe to complete patient transport between sending/receiving facilities.
- 911 EMS System assets should only be utilized when no additional transportation resources are available in an acceptable timeframe to complete patient transport between sending/receiving facilities.

**911 EMS System** assets should be utilized when patient movement is from a non-healthcare facility (such as a scene or large-scale community incident). Ambulance Buses are also commonly utilized as an effective way to move patients during an emergency or disaster. This can include healthcare facility transport (as outlined above) and medical support shelter transportations.

**Dedicated Transportation Assets** When transportation assets have been obtained specifically for the incident, (Emergency Transportation Contracts, Local EMS Resources, Emergency Management Assistance Compact (EMAC), Federal Ambulance Contracts etc.) as commonly seen during an anticipated activation, these assets should be used first and foremost to decrease the impact on the daily operational assets. The available transportation asset(s) will be updated and monitored in ReadyOp Transportation Resources Status Board to ensure visibility of available assets throughout the activation.

**Non-Dedicated Transportation Assets:** Are assets that cannot agree to being utilized specifically for the incident (911 resources, Non-Emergency Transportation Units etc.) but are available to run one specific mission to help with patient movement. Non-dedicated transportation assets will require approval through WEBEOC as they have not been previously approved in most cases. This can be done by number of missions being requested or by transportation entity as one request in WEBEOC. The non-dedicated transportation asset(s) will be updated and monitored in ReadyOp Transportation Resources Status Board during each mission available.

**Patient Tracking** The patient tracking unit is responsible for ensuring that all patient movement activities are tracked. The primary location for this tracking is in the EMS Resource Assignment & Tracking form in ReadyOp. The patient tracking unit picks up the tracking process when the form shows “Assignment Pending.”

- The Tracking Unit is responsible for notifying the assigned EMS Resource via Radio/Phone that they have been assigned a mission and provide the details of the mission.
- The EMS Resource Assignment & Tracking form with associated URL is emailed to the assigned EMS Resource to provide written confirmation of mission assignment and for completion of status changes during mission assignment.
- The EMS Resource Assignment & Tracking form is updated under the Resource Status to “Assigned.”
- Upon finishing the assignment, the EMS Resource should notify the patient tracking unit via phone/radio to confirm their status.
- Once mission is complete the tracking unit updates three forms:
  - Individual Patient Placement Form
    - Mark State Coordinated Transport Complete
  - Transportation Resources Form
    - Update unit status (Available, Out of Service, Demob etc.)
  - EMS Resource Assignment and Tracking Form
    - Change Status to Completed
    - Archive Completed Entry

**Anticipating Resources** It is important to anticipate when/if additional resources may be required for ongoing patient movement activities. This can be driven by the patient movement planning forms and/or awareness of patients in healthcare facilities or medical support shelters that will need repatriation. Identifying additional resources and receiving them in staging can take 24-72 hours depending on where the resources are coming from so the earlier this can be anticipated and requested the more successful the patient movement operation.

**Repatriation** When patient repatriation transport support is requested from an original sending entity the following considerations should be considered.

**Repatriation Resource Planning Factor:** Estimates for the number of transportation resources needed to support repatriation operations from a location (e.g. SMSS, MDH, hospital, etc.) should be based on the percentage of patients at those facilities for which NCOEMS patient movement resources were used to transport them there. For example, NCOEMS patient movement resources were used to transport 20 of 100 patients sheltered at an SMSS, or 20%. The number of patients that may need repatriation can be estimated to be 20% of the patient census.

**Transportation Support for Repatriation Operations:** Repatriation requests requiring state-assisted transport from a county, healthcare facility, or ESF8 operational area (SMSS/MDH) will be routed to and managed by the NCOEMS ESF8 unit most appropriate to the situation.

- ESF8 Desk: All healthcare facility repatriation missions. If the number of missions exceeds bandwidth of the desk, then the support cell can be activated to support.
- SMSS IMT: Repatriation missions involving SMSS patients.
- MDH IMT: Repatriation missions involving MDH patients.

Regardless of the type of request for repatriation, the management of these requests by the responsible NCOEMS ESF8 unit will closely follow established patient movement processes but include the update of repatriation-specific sections of patient movement forms in ReadyOp to effectively manage the process from request to mission close-out.