Building Military-Civilian Partnerships to Develop NDMS Patient Reception Area Plans

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LTC Eric Tobiason, MBA – Puget Sound FCC
Agenda

- NDMS Overview
- King County PRA Plan
- Lessons Learned
- Strength/Challenges with Civilian/DoD Partnership
National Disaster Medical System (NDMS) Federal Coordinating Center Overview
2005 - Hurricane Katrina
3 Major Components of NDMS

Medical Response
Lead HHS
- DMAT
- VMAT
- IMSURT
- DMORT
- Specialty Teams

Patient Evacuation
Lead DoD
- DoD Aeromedical Evacuation
  Primarily Fixed Wing

Definitive Care
Lead DoD/VA
- DoD/VA
  Federal Coordinating Centers
71 Federal Coordinating Centers

VA – 56; DoD -15 (Army - 6, Air Force - 4, Navy - 5)
FEMA Region X

MAMC Puget Sound FCC

Hawaii Tripler

El Paso

San Antonio

Atlanta

Columbia

III

IV

V

VI

VII

VIII

IX

X

I

II
FCC Organizational Chart

COL Dallas Homas
Commander, Madigan/FCC Director
US Army

COL Shawn Wagner
Admin Chief
Army Reserve (DIMA)

MAJ Michael Moyle
Area Coordinator
Active Guard & Reserve (Full Time)

LTC Eric Tobiason
Operations Team Leader
Army Reserve (DIMA)

LTC Jeffrey Chittenden
Patient Administration Team Leader
Army Reserve (DIMA)

SGM Johnny Clark
Medical Group Supervisor
Army Reserve (DIMA)
Puget Sound FCC Mission

Under the auspices of the National Disaster Medical System (NDMS), the DoD and VA Federal Coordinating Centers (FCCs):

What:
- *Receive* patients from areas where the local medical system is overwhelmed, *regulate* them to definitive medical care, and *ensure their safe return home* (repatriation is possible new Service Access Team mission).

How:
- *Develop local relationships* and recruit voluntary, *non-Federal* hospital participation in NDMS
- *Plan and coordinate exercises* for contingency operations, transportation and communications *in partnership* with the Puget Sound medical and Emergency Management community.
- *Activate in response* to *military conflicts, national catastrophes, natural disasters, and public health emergencies*
Patient Reception Area (PRA) Airfield Operations and Disaster Medical Control Center (DMCC) Distribution
Patient Movement Scenarios

- **National Disaster (NDMS)**
- **PRA LOCATIONS**:
  - Region 1 (Snohomish County)
  - Region 3 (Pierce County)
  - Region 5 (King County)
  - Region 6 (King County)
- **32 NDMS charter hospitals**
- **463 minimum care beds**
- **1528 bed expansion capability**

- **DoD VA Contingency**

- **Military**
- **Medical Surge**
- **DoD Hospitals**
- **VA Hospitals**

- **Civilian**
- **PRA**
- **Patient Reception Area**
- **Nemours**
  - McChord Field (Tacoma)
  - Boeing Field (Seattle)
  - Paine Field (Everett)

- **Military Treatment Facility**
- **PRC**
- **DoD VA Partnering Hospitals**
- **Region 1 (Snohomish County)**
- **Region 3 (Pierce County)**
- **Region 5 (King County)**
- **Region 6 (King County)**
- **32 NDMS charter hospitals**
- **463 minimum care beds**
- **1528 bed expansion capability**
Patient Flow

Further Assessment

DMCC Liaison

Initial Assessment

Need Hospitalization

Yes

No

DMCC Liaison Assigns Receiving Hospital

Admin Stations Complete Tracking Worksheet

Patient Loaded Into Ambulances Transported to NDMS Hospitals

Further Assessment

Public Health Liaison

Non-Acute Care Facilities

No medical

Geriatric Care

Chronic Care

Sheltering

Admin Stations Complete Tracking Worksheet

Note: Service Access Teams (SAT) will assist with Discharge Planning and Repatriation
Patient Reception Team 4-Ts

