

Patient Movement

Description: The National Response Framework designates patient movement as an Emergency Support Function (ESF #8) mission with the lead Federal agency being the Department of Health and Human Services (HHS). HHS will coordinate the Federal response in support of emergency triage and pre-hospital treatment, patient tracking and distribution. This effort will be coordinated with Federal, State, Tribal, Territorial and local emergency medical services.

Accessing the Capability: The State, Local, Tribal and Territorial (SLTT) point of contact to coordinate a request for Patient Movement support assessments are the ASPR Regional Emergency Coordinators (REC). They will assist the requestor in articulating the requirement. Contact information for RECs is at:

<http://www.phe.gov/Preparedness/responders/rec/Pages/contacts.aspx>

The Federal patient movement system is requested when the number of patients required to be moved exceeds the state capability. This system will officially be requested by states through their emergency management agency, which fills out the FEMA Resource Request Form and submits the RRF to FEMA for approval. Once FEMA approves the RRF, FEMA will generate a mission assignment to HHS/ESF #8 for activation and deployment of the patient movement assets. When these assets are required, the Department of Defense (DoD) will be issued a mission tasking order for consideration.

Average Time to Respond: 12-18 hours

Past Customers or Events when capability was deployed: (2008) Hurricane Ike and Gustav; (2010) Haiti Earthquake

Contact Agency or Subject Matter Expert: Further information on NDMS can be found at <http://www.phe.gov/emergency/hhscapabilities/Pages/Patient%20movement.aspx>

Additional Information:

As the Federal Coordinator HHS/ESF #8 is responsible for transporting seriously ill or injured patients (and their non-medical attendants), and medical needs populations from casualty collection points in the impacted area to designated reception facilities. As HHS does not have organic movement capability, we rely on partner agencies for assistance—namely the Department of Defense (DoD). These capabilities will take time to ramp up and may be limited due to other DoD mission requirements.

Air National Guard, in their State Active Duty or Emergency Management Assistance Compact status may elect to move patients by aeromedical evacuation ahead of DoD. When DoD begins moving patients, the Aeromedical Evacuation System (AES) functions are coordinated by the Global Patient Movement Requirements Center (GPMRC), a subordinate of the U.S. Transportation Command, Scott Air Force Base, Illinois. The GPMRC will collect casualty information from the States and determine patients'

clearance for flight. DoD then matches the patients' needs with the aircraft, medical crew on board, and with a destination facility (also known as "patient regulation").

To coordinate the placement of patients being evacuated, Federal Coordinating Centers (FCC), operated by DoD and VA, will be utilized. The FCC will coordinate with NDMS-affiliated civilian hospitals and other local authorities to develop patient reception, transportation, and communication plans. During activation of the patient movement system, FCCs coordinate the reception and distribution of patients requiring evacuation.

States are responsible for evacuating patients and the medically at risk population out of the danger zone. However, they may not have the infrastructure to rapidly and safely evacuate this entire population and require Federal assistance. When this occurs, States can request the Federal Emergency Medical System (EMS) contract be activated to help support state controlled patient movement. The contract is designed to augment State and local resources. Under this contract, all resources provided to the State are intended to be controlled by the States. The contract includes 300 ground ambulances, 25 air ambulances and the ability to evacuate 3,500 para-transit patients in each of four geographical zones within the continental United States. HHS will provide technical assistance to FEMA in support of this contract. Once the ambulance units arrive, the State will assume operational control of the resources and use them for state controlled medical evacuation. State and local government shall be responsible for regulating, evacuating, and tracking patients to State-controlled beds when using FEMA-contracted vehicles.

It is also the responsibility of ESF #8 to return patients that have been evacuated using ESF #8 Federal resources. HHS will deploy Service Access Teams (SAT) to assist health care facilities and other entities where Federally medically evacuated patients have been sent. SAT functions include working with FCCs, sending and receiving facilities, as well as State EOCs and health departments to identify/track patients; ensure transportation, human services (language translation, food, lodging, etc) and arrangements for discharged patients and attendants; coordinating the return of patients and attendants to home state; and facilitating communication between attending physician and accepting physician for those requiring follow-on care.

When ESF #8 is used to evacuate patients, HHS is responsible for tracking patients through the entire patient movement system. The IT solution for national patient tracking is the Joint Patient Assessment and Tracking System (JPATS). This web-based system, is the "FEDEX" for patients, tracking patients (and non-medical attendants) and their status from the point of entry into the patient movement system until they are returned to home of record. A two-person JPATS Strike Team will be deployed to APOEs, patient reception areas/casualty collection points, and to destination locations to track patients through the system.

Last Updated: July 8, 2015