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Regional Emergency Planning for Healthcare Facilities: Transfer of Resources, Personnel, and Patients

PURPOSE

This Best Practice discusses regional planning to facilitate the transfer of medical resources, medical personnel, and patients between healthcare facilities in an emergency.

SUMMARY

A large-scale disaster or terrorist incident is likely to overwhelm the capacity of any single healthcare facility. A coordinated regional response to such events may require the transfer of resources, personnel, and patients between healthcare facilities.

DESCRIPTION

Healthcare facilities within a region should establish processes to insure that emergency transfers occur promptly, efficiently, and effectively. These processes must be structured according to each region's emergency agreement, information management system, and communications systems. Regional emergency planning by healthcare facilities most frequently addresses the transfer of:

- Medical resources, including medical equipment, pharmaceuticals, and medical supplies;
- Fully accredited or credentialed medical personnel; and
- Patients evacuated from a healthcare facility.

Further, large-scale emergencies may require extraordinary resources, in terms of amount or type, from outside the region. For example, after the September 11th attack on the Pentagon, the Washington Hospital Center Burn Center received resources from skin banks in Cincinnati, Dallas, and Dayton through exceptional logistical efforts. Emergency planners should consider how resources from outside the region would be transported and integrated into the region's emergency response efforts.

Components of Transfer Procedures

While transfer procedures can vary across regions, most consist of the following seven elements:

- Requesting Assistance
- Coordinating Assistance
- Documentation
- Transportation
- Supervision
- Demobilization
- Legal Liability and Financial Responsibility

The following discussion is based on the emergency response processes of a number of regions, especially the system developed by District of Columbia Hospital Association (DCHA) and the American Hospital Association (AHA).

Requesting Assistance

Regional emergency agreements by healthcare facilities should outline procedures that enable participating healthcare facilities to request aid. They should identify the position(s) at each healthcare facility that are responsible for communicating the facility's situation and for requesting aid. These responsibilities may be allocated to separate entities within a facility.

In the AHA's Model Memorandum of Understanding (MOU) (http://tinyurl.com/2fejd), a healthcare facility's command center informs the regional Clearinghouse of the situation and material needs. However, only the facility's senior administrator or designee can request aid or patient transfer in an emergency. Similarly, only the senior administrator or designee is authorized to provide aid to, or accept transferred patients from another facility under the Model MOU. The St. Louis Region Metropolitan Medical Response System and Vermont Mutual Aid agreement have similar provisions. Healthcare facilities that are in a "partner" or "buddy" system may need to make additional provisions for communicating initial aid requests and other coordination issues.

Most emergency agreements call for healthcare facilities to request aid through the region's information management or communications system. Some agreements, like the AHA's Model MOU, require the impacted facility to submit a second, written follow-up request for aid. These can be invaluable for confirming the original request and establishing written documentation for financial and liability issues.

Healthcare facilities will need to provide certain basic data in their requests for emergency assistance. The types, amount, and format of data required should be enumerated in the regional information system and in request forms developed by emergency planners. The AHA's Model MOU outlines the information that should be contained in requests for the transfer of medical resources, personnel, and patients:

Medical Resources:

- The quantity and exact type of requested items;
- An estimate of how quickly the request is needed;
- Time period for which the supplies will be needed; and
- Location to which the supplies should be delivered.

Medical Personnel:

- The type and number of requested personnel;
- An estimate of how quickly the request is needed;
- The location where they are to report; and
- An estimate of how long the personnel will be needed.

Patient Transfer:

- The number of patients needed to be transferred;
- The general nature of their illness or condition; and

- Any type of specialized services required, e.g., ICU bed, burn bed, trauma care, etc.

Coordinating Assistance

Regional agreements should outline processes that facilitate coordination between facilities requesting and offering assistance or patient transfer. These processes will be shaped by the region's information management and/or communications systems. Regional emergency planners should consider addressing such issues as:

- Where assistance, personnel, or patients should be directed;
- Entering a facility's security perimeter;
- When assistance is due to arrive; and
- Estimated length of time assistance will be needed.

Planners should be aware that coordinating patient transfers to relieve overwhelmed facilities might be as important as bringing supplies or medical personnel to those facilities.

