



North Carolina’s ESF8 Statewide Patient Movement Hospital Support Guide



Background: The North Carolina Office of Emergency Medical Services (NCOEMS) has the responsibility to coordinate emergency mass patient movement during a disaster as part of the Emergency Support Function (ESF) 8 for the NC State Emergency Response Team (NC SERT). Healthcare facility patient movement is coordinated with the Statewide Patient Coordination team. This team includes representatives of the transfer centers from the large health systems.

Goal: Increased efficiency for patient movement when **additional support** is needed for hospital evacuation/derisking from anticipated or unexpected incidents.

Purpose: To assist in the coordination for the transfer of patients that need to be moved from a hospital due to an incident that has impacted the ability to care for those patients.

Incident Types:

1. Anticipated: Incident that is expected to occur **greater than 24 hours’ notice**, allowing time to deliberately plan, identify, triage and link patients with appropriate facilities (e.g., Hurricane, Highly Infectious Disease/Pandemic, Flooding).
2. Unexpected: Incident that occurs with **less than 24 hours’ notice**, allowing minimal to no time to deliberately plan, identify, triage and link patients with appropriate facilities (e.g., Fire, Tornado, Loss of Power without functioning generator).

Patient Movement Criteria:

Criteria that **do not** meet statewide patient movement coordination:

1. Time sensitive illness or injury (Trauma, Strokes, STEMIs, EMTALA, etc.) – this is an MD determination

Criteria that **do** meet potential statewide patient movement coordination:

1. Hospital has started a derisking or evacuation process with their primary plan and has run short of resources or is having difficulty placing all their patients.
2. Potential or real impact to multiple hospitals requiring assistance.
3. Emergent situation resulting in need for patients to be moved rapidly with statewide support.
4. Other needs on a case-by-case basis.

Process:



➤ Notify:

- Hospital makes local emergency manager and healthcare coalition aware of consideration/need for patient movement support.



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- Requests for support should occur as soon as possible but at least 96 hours prior to anticipated impact when possible.
- Planning Form Completion:
 - Hospital completes a Patient Movement Planning Form to indicate potential number of patients needing movement and potential types of patients. If the situation is **unexpected** and evacuation needs to occur immediately, patient movement should begin and in lieu of the planning form, a call should be placed to the Healthcare Coalition for additional support.
- Activation Decision:
 - The request to support statewide patient movement coordination is reviewed by the ESF8 Lead in conjunction with DHHS Leadership & NCEM Leadership and in consultation with the statewide patient coordination team.
- Patient Placement
 - Sending facility submits information on each individual patient by completing the individual patient placement form or the bulk patient upload process. Patients should be informed, prepared, and ready for patient movement to any hospital upon submission. Details and links for this process can be found on our website.
 - Patient forms are reviewed for placement by ESF8 staff along with the statewide patient coordination team.
 - This form is **NOT** meant for critical time sensitive needs (STEMI, Stroke, Trauma, EMTALA etc.) please follow normal processes for time sensitive patients.
 - Accepting facilities will contact sending facility once patient is placed.
 - Sending facilities should be prepared to repatriate the patient once stabilized and is within the capability of the facility.
 - Process can be shut down at any point based on the statewide patient coordination team recommendation, severe weather conditions or ESF8 Lead recommendation.
- Patient Transportation:
 - Coordination of transportation should primarily be provided by the sending facility. If hospitals are unable to arrange transportation resources (Specialty Care Transport, Contract Entities, County/Regional resources), then ESF8 will **attempt** to coordinate transportation assets.
 - Sending and Receiving Hospitals are encouraged to assign a transportation officer that can communicate directly with the ESF8 Transportation Coordinator on when the patients are enroute to the receiving hospital and arrived at hospital.

Additional Questions can be directed to your Regional Healthcare Coalition or to the ESF8 Support Cell Patient Movement Unit (OEMSPatientMovement@dhhs.nc.gov).

The most updated patient movement forms and documents can be found at <https://hpp.nc.gov/> under Resources, in the Internal Response Resource section, password required.