**TRIAGE**

**TRACK**

**TRANSPORT**

**TREAT**
PRA Set-Up

PATIENT HOLDING AREA

TRIAGE AREA

PATIENT FLOW LAYOUT

Briefing Area
Agenda

- NDMS Overview
- King County PRA Plan
- Lessons Learned
- Strength/Challenges with Civilian/DoD Partnership
Boeing Field PRA is PSFCC’s first “Community-based PRA”

Goal: Serve as Ambulance Exchange Point
- Patients offloaded – Most critical come off first
- Quick accountability / Update patient tracking
- Re-assess condition
- Load onto ambulance
- Disposition and transport to right hospital
- Hand off mission to SAT team for discharge planning and repatriation
Terminology

- DMCC – Disaster Medical Control Center (Harborview)
- FCC – Federal Coordinating Center (PSFCC at Madigan)
- HMAC – Health and Medical Area Command (King County)
- JPATS – Joint Patient Assessment and Tracking System
- NDMS – National Disaster Medical System
- PRA – Patient Reception Area
- SAT – HHS Service Access Team
- TRAC2ES - DoD Transportation Command Regulating and Command and Control Evacuation System
Assumptions

- Will have at least 36 hours from “trigger incident” before PRA can expect to receive first aircraft with patients.
- Theater Patient Movement Requirements Center-Americas (TPMRC-A) will only send patients in the categories and numbers for which treatment capacity has been reported by the FCC.
- Patients received will be considered inpatients until their status is otherwise changed.
- Joint Patient Assessment and Tracking System (JPATS) and Service Access Team (SAT) members will arrive the PRA at or before the first plane lands.
- Will have at least 3 hours advance notice of patient movement request (PMR) information before first aircraft lands.
FCC Alert

- Alert is the first phase of mobilization of the PSFCC and is initiated when weather or events indicate activity requiring potential activation of the FCC.
- At this stage, a PRA under management of the PSFCC could be among the next to receive NDMS patients.
- However, patients are not being regulated to the PSFCC at this time.
- This status does not authorize reimbursement of the FCC and/or PRA expenses incurred preparing for possible reception of patients.
- The PSFCC expects at least 24-hour notice of patient arrival.
Alert – FCC Critical Tasks

- Establish communication with Theater Patient Movement Requirements Center-Americas TPMRC-A (Scott AFB)
- Initiate bed status reporting with the Disaster Medical Control Center (DMCC). For King County, Harborview Medical Center (HMC) is the primary DMCC and Overlake Medical Center is the secondary DMCC.
- DMCC coordinates with regional hospitals to update bed status in WATrac.
- The PSFCC Patient Administration Division (PAD) pulls bed status reporting and updates TRAC2ES, the DOD TRANSCOM Regulating and Command & Control Evacuation System
Alert – FCC Critical Tasks (cont)

- Notify Boeing Field PRA partners on Alert status. Partners who will receive notification include:
  - State DOH
  - HHS Regional Emergency Coordinator
  - Public Health – Seattle & King County (PHSKC) Duty Officer
  - Madigan Army Medical Center EOC
- If needed, work through the PHSKC Duty Officer to convene a conference call with the Boeing Field PRA partners to further discuss details of Alert status.
FCC Activation

- Activation is the second phase of mobilization and is initiated when patients are expected to be regulated to the PSFCC.
- Beginning in this phase, PSFCC reimbursement for all patient reception activities is authorized based upon the approved NDMS Mission Assignment.
- Patients can be expected to arrive within 24 hours when the PSFCC is activated.
Activation – FCC Critical Tasks

- Validate activation status through MEDCOM NDMS Office
- Monitor TRAC2ES and maintain communication with TPMRC-A (Scott AFB)
- Notify Boeing Field PRA partners on Activation status.
- Work through the PHSKC Duty Officer to convene a conference call with the Boeing Field PRA partners to further discuss details of Alert status.
Activation – FCC Critical Tasks (cont)

