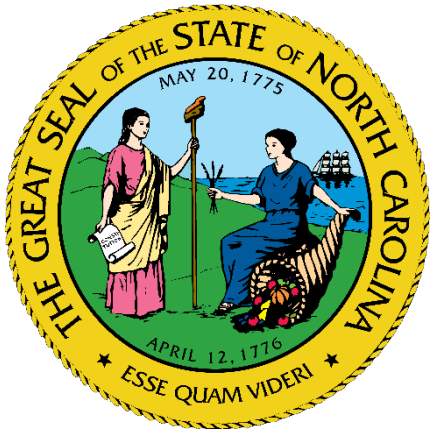


Hospital Patient Movement Support Guide

NC Office of Emergency Medical Services
Healthcare Preparedness Program

Background

- As defined in the State Emergency Operations Plan, NCOEMS has the responsibility to coordinate “Emergency Mass Patient Movement” during a disaster
- Process includes participation from the Statewide Patient Coordination Team – comprised of representatives from the transfer centers at the large health systems

Guidelines

- Patient movement process NOT designed for time sensitive needs
  - STEMI, Stroke, Trauma, EMTALA
- Patients must be informed and consent

Guidelines

Criteria that do meet potential statewide patient movement coordination:

- 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.
- Potential or real impact to multiple hospitals requiring assistance.

Guidelines

Criteria that do meet potential statewide patient movement coordination:

- Emergent situation resulting in need for patients to be moved rapidly with statewide support.
- Other needs on a case-by-case basis.

Types of Patient Movement

- 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.
- De-risking: the process by which a healthcare facility proactively relocates admitted patients in anticipation of an incident that could trigger an emergent evacuation.
- 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. Allows for option of ED Closure

General Process

- Notify
- Planning Form
- Activation Decision
- Patient Placement
- Patient Transportation

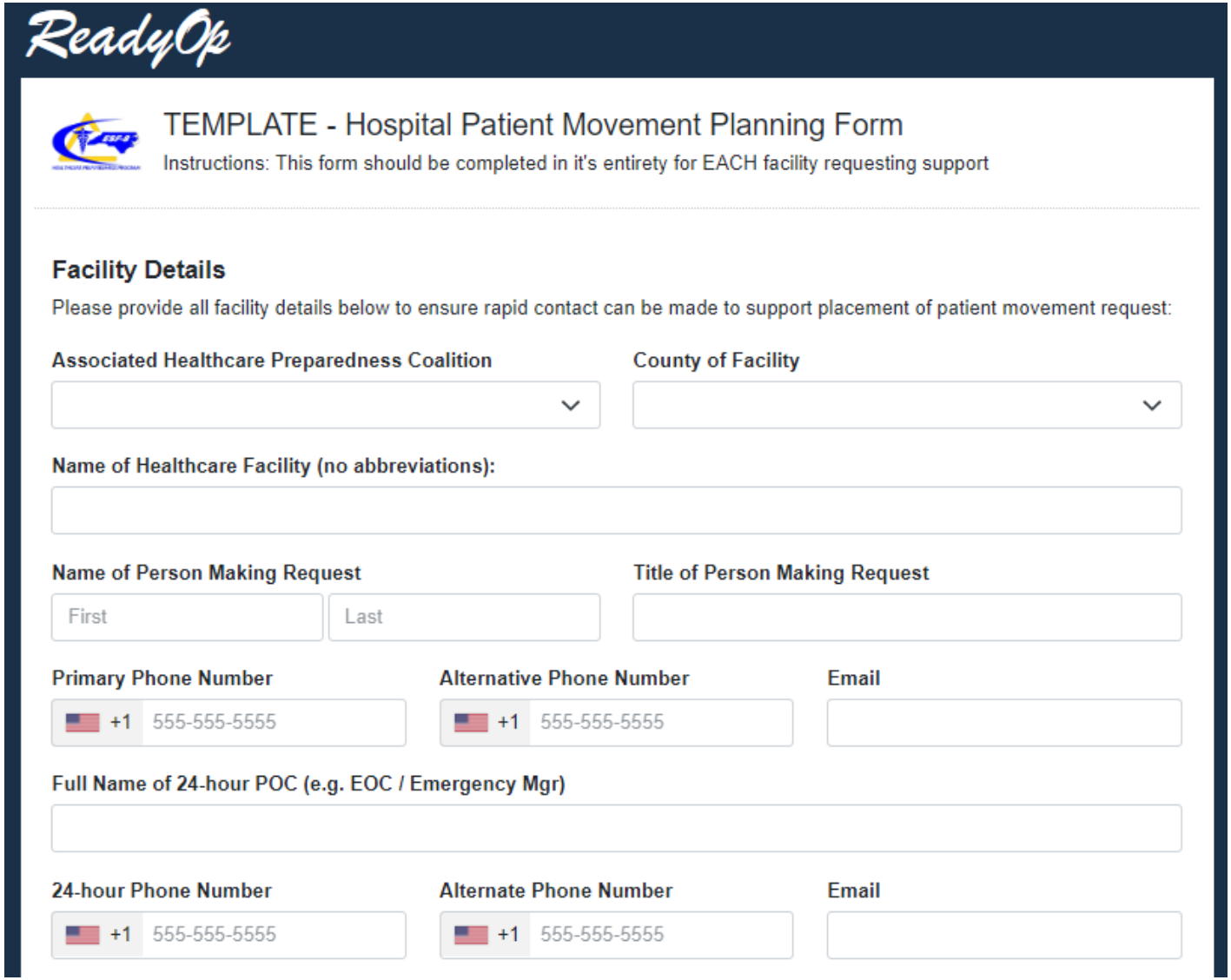
Notification

- Requestor notifies local Emergency Management
  - Local EM to Regional EM to State EM to NCOEMS/ESF-8
- Requestor notifies local Healthcare Coalition
  - HCC to Local EM and NCOEMS/ESF-8

Planning Forms

- Basic information about number/anticipated number of patients to guide decision making process
  - Name of Facility/County
  - Primary Contact Information
  - Estimated Number of Patients
    - Breakdown of patient type requested for Healthcare Facilities (ICU, Med Surge, Etc.)
  - Potential Transportation Needs
    - (Specialty Care Transport, ALS/BLS, Wheelchair Van, etc.)

Planning Forms



ReadyOp

TEMPLATE - Hospital Patient Movement Planning Form

Instructions: This form should be completed in it's entirety for EACH facility requesting support

Facility Details

Please provide all facility details below to ensure rapid contact can be made to support placement of patient movement request:

Associated Healthcare Preparedness Coalition

County of Facility

Name of Healthcare Facility (no abbreviations):

Name of Person Making Request

First

Last

Title of Person Making Request

Primary Phone Number

+1 555-555-5555

Alternative Phone Number

+1 555-555-5555

Email

Full Name of 24-hour POC (e.g. EOC / Emergency Mgr)

24-hour Phone Number

+1 555-555-5555

Alternate Phone Number

+1 555-555-5555

Email

Planning Forms

Patient Transportation Request Details:

GROUND TRANSPORTATION REQUESTS:

Number of stretcher patients needing ALS transport:

Provide numerical value to indicate # of patients

Number of stretcher patients needing BLS transport:

Provide numerical value to indicate # of patients

Number of non-ambulatory patients that may need a wheelchair but do not require stretcher

Provide numerical value to indicate # of patients

AIR AMBULANCE TRANSPORTATION REQUESTS:

Number of ADULT patients requiring transportation by Air:

Provide numerical value to indicate # of patients

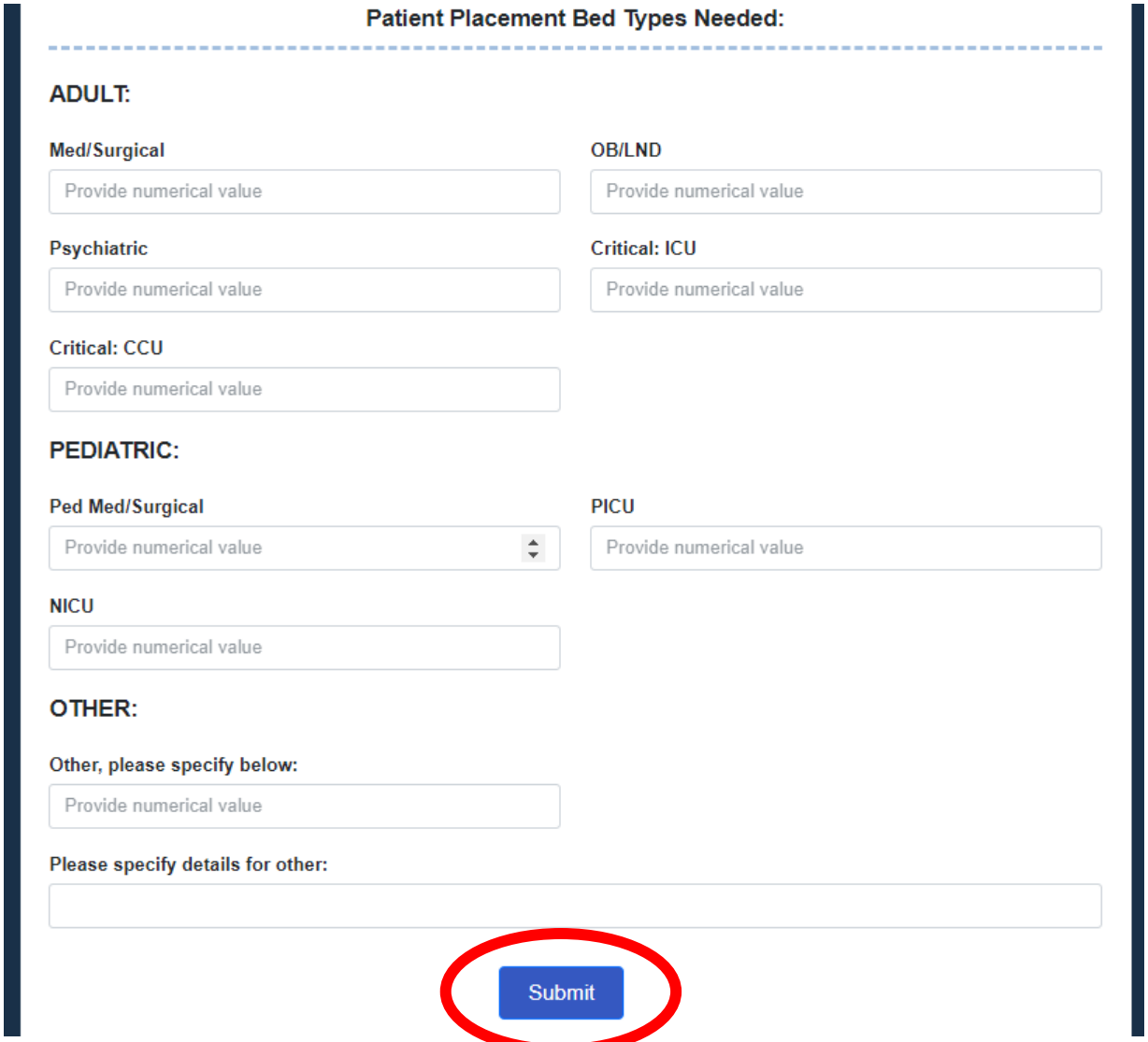
Number of PEDIATRIC patients requiring AIR transportation:

