

# **Patient Movement Overview**

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# **Emergency Operations Plans**

- NC Emergency Management Act – Chapter 166A General Statute
- NC Emergency Operations Plan – NCOEMS is the lead agency for ESF-8

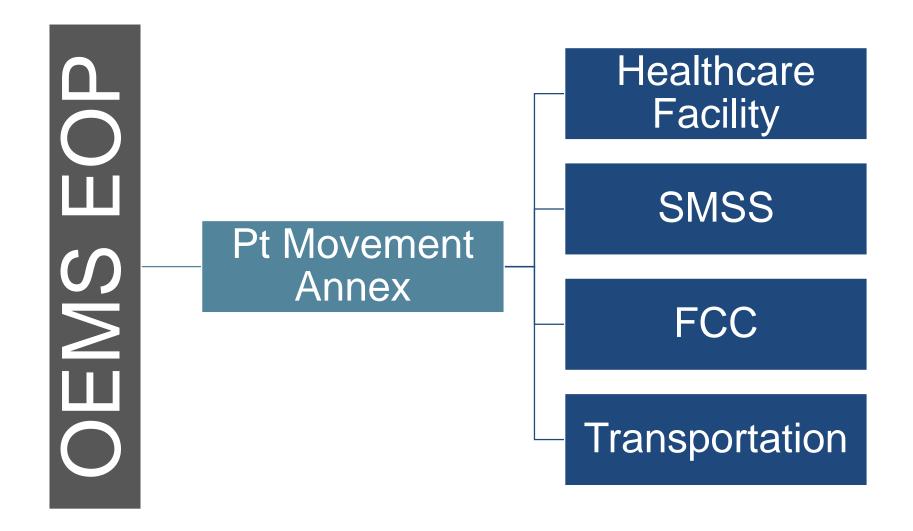


- Disaster Medical Services Responsibilities
  - Mass Patient Movement
  - Medical Sheltering
  - Healthcare Surge Capacity (Stuff, Staff, Space)
  - Provision of emergency responder health and safety
  - Provision of medical command and control

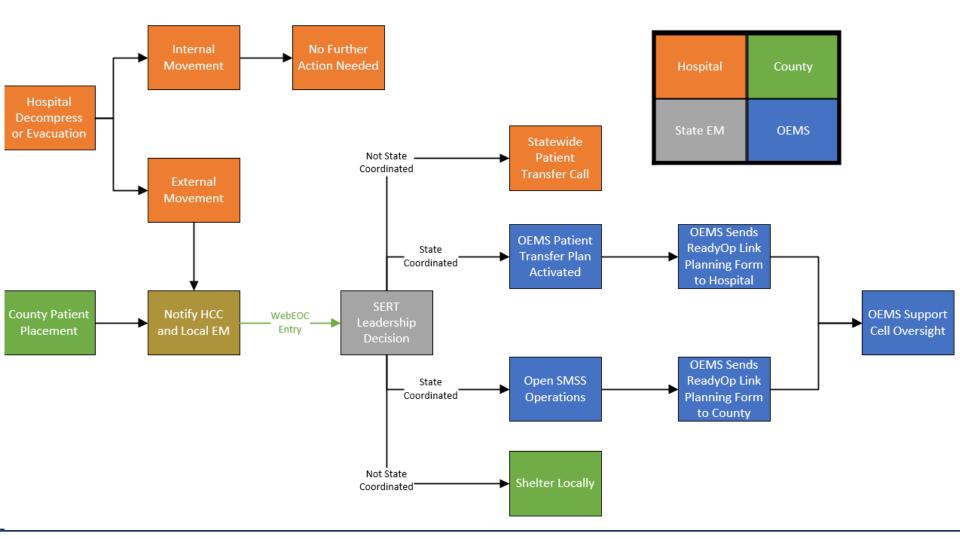
### **Patient Movement Overview**

- Can be used for Healthcare Facility Movement
  - Anticipated or Unexpected
  - Decompression, De-Risking, Evacuation
  - Details outlined in the Healthcare Facility Patient Movement Appendix
- Can be used for State Medical Support Shelter (SMSS) movement
  - Details outlined in the SMSS Patient Movement Appendix
- Can be used for the FCC Patient Movement
  - Details outlined in the FCC Patient Movement Appendix

