NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

ANNEX D

PATIENT MOVEMENT CONCEPT OF OPERATIONS

MAY 2024

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Purpose

The purpose of the North Carolina Patient Movement Annex is to establish a concept of operations (ConOps) for patient movement that incorporates lessons learned from real events. This annex is comprised of regional and statewide patient movement guidelines to include patient identification, patient placement, patient transportation, patient tracking, patient repatriation, and the overall operational coordination by NCOEMS and Healthcare Coalitions (HCC). Additionally, the ConOps outlines the expected roles and responsibilities of other state and local emergency response organizations to ensure maximum effectiveness and efficiency. This annex addresses the ability to triage and place patients into appropriate receiving healthcare facilities (e.g., alternate care sites and medical support shelters) and develops a structure for the coordination for the transportation of patients to their destinations during a statewide emergency activation.

Situation and Assumptions

During emergencies and disasters, circumstances can occur where state support is required to move patients. Primarily this is due to local assets and/or healthcare facilities being overwhelmed and therefore unable to provide their usual level of service. In this situation, it is anticipated that state or federal assistance to manage patient movement, including the evacuation of existing healthcare facilities, will be required. The following assumptions were made during the development of this plan:

- This annex is intended for use in conjunction with the NCOEMS Emergency Operations Plan.
- North Carolina Office of Emergency Medical Services (NCOEMS) is the lead agency for Disaster Medical Services and is responsible for the maintenance, planning, coordination, and execution of the Patient Movement Annex.
- All county partners, healthcare systems and facilities should maintain their own primary and backup patient movement/evacuation plans and only request support from the state when they become overwhelmed and need additional resources or support.
- Patient movement operations are slow moving and access to resources may be delayed. Ample notice and early warning are necessary to provide time to support patient movement operations.
- The concept of operations outlined in this plan can be used for all types of state supported patient movement scenarios regardless of the examples provided in this plan.
- 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 transported. 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 are 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 entity.

Concept of Operations

Activation

The ESF8 Lead has the authority to activate this plan in consultation with North Carolina Emergency Management. This decision is informed by information shared by local and regional partners when there is an immediate or anticipated need to move patients beyond what the local resources can manage.

This plan may be activated prior to or during any event where there is an anticipated need for state coordinated support to move patients. Different guidelines for the movement of patients exist depending on the originating location and/or destination of the patients (refer to specific appendices for specific guidelines).

Notification

Upon activation of this plan, the ESF8 Lead, or designee is responsible to ensure notification to all State Medical Response System partners and North Carolina Department of Health & Human Services (NC DHHS) leadership. This notification will include links to submit all required planning documents, individual patient movement request forms, and the instructions on how to start the process. Additionally, instructions for how to do a bulk upload of patients and the necessary template will be sent in this same notification.

If the evacuation is expected to impact other states and/or state transportation resources are anticipated to be overwhelmed, the HHS Region IV Unified Planning Coalition (UPC) and Administration of Strategic of Preparedness and Response Regional Emergency Coordinators (RECs) should be notified in anticipation of Emergency Management Assistance Compact and/or Federal resource requests.

Patient Movement Concepts

The need for patient movement can be 'anticipated' or 'unexpected', as described below:

Anticipated – greater than 48 hours to expected impact, allowing time to deliberately plan, identify, triage and link patients with appropriate facilities, including but not limited to:

- Hurricanes
- Highly Infectious Disease/Pandemic
- Significant snow or ice storms
- Storm Surges and Flooding

Unexpected - the risk to life safety with immediate needs to relocate patients to an alternate facility, including but not limited to:

- Power loss in the absence of a functioning generator
- Tornado with direct impact
- Other compromised infrastructure with significant impacts anticipated within 24 hours or less.

Hospital Evacuation Patient Movement: Hospital evacuations should be considered a last resort when all other response options, such as sheltering-in-place, lateral/vertical movement within the facility, and providing additional resource or staff support, are exhausted or deemed insufficient. Hospitals are required to have their own primary and secondary plans for facility evacuation in case of an emergency or disaster. Sending facilities should be prepared to send staff, equipment and supplies with the patients when considering an emergency evacuation. During certain medical surge events an alternate care site (e.g., field hospital or medical support shelter) may be opened to help manage the surge of patients within the healthcare system. During this type of incident, it is anticipated that the alternate care site will be treated like any other hospital for the purposes of patient movement. **Refer to Appendix D1: Hospital Patient Movement Guidelines** for more details on how this type of patient movement will be coordinated.