- Initial planning phone call will be scheduled with the following details discussed:
  - Situational Update
  - Establishment of Unified Command
  - Opening EOC / HMAC
  - Airfield ability to receive planes and indoor facility to serve as PRA
  - Patient movement planning conference – set date and time to discuss TRAC2ES Patient Movement Requests (PMRs)
  - Patient Reception Team
  - Ground transportation and ambulance support
  - Preposition required equipment and minimum cadre of personnel at PRA
  - Tracking of expenses and resources
  - Hospital capability to receive patients
  - Need for non-hospital healthcare resources
  - Public information needs
  - Anticipated arrival time of JPATS and SAT teams
Activation – Community Tasks

- Key community tasks:
  - Public Health Duty Officer notifies key partners including hospitals/healthcare, Seattle OEM, King County OEM (who notify key departments), executive leadership
  - Activate Health and Medical Area Command/Unified Command
  - Disaster Medical Control Center coordinates hospital bed availability
  - Identify resource availability and mobilize response assets as needed for PRA operation (staff, patient transport, security, etc); consider availability for more than one plane
  - Begin public messaging coordination
Incident Command

- Will comply with Incident Command System standards
- Unified Health and Medical Area Command will be established and consist of the following:
  - PSFCC
  - Public Health Seattle King County
  - King County Office of Emergency Management
  - City of Seattle Office of Emergency Management
- Physical location of Unified Command is at City of Seattle Emergency Operations Center
Unified Command

Notes
Organization listed below position title are responsible for ensuring that all of the equipment and resources for that position even if that organization does not provide the staffing directly itself.

Definitions:
ASPR = Assistant Secretary for Preparedness and Response
FCC = Puget Sound Federal Coordinating Center
HHS = U.S. Dept of Health and Human Services
KOA = King County International Airport
KCDOT = King County Department of Transportation
KCOS = King County Sheriff’s Office
NDMS = National Disaster Medical System
OEM = Office of Emergency Management
PHSKC = Public Health—Seattle & King County
SAT Team = Service Access Team (provided by U.S. Health and Human Services)
SFD = Seattle Fire Department
SPD = Seattle Police Department

Unified Health and Medical Area Command
FCC/PHSKC/King County OEM/Seattle OEM

Joint Information Center
PHSKC—Lead Madigan to send rep

Planning Section
Chief
PHSKC

Resource Unit Leader
Seattle OEM

Extraction Group Supervisor
Airport Fire (KCSO)

Document Unit Leader
PHSKC/Seattle OEM

Demobilization Unit Leader
PHSKC/Seattle OEM

Logistics Section
Chief
Seattle OEM

Service Branch Director
Seattle OEM

Examples:
- Food and Water
- Medical Equipment
- Environmental Service

Support Branch Director
Seattle OEM

Examples:
- Supplies
- Transportation
- Medical/Non-Medical staffing (PHSKC to support clinical staffing)
- Staff Health/Well Being
- Family/Pet Care

Finance & Admin Section Chief
Seattle OEM

Time Unit Leader
Seattle OEM

Procurement Unit Leader
Seattle OEM

Compensation & Claims Leader
Seattle OEM

Cost Unit Leader
Seattle OEM

Finance & Admin Deputy Chief
FCC
Boeing PRA Patient Reception Team

Notes
Organization listed below position title are responsible for securing staff for that position, even if that organization does not provide the staffing directly itself.