Provide numerical value to indicate # of patients

Number of NEONATE patients requiring AIR transportation:

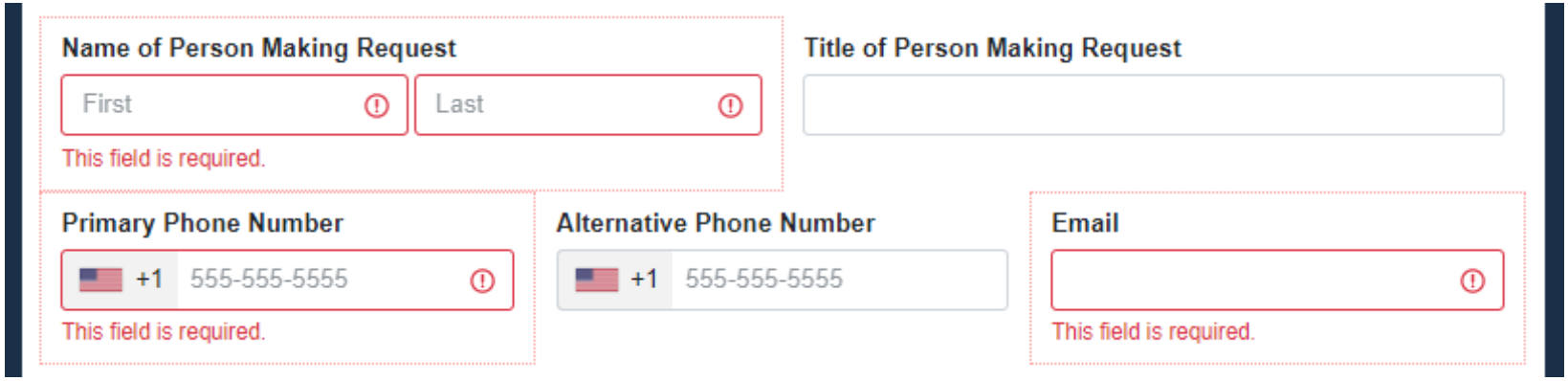
Provide numerical value to indicate # of patients

Planning Forms



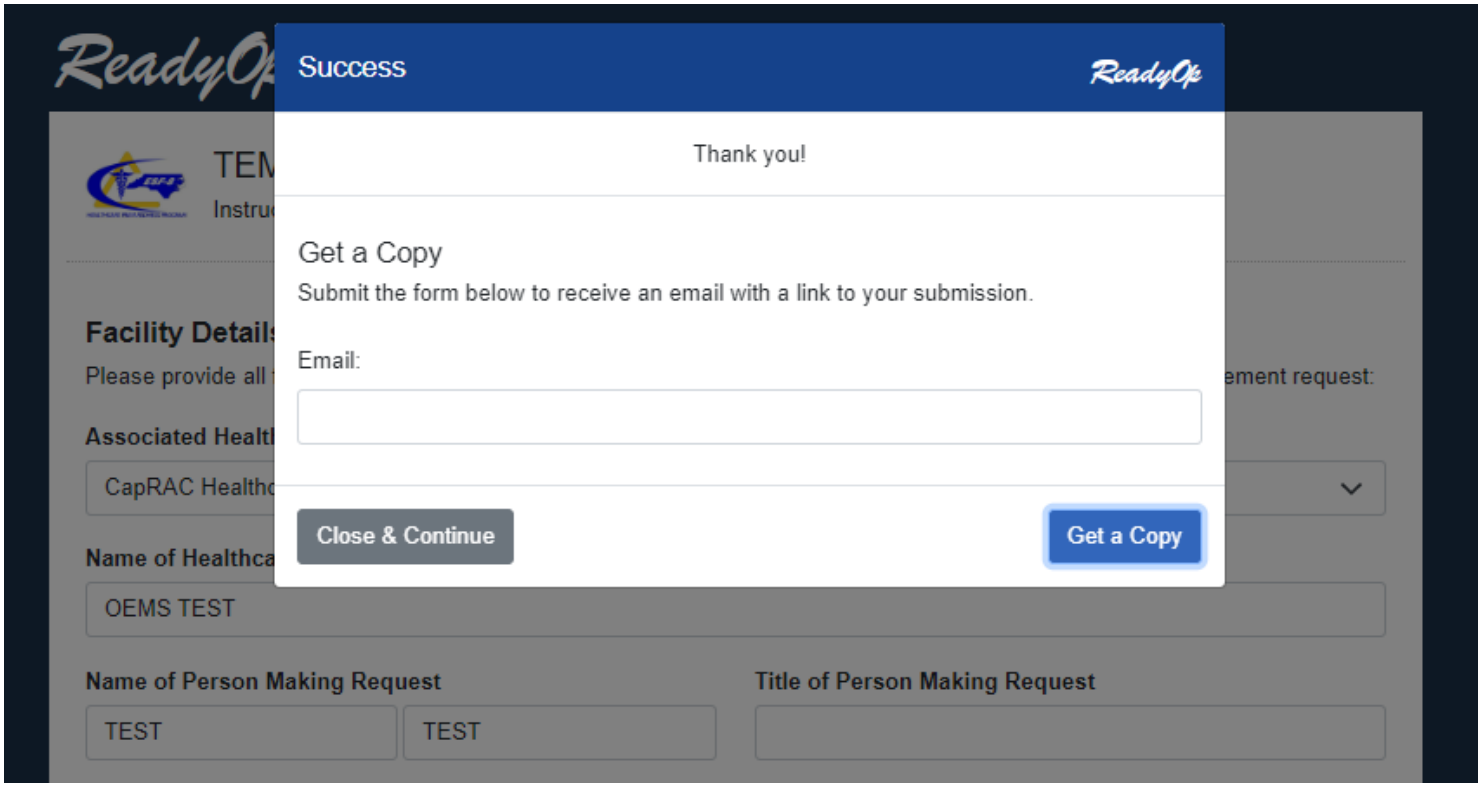
Planning Form Submission - Error

- After Clicking “Submit”
  - No Confirmation Received/Error – Scroll Up and Look For Red Missing Required Fields, Then Re-Submit