State Medical Support Shelter Patient Movement: During major emergencies or disasters, State Medical Support Shelters (SMSS) may be activated to accommodate individuals that are evacuating and require specialized healthcare attention due to a disruption in their community healthcare support. Patient movement in this circumstance usually involves individuals coming from their homes to a SMSS or returning to their homes from a SMSS. **Refer to Appendix D2: State Medical Support Shelter Patient Movement Guidelines** for more details on how this type of patient movement will be coordinated.

Federal Coordinating Centers: As part of the National Disaster Medical System (NDMS) Federal Coordinating Centers (FCC) and Patient Reception Sites may be activated to provide medical care from another state or a federal medical response when the medical care capability in that area has been overwhelmed. FCC activation is a coordinated response between NCEM, NC DHHS, Veterans Affairs Medical Center (VAMC) and ASPR. Patient movement required during a Federal Coordinating Center (FCC) activation will follow a similar framework as a hospital evacuation, but additional nuances can be found in the **Appendix D3: FCC Patient Movement Guidelines**.

Transportation: A key part of patient movement is the coordination and oversight of transporting patients safely and efficiently from origin to destination. The ability to maximize the use of available resources and coordinate potentially scarce assets is key to successful patient movement. Refer to **Appendix D4: Patient Movement Transportation Guidelines** for more details on how the patient transportation process will be coordinated.

Patient Movement Roles

Patient Movement Supervisor:

Upon decision to activate the patient movement annex, the ESF8 lead, or designee will assign an NCOEMS staff member to the role of Patient Movement Supervisor as part of the NCOEMS support cell. The Patient Movement Supervisor has oversight and responsibility for all ESF8 operations that involve patient movement activities that include Patient Identification, Placement, Transportation and Tracking (e.g., healthcare facility evacuations, medical support shelter, FCC operations etc.) and can request to add or detract personnel to support the operations as the needs change. This position reports to the Support Cell Coordinator and is responsible for providing all patient movement information for Support Cell Situation Reports when requested by the ESF8 Lead. If this is the only position that is activated, then this individual must ensure all responsibilities outlined in this annex are completed. A Job Action Sheet for this position can be found in **Appendix 6: Organization and Assignment of Responsibilities** of the Base Plan.

Patient Placement Coordinator:

The patient placement coordinator is responsible for supporting the Patient Movement Supervisor and Healthcare Facility Patient Placement Unit (if active). This position is expected to be aware of the total number of patients that need placement, location of patients needing placement, type of patients needing placement and the total number of patients that have been placed. A Job Action Sheet for this position can be found in **Appendix 6: Organization and Assignment of Responsibilities** of the Base Plan.

Healthcare Facility Patient Placement Unit:

This unit, if activated, is responsible to lead the Statewide Patient Coordination Team and support the Patient Coordination Center Lead when patient movement involves placement into healthcare facilities (e.g., during hospital evacuations) and to receive the individual patient placement forms. For more details, see **Appendix D1: Hospital Patient Movement Guideline.**

Medical Support Shelter Patient Placement Unit: This unit is responsible for reviewing, vetting, and approving individual patient placement requests for Medical Support Shelters. For more details, see **Appendix D2: State Medical Support Shelter Patient Movement.**

Patient Transportation Coordinator:

The Patient Transportation Coordinator is responsible for supporting the Patient Movement Supervisor and overseeing all patient movement transportation assets (e.g., Ambulance Strike Teams, Ambulance Buses, Transport resources etc.). This position is responsible for advising ESF8 leadership on the type and quantity of

patient movement assets that need to be activated, providing details on number of assets currently deployed and maintaining awareness of assets available for deployment. Additional details on responsibilities are outlined in **Appendix D4: Patient Transportation Guideline** and in the Job Action Sheet for this position in **Appendix 6: Organization and Assignment of Responsibilities** of the Base Plan.

