

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 20 May 2019

Response Date: 22 May 2019; updated 31 May 2019

Type of TA Request: Standard

Request:

The requestor asked for technical assistance in identifying best practices and regional healthcare coalition (HCC) models related to medical coordination; particularly in large-scale patient evacuation and secondary transfer (e.g., after a large mass casualty incident [MCI]).

Response:

The ASPR TRACIE Team reviewed our [Select Healthcare Coalition Resources](#) page (which includes links to several existing Topic Collections, including the [Coalition Administrative Issues](#), [Coalition Models and Functions](#), and [Coalition Response Operations](#) Collections). Other relevant ASPR TRACIE resources include the [Healthcare Facility Evacuation / Sheltering](#), [On-Scene Mass Casualty Triage and Trauma Care](#), and [Patient Movement and Tracking](#) Topic Collections.

We also reached out to ASPR TRACIE Subject Matter Expert (SME) Cadre members and requested any resources or feedback they had to share.

Section I includes feedback provided by an ASPR TRACIE SME via email. Section II includes HCC plans that address evacuation. Finally, Section III provides additional relevant resources.

A list of comprehensively developed Topic Collections can be found here: <https://asprtracie.hhs.gov/technical-resources/topic-collection>.

I. ASPR TRACIE SME Cadre Member Comments

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

SME Cadre Member 1:

- Based on lessons learned from the previous year's Coalition Surge Tests (CST), the Massachusetts Department of Public Health (MDPH) developed and tested a new model for their 2019 CST, which consisted of an expanded Patient Placement Coordination Branch within the MDPH Patient Placement Coordination Plan.
- The expanded Branch includes a new Hospital Liaison Group; an expanded Patient Placement Group, where they added a Bed Availability Unit, Complex Patient Placement Unit and Non-Complex Patient Placement Unit; and an expanded Transportation Group, which added an EMS Resource Unit and Specialized and Standard Transport Units.

- Based on lessons learned from previous CST exercises, the complex and non-complex patient placement units and clinical advisor were staffed by clinicians from the Massachusetts Regional Disaster Health Response System to ensure clinically appropriate decisions for patient placement.
- While the After Action Report is in development, initial feedback for the enhanced Patient Placement Coordination Branch was very positive in all six of the CSTs.
- **NOTE:** Please contact the [ASPR TRACIE Assistance Center](#) if you would like to speak with a SME further on these efforts.

II. Evacuation-Specific Resources for HCCs

Colorado Hospital Association. (2013). [Colorado Health Care Coalition Integrated Evacuation Plan Guide and Template](#).

These two resources can help healthcare facilities develop their plans specific to evacuation or reception of patients in the event of a disaster. While specific to the State of Colorado, the documents can be used as models by other states.

DC Emergency Healthcare Coalition (2014). [Healthcare Facility Evacuation Incident Specific Annex](#).

This annex to the Washington, DC Emergency Healthcare Coalition Emergency Operations Plan provides guidance to personnel supporting an incident in which a single or multiple healthcare facilities in the District of Columbia require evacuation.

Greater New York Hospital Association. (2017). [Patient Evacuation Toolkit](#).

This toolkit contains resources developed by the "Patient Movement Workgroup" and addresses four priority areas: defining bed types to make bed matching easier; sharing critical information during transport; improving access to medical records after patient transfer; and best practices for credentialing healthcare personnel.

Los Angeles County Emergency Medical Services Agency. (2012). [Evacuation and Shelter-in-Place Guidelines for Healthcare Entities](#).

This guidance document is comprised of three parts. Part I provides general guidance on the differences between evacuation and shelter in place, including the roles and responsibilities of healthcare facilities and the healthcare system. Part II includes an evacuation and shelter in place plan template that healthcare facilities can use to create or update their own plan. Part III includes a set of two tabletop exercises (shelter-in-place and evacuation) that facility emergency planners may use in the planning phase as they develop their plans to identify needs, gaps, or solutions, and/or may use to educate personnel on the components of their existing plan.

Lowe, J.L., Hansen, K.F., Sanger, K.K, and Obaid, J.M. (2016). [A 3-year Health Care Coalition Experience in Advancing Hospital Evacuation Preparedness](#). (Attachment to full-text article provided.) *Prehospital and Disaster Medicine*. 31(6). 658-662.