Definitions
ASPR = Assistant Secretary for Preparedness and Response
FCC = Puget Sound Federal Coordinating Center
HHS = US. Dept of Health and Human Services
KCIA = King County International Airport
KCDOT = King County Department of Transportation
KCSO = King County Sheriff’s Office
NDMS = National Disaster Medical System
OEM = Office of Emergency Management
PHSKC = Public Health — Seattle & King County
SAT Team = Service Access Team (provided by US. Health and Human Services)
SFD = Seattle Fire Department
SPD = Seattle Police Department

King County NDMS Patient Reception Area
On Site Organization Chart

Patient Reception and Patient Distribution Branch
SFD/Airport Fire (KCSO)

SAT Team Liaison
(as needed)

Airport Liaison
KCIA

JIC Liaison

Safety Officer
SFD

Mass Care Group Supervisor
SAT Team/Seattle Human Services

Behavioral Health Team Leader
PHSKC

Green Patient Leader
PHSKC

Treatment Team Leader
SFD

Red Unit Area Manager
SFD

Yellow Unit Area Manager
SFD

Expectant Unit Area Manager
SFD

Dispatch Manager
SFD

Medical Group Supervisor
SFD

Re-Triage Manager
SFD

Transportation Team Leader
SFD

Ambulance Staging Manager
SFD/Prius Ambulance

Patient Loading Manager
Airport Fire (KCSO)

DMCC Coordinator
SFD

Deputy Patient Reception and Patient Distribution Branch
FCC

On Site Support Group
KCIA/KCDOT

Extraction Group Supervisor
Airport Fire (KCSO)

Patient Tracking Group Supervisor
FCC

Transportation Accountability Team Leader
FCC

Admin Team Leader
SFD

Security Group Supervisor
Airport Law Enforcement (KCSO)

Triage Team Leader
SFD

Disaster Medical Control Center (DMCC)
Harborview

Communications Team Leader
KCCIT

Logistics Team Leader
KCIA/SFD

Nursing Home Group Supervisor (for NH bound patients)
(At Seattle EOC)
Patient Movement to PRA

- Patients moved via Air Force Theater Patient Movement Requirements Center – Americas (TPMRC-A)
- Patients manifested via Air Force’s TRAC2ES Patient Movement Requests (PMR)
- PMRs given to DMCC between 2-4 hours before anticipated aircraft arrival.
- DMCC makes initial decision on patient hospital disposition
- Triage Officer and DMCC Liaison make final disposition once aircraft lands.
Patient Reception and Offload

- Patient Reception Team will meet at PRA at least 2 hours prior to anticipated aircraft arrival.
- SFD Triage Officer will meet Air Force crew on aircraft ramp and assess any urgent changes in patient condition.
- Aircraft unloaded from rear to front taking direction from Air Force crew.
- Patient Tracking crews secure initial patient accountability; load patient information in JPATS to receive patient at PRA.
- DMCC Liaison confirms which hospital to route each patient.
- **GOAL:** Patient should never have to come into building.
Patient Sorting

- Triage Team Leader (SFD) oversees all patient triage decisions
- Two areas of triage:
  - Initial triage
  - Secondary triage
- If patients conditions have not changed, patient will continue to first available ambulance IAW DMCC hospital distro plan
- Secondary triage is conducted inside the Arrivals Building and is used if the following conditions exists:
  - There is no ambulance available
  - A more extensive triage or treatment is required
  - Patient or non-medical attendant does not require hospitalization
The Patient Tracking Group Supervisor will monitor PMRs in TRAC2ES and provide situational updates as conditions change.

The Patient Accountability Team Leader will obtain patient accountability for each patient coming off the back of the aircraft, ensuring the following systems are updated:

- Arrive the patient in JPATS to the Puget Sound FCC location.
- Update TRAC2ES with patient’s arrival.
- Disposition patient to designated NDMS receiving hospital.
- Ensure that a backup manual patient tracking system is in place to track patients in case the Internet is unavailable.

- HHS JPATS team should be available to assist with JPATS entries
- HHS Service Access Team (SAT) should make JPATS entries after patient leaves PRA
Treatment Area

- The patient treatment area will be established by the Treatment Team Leader inside of the Arrivals Building.

- Separate treatment areas will be established for red, yellow and green patients. The level of care will be determined by the Triage officer and Treatment staff in accordance with standing orders and/or direction from the DMCC.

