



Regional Emergency and Disaster
HEALTHCARE COALITION

Supporting Eastern Washington Communities

REDi Operations Center Annex

April 24, 2020

Last revised: April 2020

OUR MISSION

To prepare for, respond to and recover from crisis using all available resources to provide patient care at the appropriate level in the most efficient manner for the best patient outcomes.

The REDi Healthcare Coalition works to strengthen the emergency preparedness and response planning for all aspects of healthcare through community coordination and collaboration. Healthcare Coalition participation is appropriate for all types of healthcare providers, mental health providers, EMS professionals, public health professionals, emergency managers and related services.

The Healthcare Coalition consists of members who both provide expertise and receive the benefit of other's experience to achieve their agencies' goals. Membership in the coalition is defined as any healthcare entity that actively contribute to strategic planning, operational planning and response, information sharing, and resource coordination and management.

The Healthcare Coalition is grant funded under Health and Human Services Assistant Secretary of Preparedness and Response Healthcare Preparedness and Response grant; the benefits of Healthcare Coalition membership are currently free for all partners. To receive more information on coalition activities, please contact us at hcc@srhd.org.

Plan Approval and Review

The plan has been developed in collaboration with members, stakeholders, and staff input. REDI Healthcare Coalition core members will approve and maintain the Regional Patient Placement Annex through a quorum vote of the REDI HCC Core Member Advisory Group and an annual annex review.

REDi HCC will update the annex annually and following exercises, planned events and real-world incidents. The review will include identifying gaps in the annex and working with REDI HCC members and external partners to define strategies to address the gaps. All members have opportunity to review, provide input and receive a copy of revised annex.

The following entities represented on the HCC Core Member Advisory Group will be listed here when finalized.

Healthcare

Doug Jones, Confluence Health

Beki Hammons, Kadlec Regional Medical Center

Newton Moats, Quincy Valley Medical Center

Emergency Medical Services

Tyler Platt, Hanford Fire Department

Emergency Management

Matthew Klein, Grant County Sheriff's Office Emergency Management Division

Public Health

Rick Edwards, Benton-Franklin Health District

Record of Changes

Version Number	Description of Change	Date Entered	Posted By
1.0	Annex drafted	April 10, 2020	Casey Schooley
2.0	Annex approved by the Core Member Advisory Group with the caveat of further planning development	May 2020	Hannah Cylkowski

