State Medical Support Shelter Patient Movement Support Guide

NC Office of Emergency Medical Services
Healthcare Preparedness Program

Background

- 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). State Medical Support Shelter (SMSS) patient movement is coordinated by the NCOEMS Support Cell.

Guidelines

- An individual that is evacuating their home pre/post incident and requires 24/7 medical care to maintain their normal level of health and meets the “SMSS Placement Guidance” criteria.
- Potential or real impact to multiple counties requiring assistance transferring patients from a residence to a SMSS.
- Patients must be informed and consent

General Process

- Notify
- Planning Form
- Activation Decision
- Patient Placement
- Patient Transportation

Notification

- Requestor notifies local Emergency Management
  - Local EM to Healthcare Coalition
    - Healthcare Coalition to NCOEMS/ESF-8
  - Local EM to WEBEOC/Area Coordinator
    - Area Coordinator to Branch to State EOC
- Early/Rapid notification of the need for assistance to move patients is critical for the State to try and find placement/resources.

Planning Forms

- Basic information about number/anticipated number of patients to guide decision making process
  - Name of County
  - Primary Contact Information
  - Estimated Number of Patients and Caregivers
    - Breakdown of patient type requested by transportation type
      - ALS Transport
      - BLS Transport
      - Wheelchair
      - Ambulatory Caretakers

Planning Forms

ReadyOp

TEMPLATE - SMSS Patient Movement Planning Form

State Medical Support Shelter (SMSS) Planning Form

This form is to be filled out when a County needs to move residents to a State Medical Support Shelter (SMSS) during an activation. This planning form will notify OEMS of the need to move patients and help in decision making regarding opening a SMSS and activating transportation assets. OEMS will contact you for additional information regarding specific patients, their needs, and potential destinations.

*****Completion of this form does not guarantee SMSS placement availability and does not guarantee patient transportation assets will be available. The earlier this planning form is completed the more equipped the SERT can be to support with necessary resources and assets. It is recommended that this be completed no later than 96 hours pre-landfall (if applicable)*****

Questions about this form can be directed to: OEMSSupportCell@dhhs.nc.gov

County Name: | County Department Name (EM, EMS, DSS, Etc.) | Associated Healthcare Preparedness Coalition

Name of Person Making Request (First, Last) | Title of Person Making Request

Primary Phone Number (+1 555-555-5555) | Alternate Phone Number (+1 555-555-5555) | Email

Full Name of 24-hour POC (e.g. EOC / Emergency Mgr) | 24-hour Phone Number (+1 555-555-5555)

Planning Forms

Estimated SMSS Residents

Please estimate the number of residents needing placement at a State Medical Support Shelter

ESTIMATED TOTAL NUMBER OF RESIDENTS NEEDING PLACEMENT AT A STATE MEDICAL SHELTER

State Coordinated Transportation Resources Planning

State Coordinated Transportation resources are extremely limited. Please make every attempt possible to arrange transportation, as waiting on State resources could delay SMSS admission.

Do you anticipate needing State Coordinated Transportation assistance?

- Yes
- No

If you are coordinating your own transportation assets, this section can be left blank.

Please estimate below the number of patients at each level of care that might potentially need STATE COORDINATED RESOURCES to assist with movement. We understand these numbers are anticipated estimates and may change upon activation and implementation.

