

ASPR TRACIE Technical Assistance Request

Requestor: [REDACTED]
Requestor Phone: [REDACTED]
Requestor Email:
Request Receipt Date (by ASPR TRACIE): 24 April 2018
Response Date: May 10, 2018
Type of TA Request: Standard

Request:

[REDACTED] asked if ASPR TRACIE had any written plans related to hospitals accepting patients from National Disaster Medical System (NDMS) transfers. Additionally, the requestor noted that this would be similar to interfacility transfers rather than ER entry surge plans.

Response:

The ASPR TRACIE Team conducted an online literature review for plans related to NDMS transfers. Resources gathered can be found below.

The ASPR TRACIE Team also previously provided the requestor with the following relevant resources: [Healthcare Facility Evacuation/Sheltering Topic Collection](#), [Patient Movement and Tracking Topic Collection](#), and [ASPR TRACIE Exchange Issue on Healthcare Facility Evacuation](#).

Finally, the ASPR TRACIE team reached out to the ASPR Regional staff from Region [REDACTED] and asked them for information on local initiatives. Those are listed below in Section 1.

I. Regional-Specific Information

From the Regional Veteran's Health Administration Federal Coordinating Center (FCC) Coordinator

“I have spoken with the requestor and folks at their organization, and have offered to assist them with development of a reception plan for NDMS patients. They seemed to be looking for a specific SOP which supported reception activities resulting from the arrival of NDMS patients. I am unaware of any such SOP specifically but I did offer guidance on what the expectations are from the FCC's point of view. These centered primarily around patient tracking and the need to have the patients location and condition updated in JPATS [Joint Patient Accountability and Tracking System]. I also noted that they would be provided with contact information for the serving SAT [Service Access Teams] that was assigned to support the NDMS operation in the [REDACTED] FCC's AOR [geographical area of responsibility]. I explained the SAT's responsibilities vis-à-vis the patients, particularly repatriation.

As it happens I have been aware of the work being done by the State’s Department of Public Health (DPH) on coordinating patient movement resulting from the evacuation of one or more HCFs [healthcare facilities] and I evaluated the TTX held by DPH in this Region, [REDACTED], testing the draft plan just last week. Early on I have been a proponent of using this plan to assist the regulating of patients from the PRA [patient reception areas] to NDMS participating hospitals in the State. As a result the latest re-write of our FCC Operations Plan puts more responsibility for patient movement from the PRA on the shoulders of State DPH. This plan is currently being reviewed by leadership at VA [REDACTED] and, when approved, will be distributed to our community partners for further review. The intent is to have the plan cleaned up and ready for a TTX in the fall. If the State DPH patient coordination plan is available at that time it will be incorporated into the TTX as well.

To ensure we’re moving in the same direction, a representative also evaluated an iteration of the DPH exercise out in the Region. She and I have been in discussion over how best to apply elements of the coordination plan to NDMS operations.”

From [REDACTED] Department of Public Health

“Thanks so much for being in touch and sharing information about the request and proposed reply. Since the requesting organization is looking specifically for hospital based patient reception, this really isn’t applicable to the work we’re doing with the Patient Placement Coordination Plan. Once the patients get to their facility it is up to the facility how they enter them into their system and this is likely different from one facility to the other. We appreciate the specific examples that are included in the response for the requesting organization, including those based on lessons learned, to help them with their planning.”

II. Hospital-Specific Resources

Mason, W.L. (2010). [The Incomplete Circle of the National Disaster Medical System: What Arkansas Hospitals Learned From Hurricane Gustav.](#) (Abstract only.) *Biosecur Bioterror.* (2):183-91.

The author of this article describes the repatriation and reimbursement issues faced by NDMS hospitals in Arkansas that provided care to patients who were evacuated from Louisiana during Hurricane Gustav.

III. Federal Coordinating Center (FCC)-Specific Resources

Donohue, J. (n.d.). [National Disaster Medical System: Maryland Patient Reception Plan.](#) (Accessed 4/24/2018.)

