

Federal Patient Movement Service Access Team Fact Sheet



When a state requests federal support to move patients, the U.S. Department of Health and Human Services (HHS), as the lead federal agency for Emergency Support Function #8, Public Health and Medical Services, will implement the patient movement system, which is comprised of five functions: **patient evacuation** (to include patient reception and management), **medical regulating**, **en-route medical care**, **patient tracking**, and **re-entry**.

What is Federal Patient Movement?

Federal patient movement entails the relocation or evacuation of patients from a disaster site to unaffected areas of the nation by federal agencies. This could include movement from places such as the actual incident scene, the patient's home, a hospital, or a nursing home, to a facility within a specific hospital network. The federal patient movement system is requested when the number of patients required to be moved exceeds local or state patient movement capabilities. However, long before federal support is involved, patient movement and evacuation activities are taking place at the local and state levels.

What is the HHS Service Access Team?

Service Access Teams (SAT) are five teams of 20 – 40 U.S. Public Health Service officers available to deploy to support a number of missions. Once deployed, they fall under the authority of the HHS Incident Response Coordination Team. SATs can support:

- Needs Assessment;
- Plan Development/Cultural Sensitivity;
- Advocating/Connecting;
- Clinical Care Coordination;
- Continuity/Transition Management;
- Psycho-Social Management;
- Re-integration; and
- Confidentiality Assurance

How Does the HHS SAT Support Patient Movement?

When deployed to support Patient Movement, SAT can:

- Coordinate Patient Return
 - Facilitate communication
 - Arrange patient transportation
 - Ensure healthcare system is ready to accept patient return
 - Ensure services are provided to support patients en route
- Support Medical Case Management
 - Coordinate services with discharge planners and receiving facilities
 - Communicate clearly to patients, family, providers, staff of all facilities
 - Arrange all medical transportation/equipment
- Coordinate Evacuee Travel
 - SAT arranges travel through any travel mode available
 - Arrange transportation services for non-medical attendants or family accompanying patients
- Coordinate Human Services
 - Coordinate lodging and human services for all discharged patients and accompanying family/attendants until transportation can be coordinated to final destinations
- Support Data Collection
 - SAT uses the Joint Patient Assessment and Tracking system to update patient records
 - Provide daily reports to HHS leadership, state authorities, and hospitals, as requested

In addition to these general activities, SAT can also coordinate the return of deceased patient remains and other non-patient support.

Access These Fact Sheets to Find Out More About SATs:

[ASPR U.S. Public Health Service Access Teams](#)

[Fact Sheet: Service Access Teams](#)

Additional Patient Movement Resources:

- [Federal Patient Movement: Overview](#)
- [Federal Patient Movement: NDMS Definitive Care Program](#)
- [Federal Patient Movement: Joint Patient Assessment and Tracking System](#)

For more information, state or local health department emergency planners should contact their [ASPR Regional Emergency Coordinator](#).