Stretcher Bound Patients

Estimated Number Stretcher Bound Patients

Wheelchair Patients

Estimated Number of Wheelchair Patients

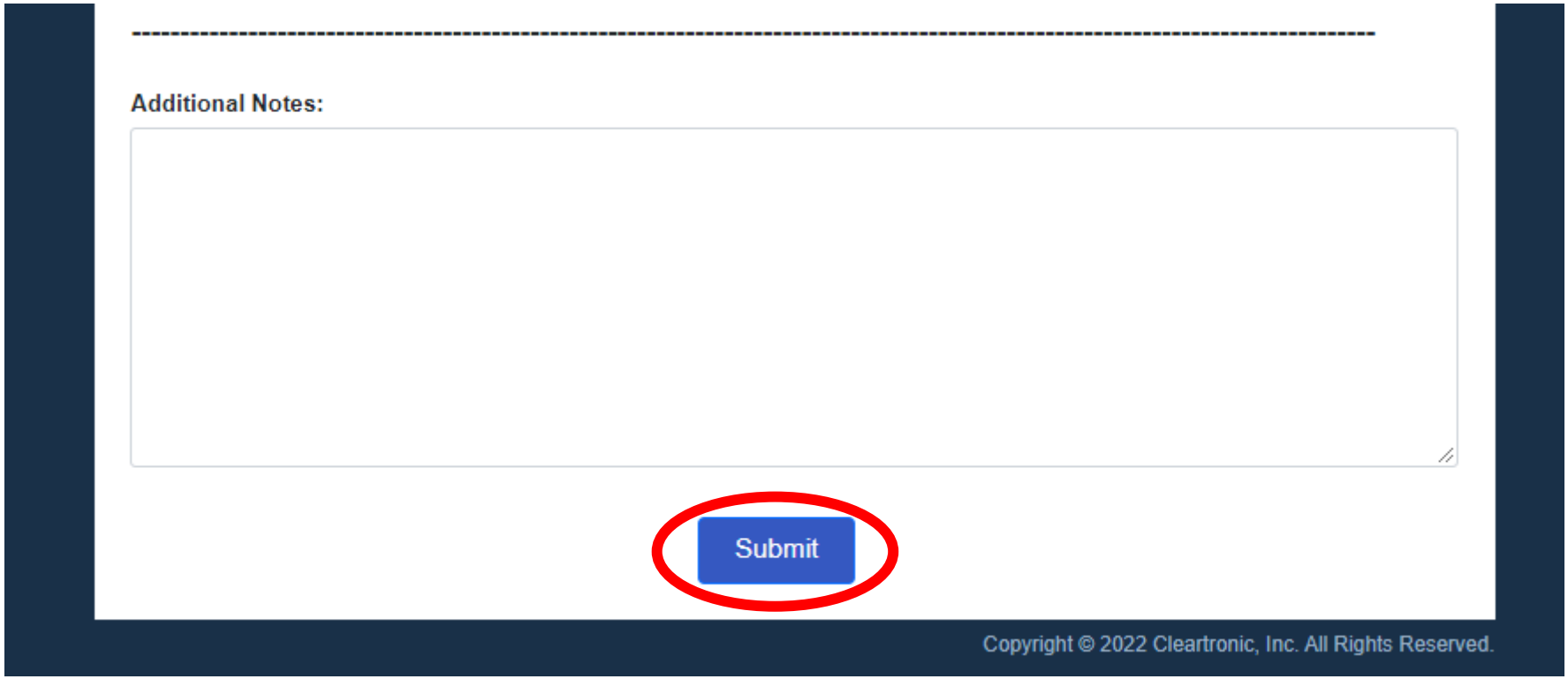
Ambulatory Patients

Estimated Number Ambulatory Patients

Number of Caretakers

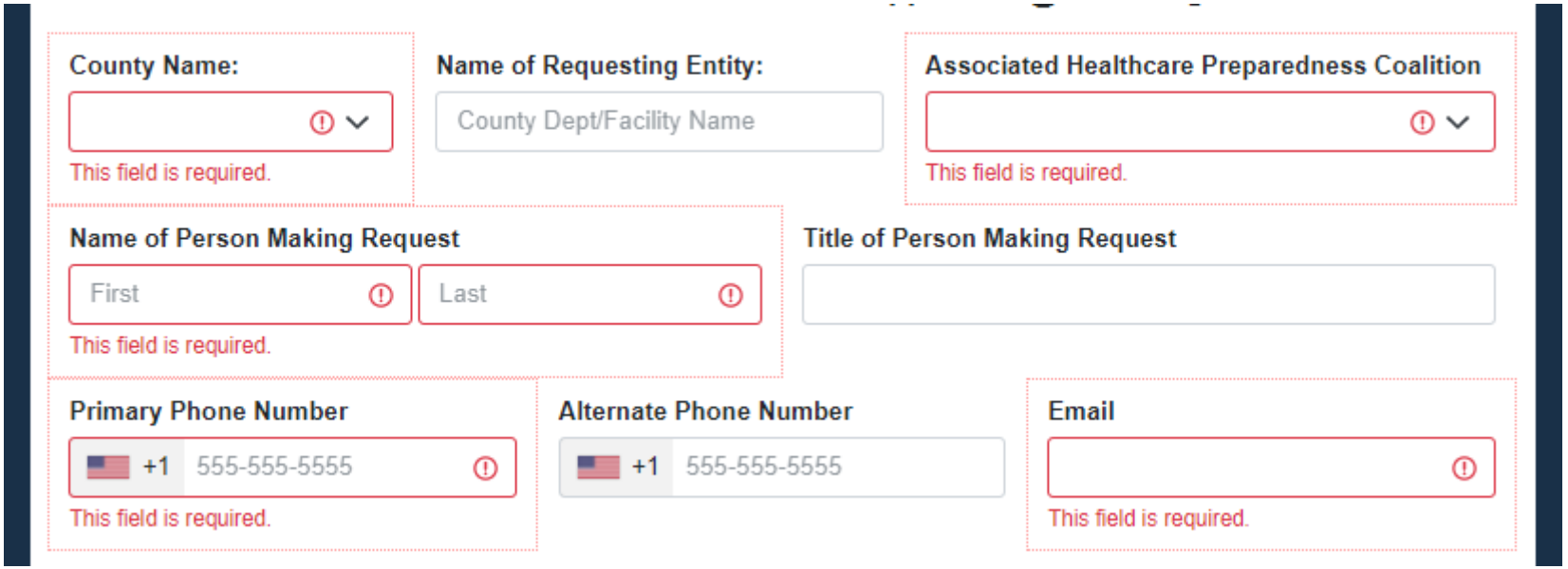
Estimated Number of Caretakers

Planning Forms



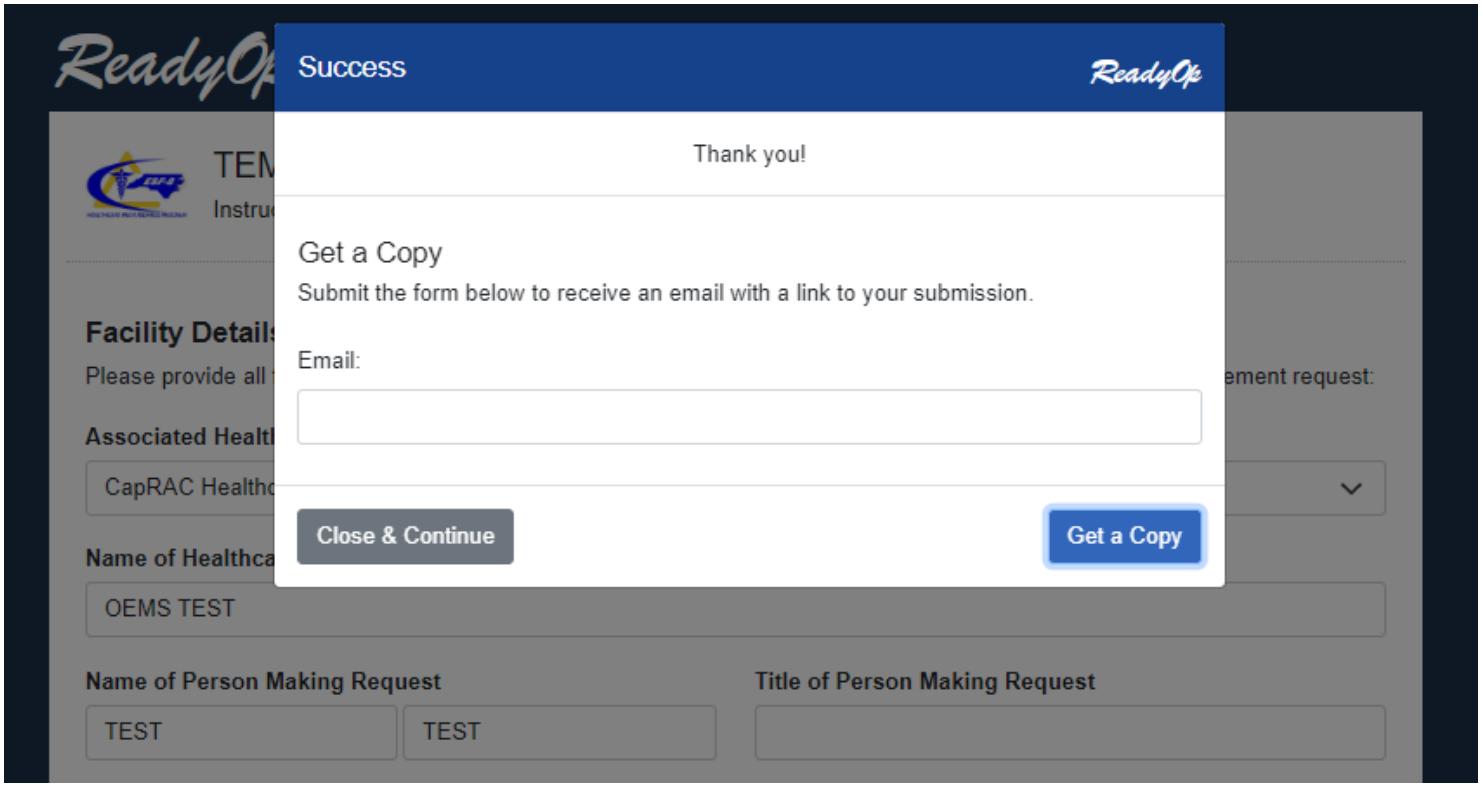
Planning Form Submission - Error

- After Clicking “Submit”
  - No Confirmation Received/Error – Scroll Up and Look For Red Missing Required Fields, Then Re-Submit



Planning Form Submission - Successful

- After Clicking “Submit”
  - Confirmation Received – Successful Entry



Activation Decision

- SERT/ESF-8 work together to determine appropriate level of activation to meet needs of the situation

Patient Placement

- Individual Patient Information Submission
  - Patient Demographics
  - Emergency Contact Information
  - Basic Medical Information
    - Reason for SMSS Need
    - Ambulatory? Dialysis? Oxygen? Ventilator?
    - Concerns for Infections Disease?
  - Transportation Details
- Bulk Upload Process Available
  - Excel Template

Individual Patient Entry


ReadyOp

TEMPLATE - SMSS Individual Patient Placement Request Form

Provide detailed information on patients needing transfer to State Medical Support Shelters

SMSS Placement Guidance Document

https://hpp.nc.gov/wp-content/uploads/2022/09/SMSS-Placement-Guide.pdf

SMSS Individual Patient Placement Request Form

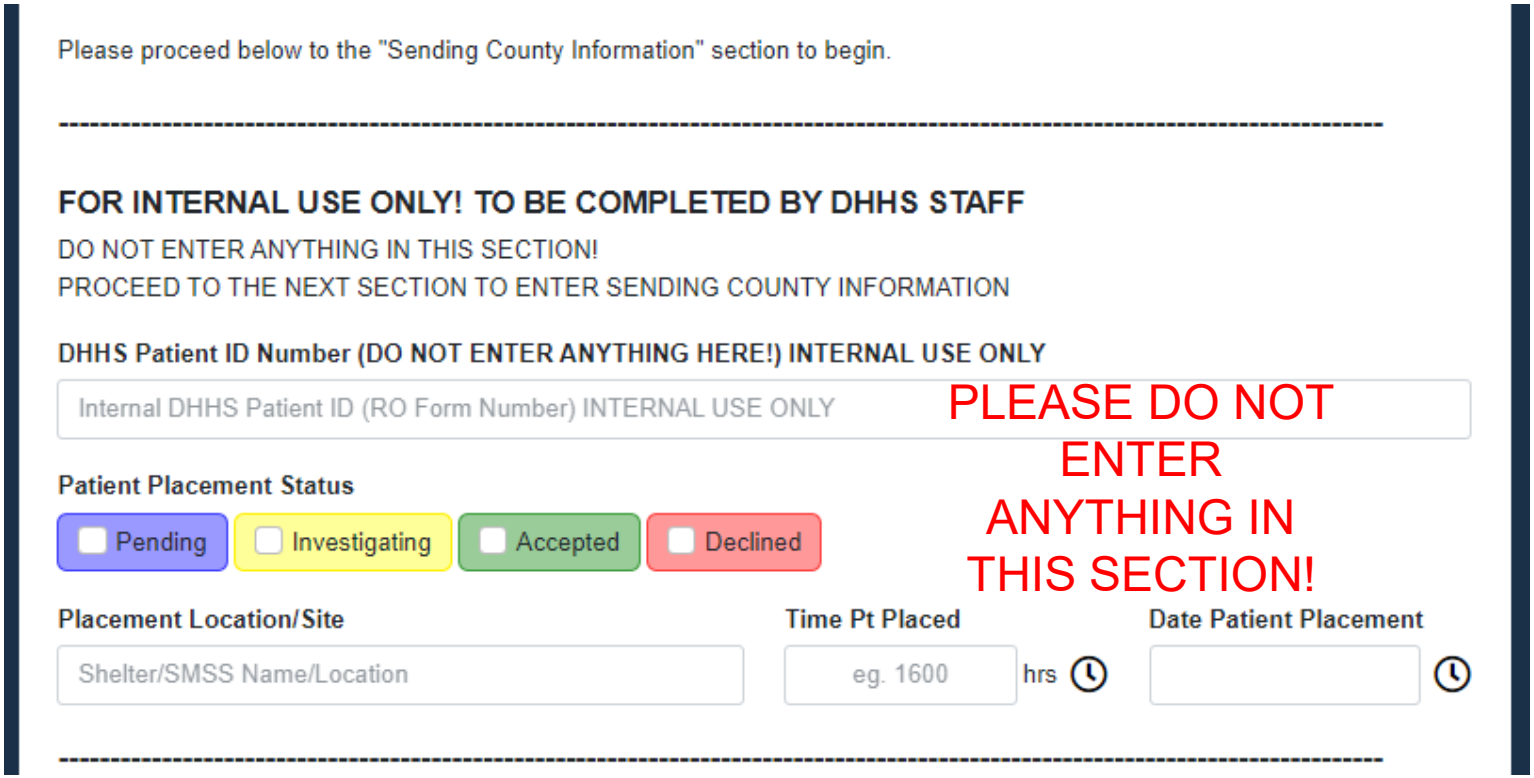
Once NCEM and ESF-8 make the decision to open a State Medical Support Shelter, this form is utilized to screen patients who potentially need placement in a medical shelter. Please be as thorough as possible, as this helps us ensure proper placement.