This presentation highlights the preparation, activation, and demobilization of pre-identified acute care hospitals and other healthcare facilities in Maryland that support the NDMS. Several organization charts and floorplans are included. Note that this plan is focused on patient reception from affected areas.

Lien, O., and Tobiason, E. (n.d.). [Building Military-Civilian Partnerships to Develop NDMS Patient Reception Area Plans](#). (Accessed 4/24/2018.)

This presentation includes an overview of the NDMS (and the role of Federal Coordinating Centers). It also includes information on the King County (WA) Patient Reception Area, patient movement scenarios, and patient reception teams. Additional guidance on patient movement and tracking which could be helpful to emergency planners is also provided.

National Disaster Medical System, Nashville Federal Coordinating Center (FCC). (2015). [Patient Reception Operations Plan](#).

This plan explains how voluntary, pre-identified acute care hospitals and other healthcare facilities in Nashville and Smyrna (TN) will, under the NDMS, serve as Federal Coordinating Centers that can “receive, triage, stage, track and transport inpatients that exceed the capabilities of local, state, or federal medical systems” due to mass casualty incidents. Templates, an organization chart, bed reporting forms, and other resources are included as appendices.

National Disaster Medical System. (2014). [National Disaster Medical System Federal Coordinating Center Guide](#).

This document is intended to provide guidance to FCC Directors and staff, as well as local officials who will be receiving and providing care to patients evacuated through NDMS. It includes an overview of NDMS; addresses NDMS activation, operations, and training; and identifies FCC roles and responsibilities.

IV. Other Resources Related to NDMS

Abbott, S. and Stevermer, A. (2012). [Patient Movement: A Different Type of Evacuation](#).

This conference presentation details the history of patient movement and the decision making process associated with patient movement (including medical considerations in prioritization). It also includes an overview of the NDMS, the Joint Patient Tracking and Assessment System, and risks associated with moving and tracking.

ASPR TRACIE. (2016). [Federal Patient Movement: NDMS Definitive Care Program Fact Sheet](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This factsheet provides an overview of federal patient movement (the relocation or evacuation of patients from a disaster site to unaffected areas of the nation by federal agencies). It also explains the services covered and how coverage will be coordinated and includes links to helpful resources.

CT Department of Public Health, CT Department of Emergency Management and Homeland Security, and The Capitol Region Metropolitan Medical Response System, State of Connecticut. (2008). [State of Connecticut: The Forward Movement of Patients Plan.](#)

This state plan covers the medical management and transport of patients after a mass casualty incident (and before the NDMS is implemented). It also includes steps for activating and implementing NDMS.

Kerschner, D. (2013). [Patient Evacuation: Federal Capabilities.](#)

In this presentation, the speaker provides an overview of: the Federal National Ambulance Contract (including determining the need and the request and activation processes); the NDMS; patient tracking; and patient movement challenges.

McGovern, J. (n.d.). [Mass Casualty Evacuation and Patient Movement.](#) (Accessed 4/24/2018.) The Federal Response to Health and Medical Disasters, Chapter 9.

The author provides an overview of the planning and activation steps in a catastrophic scenario requiring mass evacuation that overwhelms local and state resources. The chapter has several sections: Planning Cycle (which examines planning for various types of threat); Characteristics of the Area (which encourages planners to consider demographics and structural integrity of healthcare facilities); Estimating Requirements for Medical Evacuation; Planning; Execution; Patient Evacuation from Medical Facilities; and Patient Evacuation Using the National Disaster Medical System.

U.S. Department of Defense. (2016). [DoD Instruction 6010.22: National Disaster Medical System \(NDMS\).](#)

The roles of the U.S. Department of Defense as they pertain to the NDMS are summarized in this issuance. The document includes a list of Federal Coordinating Centers and explains how they are selected and activated.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2016). [NDMS Patient Movement Exercise.](#)

This brief video highlights the benefit of holding exercises that test the NDMS.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, At-Risk Individuals, Behavioral Health, & Community Resilience. [National Disaster Medical System.](#)

This website provides information on the NDMS, including the teams, training and exercises, joining NDMS, legal information, NDMS response activities, and the Definitive Care Reimbursement Program.