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1. Introduction

1.4. Purpose of Plan

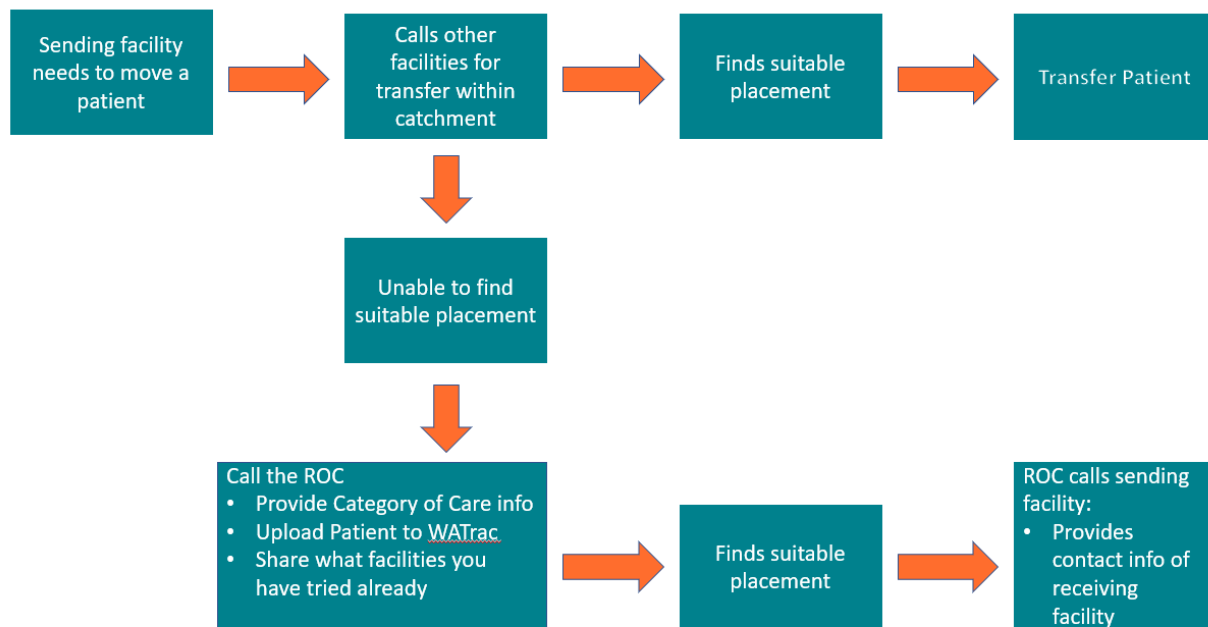
During incidents where transfer centers, or persons responsible for transfer coordination, require assistance in finding bed placement and normal or emergency patient placement mechanisms (i.e. transfer centers, staff responsible for transferring patients, or DMCCs) are unable to find beds with appropriate clinical match, the REDi Operations Center (ROC) will be activated to provide assistance to established patient placement processes. The ROC does not replace the functions of transfer centers or DMCCs but supplements transfer process by providing transfer centers/staff access to a broader (regional) network for patient placement in and around eastern WA.

This document outlines triggers for ROC activation, activation levels, and procedures for organizations seeking ROC assistance with patient placement, tracking, and movement.

1.5. Scope

1.6. Planning Assumptions

2. Process of Patient Placement and Tracking



2.4. ROC Activation

Activation Levels and Triggers

The trigger for activating the ROC hinges on the inability of existing patient placement processes among transfer centers/staff find appropriate bed placements. When those structures are unable to find placement using established methodologies, the ROC may be activated to query bed availability within and around eastern WA.

The ROC has two activation levels. Each activation level has its own trigger and are detailed below.

Placing Patients Level: ROC is actively assisting transfer centers/staff in finding non-traditional pathways for placement for patients.

- **Trigger:** Transfer center/staff member calls the ROC to request patient placement assistance. (*Transfer centers remain responsible for the overall transfer of patients, i.e. placement, movement, Physician to Physician communication etc. The ROC only assists in finding additional placement options.)

Patient Surge Level: The ROC consults the Crisis Standards of Care Regional Clinical Triage Team (advisory) to advise patient placement decisions.

- **Trigger:** When there are multiple patients competing for the same resource (i.e. critical care bed or ventilator) and a Health Officer has implemented crisis standards of care.

2.2 Placing Patients

WATrac

WATrac is the centralized database used for all ROC functions from placement tracking, to transportation. All requests made by a sending facility must be made in WATrac. All information pertaining to hospital bed availability services, and contact information provided will be accessible on WATrac.

To track intakes and ensure transfers, the patient tracking module is activated. The patient tracking module uses protected health information (PHI) to track patients that are transferred by the ROC. In order to track placements, PHI must be collected in order to effectively identify patients. WATrac Patient Tracking is a HIPAA compliant software module. Permission to view data held in Patient Tracking must be granted only to the level required by the persons “need-to-know,” exclusively for emergency response purposes. People given permission to view patient information must meet HIPAA regulations for authorization to view protected health information. This includes all hospitals, the patient tracking coordinating agency, and the Washington State Department of Health.

Access to WATrac includes:

- Staff responsible for entering patient data will see all patient information.
- Staff assisting with family reunification will see only a patient’s name, age, and current location.

In organizations that do not provide a direct healthcare response role, staff will see the Overview page, name of the incident, number of patients, and the facilities and services active in the incident. No protected health information can be viewed by those without a need-to-know reason.