After submission of this form, you can enter your email address to receive a link to a copy of this form. That link will allow you to check back and monitor for updates as it is processed.

Please proceed below to the "Sending County Information" section to begin.

The link at the top provides you a quick reminder of what patients are appropriate for the State Medical Support Shelter

Individual Patient Entry



This section is for OEMS use only. As each patient is reviewed, their status is updated along the way. You can get a link to each patient after you submit the form and track them as they progress.

Individual Patient Entry

Sending County Information

After submission of this form please enter your email to receive the link to this form. This link will allow you to view your entry, see the assigned Patient ID number after our team processes the form, and monitor for any updates.

County

Name of Organization:

EM, EMS, DPH, DSS, Etc.

First Name of Person Completing Form:

Last Name of Person Completing Form:

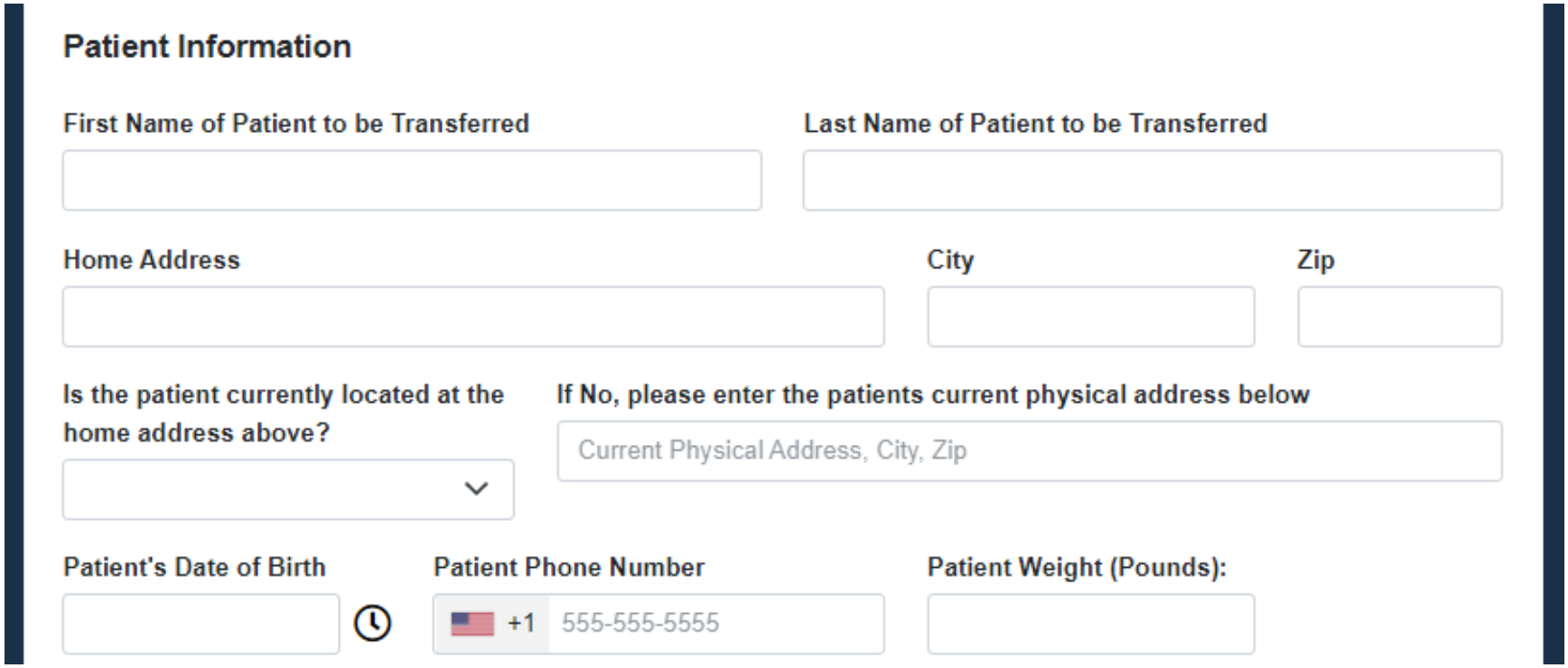
Title of Person Completing Form:

Phone Number:

+1 555-555-5555

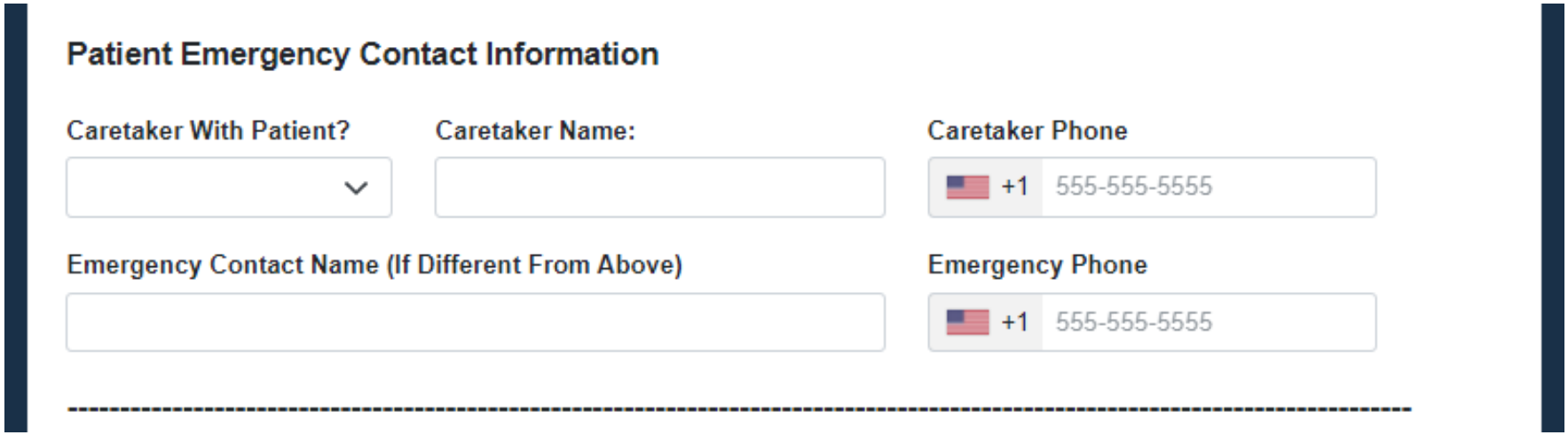
Email

Individual Patient Entry



Be sure to note the patients' current physical address if different from their home address.

Individual Patient Entry



Caretakers are welcome…..

Individual Patient Entry

Medical Information

Please describe the reason this patient needs a medical shelter. Include information about their medical conditions, special needs, required equipment, etc. that will help us determine the best location for this patient.

Primary SMSS Need Reason:

Please describe the reason this patient needs a medical shelter.

Ambulatory Status | **Dialysis Status** | **Oxygen Status** | **Ventilator Status**

Any concern for infectious disease (e.g vomiting, diarrhea, fever, new onset cough, known exposure to infectious disease, recent illness/hospitalization):

- [ ] Yes
- [ ] No

Patient wants to come to SMSS

- ○ Yes
- ○ No

Individual Patient Entry

Transportation Details

Counties should make every effort to provide transportation for residents to and from the SMSS. State transportation assets are extremely limited, which could result in a significantly delayed evacuation.

State Transportation Needed?

◯ Yes ◯ No

Type of Transport Needed

If "Other", please describe:

Any additional comments or notes about the patient:

Attachment (Optional)

Choose File | No file chosen

Attachment (Optional)

Choose File | No file chosen

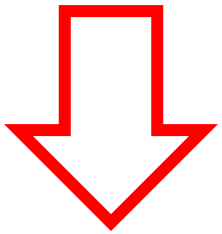
Individual Patient Entry

END OF REQUEST FORM, SCROLL DOWN AND CLICK "SUBMIT" BELOW

If you hit submit and nothing happens, please scroll back up and look for any fields highlighted in red that are required. It should say "This field cannot be left blank", then try to submit again. Successful submission will take you to a page that confirms your submission and offers a link for your records.