Planning Form Submission - Successful

- After Clicking “Submit”
  - Confirmation Received – Successful Entry



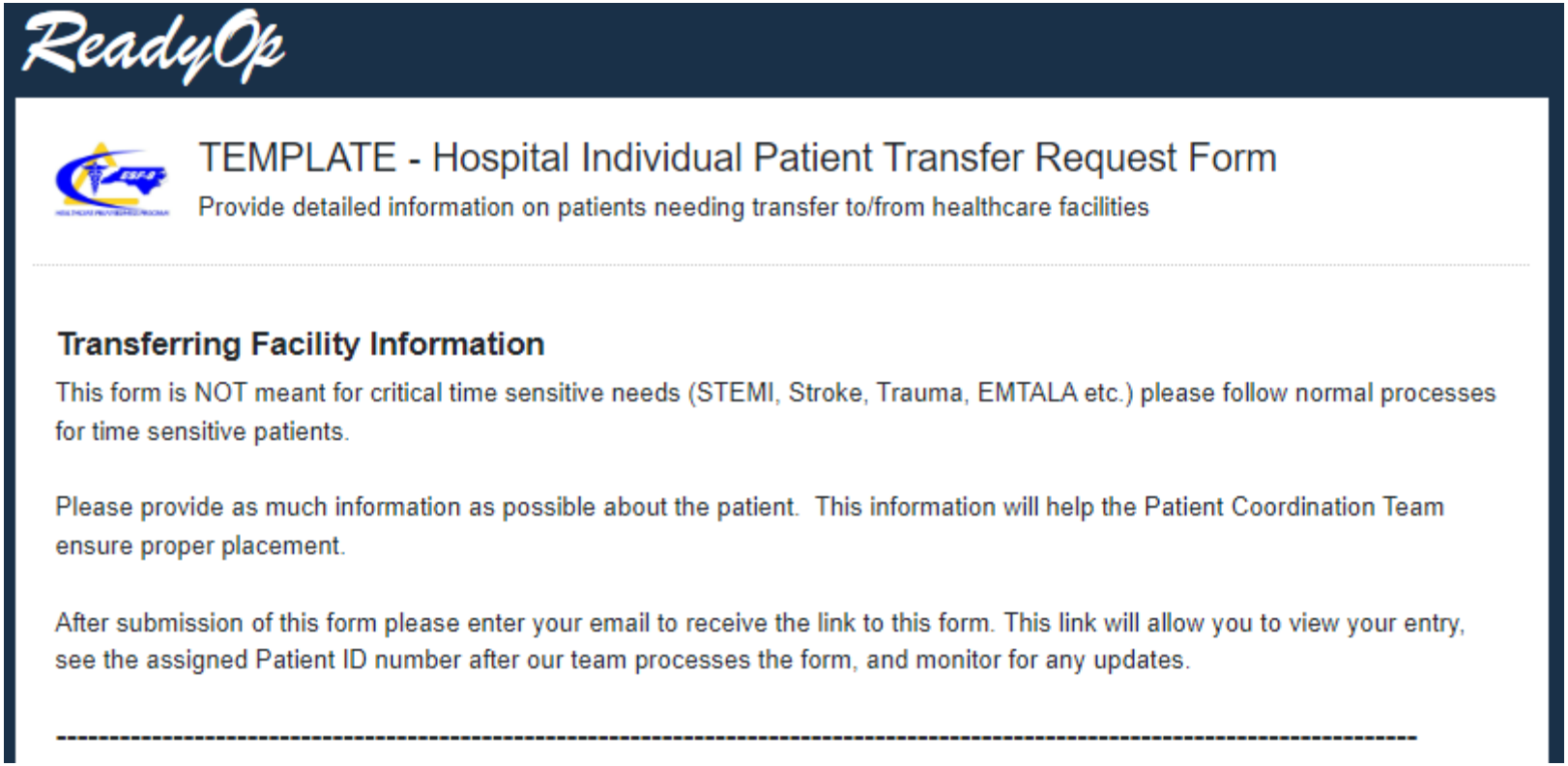
Activation Decision

- SERT/ESF-8 work together to determine appropriate level of activation to meet needs of the situation
- Statewide Patient Coordination Team consults to help determine needs for healthcare facility movement

Patient Placement

- Individual Patient Information Submission
  - Patient Demographics
  - Patient Location
  - COVID Status
  - Specialized Equipment/Needs
  - Transportation Details
- Bulk Upload Process Available
  - Excel Template

Individual Patient Entry



Individual Patient Entry

FOR INTERNAL USE ONLY! TO BE COMPLETED BY NC DHHS STAFF

DO NOT ENTER ANYTHING IN THIS SECTION!!
PROCEED TO THE NEXT SECTION TO ENTER FACILITY INFORMATION

DHHS Patient ID Number (DO NOT ENTER ANYTHING HERE!)

DHHS Patient ID (RO Form Number) INTERNAL USE ONLY

Patient Placement Status

- ○ Received by NCOEMS Staff
- ○ Waitlisted
- ○ Consult Pending
- ○ Resolved by Consult
- ○ Removed from List (Reason in Notes Below)
- ○ Accepted (Placed at a Facility)

Date Patient Placement | **Time Pt Placed** | **Name of Accepting/Consulting Facility**

eg. 1600 hrs

If "Other" Selected, Please Enter Name Here:

Individual Patient Entry

TRANSFERRING FACILITY INFORMATION

Name of Facility

If Other, Please Enter Facility Name Here:

County

First Name of Person Completing Form:

First Name

Last Name of Person Completing Form:

Last Name

Title of Person Completing Form:

Phone Number XXX-XXX-XXXX:

+1 555-555-5555

Email

Individual Patient Entry

PATIENT INFORMATION

First Name of Patient:
Patient First Name

Last Name of Patient:
Patient Last Name

Patient's Date of Birth (MM/DD/YYYY)

Patient Weight (kgs):

Unit / Floor Name:

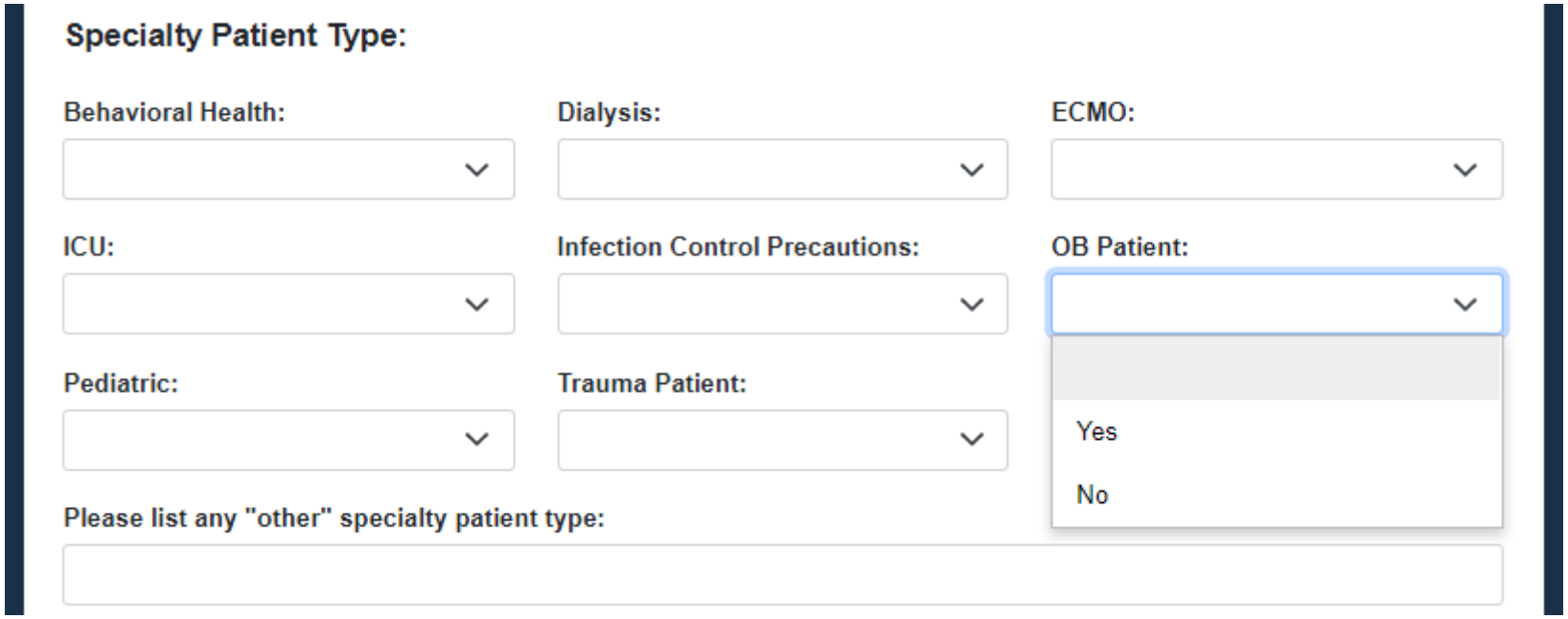
Room Number:

Unit Phone # XXX-XXX-XXXX:
+1 555-555-5555

Primary Diagnosis:
Primary Reason Patient Hospitalized

COVID Status:

Individual Patient Entry



All Yes/No Questions

Individual Patient Entry

Specialty Patient Equipment:

Arterial BP:	Balloon Pump:	Central Line:	Chest Tube(s):
Drain(s):	IV Access:	IV Drip(s):	Neuro Monitor:
Oxygen Dependency:	Pacer:	PICC:	Swan Cath:
Traction:	Umbilical Line:	Ventilator:	Ventricular Assist Device:

Please list any "other" specialty equipment:

All Yes/No Questions

Individual Patient Entry

Describe the overall situation for the patient, including a brief background, pertinent labs/test results, and any other information that might be useful to assist with trying to find placement for the patient.

Use this space to enter a brief narrative explaining the patient, the background, and any pertinent information that might help find proper placement for the patient.

Medication List

Choose File | No file chosen

Additional Attachment

Choose File | No file chosen

Individual Patient Entry

TRANSPORTATION DETAILS

Healthcare facilities should make every effort to provide transportation to and from the receiving facility. State transportation assets are extremely limited, which could result in a significantly delayed evacuation.

Do you need transportation for this patient?

- ○ Yes
- ○ No

Type of Transport Needed

If "Other" selected above, please describe below:

Additional Notes/Concerns for Transportation:

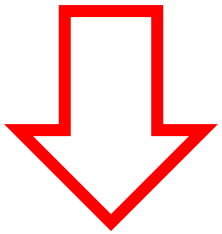
Individual Patient Entry

END OF REQUEST FORM, SCROLL DOWN AND CLICK "SUBMIT" BELOW

If you hit submit and nothing happens, please scroll back up and look for any fields highlighted in red that are required. It should say "This field cannot be left blank", then try to submit again. Successful submission will take you to a page that confirms your submission and offers a link for your records.