Minimum Data Elements

To ensure the ROC can make a query for availability of beds and services for each patient transfer, information will need to be shared by the sending facility. In all requests to the ROC, each minimum data element reflected in Table 1 will need to be shared in the WATrac patient tracking module.

MINIMUM DATA ELEMENTS FOR SENDING FACILITIES		Sending Facility
Unique Identifier (WATrac Triage #)		+
Date/Time of Encounter		-
Triage Status		-
Transfer Status (En route, Transfer) For receiving facilities (Arrived)		+
Start Location/End Location (Every Status)		+
Transport Service Name		-

Transport Unit Number		-
Disposition/Chief Compliant		+
Mode of Arrival		-
Gender/Sex		-
Age		+
Full Name		+
Legal Guardian		-
Comments: Indicate why patient couldn't be transferred, indicate any medications, if critical, indicate what services are needed		+
Category of Care (under additional information)		+
Identifying Marks (tattoos, birthmarks, hair color, etc.)		-

2.3. Deactivation

- The ROC follows the process until all patients transferred have been accounted for on WATrac – status marked “Arrived”

Appendices

Appendix A: REDi Operations Center Standard Operating Guidelines

Sending Facility Standard Operating Guidelines

ROC support may be requested if transfer centers or bed planners experience challenges in finding beds for patients.

Placing Patients Level

- Upload patient into the appropriate incident within WATrac Patient Tracking Module. Ensure all minimum data elements are collected (Appendix A; Table 1)
 - For each patient transferred, indicate their category of care based on the following:
 - Adult Non-Critical with telemetry
 - Adult Non-Critical with no telemetry
 - Adult Critical Care
 - Pediatric Non-Critical Care with telemetry
 - Pediatric Non-Critical without telemetry
 - Pediatric Critical Care
 - Neonate
 - Psychiatric
 - If the patient is critical care, indicate these services in the Comments Section on WATrac:
 - CRRT – Continuous Renal Replacement Therapy
 - IMPELLA – Impella Heart Pump
 - IABP – Intra Aortic Balloon Pump
 - VENT – Ventilator, Adult Critical Care
 - TRANSPO - Transport
 - Vasoactive drips – Titrating Vasoactive Drips
 - Cardiac/Thoracic Surgery, CT Surg, CT Surgery
 - Burn
- Call the ROC to confirm receipt of patient upload to WATrac, and request ROC assistance in finding placement. Share which facilities have already been contacted and didn't have availability, and a good call back number for facility's bed planner.
- After notification from the ROC and placement options identified, proceed with normal transfer process in connecting the providers at each facility.
- Update patient tracking record to "Enroute" and enter end location.
- Inform receiving facility to update the patient tracing record to "Arrived" in the patient tracking module.
- Use Command Center to coordinate with the receiving facility and ROC as appropriate.

Patient Surge Level

- Once placement decision has been made, proceed with normal transfer process.

ROC Placement Standard Operating Guidelines

During an incident, the ROC will coordinate directly with transfer centers/staff and receiving facilities to find bed placement.

Placing Patients Level

- Receive request from sending facility.
- Log in to WATrac. Ask for patient unique identifier. Vet all information is complete for placement and tracking purposes. Request a call back number for once placement is determined
- Query Availability Status for bed availability. If a critical care patient, check service categories for each facility. Base placement decisions on closest facility with appropriate services of care for patient.
 - For placement decisions: If suspected or positive for COVID-19 and Oxygen < 5L AND Patient is stable, placement at a critical access hospital is suitable (Kootenai Health Clinical Pathway, 2020).
 - For placement decisions, ROC places the following categories:
 - Adult Non-Critical with telemetry
 - Adult Non-Critical with no telemetry
 - Adult Critical Care
 - Pediatric Non-Critical Care with telemetry
 - Pediatric Non-Critical without telemetry
 - Pediatric Critical Care
 - Neonate
 - Psychiatric
 - For non-critical care patients, look at medical/surgical bed availability for Adult, Pediatric, Neonate
 - For critical care patients, request transfer center assistance and look at ICU beds for Adult, Pediatric, Neonate. In addition to bed availability for ICU beds, check the agency page for the following services: Match the service indicated in the patient tracking module request to the services per facility including:
 - CRRT – Continuous Renal Replacement Therapy
 - IMPELLA – Impella Heart Pump
 - IABP – Intra Aortic Balloon Pump
 - VENT – Ventilator, Adult Critical Care
 - TRANSPO - Transport
 - Vasoactive drips – Titrating Vasoactive Drips
 - Cardiac/Thoracic Surgery, CT Surg, CT Surgery
 - Burn

