Subject: Emergency Patient Tracking Policy and Procedures, Version 1.2

Approved by: Robert Newsad, HPP Coordinator  Effective Date: June 2018

Purpose: To Establish a Statewide Framework for Patient Tracking

Policy: Each RMCC/HCC region will adopt a Patient Tracking System and Plan to ensure coordination of relevant healthcare information during a surge event.

1. Some types of events that may require use of patient tracking system:
   a. MCI with patients being sent to multiple facilities
   b. Hospital or LTC facility evacuation
   c. Disease Outbreak
   d. Hurricane evacuees moved into TN
   e. Activation of a catastrophic plan

2. Protocols
   a. During an event, the Regional Hospital Coordinators (RHC) and healthcare entities in each region will have an option to initiate region-specific emergency patient tracking procedures while ensuring patient care is the priority function. The RHC should coordinate this with the Regional Medical Communications Center (RMCC), the EMS Consultant, and other responders to issue a notice to begin emergency patient tracking. This notice can be communicated through the Healthcare Resource Tracking System (HRTS) and/or TNHAN. The incident name to be used should be included in the initial notice. A case definition for those patients to be tracked will be included in the initial emergency messaging. This definition may be adjusted at a later time by regional and/or state public health officials.

   b. The RHC will coordinate the collection and/or exchange of tracking information for emergency patients through the use of TN’s patient tracking information system. It is a regional decision on what information will be collected for each type of patient. Three primary fields to collect include ID #, location(s), and triage status.

   c. Emergency logins for the state patient tracking system are located on page 3 of this protocol. These may be used, but could create problems, since multiple people at multiple facilities could lock up the accounts. Each HCC should build their own set of users that can be used for events. You need at least one generic
user for each acute care hospital, one for each of the primary EMS services, two
users with regional permissions, and others that you believe may be involved.
This list should be stored and available with its location well known among
regional coordinators. If there is a HRTS event ongoing, you could post the
logins as a message in HRTS or attach the list to the event. The patient tracking
system can be accessed for initial emergency patients at
https://tdh.ger911.com/hcsapp/#/ , or by using the TEMARR page.

d. During an activation of patient tracking, transport agencies and receiving facilities
(hospitals, alternate care shelters, etc.) of emergency patients should ensure that
each patient has been assigned a unique tracking identification number via an
armband or through the use of a barcoded triage tag that remains with the patient.
The assignment of a unique identification number is critical for tracking
patients. This number will allow emergency managers to account for and locate
patients during the incident. All attempts should be made to keep patient ID
bands from previous facilities/transfers with the patient. If ID band(s) or
Tag(s) need to be removed, attach the removed band(s) to the patient’s record. If
a patient has multiple identifiers, each method should also be recorded in the
patient tracking system in the notes field.

e. Each regional HCC should ensure that an adequate number of system users from
agencies and acute care facilities such as hospitals, the RMCC, EMS, and public
health, have access and the ability to grant adequate permissions 24/7 to register
and track emergency patients.

f. Emergency patient tracking information during a declared disaster can be shared
with other public health and emergency management entities in the State.
However, release of patient-level information to other entities may require a Data
Use Agreement.

3. Requirements

a. Each regional Healthcare Coalition (HCC) will adopt a patient tracking system
which should be electronic and should be compatible with standard mobile
devices, if possible. Systems should be able to provide tracking information to
various responders, healthcare facilities, shelters, and other emergency housing
facilities on permission-based need. Systems should be able to be used in a
variety of settings and conditions, and/or be capable of transferring standard data
into other patient tracking electronic systems to be shared as needed with other
regions, the state, federal entities, or healthcare facilities.

b. Each regional HCC will adopt a redundant manual/paper process/plan in case the
electronic system is not available in times of catastrophic disaster.

c. During large events, patient tracking systems used across the state should have the
capability to provide a common operating picture for the location and overall
status of emergency patients.
d. In addition to triage status for individuals, the system should be able to provide aggregate patient tracking data, such as number of patients requiring receiving facilities or requiring transfer services.

e. Emergency patient tracking systems should include the ability to attach or include an electronic health record for each patient to ensure appropriate continuity of care.

4. Readiness

a. Real and Exercise Patient Data will be exported and archived (removed) from the system as soon as possible after events conclude. Only those emergency responders with a need to view data should have access.

b. Responders and emergency managers viewing protected health information must have access permitted either through a public health or a data use agreement.

Patient Tracking Log Ins for HC Standard:

<table>
<thead>
<tr>
<th>HCC</th>
<th>User name</th>
<th>Password</th>
<th>Incident Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast</td>
<td></td>
<td></td>
<td>Northeast Incident</td>
</tr>
<tr>
<td>Knox/East</td>
<td></td>
<td></td>
<td>Knox/East Incident</td>
</tr>
<tr>
<td>Southeast</td>
<td></td>
<td></td>
<td>Southeast Incident</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td></td>
<td></td>
<td>Upper Cumberland Incident</td>
</tr>
<tr>
<td>South Central</td>
<td></td>
<td></td>
<td>South Central Incident</td>
</tr>
<tr>
<td>TN Highland Rim</td>
<td></td>
<td></td>
<td>TN Highland Rim Incident</td>
</tr>
<tr>
<td>Watch 7</td>
<td></td>
<td></td>
<td>Watch 7 Incident</td>
</tr>
<tr>
<td>Mid South</td>
<td></td>
<td></td>
<td>Mid South Incident</td>
</tr>
</tbody>
</table>