Transportation Unit:

This unit is responsible for reviewing, vetting and approving patient transportation requests for all patients that need to be moved as part of the ESF8 coordinated patient movement annex. This unit is also responsible for actual deployment of transportation assets and coordinating closely with the tracking unit. Additional details on responsibilities are outlined in **Appendix D4: Patient Transportation Guideline**.

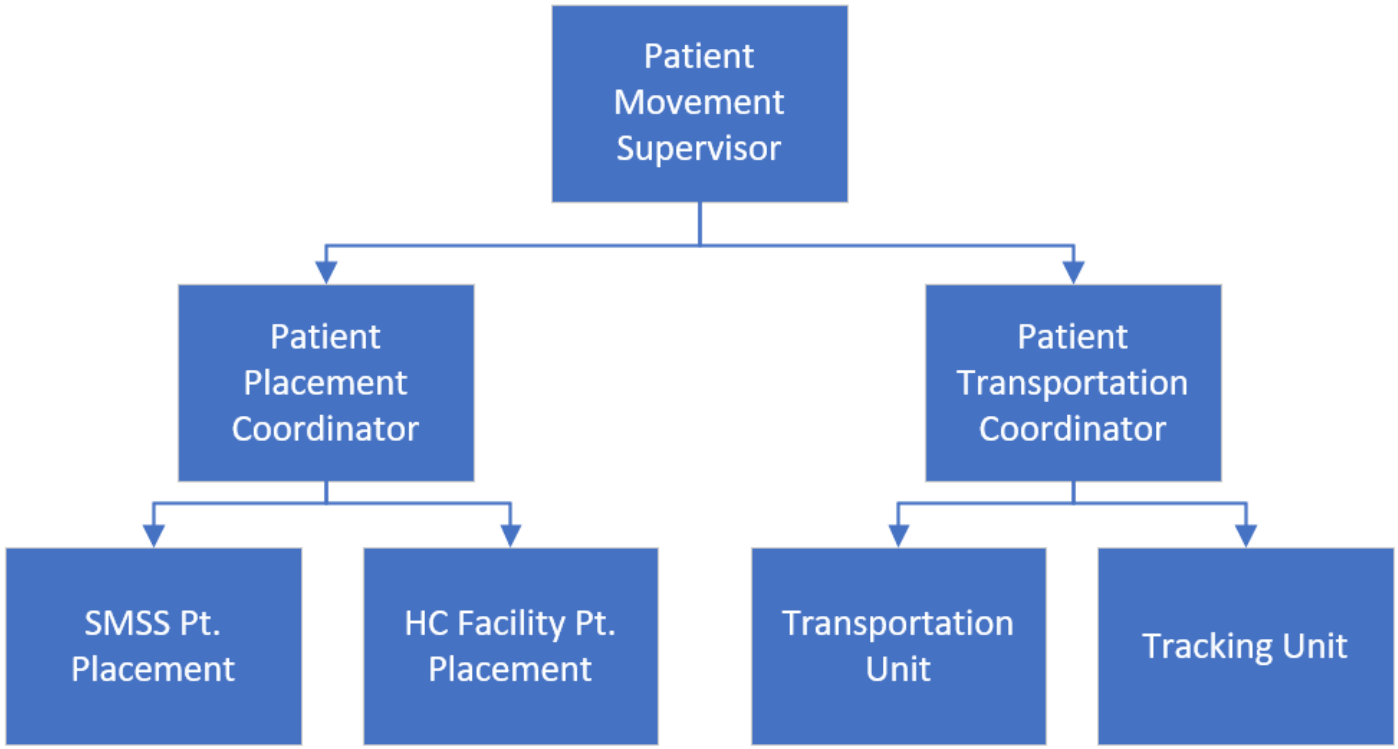
Tracking Unit:

This unit is responsible for ensuring that all patient movement activities are tracked from initial request for movement until final destination. Additional details on responsibilities are outlined in **Appendix D4: Patient Transportation Guideline**.

Medical Provider:

NCOEMS will ensure that at least one of the positions supporting the patient movement operations is a medical provider (Paramedic, Advanced Practice Provider, or Physician) to field any questions from non-clinical support roles regarding patient acceptance and placement. If the assigned medical provider is unable to determine patient placement, then the ESF8 lead should be consulted for further direction and engagement with the clinical advisor.