Do NOT enter below this line - for OEMS staff only

Scroll Down To Bottom of Page



Click Submit Button

Submit

Individual Patient Entry – Internal Use

INTERNAL USE ONLY! PLEASE DO NOT CLICK BELOW

Transportation Status

Transportation Method

○ Sending County Handling ○ State Coordinated Transport Needed

Name/Number of Responsible Transport Unit	Contact Name	Contact Phone
		+1 555-555-5555

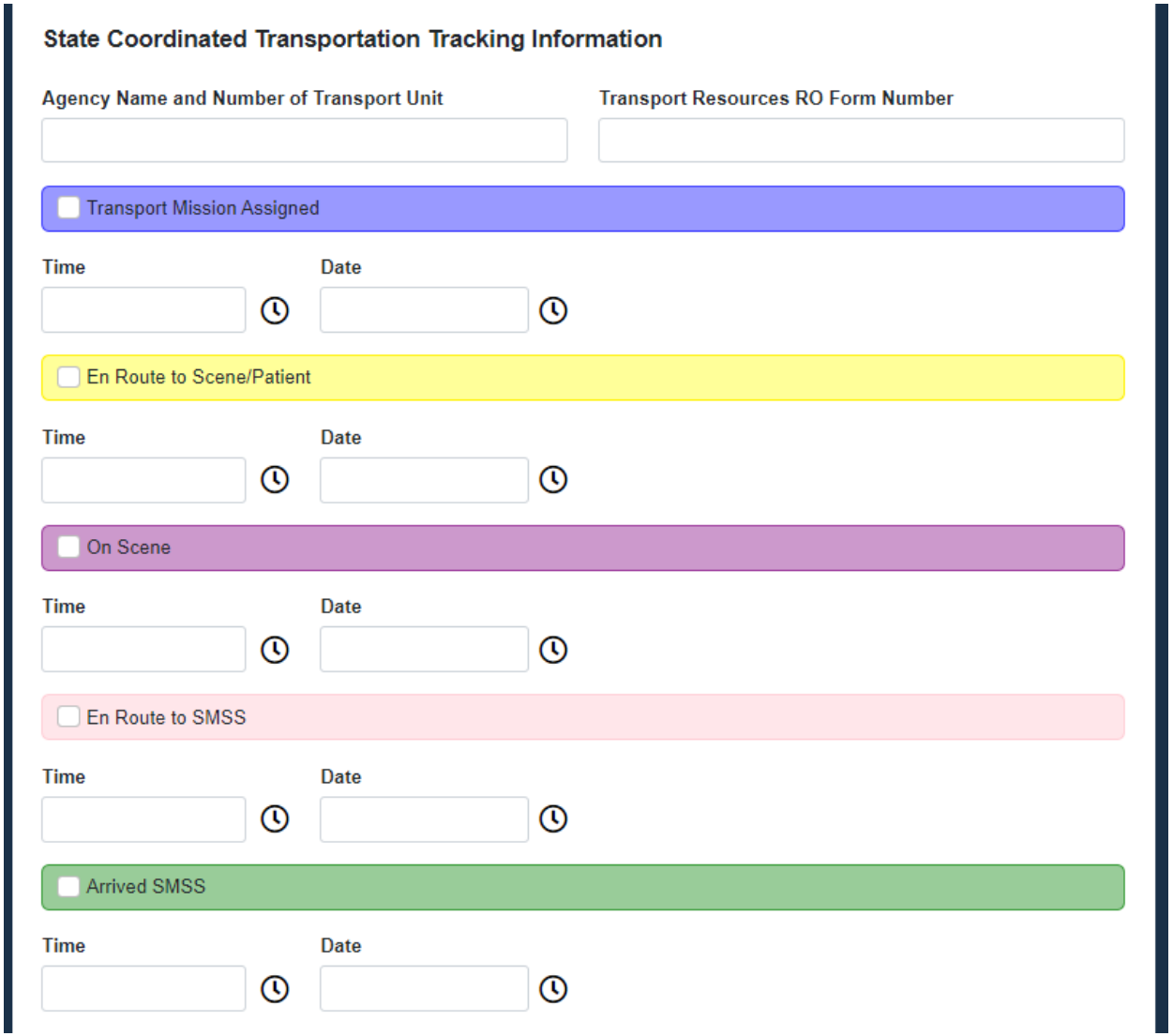
Transportation Notes:

Individual Patient Entry – Internal Use

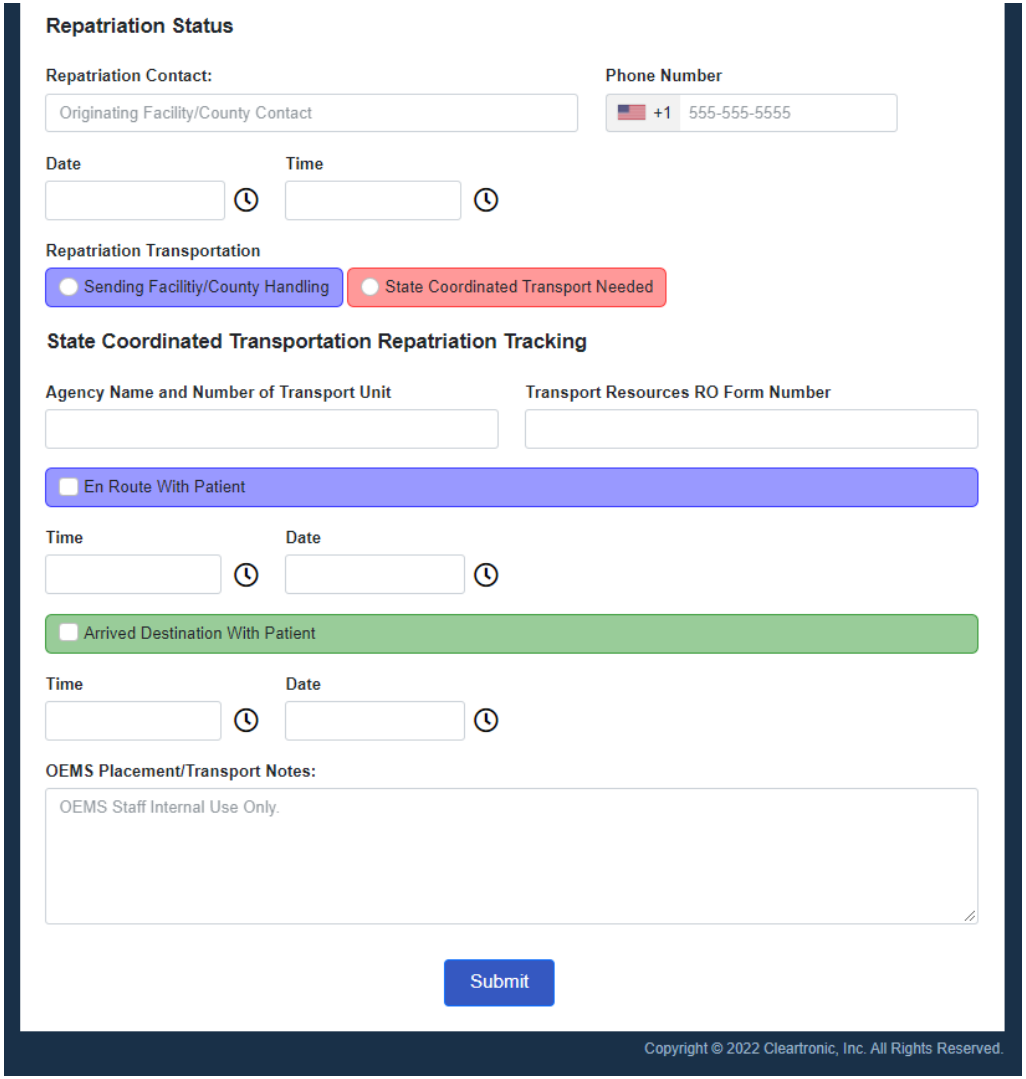
DO NOT ENTER ANYTHING IN THIS SECTION!

This section is for tracking State coordinated transportation resources as they assist with patient movement.

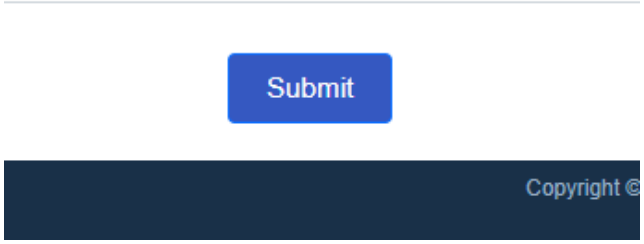
If you enter your email address when you submit the form, you will get a link to where you can view updates to this information as it progresses.