Documentation

The transfer of medical resources, personnel, or patients between healthcare facilities in an emergency must be accompanied by proper documentation. Regional agreements should establish minimum documentation requirements for such transfers, based on regional circumstances, applicable laws, and professional standards. The AHA's Model MOU contains the following documentation requirements and processes:

Medical Resources:

- The healthcare facility requesting assistance should accept the standard requisition forms of the facility providing resources.
- The facility receiving resources should confirm receipt of resources, the condition of any loaned equipment, and parties responsible for borrowed items.
- The healthcare facility loaning medical equipment will need to confirm the condition of equipment upon its return.

Medical Personnel:

- Medical personnel need to present their healthcare facility identification at the facility requesting assistance. The healthcare facility requesting assistance should meet the personnel, confirm their identification, and provide temporary identification for the facility.
- Healthcare facilities may also provide a separate written attestation of competency that covers Joint Commission on Accreditation of Healthcare Organizations (JCAHO) issues to their medical personnel who are transferred during an emergency. (For more on emergency credentialing, see Lessons Learned Information Sharing Best Practices: Emergency Credentialing for Healthcare Facilities.)

Patients:

- Patients transferred during an emergency should be accompanied by their complete medical records, insurance information, and any other information necessary for their care.
- Healthcare facilities will need to track the destination of patients they have transferred.

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) protects the privacy of certain individually identifying patient data. Regional planners will need to insure that patient data being shares complies with HIPPA. Basic directory information is not

considered to be privileged. Section 1178(b) of HIPPA allows information sharing for public health surveillance, investigation, or intervention.

Transportation

Transporting resources or patients between healthcare facilities under emergency conditions is likely to present a number of challenges. This makes it imperative that regional emergency planning efforts among healthcare facilities address transportation issues, such as:

- Responsibility for transporting resources or patients;
- Costs and fees associated with transportation;
- Coordinating with emergency medical services, emergency managers, and private transportation entities;
- Returning loaned medical equipment; and
- Location and impact of potential traffic dislocations and bottlenecks.

The AHA's Model MOU assigns responsibility for coordinating and financing transportation to the healthcare facility that is receiving medical resources or transferring patients. It is also responsible for the costs of transporting "extraordinary drugs or other special needs" for these patients.

> Traffic congestion and bridge closings affected the response of Washington area hospitals to the September 11th attack on the Pentagon. Some recalled off-duty medical personnel had great difficulty reaching their hospitals, while bridge closures prevented emergency medical services from transporting patients across the Potomac River to hospitals in the District of Columbia.

Supervision

Regional emergency plans should describe supervisory responsibilities over transferred medical resources, medical personnel, and patients. Typically, supervision shifts when a healthcare facility receives the resources or patients in an emergency. These responsibilities may require insuring that loaned medical resources are used appropriately and are properly maintained. It includes providing transferred medical personnel with reporting procedures, orientation, assignment, and shift lengths. Under the AHA's Model MOU, "once admitted, a [transferred] patient becomes the patient-receiving hospital's patient and under care of the patient-receiving hospital's admitting physician until discharged, transferred or reassigned." Patient-transferring healthcare facilities are responsible for notifying both the patient's family or guardian and the patient's attending or personal physician of the situation.

Demobilization

Regional emergency planning among healthcare facilities need to offer guidance for demobilization after an emergency. Issues to be addressed include post-event stress management, transportation for medical personnel, rehabilitation, and return of loaned medical equipment. Costs associated with demobilization are usually borne by the healthcare facility that received these resources and services.

Legal Liability and Financial Responsibility

A host of liability and financial issues are raised by the transfer of medical resources, medical personnel, and patients between healthcare facilities in an emergency. Generally, legal responsibility is assumed by a healthcare facility once it accepts medical resources,

medical personnel, or transferred patients. Still, regional agreements will need to delineate liability, reimbursement, and other similar issues with regard to state and federal laws. State laws vary widely with regard to emergency protections for healthcare providers and "Good Samaritan" laws.

The AHA's Model MOU describes the legal and financial responsibilities of healthcare facilities in a number of respects, including costs, "hold harmless," and liability for transferred patient care.

STANDARDS

JCAHO Environment of Care

- EC.4.10.15. "The plan provides processes for cooperative planning among hospitals that together provide services to a contiguous geographic area (for example, among hospitals serving a town or borough) to facilitate the timely sharing of information about the following:
  - "Essential elements of their command structures and control centers for emergency response;
  - "Names and roles of individuals in their command structures and command center telephone numbers;
  - "Resources and assets that could potentially be shared in an emergency response; and
  - "Names of patients and deceased individuals brought to their hospitals to facilitate identifying and locating victims of the emergency.

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