- Mental health and spiritual care support will be made available for patients in all treatment areas and staff as needed. A registered mental health professional and a chaplain will staff the behavioral health services area to assist with this.

- Basic Psychological First Aid and Rapid Mental Health Triage to determine need for further mental health assessment will be available.
Green Treatment Area

- Green patient area will be established for “walking wounded” non-medical attendants or family that accompany patients on the plane.
- All individuals in this area will be triaged and monitored, including providing psychological first aid or spiritual care support as needed.
- If physical conditions of individuals in the green area worsen, they will be re-triaged to the yellow or red areas as needed.
- Mass Care Branch liaison will work with staff in the green area to help coordinate disposition (sheltering, coordinating care, etc) for individuals in the green patient area.
- If pets/service animals are brought on the plane, they will be held in the green patient area until further assessment and sheltering can be arranged.
Patient Transportation

- Transportation corridor will be established early by the Transportation Team Leader to determine the ambulance entry point, exit point, patient loading area, ambulance staging areas, and direction of flow.
- Law enforcement will clear and protect the designated corridor.
- Transportation group supervisor will assign patients to transporting units as those resources arrive.
- DMCC coordinator will confirm final destination information for the DMCC before the patient departs.
If patients are being distributed to nursing homes instead of hospitals, the DMCC coordinator will coordinate with the Patient Distribution Supervisor at the Seattle EOC.

The preferred method of transport is a BLS ambulance. ALS ambulance may be coordinated in advance if the PMR suggests that a critical care patient has been regulated to the PRA.
PRA Staffing

- PRA staffing will be determined at the initial planning conference phone call and will be contingent upon a number of operational considerations to include the following:
  - Number of patients are expected (throughput)
  - Types of patients expected (litter vs. ambulatory)
  - Anticipated medical categories of the patients (diagnostic category)
  - Operational time frame and number of missions expected (24 hour operations)
  - Are family members (non-medical attendants) or pets accompanying the patient?
  - Are patients coming from an area that may require interpreters?
Based on available information about the mission, the appropriate mix of clinical, clinical support, and administrative staff will be determined. The Boeing Field PRA plan will normally consist of the following community-based staffing structure:

- Treatment teams for primary and secondary triage stations (Paramedics, EMT)
- Social Worker
- Mental Health Specialist
- Chaplain
- Patient Tracking Administrative Specialists
- Litter Bearers (at least six teams)
- Law Enforcement/Security Guards
- Public Information Officer
- Administrative and logistics support personnel
PRA Logistics

- Seattle Fire provides treatment infrastructure:
  - Regional MCI cache with adult and pediatric supplies
  - Tactical Communications equipment for their personnel
  - Regional MCI Ambulance Bus if needed
- PSFCC provides the following:
  - Litters
  - Wheeled litter carriers
  - Litter stands
  - ICS vests
  - Tactical communications equipment for non-fire personnel
  - Laptops and scanners for patient tracking personnel
NDMS Patient Movement System

- NDMS Patient Movement System
- TPMRC-A
- TACC
- FCC
- NDMS Hospital
- JFOS
- DCO/E
  - PM SAT
  - JRMPPO
- JPMT
- TRAC2ES
- JPATS/At-Risk Registry
- JPATS/At-Risk Registry
- NDMS PATIENT VISIBILITY
  - STATE/HHS
  - USTRANSCOM
  - FCC/HHS/STATE
Patient Tracking

- **TRAC2ES**
  - Air Force’s database system for matching medical treatment capability (beds) with available aeromedical evacuation lift capacity.
  - TRAC2ES provides a system for patient movement forecasting, monitoring and planning, and provides in-transit visibility.
  - PSFCC Patient Administration (PAD) have accounts
  - Patient movement request (PMR) provides detail need to move patients in the AF aeromedical evacuation system.
  - PMR can be printed and shared with DMCC several hours prior to the patients’ arrival to make initial decisions on how to distribute patients to NDMS hospitals.
JPATS Overview