Figure 1.1: Patient Movement Organization Chart



Patient Movement Responsibilities

Patient Identification:

Patient identification is the responsibility of the sending entity (medical facility, county agency, state agency, or federal agency etc.) as they have the information necessary to ensure safe decisions are made on the movement of the patient(s). The NCOEMS has an established process to request additional state support for patient movement. This process starts by submitting the required planning form(s), which will aid in identifying the potential number of patients needing to be moved, potential number of transportation assets required, and placement capability needed to support the overall mission. Additionally, individual patient placement request forms will be required once the patients are ready to be moved to provide details on the patient, their medical condition, demographics, and other pertinent details as outlined in each specific patient movement appendix. This information will be shared during HCC coordination calls and links to the patient placement request forms will be emailed to stakeholders upon activation. These forms will also be accessible on the HPP website (https://hpp.nc.gov/) under the Resources tab.

Patient Placement:

Patient placement is the responsibility of the NCOEMS staff member assigned to the role of Patient Placement Coordinator in coordination with the receiving facilities (e.g., hospital, medical support shelter, etc.). The main goal of the patient placement process is to ensure that individuals are moved to the most appropriate receiving location based on the information available about their medical situation. Depending on the size of the activation a Healthcare Facility Placement Unit and/or a Medical Support Shelter Placement Unit may be assigned under the Patient Placement Coordinator to complete these responsibilities. Specific details on the patient placement options are available within each specific patient movement appendix.

Patient Transportation:

Patient transportation is the responsibility of the sending entity (medical facility, county agency, state agency, or federal agency etc.). During large-scale events, transportation resources may be limited, and sending entities may need to request state support for the coordination of additional assets to fulfill the mission. Once the patient movement plan has been activated, the coordination of the state patient transportation assets is the responsibility of the NCOEMS to activate, deploy and track to ensure maximum efficiency and effectiveness in completing the patient movement mission. To accomplish this task, NCOEMS Support Cell Coordinator will assign a Patient Transportation Coordinator to oversee all patient transportation activities. All transportation coordination and assets assigned to patient movement will be assigned under this position to maintain consistency across multiple operational sites. Additional details on the patient transportation plan are available in **Appendix D4: Patient Transportation Guideline**.

Patient Tracking:

Patient tracking is the responsibility of the NCOEMS and involves ensuring that all patients being moved as part of this annex are tracked from their originating location to their final destination. Accurate patient tracking is incredibly important as a patient's final destination is likely not known when they originally enter the patient movement process. Ensuring that all patients are tracked from when they originally entered the process to their final destination and the timeline for this process should be a top priority through the patient movement process. Depending on the size of the activation a Tracking Unit may be assigned under the Patient Transportation Coordinator to complete these responsibilities. A patient tracking system will range from pen and paper to technology-based tracking systems (such as ReadyOp). Additional details on patient tracking are available within **Appendix D4: Patient Transportation Guideline**.

Patient Repatriation:

The repatriation of patients is the process of moving patients displaced by disasters back to their homes or to other locations (healthcare facilities, temporary housing, etc.) after the initial danger caused by the disaster has passed. The management of this process is the responsibility of the agency or facility originally responsible for moving the patient from their home or other location, referred to in this plan as Original Sending Entities. These typically include hospitals/healthcare facilities, and county, state, or federal

agencies. Like transportation support for patient movement, Original Sending Entities may request transportation support from NCOEMS to assist them in meeting their repatriation responsibilities. However, assistance from NCOEMS for patient repatriation is limited in the following ways:

- A State of Emergency must be in effect.
- Patients can only be transported with state supported assets for one trip within the state of North Carolina (e.g., from Medical Support Shelter to their home).
- Patients can only be transported **from** state-supported medical shelters, medical facilities (e.g. SMSS and MDH) and healthcare facilities **to** home, other healthcare facilities, or other appropriate locations (e.g. local shelters, temporary housing, etc.).

When transportation support for repatriation is requested, it is expected that Original Sending Entities will:

- Communicate to NCOEMS their intentions to repatriate patients as soon as appropriate conditions exist to do so.
- Provide information to NCOEMS staff confirming that the location patients will be repatriated to is safe and appropriate to meet the medical needs of the patient.
- Provide information to NCOEMS necessary for the coordination and tracking of the repatriation process.

