



Welcome!

**Thank you for joining the Hospital
Preparedness Program Information Sharing
Webinar:**

VA Hospital Evacuation & NDMS

We will start the program at 2:00pm Eastern

Continuing Education Statements

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Florida AHEC Network and the Bureau of Preparedness and Response, Florida Department of Health. The Florida AHEC Network is accredited by the Florida Medical Association to provide continuing medical education to physicians.

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**FMA ACCREDITATION
PROGRAM**

How Physicians Earn Quality CME

Continuing Education Faculty Disclosure

Financial Disclosures:

The faculty and planners of this educational training do not have relevant financial interests and/or relationships to disclose.

In the Eye of the Storm



**A Proven System of Safe,
Coordinated and Multi-Regional
Patient Evacuation**

Learning Objectives

- **Cite real-life causes of evacuation and shelter-in place efforts**
- **Identify utilization of patient safety systems before and during evacuation and recovery**
- **Assess perspectives of senior executives and incident command staff**
- **Discover the features of a collaborative approach to successful recovery**

Agenda

- **Department of Veterans Affairs**
- **Disaster Impact**
- **Patient Demographics**
- **Deployment and Patient Transfer**
- **Evacuation**
- **Recovery Efforts**
- **Continuous Readiness**

Department of Veterans Affairs

- **Three Major Administrations**
 - **Veterans Benefits Administration (VBA)**
 - **Veterans Health Administration (VHA)**
 - **National Cemetery Administration (NCA)**
- **Largest Integrated Health Care System in the Country**
- **21 Veterans Integrated Service Networks (VISNs)**
- **153 Medical Centers**
- **1,000 Outpatient Clinics**
- **300,000 Employees**
- **Electronic Health Record**

Hampton VA Medical Center

- **1600 Employees**
- **40,000 outpatients**
- **450,000 visits**
- **390 inpatient beds**
- **\$260 million budget**
- **1 million square feet**
- **Active VA/DoD Partnerships**



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Disaster Impact

- **Hurricane Projections**
- **Storm Category**
- **Landfall at Chesapeake Bay**
- **State of Emergency Declaration**
- **Mandatory Evacuations**



Disaster Impact

- **Patient Safety**
- **Utilities**
- **Regional Food Commissary**
- **Limited Access to Medical Center**
 - **Closed Bridges/Tunnels**
 - **Lane Reversal**
- **Diversion**

Patient Demographics

- **Spinal Cord Injury & Disorder Unit**
- **Acute Psychiatry Unit**
- **Domiciliary**
- **Intensive Care/Step Down Unit**
- **Palliative Care Unit**
- **Community Living Center**
- **Renal Dialysis Unit**

Evacuation

- **Incident Command Activation**
- **Command Positions/Roles**
- **Synergized Multi-Disciplinary Team**
- **Communication Structure**
 - **24 hour teleconference line**
 - **City of Hampton collaboration**
- **Employee Engagement**

Evacuation

- **Decision to Evacuate**
- **Considerations**
 - **Utility Failure**
 - **Patient Safety**
 - **Decreased Staffing**
- **Assumptions**
 - **VISN Partnerships**
 - **Bed Availability**
- **VHA Communication**



Deployment & Patient Transfer

- **Process Owners/Leaders**
 - **Identification of Clinical Needs**
 - **Development of Treatment/Discharge Plans**
 - **Tracking Manifests**
- **Patient Safety**
- **Medication Management**
- **Employee Escorts**

Deployment & Patient Transfer

- **Color Code System**
 - VA Best Practice
- **Patient Recognition**
- **Employee Assignments**
- **Multi-State Tracking System**
- **Vehicle Identification**

Deployment & Patient Transfer

- **Ambulance Transfers**
- **Specialized Needs**
 - **Inpatient Specialty Beds**
- **Patient Manifests**
- **Equipment/Supplies**
- **Emergency Contracts**
- **Visiting Employees**



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Recovery Efforts

- **Weather Updates**
- **Patient Assessments**
- **Readiness to Transport**
- **Staff Assignment**
- **Environmental Management**
- **Facility & Sea Wall Assessment**
- **Tracking of Incoming Vehicles**



Public Affairs

- **Communication Plan**
- **Social Media**
 - Facebook
 - Website
- **Media Outlets**
 - Television
 - Web
 - Radio



Continuous Readiness

- **Strengths:**
 - **Color Code System**
 - **Engaged Employees and Labor Partners**
 - **Communication/Social Media**
 - **VISN & Multi-State Collaboration**
- **Challenges**
 - **Aging infrastructure**
 - **Integrity of local roadways**