Individual Patient Entry – Internal Use



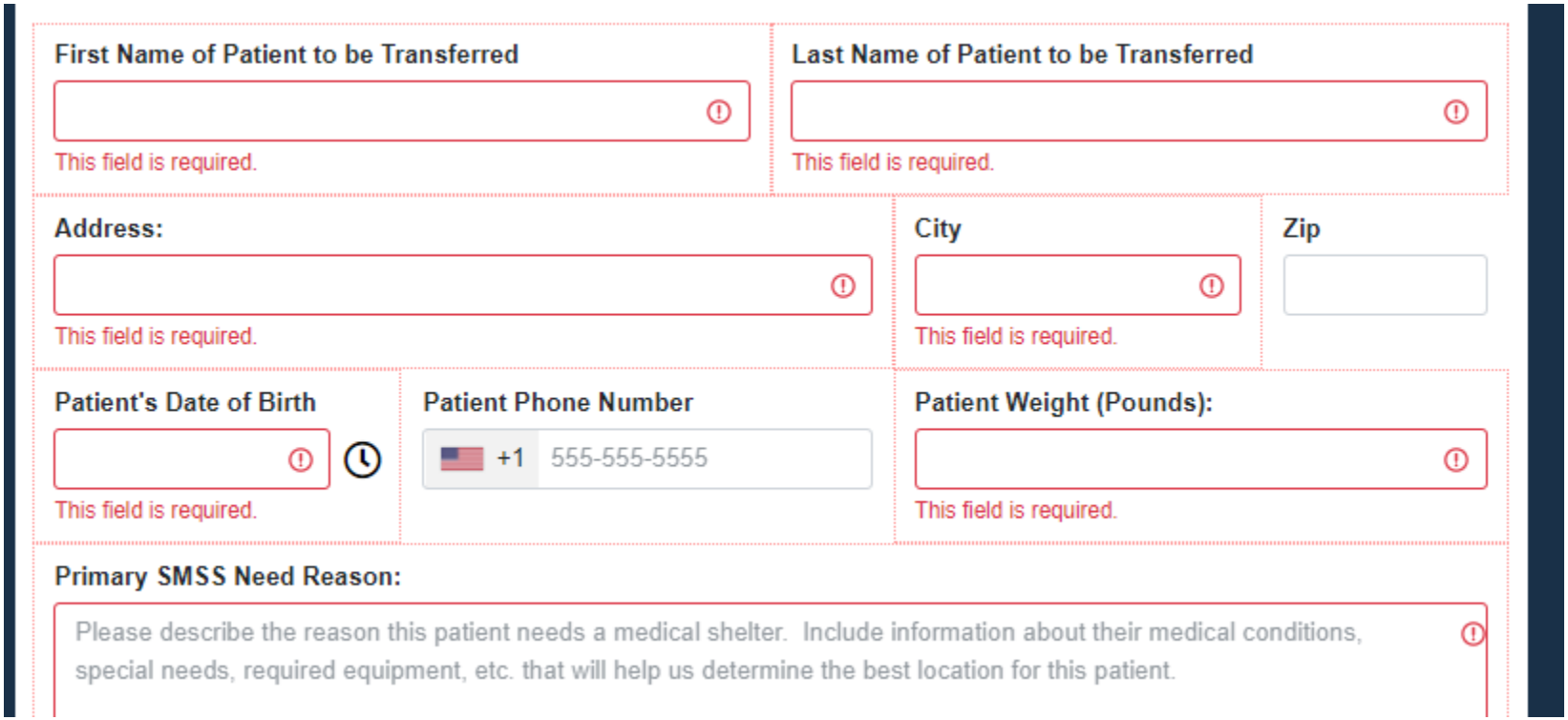
Individual Patient Entry



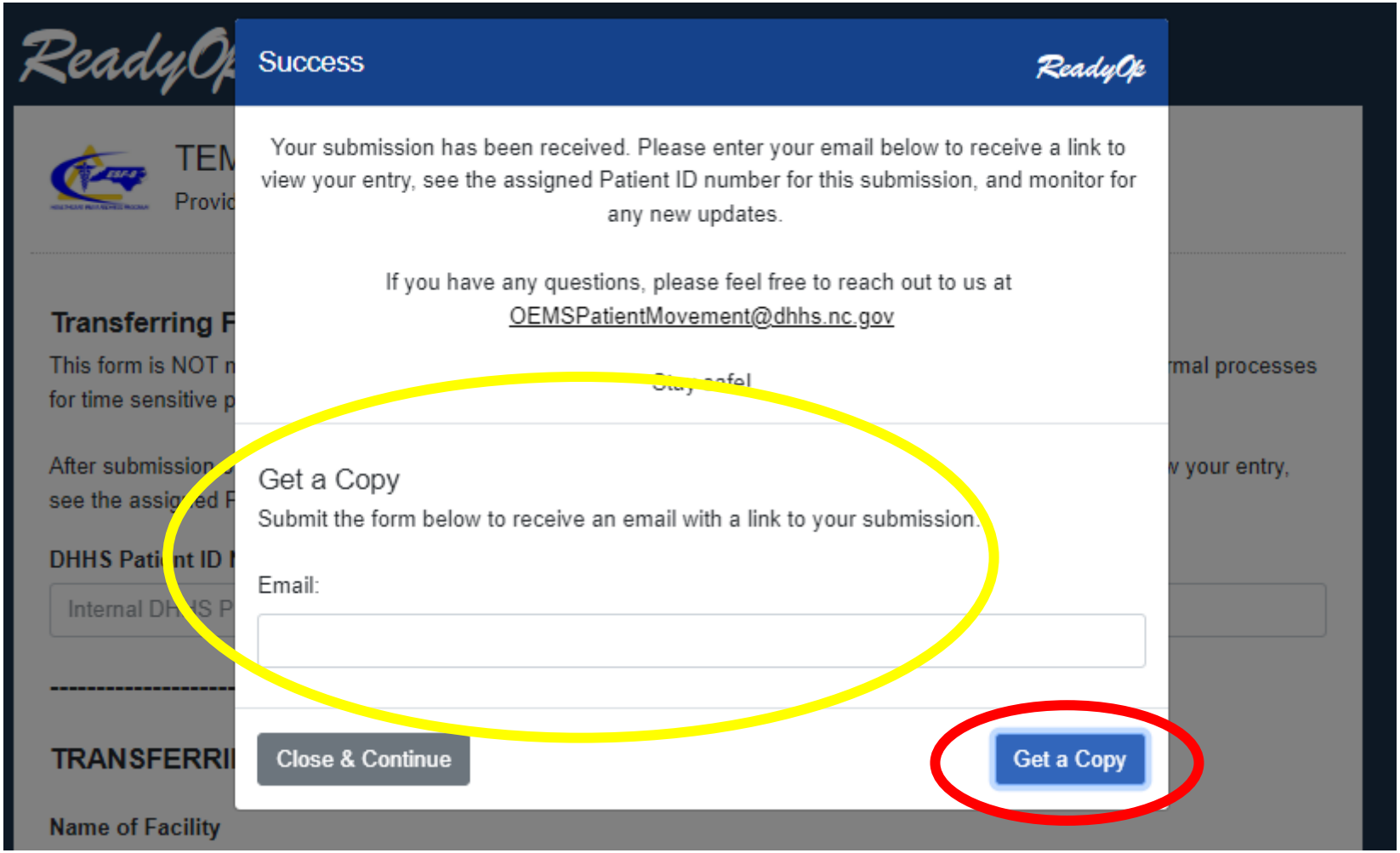
- Should receive confirmation message upon successful completion and submission, same as with planning form.
- If no confirmation pops up, scroll back up and look for highlighted red required fields, then re-submit.

Form Submission - Error

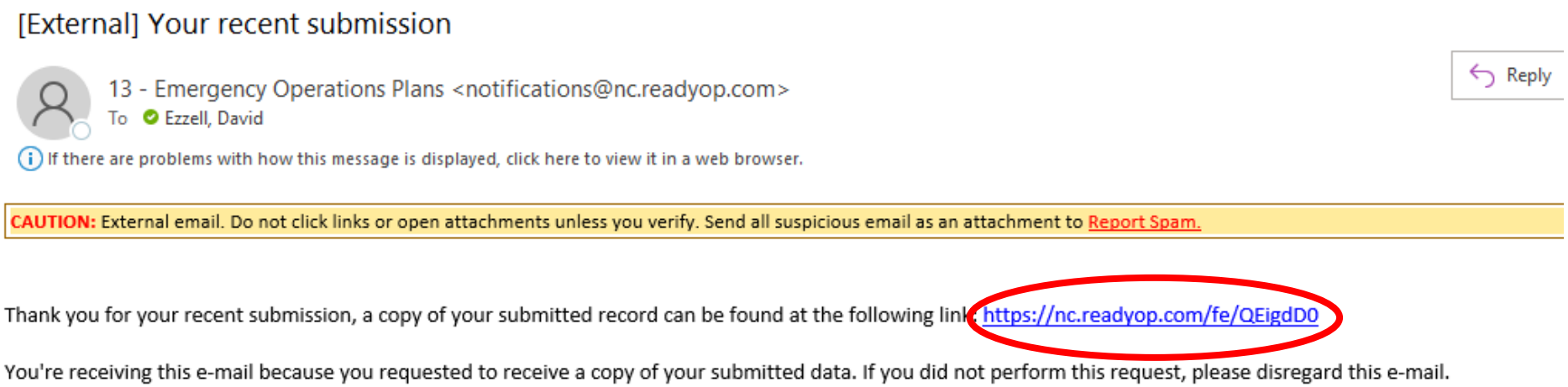
- No Confirmation/Error – Scroll Up and Look For Red Missing Required Fields, Then Re-Submit



Form Submission – Successful



“Get a copy” Email


[External] Your recent submission

13 - Emergency Operations Plans <notifications@nc.readyop.com>

To Ezzell, David

Reply

If there are problems with how this message is displayed, click here to view it in a web browser.

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to Report Spam.

