

Northeast Florida Healthcare Coalition

Patient Tracking Monitoring Plan



Northeast Florida
Healthcare
C O A L I T I O N
For Disaster Preparedness

*Achieve a health and medical system that
is efficient and resilient in an emergency.*

I. PURPOSE

The Northeast Florida Healthcare Coalition (NEFLHCC) Patient Tracking Monitoring Plan outlines how patients are tracked by the member organizations within the six county region of Baker, Clay, Duval, Flagler, Nassau and St. Johns counties. The NEFLHCC is represented by a ten (10) member Board of Directors. Of the ten members, there is one representative from each County (six members in total) and a representative from each of the following disciplines: Emergency Management, Public Health, Hospitals and Emergency Medical Services.

II. SCOPE

The scope of this process is to document the existing plans and procedures in place to track patients by the counties and hospitals within the Northeast Florida Healthcare Coalition. These plans, policies and procedures are relevant to the member agencies of the Northeast Florida Healthcare Coalition, as used during a public health event or other emergency, threat, or impact to the health and medical system in the NEFLHCC region.

III. OPERATIONS

County EMS Agencies

Each County Emergency Services agency uses a day to day system (CAD system, Zoll ePCR, EMergencyPro) to track the routine transfer of patients as a result of EMS calls. Most of the coordination takes place within County dispatch and communications centers. During a larger event, with multiple casualties, most of the six member counties have a Mass Casualty Incident (MCI) Policy and/or procedure in place. This procedure is intended for the everyday MCI when the number of injured exceeds the capabilities of the first arriving unit as well as large scale MCIs. In these types of events, the MCI policy designates a transportation officer with the duty to track and ensure transport of victims to appropriate medical facilities. Based on the extent and number of victims of an event, the Emergency Operations Center Health and Medical Branch (ESF 8) would most likely be activated and work directly with on-scene Incident Command, Medical Branch Director and the Transportation Officer on patient tracking. One additional mechanism available around the region is the EM Track system that is used to monitor bed counts and availability. However, the implementation time and transfer of data could be prohibitive.

Hospitals

Each hospital uses a day to day electronic tracking system for patients. In the event of a system failure, paper tracking (with specific number assignment) is used to track and monitor the patients. Communication and coordination (admissions, discharge, etc.) is done via phone or fax.

When a local state of emergency is declared, additional actions are taken. Most hospitals open their EOC (or similar facility) and begin to follow their established Mass Casualty Incident (MCI) protocols and procedures. Bed capacity is entered into EMSsystem to allow for regional and statewide situational awareness of bed counts and availability. The transfer of patients, if needed in an evacuation situation, most likely uses a paper form (HICS 260 Form) that captures all pertinent patient information and is handed off with the patient.

Region 3 and Statewide

Previously, for specific events, the RDSTF Region 3 (comprised of 13 counties, 6 of which are the NEFLHCC counties) created a plan to assist with patient movement if necessary. The most recent event and subsequent plan for patient movement and tracking was for the Republican National Convention, held in Tampa in the summer of 2012. This plan established a Region 3 Patient Movement Team. A Region 3 Patient Movement Team comprised of Northeast Regional Domestic Security Task Force (NERDSTF), FDOH staff, emergency management (EM), fire rescue, law enforcement and health facility representatives was established and responsibilities included:

- Identifying potential receiving facilities
- Identifying potential transportation resources
- Establishing aerial port of debarkation (APOD)
- Maintaining awareness of patient movements
- Coordinating with APOD's and receiving facilities to assure they are prepared to receive patients
- Tracking patients from evacuation to final disposition
- Patient return/repatriation

The Region 3 Plan relies on the State level ESF 8. Monitoring and coordinating resources to support care and movement of persons with medical and functional needs in impacted counties is one of State ESF8's eleven core missions as described in Florida's Comprehensive Emergency Management Plan. In order to fulfill this mission, State ESF8 must be prepared to support facility evacuation or decompression for noticed incidents or events (storm-related pre-landfall or post-impact) or no-notice incidents (tornados, mass casualty incidents, etc.). This process is outlined in the State of Florida Patient Movement Support Standard Operating Guideline from the Florida Department of Health (2013).

Statewide healthcare system monitoring will be conducted and assistance provided when requested by local jurisdictions. This may include coordination and resource support from external partners through the State Emergency Response Team (SERT), Emergency Management Assistance Compact (EMAC), the Statewide Mutual Aid Agreement or the State Ambulance Deployment Plan. Other discipline specific agreements exist that could aid in the tracking and monitoring of patients in a large scale event, including the Florida Sheriffs' Association and the Florida Fire Chiefs' Association.

Upon receipt of a local request, the State ESF8 Patient Movement Branch will be activated. The Patient Movement Branch will be comprised of the Patient Coordination Group (medical specialists with hospital and medical diagnosis proficiency). Regional Patient Coordinators have been identified in each

region to assist in coordinating patient placement. A Regional Patient Coordinator (RPC) is familiar with the health care system within his or her region or county and serves as a local point of contact for State ESF8. Upon request from State ESF8, an RPC will coordinate the placement of patients in appropriate facilities based on capability and capacity and the patients' acuity and required medical treatment/interventions.

Other members of the Patient Movement Branch will include:

- Patient Transportation Group (EMS liaisons to coordinate with ESF4&9, FFCA, and FAMA)
- Patient Movement Onsite Coordinator
- Patient Tracking Group
- Branch Tactical Planner

Northeast Florida Healthcare Coalition (NEFLHCC)

In reviewing the procedures for patient tracking and monitoring among member organizations, the NEFLHCC is assembling a regional understanding of the current systems in place. Overall, there are numerous strengths of the current system. Locally, the act of patient tracking and monitoring occurs hundreds of times each day across the six county region. These methods are practiced and proven. In a larger event, the strength lies in the ESF 8 structure and the ability to support and coordinate health and medical resources.

Also noted are several weaknesses in the system. There are limited resources in larger events where patient movement, tracking and monitoring is required. Technological limitations exist with the current EMS systems, in its ability to handle volumes of entries as well as the training and familiarity of those who need to use the system. Transportation resources are limited in large scale events, as there are a limited number of private ambulance services in the region. Finally, these types of events are not exercised frequently and as such, the proper training and plan updates are not completed regularly.

In the identification of the strengths and weaknesses of the patient tracking and monitoring system, the Northeast Florida Healthcare Coalition is documenting potential needs and as such, potential funding opportunities. The NEFLHCC is working to help member organizations with an effective and efficient patient movement, tracking and monitoring system region wide, through the documentation of gaps and the provision of resources as identified.

IV. Plan Maintenance

This Patient Tracking and Monitoring Plan, as created by the Northeast Florida Healthcare Coalition, will be maintained by the Northeast Florida Healthcare Coalition. The plan will be approved by the NEFLHCC Executive Board. It will be reviewed and updated annually or as necessary. The effectiveness and accuracy of the plan will be evaluated after an exercise or incident.