Do NOT enter below this line - for OEMS staff only

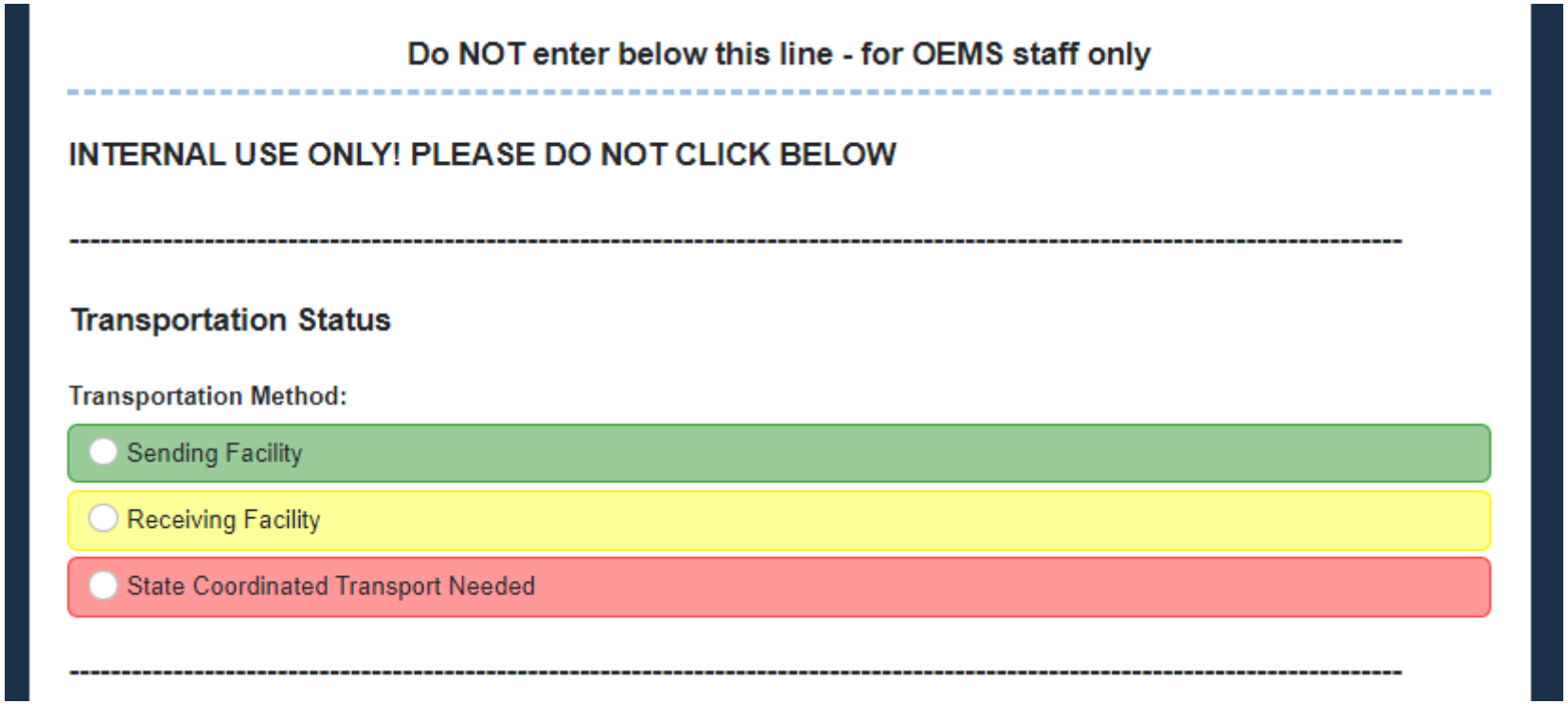
Scroll Down To Bottom of Page



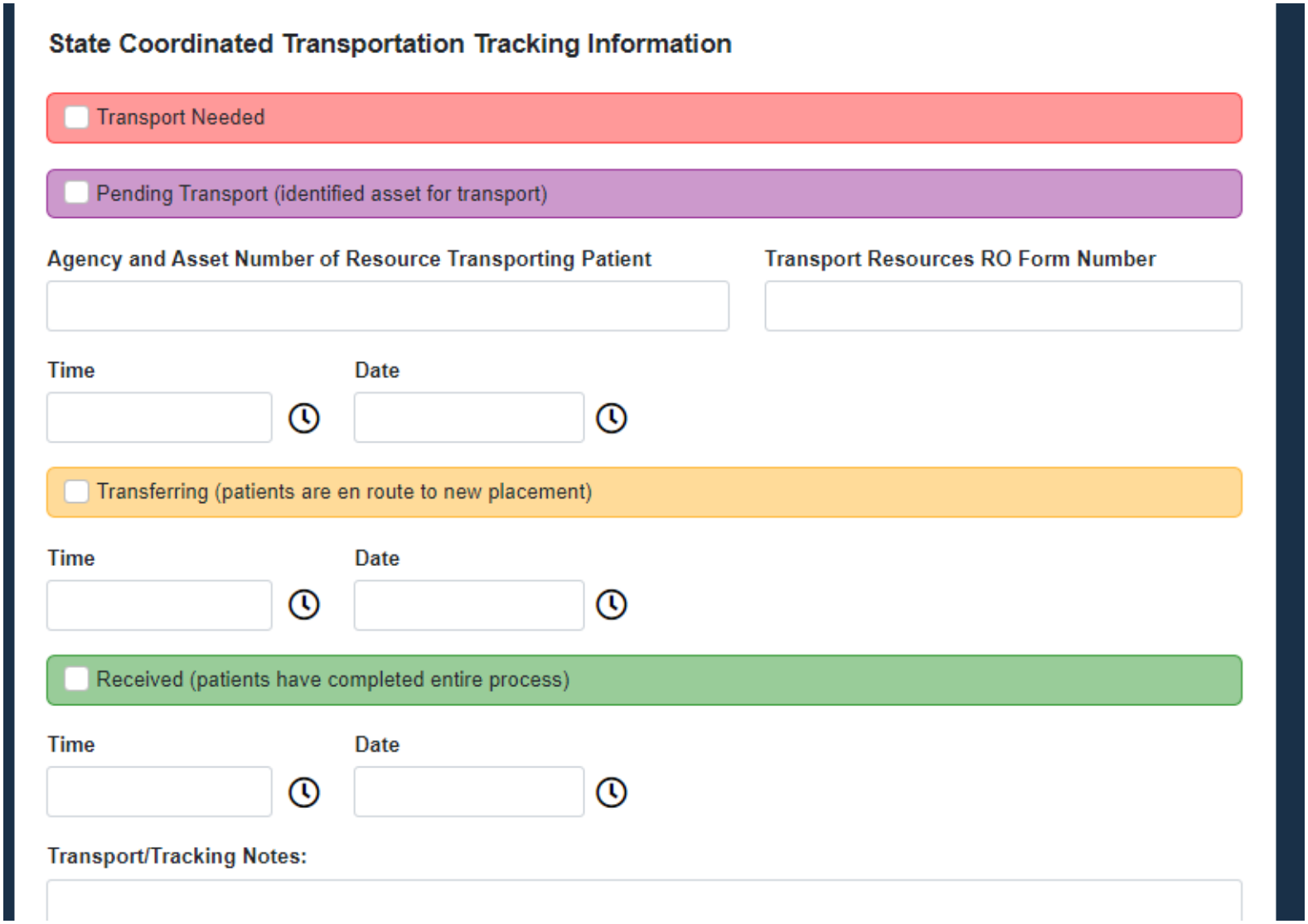
Click Submit Button

Submit

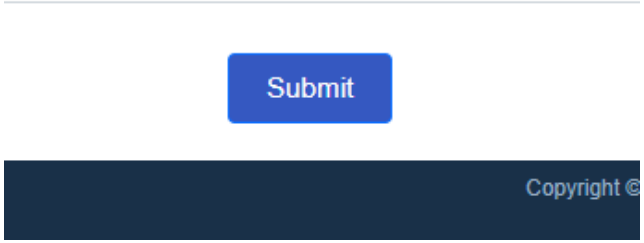
Individual Patient Entry – Internal Use



Individual Patient Entry – Internal Use



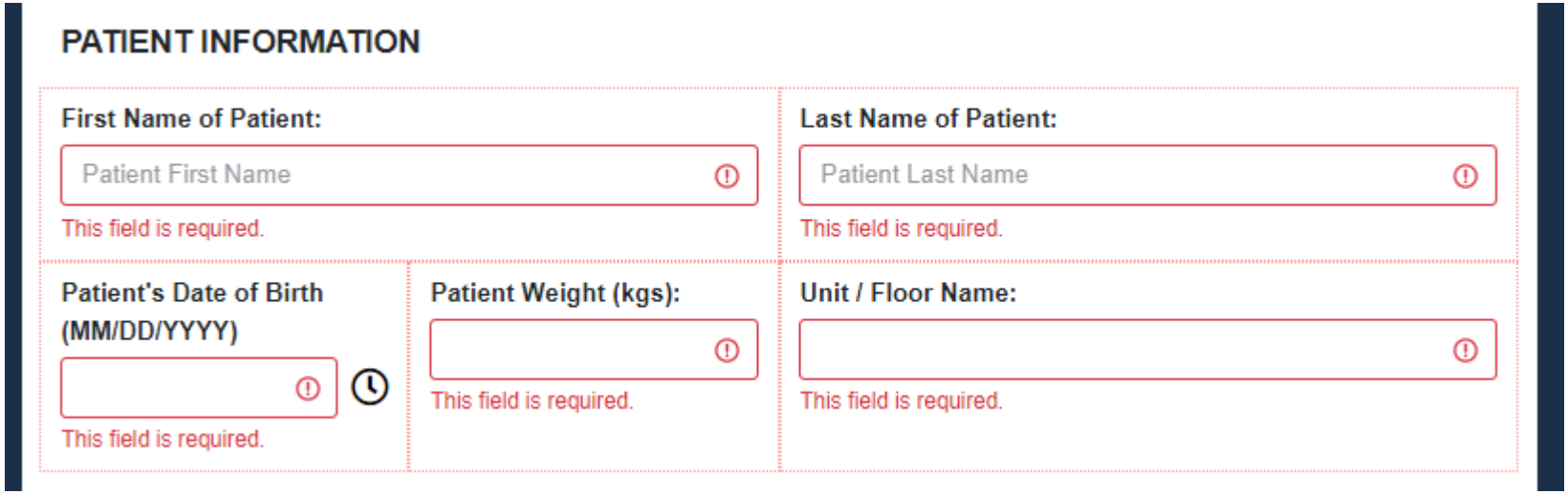
Individual Patient Entry



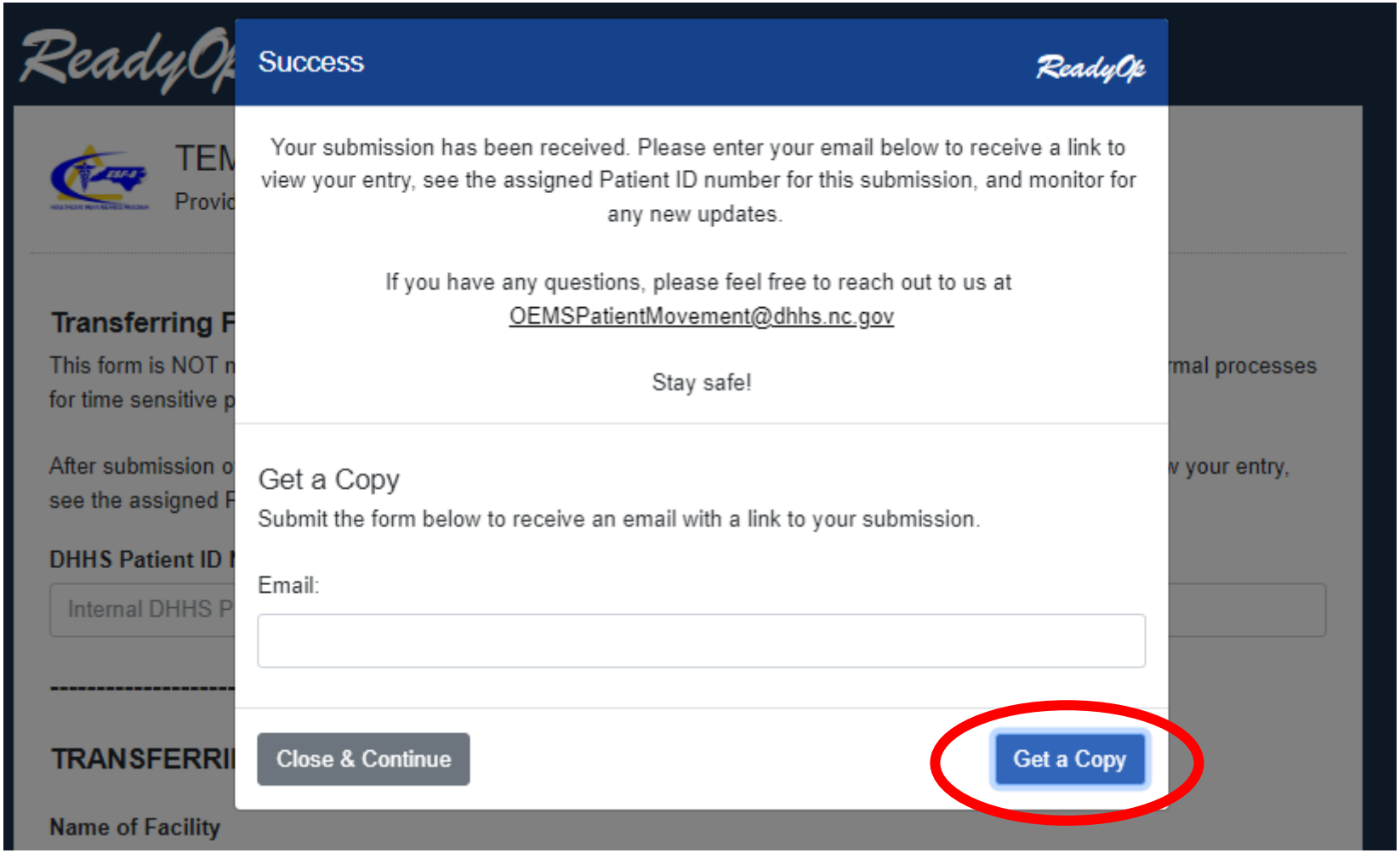
- Should receive confirmation message upon successful completion and submission, same as with planning form.