### **Patient Movement Plan Structure**



### **Patient Movement Flow Chart**



# **Patient Movement Process - Overview**

- Process Overview
  - Notify
  - Planning Form
    Completion
  - Activation Decision
  - Patient Placement
  - Patient
    Transportation





# **Patient Movement Process – Notification**

- Notify
  - Notify Local EM about the need for assistance with medical sheltering/patient movement.
  - Notify Local HCC about the need for assistance with medical sheltering/patient movement.
  - Early notification critical for helping find appropriate resources.





# **Patient Movement Process – Planning Form**

### • Planning Form

- Submit the Planning Form
  - SMSS Planning Form
  - Hospital Planning Form
- Estimated number & types of patients needing placement.
- Can be done via phone and as part of the Notify step during emergent evacuations.

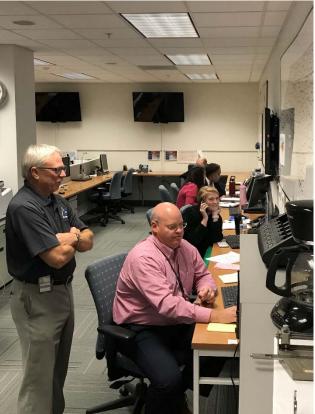


- Helps with SERT decision making



### **Patient Movement Process – Activation**

- Activation Decision
  - SERT Leadership and ESF-8 work together to decide the appropriate level of activation/response based on the current or anticipated situation.
  - 72+ hour lead time needed for SMSS operations.





### **Patient Movement Process – Placement**

### • Patient Placement

- Once approved, specific details on each individual patient must be submitted for review and placement.
  - OEMS Review of SMSS Patients
  - Statewide Patient Coordination Team Review of Hospital Patients
- SMSS Placement guidance can be found <u>online.</u>



- Bulk Upload/Export Available



### **Patient Movement Process - Transportation**

- Patient Transportation
  - Transportation is the responsibility of the sending entity
  - State coordinated transport resources are extremely limited, can delay movement process



Notify

Planning Form Completion Activation Decision

Patient Placement Patient Transportation

#### NC OFFICE OF EMS, HEALTHCARE PREPAREDNESS PROGRAM

### **Online Resources**



NC OFFICE OF EMS, HEALTHCARE PREPAREDNESS PROGRAM

### **Online Resources**

### PATIENT MOVEMENT OVERVIEW



### STATE MEDICAL SUPPORT SHELTER

When evacuations are necessary due to a hurricane or other disaster, shelters are established to accommodate those displaced. OEMS has the responsibility of establishing and overseeing State Medical Support Shelters (SMSS). The SMSS is established to provide shelter for individuals requiring specialized healthcare attention due to a disruption in their community healthcare support system.

#### SMSS GUIDANCE OVERVIEW 🗳

#### SMSS SUPPORT GUIDE (PPT) 🖻



### DISASTER HOSPITAL PATIENT MOVEMENT

The North Carolina Office of Emergency Medical Services (NCOEMS) has the responsibility for emergency mass patient movement as part of the Emergency Support Function (ESF) 8 for the NC State Emergency Response Team (NC SERT). Patient movement is coordinated with the Statewide Patient Coordination team. This team includes representatives of the transfer centers from the large health systems.

#### HOSPITAL GUIDANCE OVERVIEW 🙆

HOSPITAL SUPPORT GUIDE (PPT) 🖻

### **Questions?**





## **Public Health Emergency Notes**

- 2022 Appropriations Act
- DHSR Sections Able to Make Exceptions Without PHE or SOE
  - EMS: 131E-158 Waiver, Use of Single Credentialed
    Provider on Ambulance
  - Nursing Aide: Training and Certification Flexibilities
  - Acute Care Licensure: Surge bed capacity flexibilities
- Contact Appropriate Section for Specific Questions