- Call potential receiving facilities, confirming they have a bed available and services needed to care for patient, request call back information to provide the sending facility.
- Call back sending facility with placement options and call back information for potential receiving facilities.
- Once the sending facility updates the patient tracking record with “End Location”, call the receiving facility to ensure the patient tracking record has been updated to “Arrived”.
- Use Command Center to coordinate with the sending facility and receiving facility as appropriate.
- If regional capacity is exhausted, initiate ROC Patient Surge Level.

Patient Surge Level

- If regional capacity is exhausted, the ROC will reach out to the RC3 for assistance in patient placement into western WA.
- If there are multiple patients competing for the same resource (i.e. critical care bed or ventilator), inform the sending facility. Ask if they have an internal Crisis Standards of Care Triage Team. If so, the sending facility needs to activate that team. Then, inform the sending facility that bed capacity has been exhausted and to call the REDi HCC Duty Officer to notify the Crisis Standards of Care Regional Triage Team.
- Prompt the sending facility to notify the physician.

Receiving Facility Standard Operating Guidelines

Placing Patients Level

- Update WATrac four times per day, or as requested by the ROC.
- Ensure contact information and services under Agency Summary are up-to-date on WATrac.
- Proceed with normal transfer process in connecting the providers at each facility
- Update information directly into the patient tracking module (Mark Transfer Status as “Arrived”).
- Use Command Center as appropriate to coordinate between the ROC and sending facility.

Patient Surge Level

- Upon notification of ROC Activation Level: Patient Surge, activate internal patient surge plan.

REDi Healthcare Coalition Standard Operating Guidelines

During an incident, the REDi Healthcare Coalition will support all ROC activation levels through the following operations:

- Provide situational awareness support through the REDi Situational Awareness Response Process.
- Provide staff to the ROC when required.

- Provide a conference call line to ROCs for coordination calls among impacted partners as requested.
- Share contact information, or lists, when needed.
- Provide WATrac support as needed.

Appendix C: Contact Information

To activate the ROC, call the number provided below and state:

“I can’t place a patient, requesting the ROC”

ROC Activation	Back Up
509-323-2804	Call the REDI HCC Duty Officer 509-362-0041

Appendix E: Definitions and Acronyms

Coordination Call: A coordination call service is available to all coalition partners who participate in the region’s situational awareness processes. The purpose of a coordination call serves as just-in-time coordination with peers to a healthcare systems response, and to find agreement and alignment on an issue affecting healthcare systems response.

Surge Capacity: The ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity.¹

WATrac: WATrac provides communication technology relied on for efficient and coordinated healthcare delivery throughout Washington State. It is the only system of its kind in Washington and enables users across healthcare disciplines to accurately track the availability of beds, surgical specialists, and agency status. Key features include:

- Tracking bed availability and surgical specialists;
- Status reports for individual agencies and for the region;
- Patient Tracking module;
- Data sharing and planning through a report writer, a virtual library, and a survey builder;
- Real-time communications using an alert manager, emergency contacts, and an online chat.

¹ <https://www.phe.gov/Preparedness/planning/mscc/handbook/Pages/appendixd.aspx>