- If no confirmation pops up, scroll back up and look for highlighted red required fields, then re-submit.

Form Submission - Error

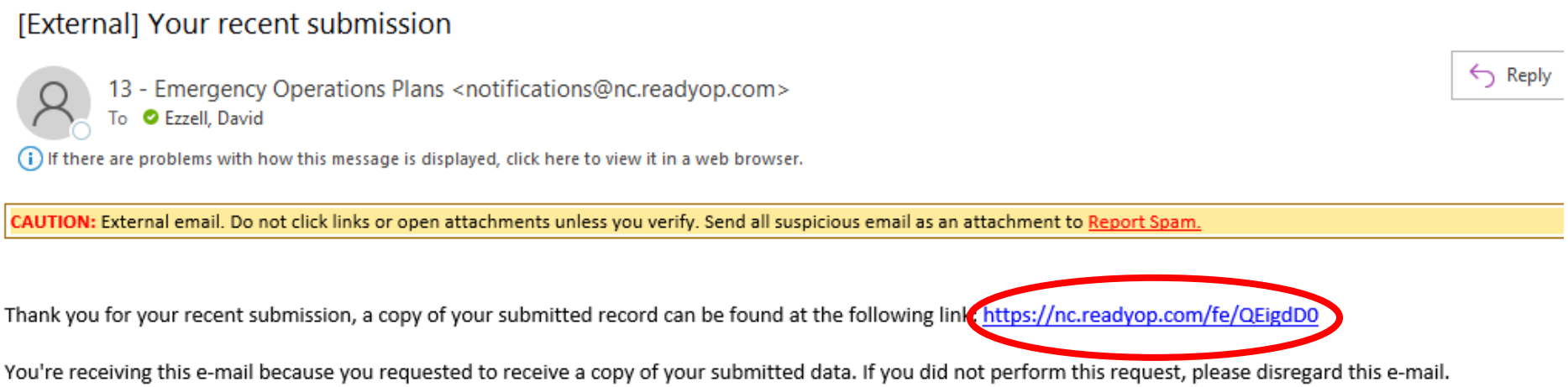
- No Confirmation/Error – Scroll Up and Look For Red Missing Required Fields, Then Re-Submit



Form Submission – Successful



“Get a copy” Email


[External] Your recent submission

13 - Emergency Operations Plans <notifications@nc.readyop.com>

To Ezzell, David

Reply

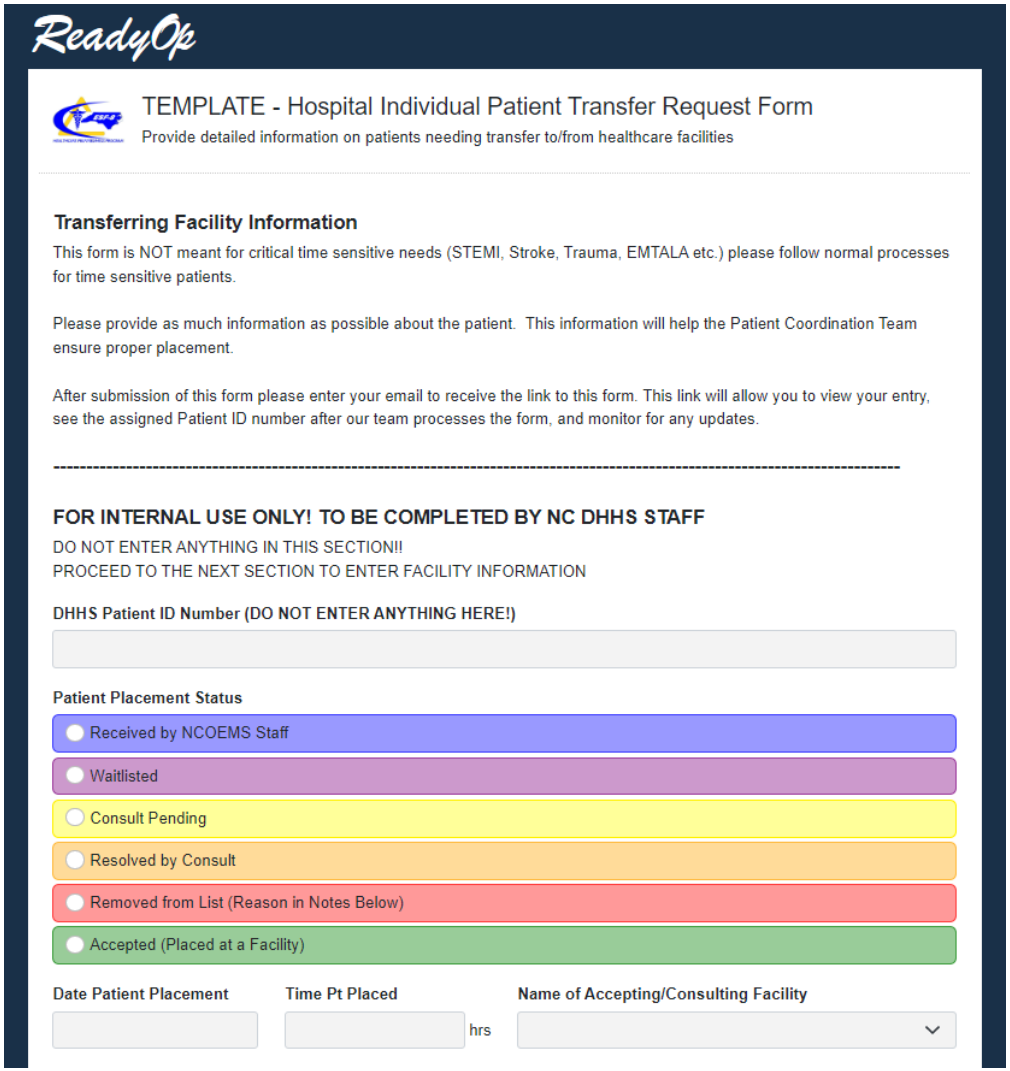
If there are problems with how this message is displayed, click here to view it in a web browser.