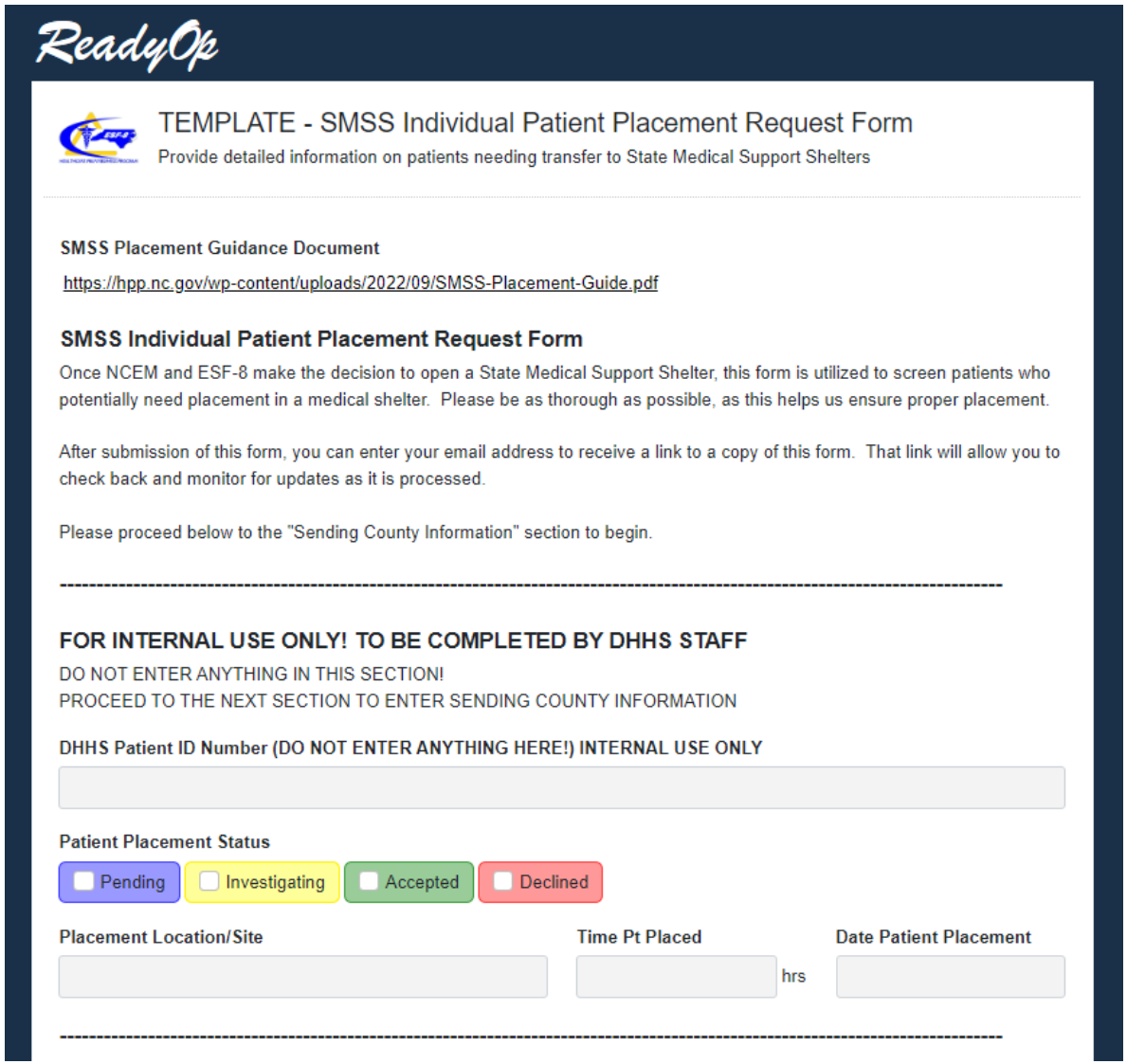
Thank you for your recent submission, a copy of your submitted record can be found at the following link: https://nc.readyop.com/fe/QEigdD0

You're receiving this e-mail because you requested to receive a copy of your submitted data. If you did not perform this request, please disregard this e-mail.

Copy of Entry via Email Link

Fields are grayed out and cannot be changed.

You can check this link for updates from OEMS Staff.



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Please proceed below to the "Sending County Information" section to begin.

FOR INTERNAL USE ONLY! TO BE COMPLETED BY DHHS STAFF

DO NOT ENTER ANYTHING IN THIS SECTION!
PROCEED TO THE NEXT SECTION TO ENTER SENDING COUNTY INFORMATION

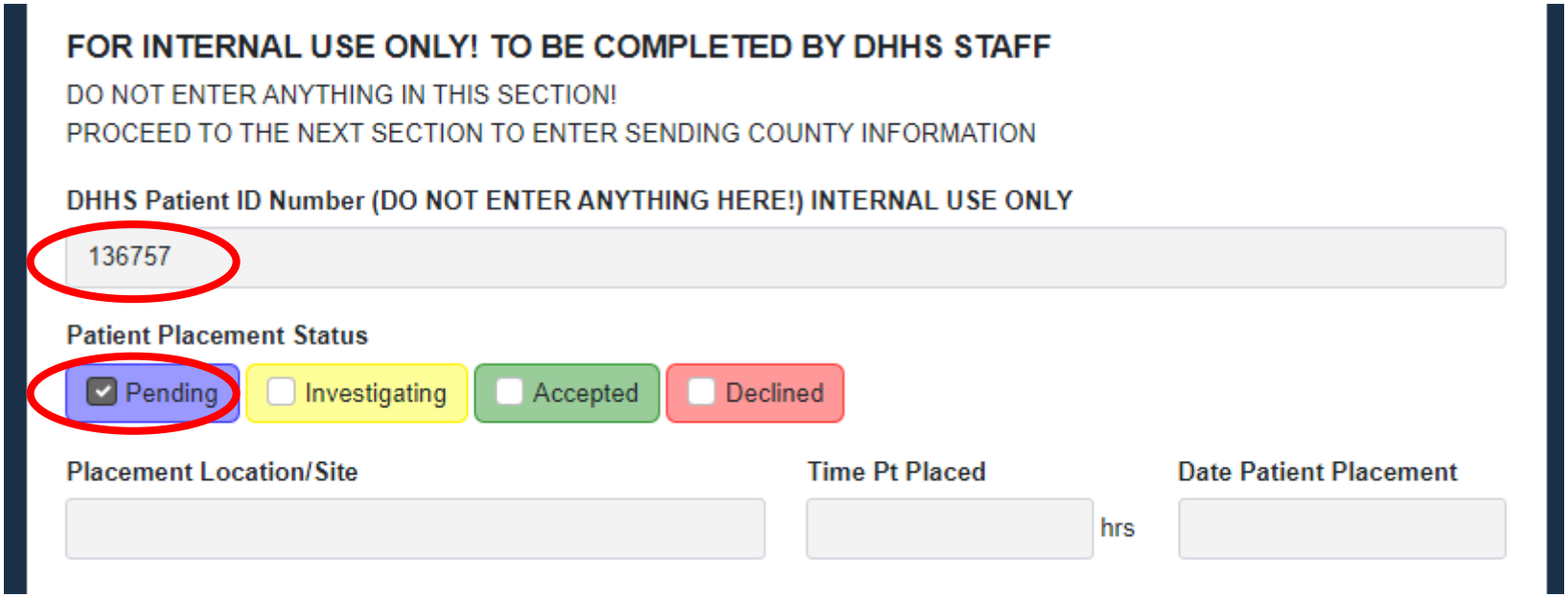
DHHS Patient ID Number (DO NOT ENTER ANYTHING HERE!) INTERNAL USE ONLY