- Federal HHS System
- Provides a way to track Mrs. Smith when moved in the Federal Patient Movement system, from start to finish
- Not HIPAA constrained
- Look and feel of typical web application
- ‘Giving’ JPATS to States; MS first to receive
- Enhancing user interface; Exploring other delivery platforms and apps (iPad, smart phones, etc.)
JPATS Functionality

Welcome to the Joint Patient Assessment & Tracking System (JPATS)

- Register New Patient
- Search for a Patient at my Location
- View Incoming Patients
JPATS Ease of Use
Dashboard
JPATS Team Basics

- Deployed as 2-person JPATS strike teams
- Deployed within 24 hours of notification
- Expected to arrive ahead of first aircraft
- Initial operating capability within 10 minutes of arriving at deployment location
- Deployed with laptops, aircards, cell phone
- Will remain until host unit (i.e., FCC) able to use JPATS
- Under the direction and control of the IRCT
NDMS Hospital Definitive Care

- NDMS Definitive Care Memorandum of Agreement (MOA)
- NDMS Hospitals agree to accept ESF #8 patients and assume the care of the patients until one of the following occurs:
  - The medically indicated treatment has been completed (maximum of 30 days) resulting in discharge
  - The exhaustion of the Diagnostic Related Group payment scheduled as defined by the Centers for Medicare and Medicaid Services diagnostic related group payment schedule
  - Voluntary refusal of care
  - Return to originating facility or other location for follow on care.
- Once the patient is ready for discharge, the hospital will look to HHS for direction and support for the patient post-discharge care and return. The HHS SAT coordinates patient repatriation.
## King County NDMS Hospitals

<table>
<thead>
<tr>
<th>King County Hospital</th>
<th>Trauma Designations</th>
<th>Zone</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult</td>
<td>Pediatric</td>
<td>Rehab</td>
</tr>
<tr>
<td>Harborview Medical Center</td>
<td>Level I</td>
<td>Level I P</td>
<td>Level I R</td>
</tr>
<tr>
<td>Auburn Regional Medical Center</td>
<td>Level III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evergreen Hospital Medical Center</td>
<td>Level III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overlake Hospital Medical Center</td>
<td>Level III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valley Medical Center</td>
<td>Level III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highline Medical Center</td>
<td>Level IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northwest Hospital &amp; Medical Center</td>
<td>Level IV</td>
<td></td>
<td>Level II R</td>
</tr>
<tr>
<td>St Francis Hospital</td>
<td>Level IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Elizabeth Hospital</td>
<td>Level V</td>
<td></td>
<td></td>
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<tr>
<td>Seattle Children’s Hospital</td>
<td></td>
<td>Level I PR</td>
<td></td>
</tr>
<tr>
<td>University of Washington Medical Center</td>
<td></td>
<td>Level I R</td>
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<tr>
<td>Swedish – Ballard</td>
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<tr>
<td>Swedish – First Hill</td>
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<tr>
<td>Swedish – Cherry Hill</td>
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<tr>
<td>Swedish – Issaquah</td>
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<td></td>
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<tr>
<td>Virginia Mason</td>
<td></td>
<td></td>
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</tbody>
</table>
King County NDMS Hospitals (cont)

- Puget Sound Regional Status
  - 32 NDMS Hospitals

<table>
<thead>
<tr>
<th>Region</th>
<th># NDMS Hospitals</th>
<th>Minimum # Beds</th>
<th># Surge Capacity Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 (King)</td>
<td>16</td>
<td>229</td>
<td>936</td>
</tr>
<tr>
<td>5 (Pierce)</td>
<td>8</td>
<td>23</td>
<td>233</td>
</tr>
<tr>
<td>1 (Snohomish)</td>
<td>4</td>
<td>50</td>
<td>269</td>
</tr>
<tr>
<td>3 (Thurston)</td>
<td>4</td>
<td>10</td>
<td>239</td>
</tr>
</tbody>
</table>
# NDMS Patient Care Reimbursement

