

Noble Lifesaver Patient Movement Workshop: Promising Practices and Lessons Learned

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Background

In 2015, the U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), Office of Emergency Management's Training, Exercise, and Lessons Learned Branch began developing and sponsoring the Noble Lifesaver Patient Movement (PM) Workshop Series with various state partners. This Workshop Series was designed to test and examine the scope of federal assistance for PM functions and the specific requirements among local, state, regional, and federal emergency support function (ESF) #8 partners to execute PM.

Purpose and Scope

The Noble Lifesaver PM Workshop Series facilitates collaboration among federal interagency partners, federal regional stakeholders, and participating states. These region-specific workshops can help attendees develop a common understanding of the requirements, capabilities, and desired outcomes of PM operations, and the option for federal assistance. Specifically, the purpose and overarching goals of the Noble Lifesaver PM Workshop Series are for local, state, regional, federal, non-governmental, and private sector attendees to:

- Develop an understanding of their intrinsic PM capabilities, gaps, and support they may access through existing agreements or contracts;
- Identify potential requirements at the state level for PM operations;
- Validate/improve existing—and develop new—state plans or procedures for managing PM operations, with and without federal assistance; and,
- Develop a heightened awareness of the capabilities and capacities of the federal PM system.

This Workshop Series can also help federal interagency partners: 1) better understand state and regional PM needs, and 2) set expectations for state and regional partners on the potential and extent of federal PM support.

Workshop Delivery

The Noble Lifesaver PM Workshop is a one-day, facilitator-led, discussion-based workshop comprised of plenary sessions that focus on the scope of federal assistance for PM operations and the specific PM requirements and capabilities of local, state, regional, and federal ESF #8 partners. Each workshop uses a customized, realistic scenario designed to trigger the need for

PM that exceeds local, state, and regional capacities. Noble Lifesaver PM Workshops in 2015 utilized a major hurricane or earthquake/tsunami scenario—based on geographical locations. Participants are asked to consider their “real-life” disaster roles when working through the scenario, offering observations to the forum, making strategic decisions, and complying with real-world response procedures. The facilitator ensures that the discussions proceed at an appropriate pace, covering each issue sufficiently and allowing all attendees an opportunity to contribute.

Summary of Key Findings

The Noble Lifesaver PM Workshop Series identified common lessons learned and promising practices. The following sections highlight key findings that were identified from the workshops.

Roles and Responsibilities

Throughout the course of the 2015 Noble Lifesaver PM Workshop Series, participants consistently noted two primary components of any successful PM plan: 1) outline roles and responsibilities of all PM partners in future PM planning documents; and 2) communicate this list to all relevant local, state, private-sector, and non-governmental PM partners. In addition, state planners expressed the importance of outlining the processes for integrating private-sector and non-governmental assets into the state’s PM response efforts.

Mutual Aid Agreements

During Workshop discussions, state and local participants acknowledged that their current capabilities, capacities, and resources needed to treat and move patients will quickly be exhausted, requiring state-to-state or federal assistance. Planners need to be aware of, or recommend the development of, mutual aid agreements. In addition, participants emphasized that PM planning assumptions within these agreements should: 1) address the issue of cross- or out-of-state licensing of medical professionals; and 2) identify triggers and thresholds for requesting resources and assistance.

Patient Definition and Classifications

Overall, Noble Lifesaver PM Workshop participants agreed that states should identify patient classification criteria in future PM planning assumptions. Specifically, participants stated that the criteria should: 1) outline the distinctions among vulnerable populations; 2) differentiate between individuals being moved via the PM system and patients located within the shelter population; and 3) identify specific triggers for when classification requirements for a “patient” change throughout PM operations.

Triggers and Thresholds for Activating PM

During the Workshop, participants discussed the importance of identifying and communicating triggers and thresholds to activate PM operations. In particular, participants agreed that certain information will be necessary prior to commencing PM operations, including, but not limited to, initial damage assessments, operational statuses of hospitals/medical facilities and facility bed counts.

Ultimately, participants agreed that PM partners should identify, adjudicate, and formalize a list of triggers and thresholds that can be used to activate PM operations. Once final, participants recommended that state planners disseminate this list to all relevant PM partners and stakeholders.

Maintaining Communication and Situational Awareness

Workshop participants also discussed the importance of establishing and maintaining situational awareness throughout PM operations. They concluded that collaboration among local, state, and federal interagency partners is critical in order to establish a unified operational rhythm. Communications should follow a bottom-up approach (i.e., information sharing should first occur at the local level before moving to the county, state, and federal levels).