Hampton VA Medical Center

“Proud to Serve”



VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

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Federal Coordinating Centers Florida - Update



Rick Rhodes

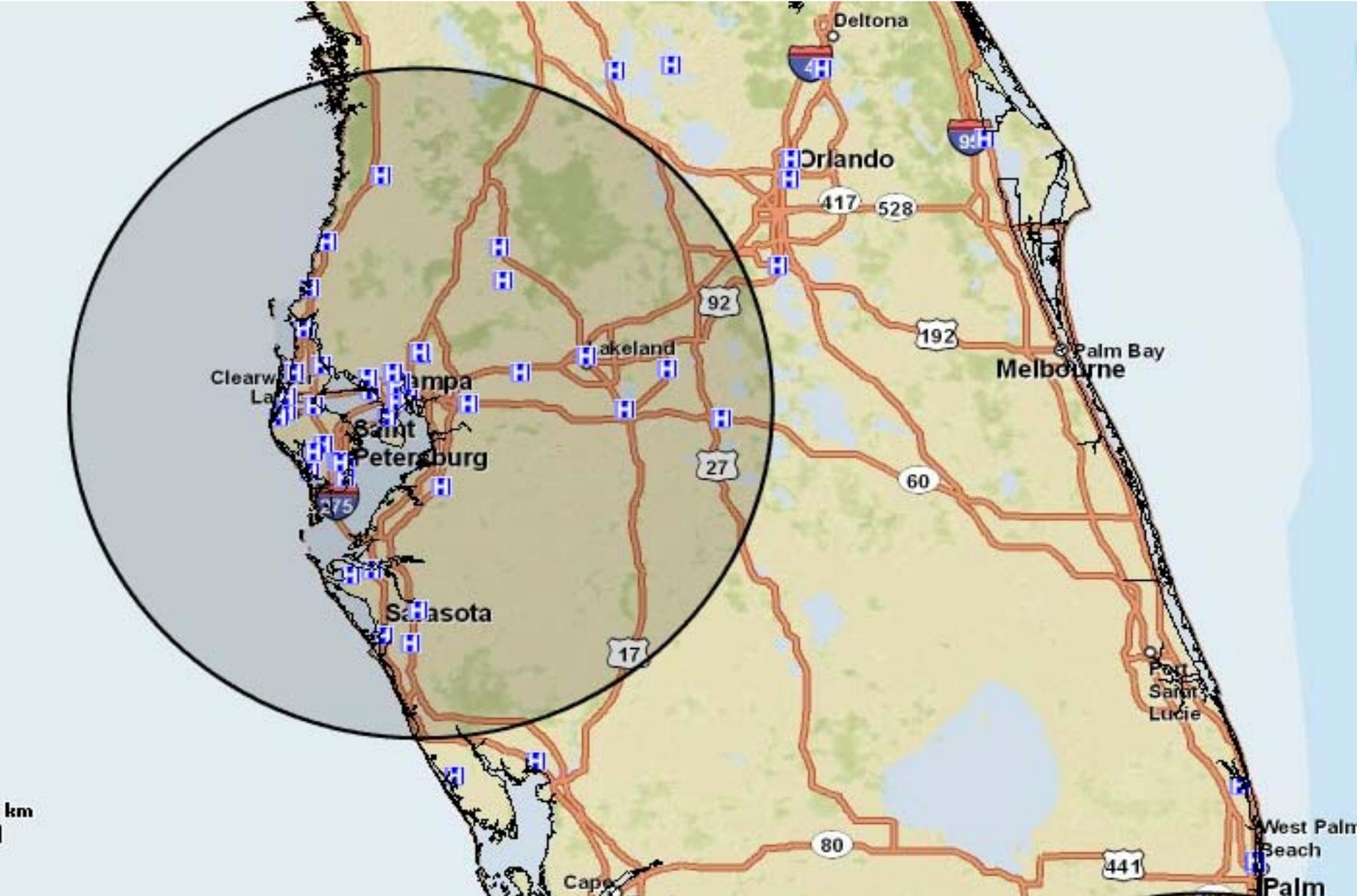
Department of Veterans Affairs

Area Emergency Manager/FCC

Coordinator



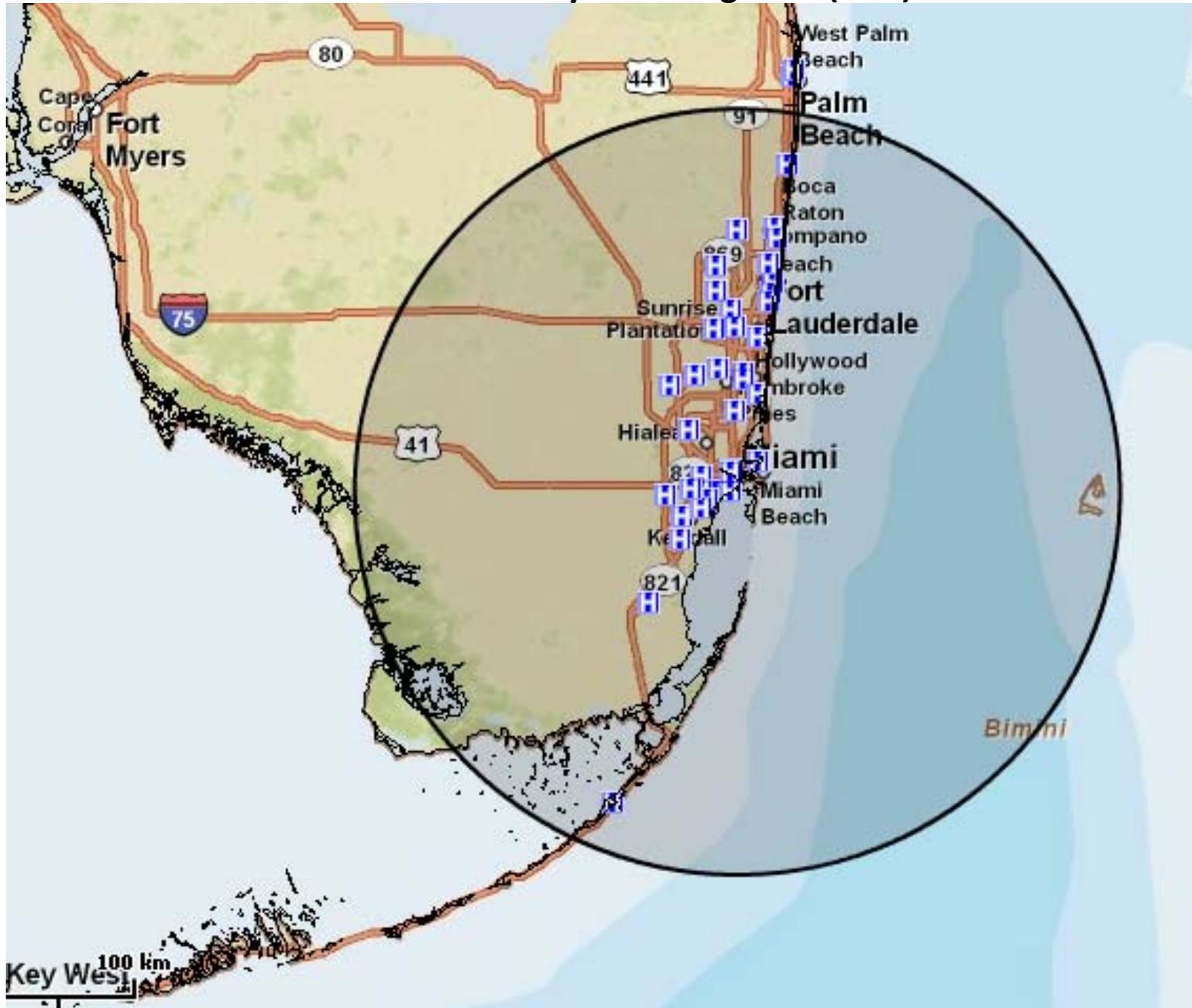
Tampa Primary Receiving Area (PRA)



FCC Tampa

- James A. Haley VAMC
- FCC Coordinator: Rick Rhodes
- PRA- Tampa International Air Port
- Key Supporting Agencies:
 - Tampa Fire Rescue
 - Hillsborough County EOC
 - Hillsborough County DOH
- NDMS Partner Hospitals- 64
- Current Activities: NDMS MOA Updates, FCC/NDMS Steering Committee, Plan Rewrite, RNC patient movement planning with local, state, and federal partners, Plan Team Training FY 12