Patient Placement Status

☐ Pending ☐ Investigating ☐ Accepted ☐ Declined

Placement Location/Site | **Time Pt Placed** hrs | **Date Patient Placement**

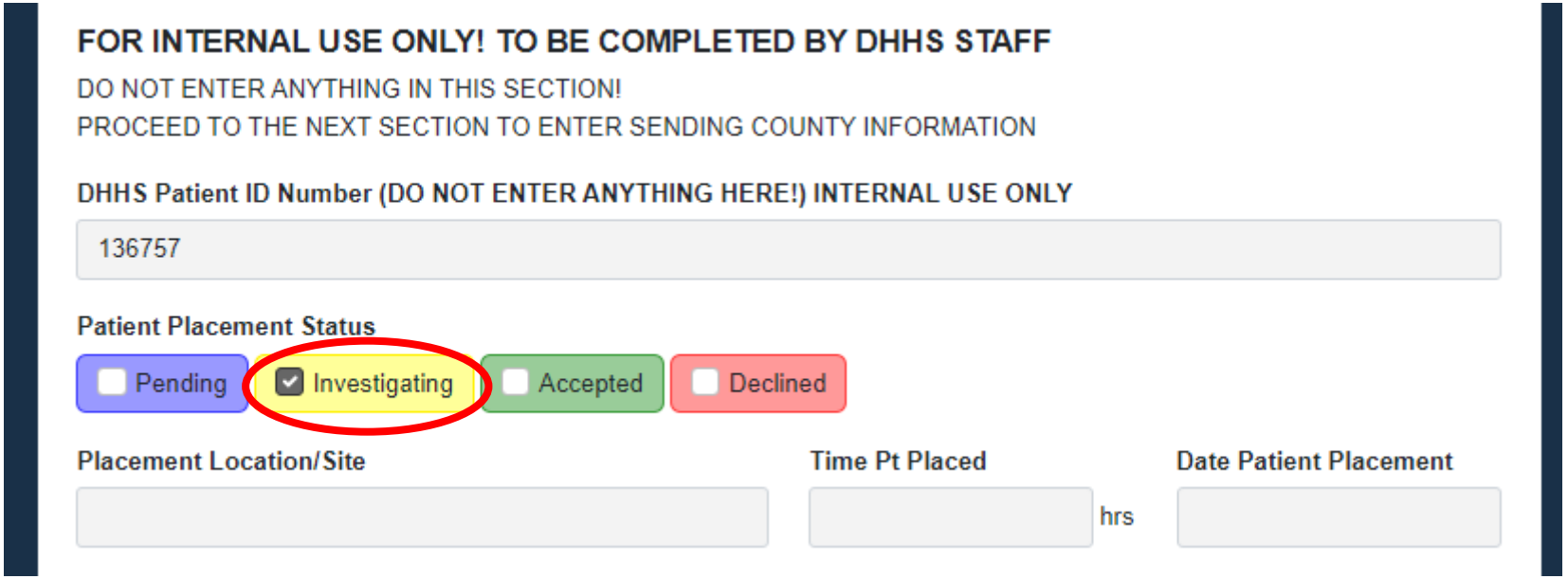
Copy of Entry via Email Link



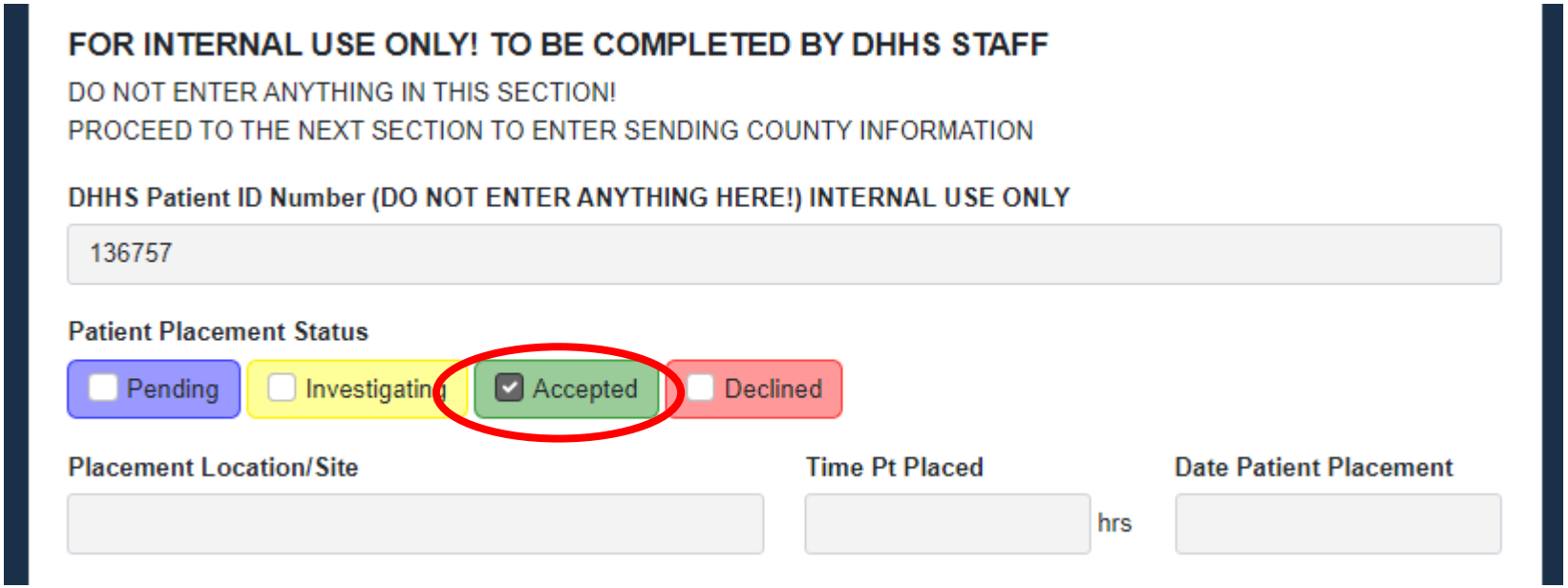
Once reviewed by NCOEMS we will assign a Patient ID number. This number will be referenced to avoid HIPAA concerns.

Patient Placement Status

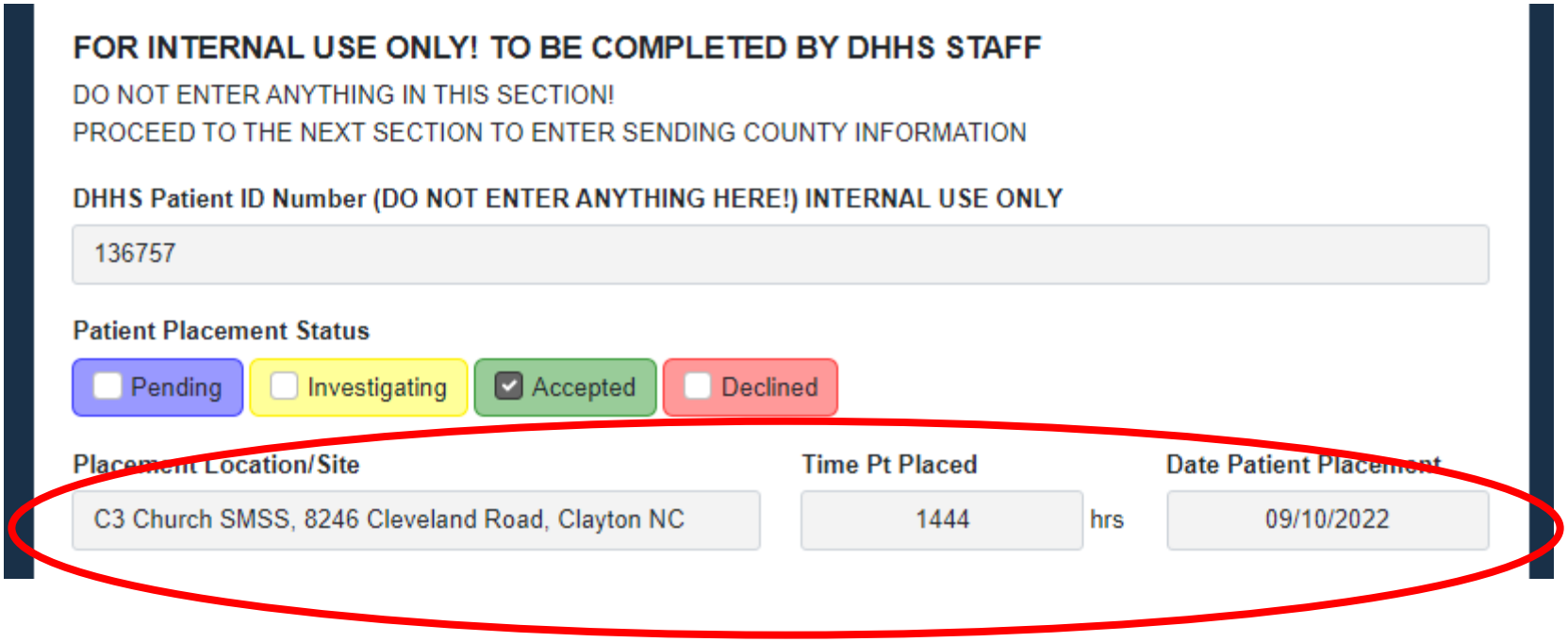
The status will be updated as patients work their way through the system.



Patient Placement Status



Patient Placement Status



Patient Placement Status

- Pending
  - Entry has been received by NCOEMS Staff and is pending review by OEMS Support Cell.
- Investigating
  - Under review by OEMS Support Cell.
    - Is patient appropriate for SMSS?
    - Is additional information needed to make decision?
    - Is transportation needed?
    - Which shelter is best option available?