While participants identified several tools (e.g., local, state, and federal systems) for establishing and maintaining situational awareness throughout PM operations, there is no one interoperable communication or reporting standard that responders could use to maintain a common operating picture across all levels of PM partners. Therefore, Workshop participants recommended looking into consolidating necessary PM information into one widely accepted web-based system.

Patient Have Different Transportation Needs

Noble Lifesaver PM Workshop participants agreed during PM plan development, planners should consult with various partners (e.g., social services, behavioral health professionals, states that have developed PM procedures) to create processes and/or algorithms for prioritizing hospitals and patient populations for transport. In addition, while PM planning in the immediate future primarily focuses on hospitals, continuing planning should also take into consideration other healthcare and resident facilities, including long-term care facilities and disaster shelters.

Multi-Modal Transportation Options

Throughout the course of the Noble Lifesaver PM Workshop Series, participants discussed the importance of a multi-modal transportation approach for PM operations. Specifically, participants identified several transportation outlets including ground, rail, aeromedical evacuation, and maritime options (geographically permitting). Workshop participants suggested that algorithms for the prioritization of different modes of transport be developed during regional planning.

Aerial Points of Embarkation

During a large-scale catastrophic incident, aerial points of embarkation (APOEs) will be critically important to decompress hospitals and other medical facilities. As such, Workshop participants suggested that the state should identify and document in future PM plans any pre-identified APOEs, as doing so will better prepare the state for large-scale PM operations. Also during the Workshop Series, state planners indicated a preference for smaller airfields with little air/ground traffic, while federal PM partners require the state to identify up to four APOEs in order to use military aircraft to move patients. PM planners need to take these two issues into consideration and find a balance that works for both.

Aerial Points of Debarkation and Federal Coordinating Centers

Participants discussed the differences between APOEs, aerial points of debarkation (APODs), and Federal Coordinating Centers (FCCs) during the workshop. Specifically, the APOD serves as a reception center for patients evacuated from APOEs. The FCC serves as a coordinating location where patients are directed to various National Disaster Medical System (NDMS) destination hospitals. In addition, APODs are often co-located with (or located in close proximity to) existing FCCs and, when feasible, are located within 250 miles of APOEs.

To facilitate an effective response during an actual incident, state participants recommended that the state engage further with HHS Regional Emergency Coordinators to confirm the locations of local FCC sites.

Patient Tracking

At the federal level, HHS uses the [Joint Patient Assessment and Tracking System \(JPATS\)](#) to track patient movement via the federal PM system. Through barcode scanning technology, JPATS records patients entering the federal PM system upon their arrival at the APOE and continues to track patients until they are returned to their originating hospital, discharged from an NDMS

destination hospital, or otherwise released from the federal PM system.

There is currently a lack of one common interoperable system or tool to track the movement of patients nationwide. This may lead to confusion regarding the location and status of patients, especially in the midst and chaos of a response to a catastrophic incident. Participants agreed that hospitals do not have the staffing requirements to engage multiple tracking mechanisms within their facilities. For future PM planning, participants suggested that their state follow two courses of action: 1) employ JPATS as the statewide patient tracking mechanism; and 2) examine the interoperability of current locally used systems with JPATS.

Patient Reunification and Repatriation

Participants identified several considerations and decision points involved in returning patients to their final disposition or home of record. The HHS Service Access Team will determine if a patient requires further care or if the patient is capable of being discharged from the federal PM system. Specifically, HHS Service Access Team members serve as discharge planners during PM operations for patients within the federal PM system. If the originating facility is capable of receiving patients, the HHS Service Access Team will arrange the patient's transportation back to their respective facilities. However, if the originating facility is unable to receive patients, then the HHS Service Access Team will coordinate with state PM partners to arrange for transportation to their home of record or to an alternate facility within the state. If a patient is deemed safe for transport, the patient may receive a commercial airline ticket to home or to an alternate location (e.g., a family relative), if returning home is not feasible.

Although participants discussed the capabilities and capacities of the HHS Service Access Team during the Workshop, participants also indicated a need to outline the specific roles and responsibilities of the HHS Service Access Team in future PM planning documents with the state. Upon confirmation of said roles and responsibilities, the state will communicate this information to local and other PM partners.

Additionally, participants noted that their states do not have a strategy to return patients moved via state capabilities. To address this, state planners recommended creating a state-specific plan to return any patients moved via state assets.

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