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to Report Spam.

Thank you for your recent submission, a copy of your submitted record can be found at the following link: https://nc.readyop.com/fe/QEigdD0

You're receiving this e-mail because you requested to receive a copy of your submitted data. If you did not perform this request, please disregard this e-mail.

Copy of Entry via Email Link



ReadyOp

TEMPLATE - Hospital Individual Patient Transfer Request Form

Provide detailed information on patients needing transfer to/from healthcare facilities

Transferring Facility Information

This form is NOT meant for critical time sensitive needs (STEMI, Stroke, Trauma, EMTALA etc.) please follow normal processes for time sensitive patients.

Please provide as much information as possible about the patient. This information will help the Patient Coordination Team ensure proper placement.

After submission of this form please enter your email to receive the link to this form. This link will allow you to view your entry, see the assigned Patient ID number after our team processes the form, and monitor for any updates.

FOR INTERNAL USE ONLY! TO BE COMPLETED BY NC DHHS STAFF

DO NOT ENTER ANYTHING IN THIS SECTION!!
PROCEED TO THE NEXT SECTION TO ENTER FACILITY INFORMATION

DHHS Patient ID Number (DO NOT ENTER ANYTHING HERE!)

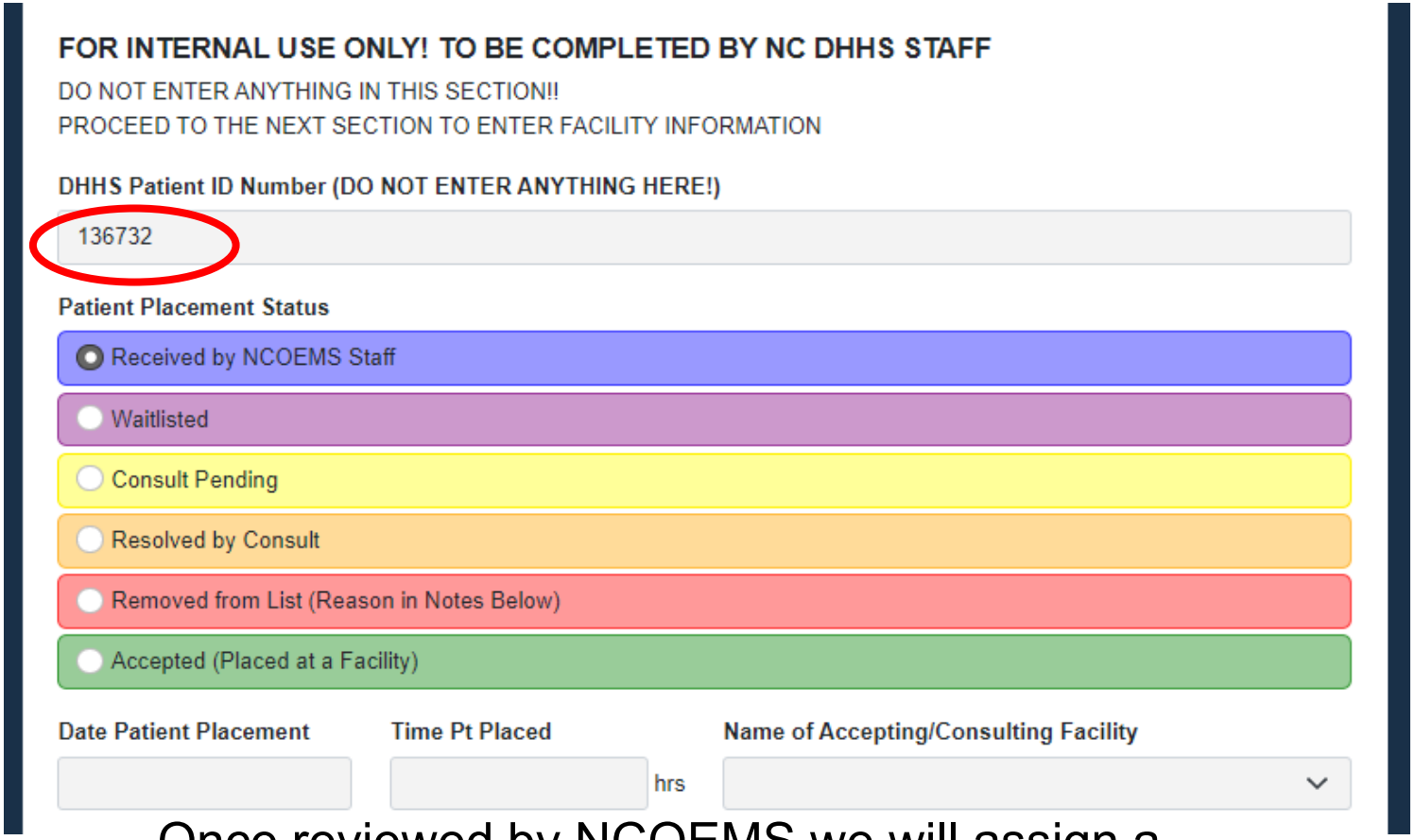
Patient Placement Status

- Received by NCOEMS Staff
- Waitlisted
- Consult Pending
- Resolved by Consult
- Removed from List (Reason in Notes Below)
- Accepted (Placed at a Facility)

Date Patient Placement | **Time Pt Placed** | **Name of Accepting/Consulting Facility**

hrs

Copy of Entry via Email Link



FOR INTERNAL USE ONLY! TO BE COMPLETED BY NC DHHS STAFF

DO NOT ENTER ANYTHING IN THIS SECTION!!
PROCEED TO THE NEXT SECTION TO ENTER FACILITY INFORMATION

DHHS Patient ID Number (DO NOT ENTER ANYTHING HERE!)

136732

Patient Placement Status

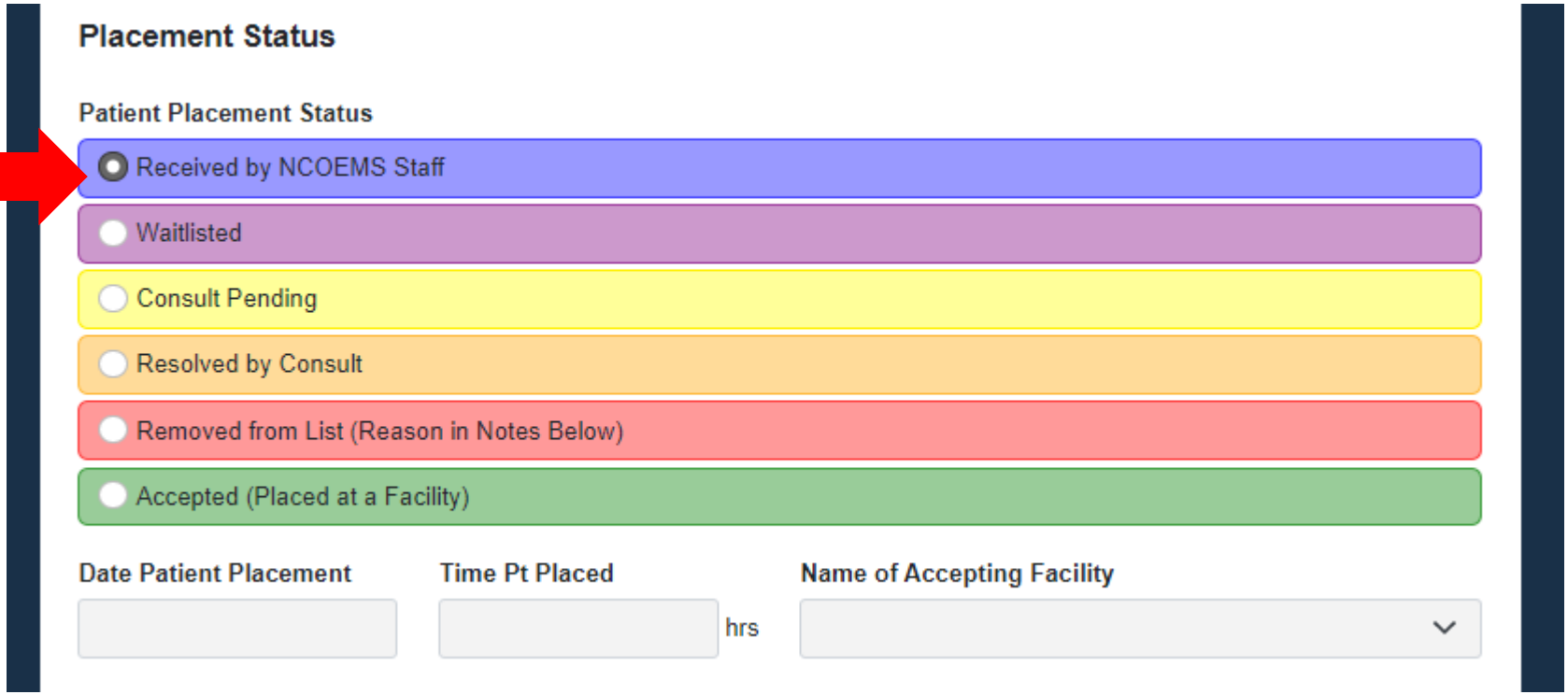
- (●) Received by NCOEMS Staff
- ( ) Waitlisted
- ( ) Consult Pending
- ( ) Resolved by Consult
- ( ) Removed from List (Reason in Notes Below)
- ( ) Accepted (Placed at a Facility)

