

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: March 19, 2014

TO: Commission on EMS

FROM: Dr. Howard Backer, Director

PREPARED BY: Lisa Schoenthal, Chief
Disaster Medical Services Division

SUBJECT: Patient Movement Plan Development

RECOMMENDED ACTION:

Receive information regarding progress on development of a Statewide Patient Movement Plan.

FISCAL IMPACT:

None.

DISCUSSION:

During a major catastrophic event such as an earthquake, there will likely be a need to move patients to unaffected areas to receive medical care. Planning for this eventuality is both critical and daunting. The EMS Authority led a Request for Offer (RFO) for a contractor to develop a statewide plan. A contract was subsequently awarded in February 2014 to Emerge Technologies.

The RFO contemplated a plan based upon the need for a statewide framework for coordination of patient movement in a Level 2 or Level 3 Health and Medical Incident. It will define and standardize medical transportation and patient distribution operational procedures and address evacuation and relocation of medical patients that require movement due to an incident from an impacted Operational Area (OA) to locations outside of the impacted area. The Plan is intended to provide guidance to Local EMS Agencies (LEMSAs), Local Health Departments (LHDs), Medical Health and Operational Area Coordinator (MHOAC) Programs, Regional Disaster Medical Health Coordinator (RDMHC) Programs, field responders, hospitals, skilled nursing facilities (SNFs), and state agencies with disaster medical response roles.

The Plan should integrate best practices and recommendations identified by Subject Matter Experts (SMEs), to include representatives from the State, Regional and local fire, law enforcement, public health and emergency medical services, along with physicians, emergency managers, ambulance providers, hospitals, and the American Red Cross. The Plan should contain tactical tools including job action sheets, flowcharts, and patient triage routing and tracking forms. These tools should be designed so that they can be customized by users to accurately depict their patient distribution processes in a manner consistent with the rest of the state.

The proposed work plan includes 9 phases:

- Phase 1: Develop detailed project plan
- Phase 2: Establish stakeholder involvement and structure
- Phase 3: Research existing options
- Phase 4: Conduct stakeholder meetings
- Phase 5: Develop a Statewide Patient Movement Plan
- Phase 6: Develop tactical materials
- Phase 7: Incorporate feedback from secondary review group
- Phase 8: Conduct a table top exercise (TTX) or facilitated discussion and incorporate lessons learned into the final plan
- Phase 9: Finalize Statewide Patient Movement Plan

It is important to note that this project does not include Patient Tracking. It is expected that a project to develop that essential and complex component will occur subsequent to this project.