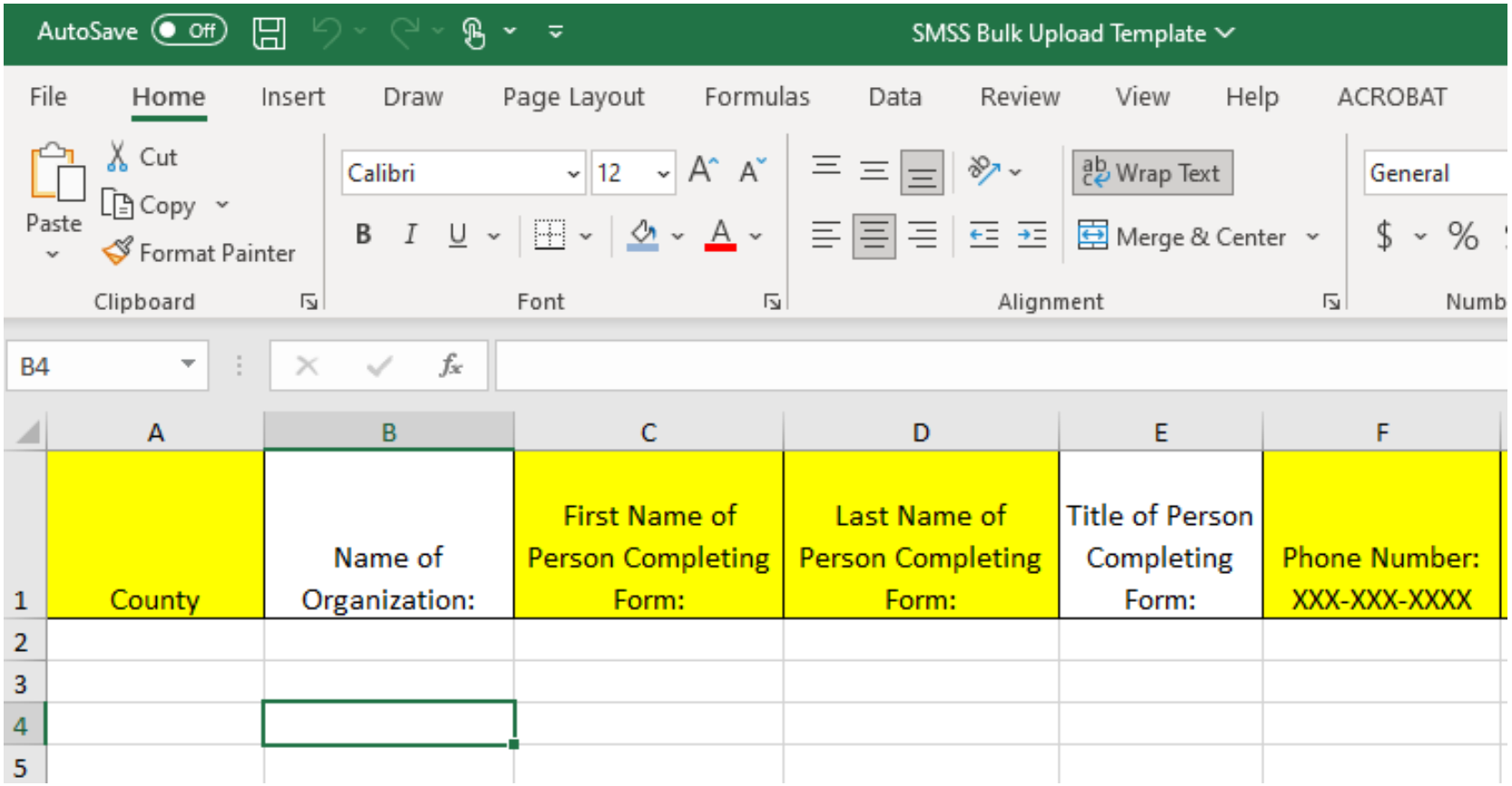
Patient Placement Status

- Accepted
  - Patient has been deemed appropriate for SMSS and placed into a shelter.
- Declined
  - Patient not accepted at SMSS
    - Does not meet SMSS placement criteria
    - Pt/County found alternative sheltering option (local shelter, family housing, etc.)

Bulk Patient Upload

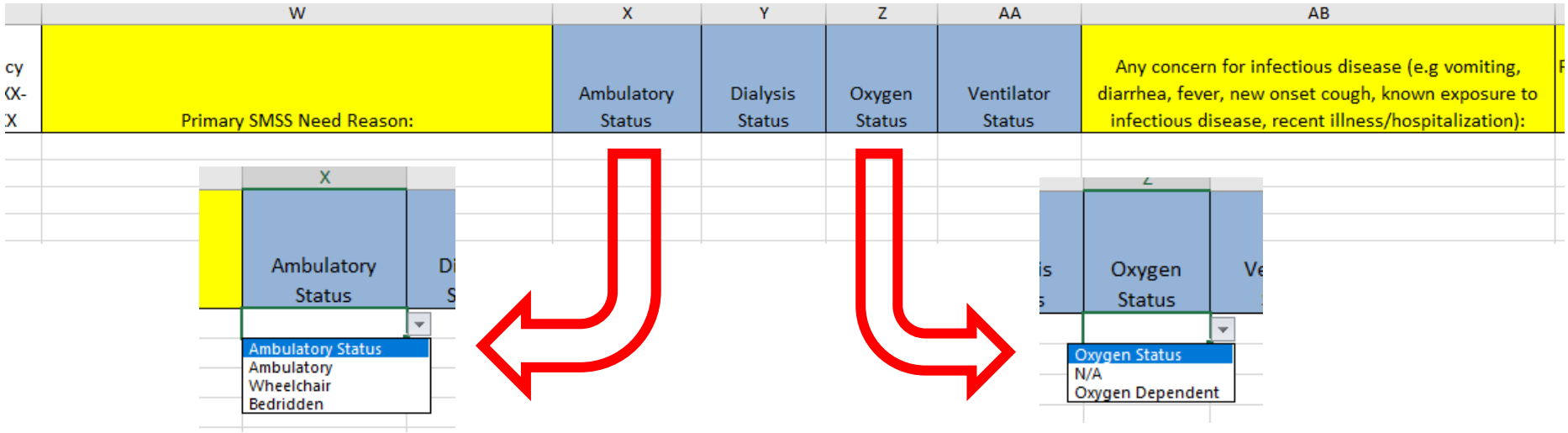
- Same information as the Individual Placement Form, but in an Excel template that can be filled out
- Excel template is uploaded into ReadyOp for secure bulk transmission of sensitive information
- Requires precise formatting so that NCOEMS Staff can import form into the ReadyOp System

Bulk Patient Upload

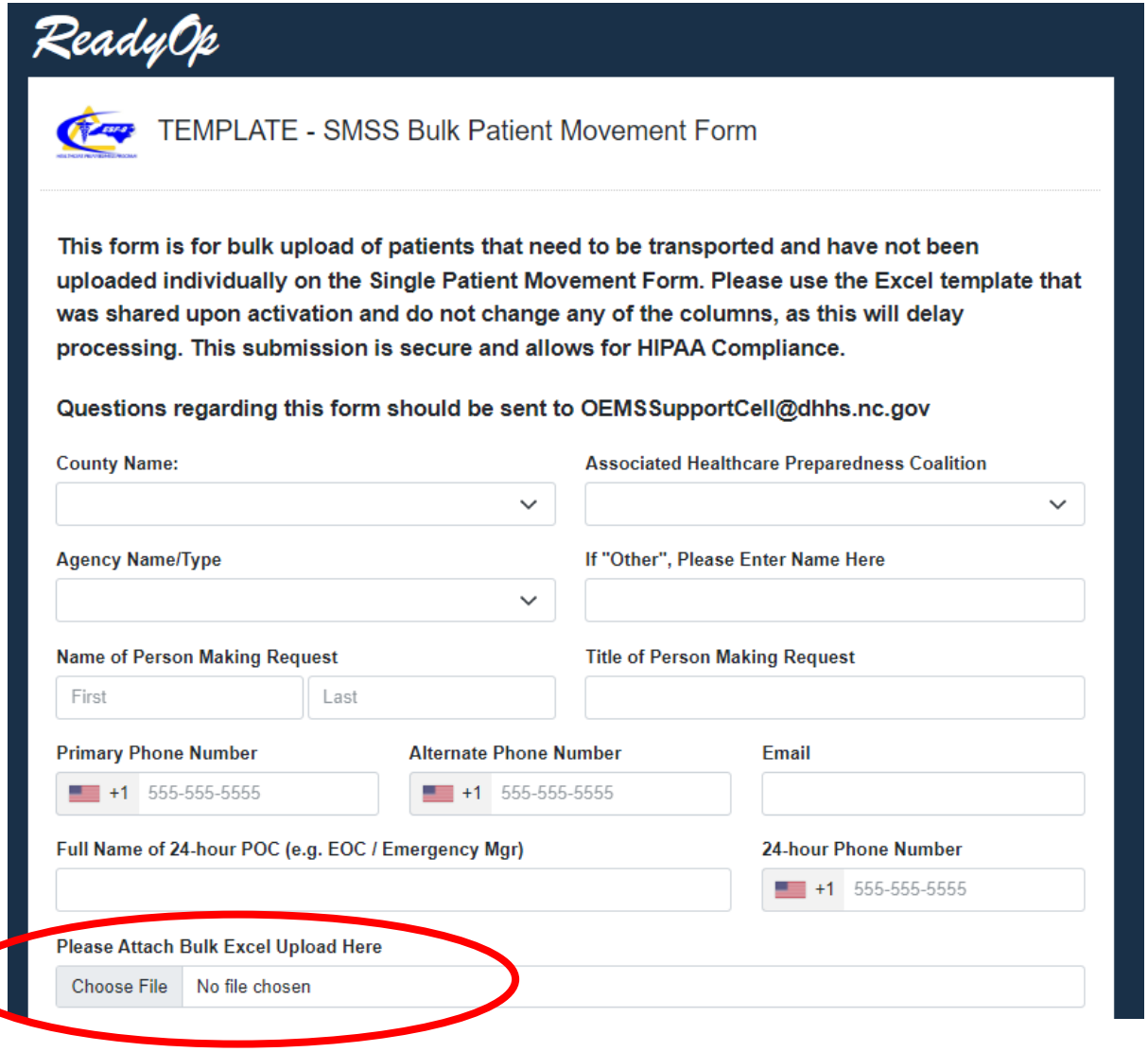


Bulk Patient Upload

- Yellow Header: Required field with required format
- Blue Header: Optional field with required format
- Note: Some fields have required format. Excel contains drop down menu to help select appropriate answer/format.



Bulk Patient Upload



Patient Transportation

- Responsibility for transportation lies with the sending County
- Consider:
  - Non-Emergency Transport Agencies
  - Public Transport Services (Bus, Van, Etc.)
  - Wheelchair Vans
- State Coordinated Transportation EXTREMELY LIMITED, could lead to delays

Repatriation

- County responsible for verifying safety of residence before return (power on, no structural damage noted, able to safely get into house etc.)
- Transportation back is the responsibility of the home county, but support can be requested for state transportation coordination if no other options exist

Notes

- Be sure to use the DHHS ReadyOp Patient ID number to avoid HIPAA concerns
- Consider keeping an internal spreadsheet with each patient name, ID number, and the link to their form. This makes checking their status much easier!

Questions?

- All details/forms/links can be found on the HPP website: https://www.hpp.nc.gov

- Contacts
  - Kimberly Clement, HPP Program Manager kimberly.clement@dhhs.nc.gov
  - David Ezzell, Operations Manager david.ezzell@dhhs.nc.gov