Patient Movement: A Different Type of Evacuation

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Evacuation Is Our Friend!

- Tried and True
- Ubiquitous
- Warning Systems
- Personal choice
Patient Evacuation Is Our In-Laws!

- Patients decompensate
- Patients get separated
- Accidents happen
Patient Evacuation vs. Patient Movement

Joplin, Missouri
Hospital Deemed Unsafe After Tornado, All Patients Evacuated
The History
Napoleon’s Army
Humanitarian Progress in 19th Century
Patient Movement on Land

Civil War

World War I
Patient Movement by Sea

World War II
Patient Movement by Air

Contemporary Civilian Response

World War 1
Civilian Patient Movement Considerations

• Patient movement is an unlikely event.

• There are key decisions points for consideration in advance.
• Who makes the decision?

• Indicators for the need?
Who Gets Moved?

• Hospital

• Homes
  • Nursing
  • Group
  • Assisted Living
  • Personal

• Companions
Prioritizing Patients

- Situational Dependent
- Clearing Patients
- Contraindications
Medical Considerations In Prioritization

- Intensive Care
- Grouping by diagnosis
- Infectious Disease
- Psychiatric
- Medical Urgency of Continued Care
Consent for Movement

- State Laws
- Patient Bill of Rights
Preparing Patients

• Packaging

• Patient Staging

• Just in Time Training and Consultation
Identifying Referral Facilities

- Available hospital beds
- Limitation on information exchange
- Patient Regulation
Medical Information Transfer

• Moving Medical Information with Patients

• Patient Privacy
“Where’s Mama?”

- Tracking
- Patient Repatriation
Washington State
Patient Movement
A victim of the earthquake in Haiti arrived on Tuesday at Dobbins Air Reserve Base in Georgia.
Patients From Haiti Arrive in Atlanta

By ROBBIE BROWN
Published: February 3, 2010

ATLANTA — One after another after another, the five bright yellow medical stretchers rolled off a C-130 cargo plane and into waiting ambulances. Each carried a severely injured evacuee from Haiti. All were bound for hospitals in the Atlanta area.

Federal and local medical officials were close-mouthed about the evacuees, confirming only that one was an 18-month-old with brain trauma, and that two were adults, one with a spinal injury, the other with a fractured pelvis.

“These people have nowhere else to go,” said Kenneth Wheeler, an emergency manager from the Department of Veterans Affairs who helped coordinate the evacuations.

These were the first Haitian patients to arrive in the United States after the federal government decided on Monday to reimburse hospitals for treating people who suffered life-threatening injuries in last month’s earthquake, injuries that doctors and government officials decided could not be treated properly at Haiti’s hospitals, many of which were badly damaged or destroyed in the earthquake.

Dozens of other patients are expected to be flown here and to Tampa, Fla., in the coming weeks, but government officials could not provide an estimate of how many or when. Coordinators in New York, Boston, Philadelphia and Lyons, N.J., have been put on alert in case there is a need to send patients to hospitals in those cities.

The medical evacuations are being handled at a national level by the Department of Health and Human Services, and coordinated locally...
Medical Surge Planning

Source: Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies, 2nd ed. September 2007
• Provides funding for healthcare organizations

• Planning activities:
  – Evacuation/shelter in place
  – Partnership and Healthcare Coalition Development
  – NIMS
  – Planning, training, exercises
Hospital Evacuation

- Shelter in place is preferred

- Single institution: developing MOUs with other facilities to transfer patients

- Regional disaster: limited ability to use other regional facilities

- Alternate Care Facilities: high acuity (hospitals) vs. low acuity (medically fragile - e.g. home care, nursing homes)
Why Evacuate?

• Structural destruction or instability

• Lack of staff

• Loss of utilities:
  – heating, ventilation
  – air conditioning
  – water
  – waste management
Patient Movement in Washington

• Local:
  — Disaster Medical Coordination (or Control) Center
  — Facility evacuation plans
  — Mutual Aid Agreements
  — Bed tracking/patient tracking capability

• Regional:
  — planning through Regional Healthcare Coalition partners
  — Puget Sound Regional Catastrophic Planning Group (8 counties)
DOH Patient Movement Coordination Plan

- Decompress affected facilities in large scale event
- Connect affected with unaffected areas of WA
- Never required, never tested
- Progress to date
Executing Movement

• How to prioritize patients for movement
• Are Crisis Standards of Care involved?
• Transferring facility responsibilities
• Receiving facility responsibilities
National Disaster Medical System
3 Major Components of NDMS

**Medical Response Lead - HHS**
- Medical Teams

**Patient Evacuation Lead - DoD**
- Airplanes
- Flight Crews
- Regulation

**Definitive Care Lead – VA/DoD**
- Federal Coordinating Centers
- NDMS Hospitals
Patient Tracking

Joint Patient Tracking and Assessment System (JPATS)
JPATs is easy, the process that is complicated!
Service Access Team (SAT)

- Medical Case Management
- Coordination of Evacuee Return
GROUND AMBULANCE
- 300 ground ambulances each zone (ALS & BLS)
- Requested and deployed in Strike Teams
- Includes vehicle maintenance and crews for 24/7 staffing

AIR AMBULANCE
- 25 air ambulances, helicopter and/or fixed wing
- Support crews deploy with aircraft

PARA-TRANSIT
- Ability to Transport 3,500 individuals

Assets must arrive at designated location within 24 hours of contract activation
Patient Movement Concerns

Facility Risks

Patient Risks
Patient Risks

- Health Stressors
- New Providers
- Family Separation
Facility Risks

- Liability concerns
- Quality of care
- Revenue concerns
Questions?