<table>
<thead>
<tr>
<th>Patient’s Insurance Status</th>
<th>Provider will first bill</th>
<th>Provider will bill secondly</th>
<th>NDMS status for payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>NDMS</td>
<td></td>
<td>Covered at 110% Medicare rate</td>
</tr>
<tr>
<td>Medicaid</td>
<td>NDMS</td>
<td></td>
<td>Covered at 110% Medicare rate</td>
</tr>
<tr>
<td>Other insurance or health program coverage (other than Medicaid, Medicare, or TRICARE)</td>
<td>Other Insurance</td>
<td>NDMS for balance, not to exceed 110% Medicare rate</td>
<td>*Covered at 110% Medicare rate when combined with private insurance</td>
</tr>
<tr>
<td>Medicare</td>
<td>Medicare</td>
<td></td>
<td>Not eligible</td>
</tr>
<tr>
<td>TRICARE</td>
<td>Per TRICARE</td>
<td></td>
<td>Not eligible</td>
</tr>
</tbody>
</table>
Service Access Team (SAT)

- HHS SAT will coordinate all aspects of patient return to ensure smooth transition from host State to final destination. Scope of services will include:
  - Work with FCCs, sending and receiving facilities, as well as State EOCs and health departments to identify/track patients
  - Ensure transportation, human services (language translation, food, lodging, etc) and arrangements for discharged patients and attendants
  - Coordinate return of patients and attendants to home state
  - Facilitate communication between attending physician and accepting physician for those requiring follow-on care
Agenda

- NDMS Overview
- King County PRA Plan
- Lessons Learned
- Strength/Challenges with Civilian/DoD Partnership
Lessons Learned

- Need a common language (acronyms mean different things in different communities)
- Considerable resources/capability when you partner
- Unified command is necessary to translate requirements into action
- We have more in common with our planning than differences
- Helpful to have military who are in the Reserve and live/work within the community
- Military is only needed to coordinate patient arrival; community does the patient regulation, transport, treatment mission every day.
- Efficiencies gained by leveraging systems and processes developed for community medical surge and MCI response
Lessons Learned

- More work to do with joint planning on the following:
  - How the Joint Information System and Joint Information Center will come together to support the mission
  - PRA and hospital reimbursement procedures
  - Fatality planning
  - Integration of federal/local patient tracking systems
  - Multiple operational period planning
  - Contingency planning for nursing home care, mental health, bariatric and pediatrics
  - How military aircraft will be serviced and refueled at KCIA/Boeing Field
Agenda

- NDMS Overview
- King County PRA Plan
- Lessons Learned
- Strength/Challenges with Civilian/DoD Partnership
Strengths with Civilian/DoD Partnership

- Civilian partners have considerable resources to bring to the mission (they do this everyday)
  - Access to airfield and EOC
  - Tremendous pre-hospital treatment and evacuation capability
  - DMCC is integrated into multi-county healthcare network
  - Leverage existing community plans
  - Health and Medical Area Command can quickly mobilize ESF-8 resources if conditions change
Strengths (cont’d)

- Excellent participation. Easy to get stakeholders to the table.
- Allows military to leverage limited staff to conduct multi-period operations in multiple locations.
- Madigan/DoD doesn’t have to be primary staffing for PRA which preserves readiness and flexibility to contribute in other ways.
- Increased understanding for local players of federal systems and capabilities.
- NDMS inbound mission plan can be adapted to plan for local community response for NDMS outbound mission.
Challenges with Civilian/DoD Partnership

- Translating military into civilian terminology (and vice-versa)
- Civilian planning takes longer and is more inclusive (greater need for multi-agency stakeholder buy-in)
- Anticipating civilian community impacts in support of disaster struck community and how this might affect support for NDMS PRA mission
- Funding for different agencies can dramatically change or limit planning factors (e.g. sequester)
- Working with part-time reservists can be challenging with availability
QUESTIONS?