The authors of this report discuss efforts made by a healthcare coalition (HCC) to advance and test community capacity for a large-scale hospital evacuation. During this 3-year effort, the HCC utilized a variety of platforms such as workshops, seminars, webinars, tabletops, functional exercises, and culminated with a full-scale exercise testing hospital evacuation.

Northwest Healthcare Response Network. (2017). [Plans and Resources](#).

This webpage includes links to plans, tools, and services provided by this healthcare coalition. Links to other resources (e.g., active shooter, pandemic influenza, and Ebola) are also included. **NOTE:** The following resources located on this webpage may be particularly helpful: [Regional Patient Movement Response Plan](#) and [Multi-County Patient Tracking Plan](#).

Reeve, M., Altevogt, B., and Davis, M. (2015). [Regional Disaster Response Coordination to Support Health Outcomes: Summary of a Workshop Series](#). Institute of Medicine.

Chapter 2 of this resource is titled, “Evacuation, Patient Tracking, and Information Sharing in a Regional Response.” This chapter provides key points and challenges identified during a workshop series as it relates to the healthcare facility evacuation and patient tracking process during disaster.

Region 9 Healthcare Coalition. (2017). [After-Action Report/Improvement Plan for: Region 9 Healthcare Coalition Evacuation Situational Awareness Exercise: Northern Sub-Region](#). Spokane Regional Health District.

This intent of the exercise was to evaluate three objectives related to patient placement, patient transportation, and situational awareness. This document summarizes the exercise strengths and areas for improvement.

Southeast Texas Regional Advisory Council. (n.d.). [Regional Plans](#). (Accessed 5/21/2019.)

This webpage includes links to plans, templates, and tools that can help planners draft reports, conduct hazard vulnerability analyses, develop family reception centers, and the like. **NOTE:** Please review the Hospital Evacuation Plan Basic Template.

St. Louis Area Regional Response System. (2014). [St. Louis Area Regional Hospital Evacuation and Transportation Plan](#).

This plan focuses on emergencies and disasters requiring immediate response from regional partners and the St. Louis Medical Operations Center. It outlines a system to coordinate patient evacuation and establishes an organizational structure to facilitate communication and cooperation between the evacuating facilities, the St. Louis Medical

Operations Center (SMOC), receiving facilities, alternate care sites, and transportation resources.

St. Louis Hospital Preparedness Committee. (2015). [St. Louis Area Regional Hospital Re-Entry Plan](#).

This plan describes how the healthcare organizations in the St. Louis Area region will conduct re-entry operations following evacuation or operational interruption as a result of a disaster and includes the role of the medical operations center in coordinating this effort. It also includes information on managing identification, credentialing, and granting access management for healthcare facility personnel after an incident.

Washoe County, Nevada. (2017). [Emergency Medical Services Regional Plans](#).

This webpage includes links to county-specific plans and annexes (e.g., multi-casualty incident plan; mutual aid evacuation annex; and family service center annex).

III. Additional Relevant Resources

Agency for Healthcare Quality and Research. (2008). [Mass Evacuation Transportation Model](#).

This computer model can help healthcare planners estimate the time required to evacuate and transport patients and others from healthcare facilities to receiving facilities. The model considers: the numbers of available ambulances, wheelchair vans, and buses; the location of evacuating and receiving facilities; and the surge capacity of receiving facilities.

Harvey, M., Hunt, R., Hick, J., and Hanfling, J. (2011). [The Role that Health Care Coalitions Play in Support of Mass Casualty Response](#). *Annals of Emergency Medicine*. 70(1): 106-107.

The author shares lessons learned from several successful healthcare coalitions regarding partnership and sustainability as well as their general focus and structure.

Healthcare Preparedness Coalition of Utah/Wasatch Counties. (2014). [Regional Medical Surge Plan: Expanding Local Healthcare Structure in Mass Casualty Events](#).

This plan defines how healthcare and related organizations within this specific region will work together to prevent, mitigate, respond to and recover from a disaster that leads to a surge on healthcare facilities. It can be used by personnel in real emergencies and when conducting training, drills, and exercises.

National Association of County and City Health Officials and the Association of State and Territorial Health Officials. (2010). [Healthcare Coalition Matrix](#).

This is a useful matrix that compares and contrasts a number of different healthcare coalition models.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2016). [Health Care Coalition Surge Test](#).

The Coalition Surge Test (CST) is designed to help health care coalitions (HCCs) identify gaps in their surge planning through a low- to no-notice exercise. This webpage includes links to the tool files, as well as to documents that support exercise conduct.