Date Patient Placement	Time Pt Placed	Name of Accepting/Consulting Facility
	hrs	

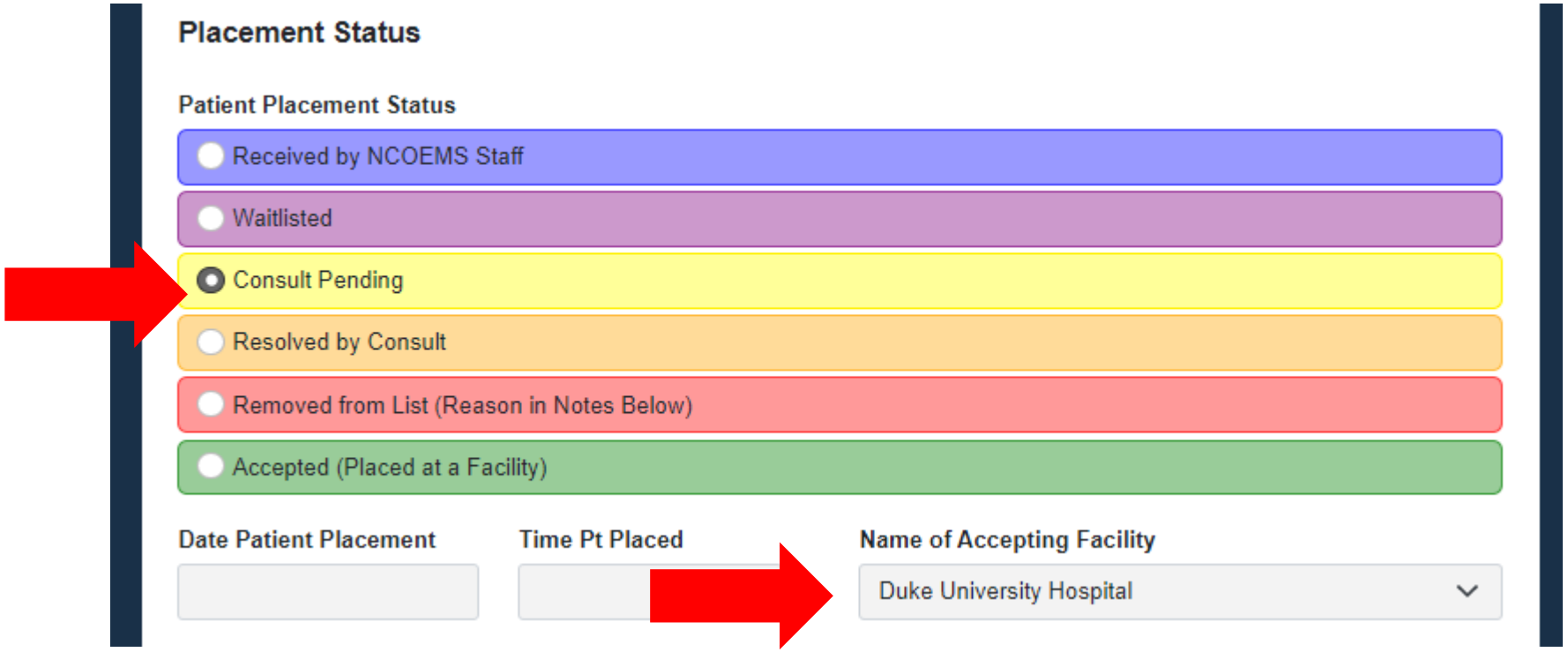
Once reviewed by NCOEMS we will assign a Patient ID number. This number will be referenced to avoid HIPAA concerns.

Patient Placement Status

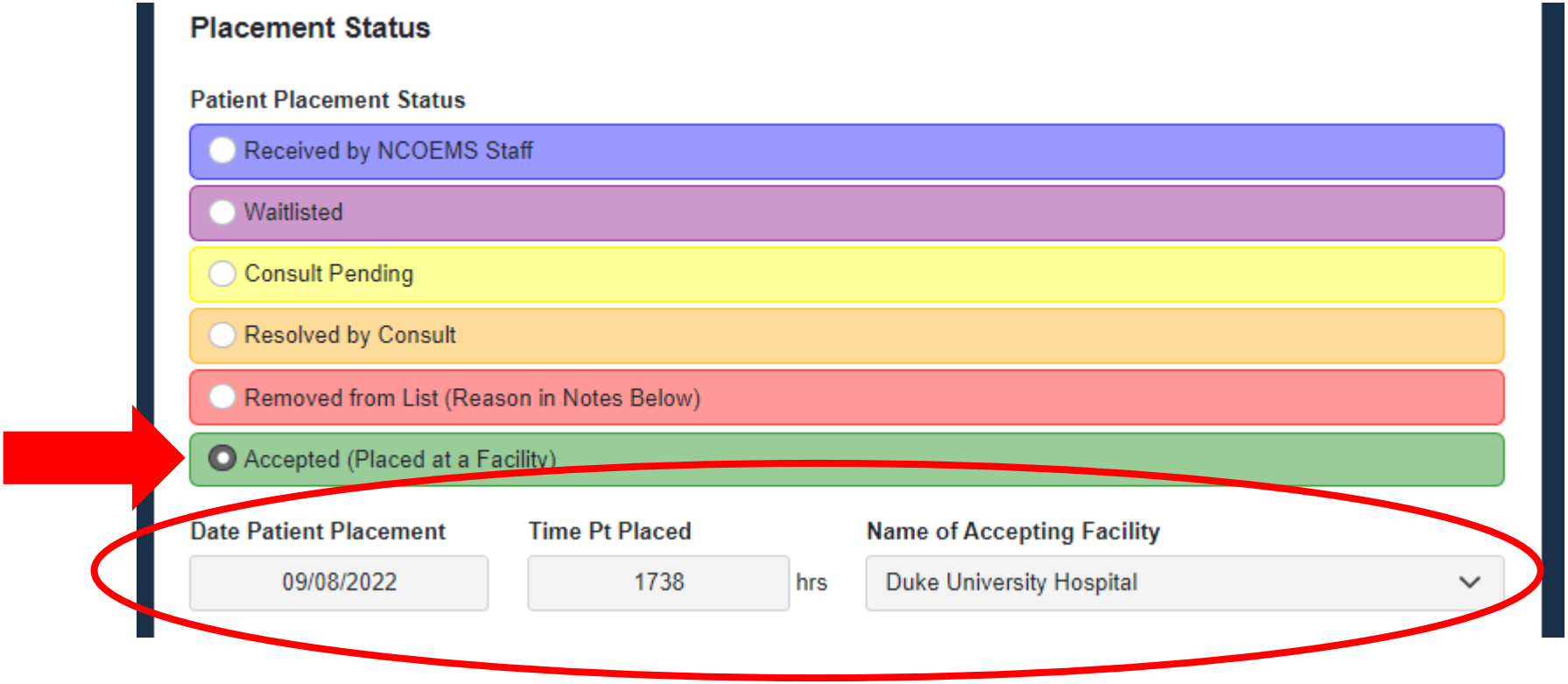
The status will be updated as patients work their way through the system.