When transportation support for repatriation is received, it is expected that NCOEMS staff assigned to the ESF8 unit appropriate to the situation (ESF8 Desk, SMSS IMT, MDH IMT) will assist Original Sending Entities with the coordination of transportation of their patients within the limitations discussed in this plan and the guidelines provided in **Appendix D4: Patient Transportation Guideline**.

Operational coordination: The responsibility for the operational coordination for all State Medical Response System patient movement activities is the responsibility of the NCOEMS. This includes the decision to activate the plan, notification of the partners and leadership entities, assigning staff to appropriate roles and overseeing each step and process for the movement of patients from originating location to destination.

Deactivation: The decision to deactivate the state coordinated patient movement process is up to the ESF8 lead in discussions with NCEM along with state and local entities. There may be a period during a major event, such as a hurricane, when the patient movement process will need to be temporarily deactivated for safety purposes and then reactivated once it has been deemed safe to do so. The deactivation decision, including temporary deactivation decisions, should be shared with the same parties that were notified at the start of the patient movement process and shared widely so all partners are aware. Key decision points to utilize when considering deactivation is primarily based on the point in the activation when the majority of patients have been repatriated and/or the ability to place and/or transport patients through normal processes has returned.

Figure 1.2: Patient Movement Flow Chart – Unexpected Incident

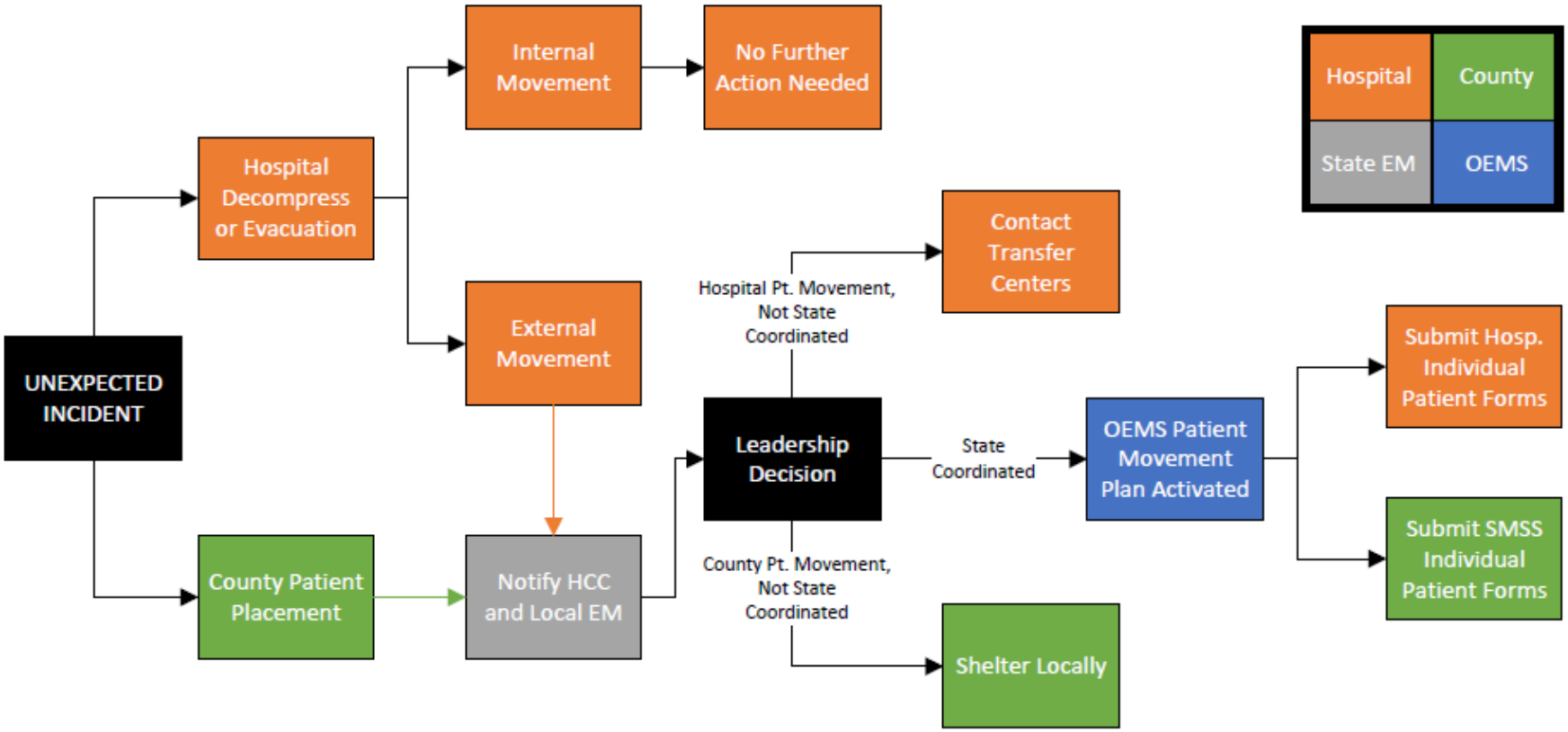
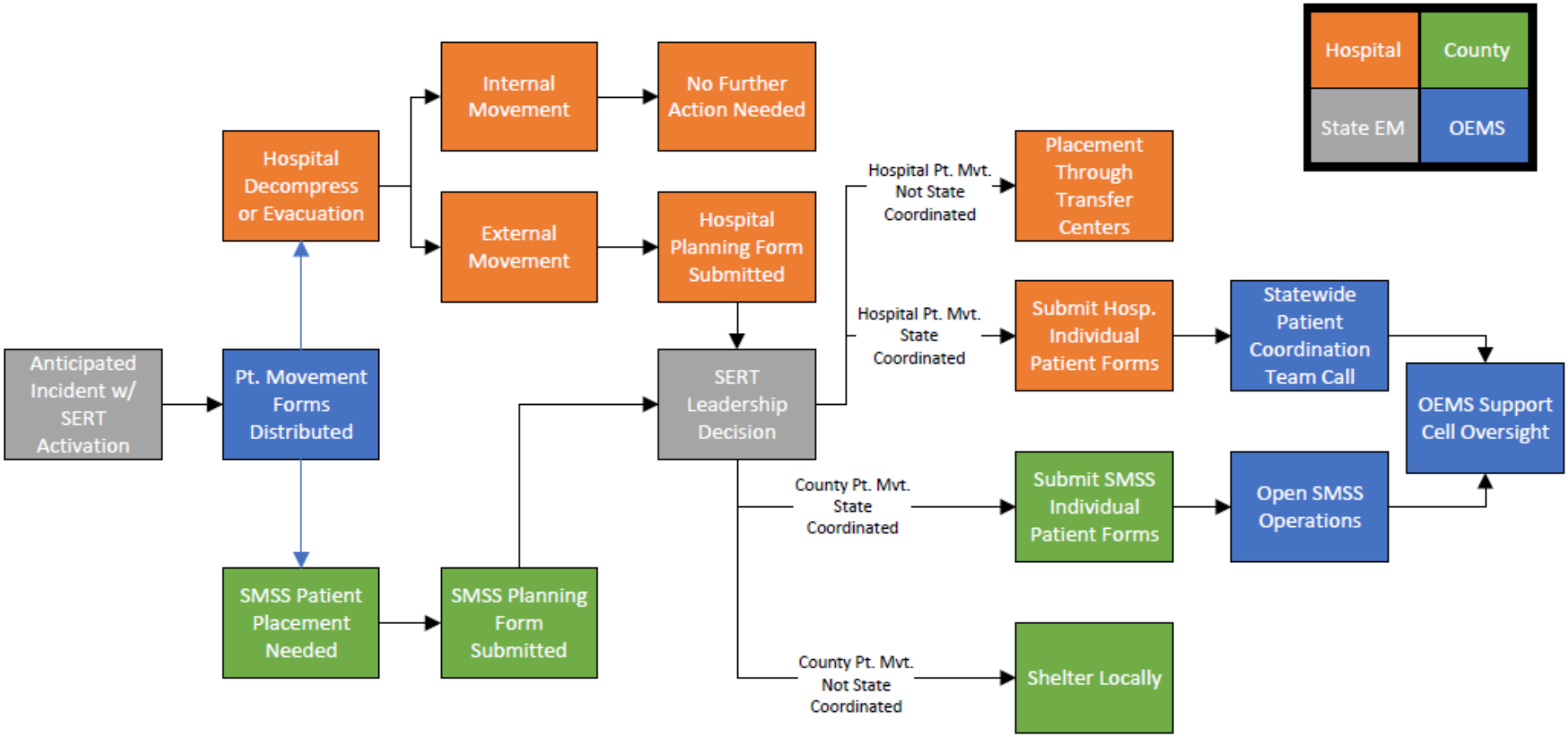