Patient Placement Status



Patient Placement Status



Patient Placement Status

- Received by NCOEMS
  - Entry has been reviewed by NCOEMS Staff and sent to Transfer Centers
- Waitlisted
  - Under review by Transfer Centers and holding until placement is available
- Consult Pending
  - Transfer Center agrees to reach out to find out more about the patient and potential accept or find alternative option

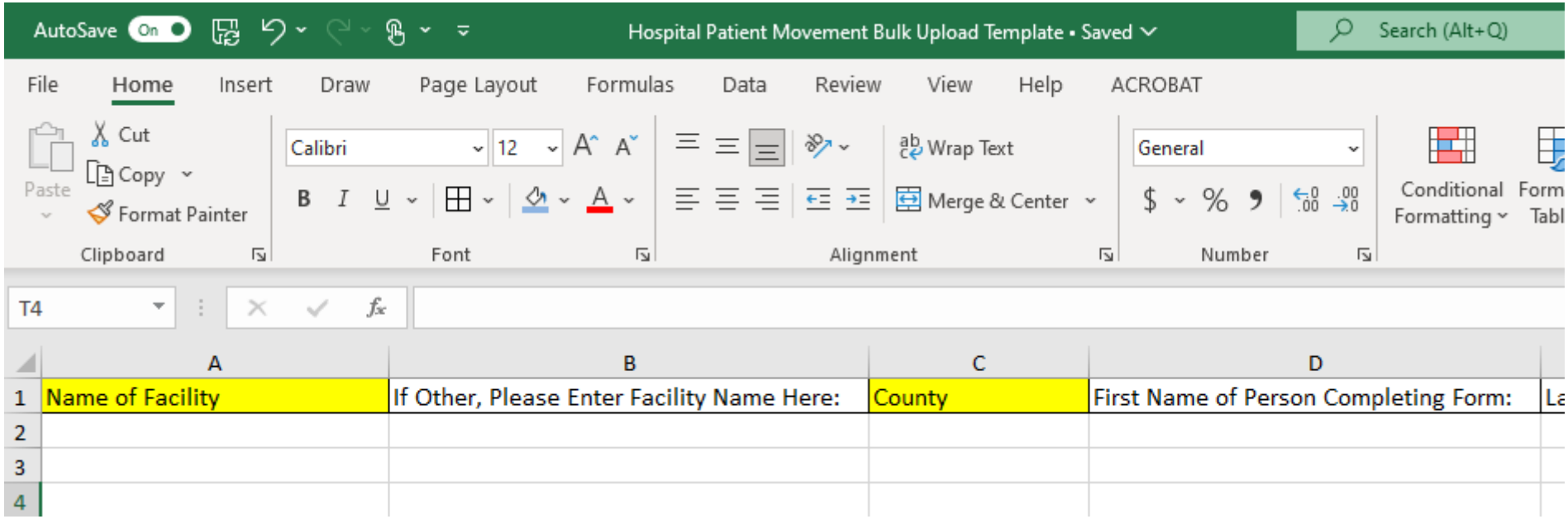
Patient Placement Status

- Resolved by Consult
  - Transfer center was able to resolve by consult, no physical transfer necessary
- Removed From List
  - Patient expired, improved, transferred outside this process, or no longer needs/wants/qualifies for transfer
- Accepted (Placed at a facility)
  - A bed has been secured via transfer center

Bulk Patient Upload

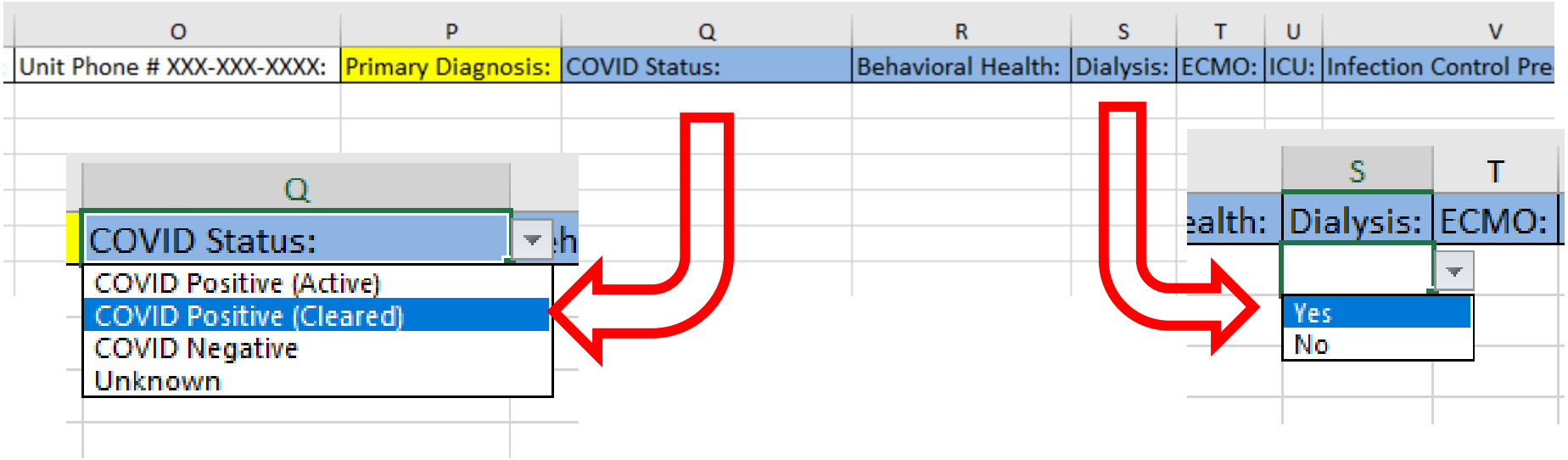
- Same information as the Individual Placement Form, but in an Excel template that can be filled out
- Excel template is uploaded into ReadyOp for secure bulk transmission of sensitive information
- Requires precise formatting so that NCOEMS Staff can import form into the ReadyOp System
- Could be automated export by EMR Vendor

Bulk Patient Upload

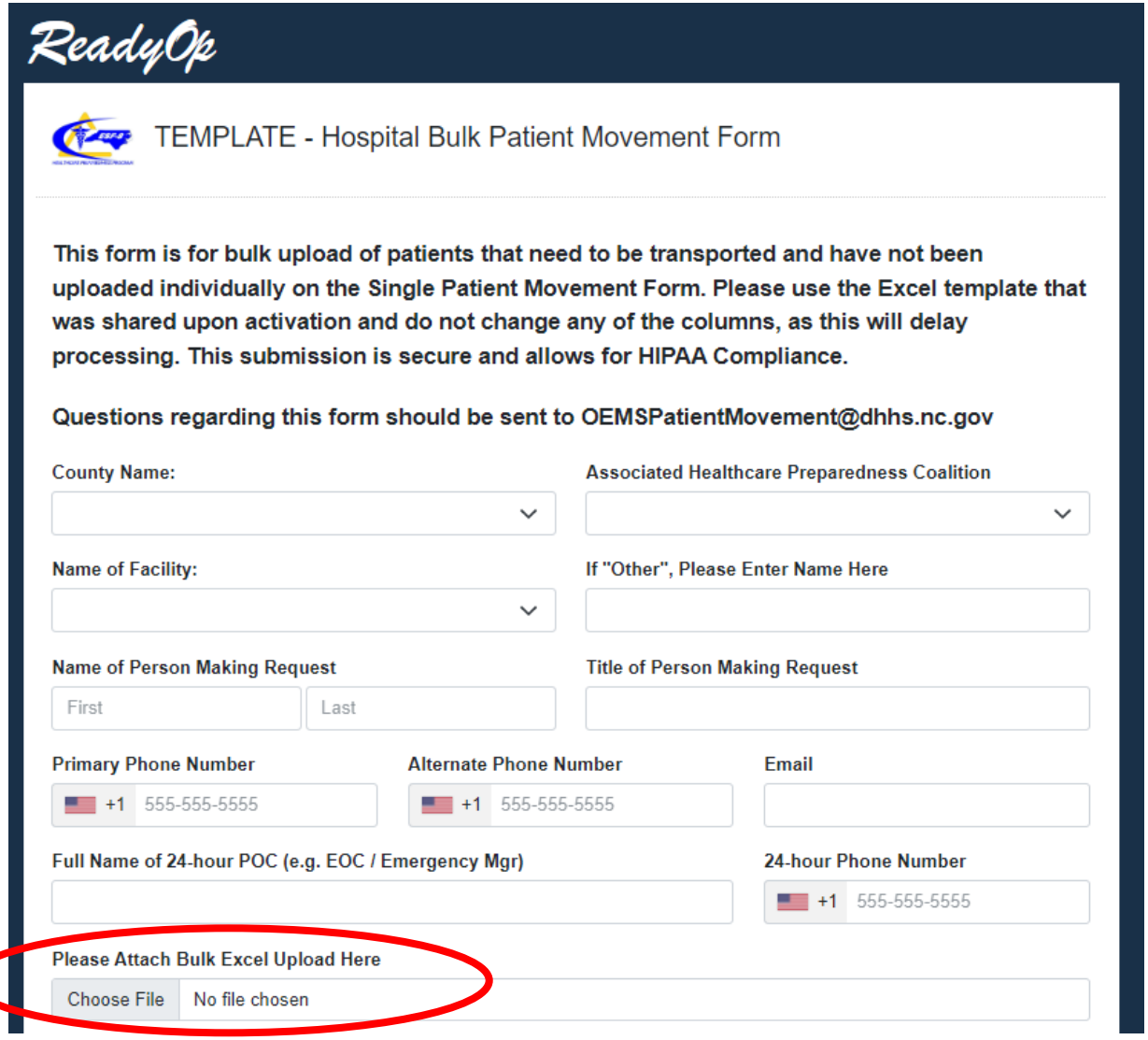


Bulk Patient Upload

- Yellow Header: Required field with required format
- Blue Header: Optional field with required format
- Note: Some fields have required format. Excel contains drop down menu to help select appropriate answer/format.



Bulk Patient Upload



Patient Transportation

- Responsibility for transportation lies with the sending facility
- Receiving facility may be able to provide transportation if sending facility is unable
- Options include: Contract entities, Specialty Care Transport Companies, Local/Regional Resources
- State Coordinated Transportation EXTREMELY LIMITED, could lead to delays

Questions?

- Contacts
  - Kimberly Clement, HPP Program Manager
    kimberly.clement@dhhs.nc.gov
  - David Ezzell, Operations Manager
    david.ezzell@dhhs.nc.gov