Figure 1.3: Patient Movement Flow Chart – Anticipated Incident



NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

APPENDIX D1:

HOSPITAL PATIENT MOVEMENT GUIDELINES

MARCH 2023

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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.

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

APPENDIX D2:

SMSS PATIENT MOVEMENT GUIDELINE

SEPTEMBER 2023

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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 Patent 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/smss-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.

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

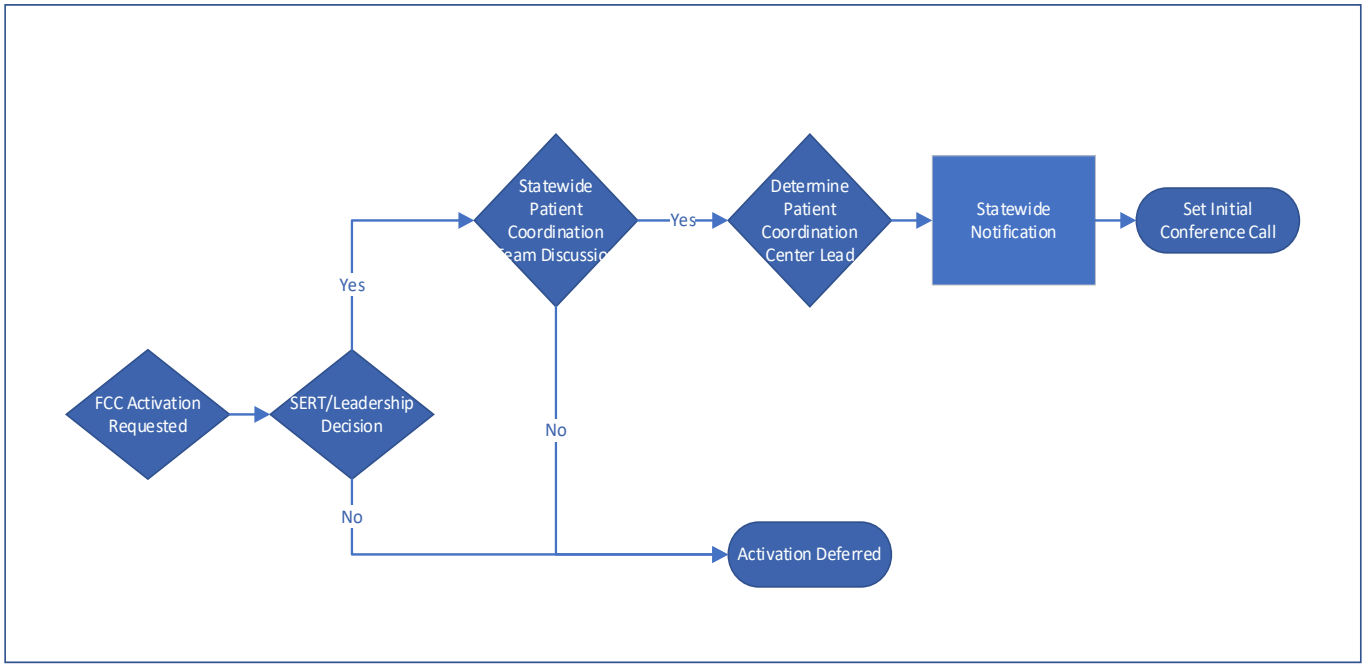
- An incident or event impacts an area outside of North Carolina necessitating the need for patients to be evacuated from that state or territory.
- The Veterans Affairs Area Emergency Manager (VA AEM) requests activation of a North Carolina Federal Coordination Center to the NC ESF8 Shift Duty Officer 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.
  -

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

APPENDIX D4:

PATIENT TRANSPORTATION GUIDELINE

MAY 2024

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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.