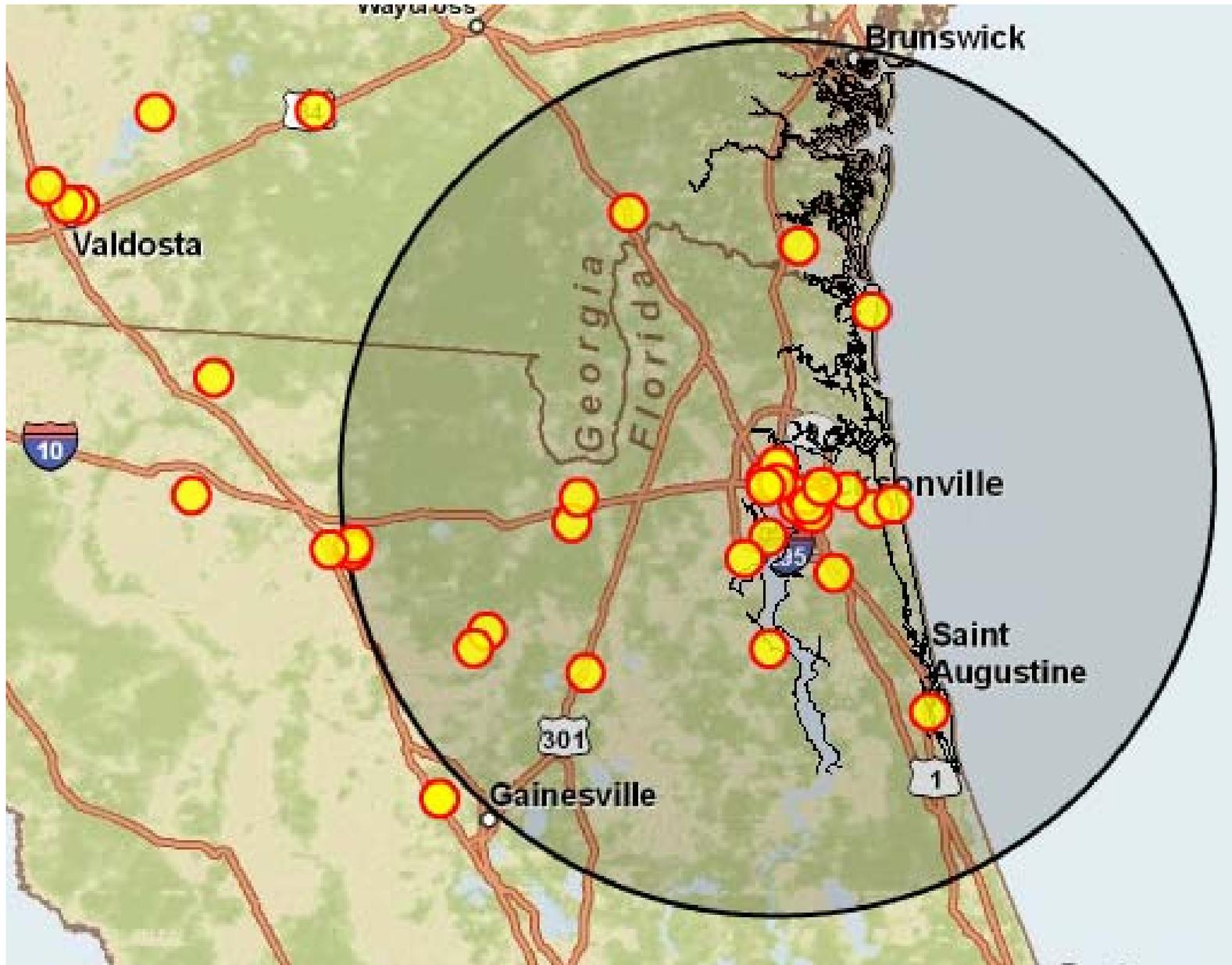
Miami Primary Receiving Area (PRA)



FCC Miami

- Bruce W. Carter VAMC
- FCC Coordinator: Jose Cintron
- PRA-United State Coast Guard Miami Air Station Opa-Locka, FL
- Key Supporting Agencies:
 - Miami Veterans Affairs Healthcare System
 - Miami-Dade EOC
 - Miami-Dade Police Department
- NDMS Partner Hospitals-30
- Current Activities: NDMS MOA Update, Planning for Patient reception operations in coordination with local, state, and federal partners in support of RNC planning.

Jacksonville Primary Receiving Area (PRA)



FCC Jacksonville (DoD)

- Naval Air Station Jacksonville (NAS JAX)
- FCC Coordinator: Dana Shropshire
- PRA- Naval Air Station Jacksonville (NAS JAX)
- Key Supporting Agencies:
- NDMS Partner Hospitals- 18 (16 Florida, 2 Georgia)

Current Activities: Ensure the collaboration between all partners, make sure the NDMS facilities are provided the support needed and educate the community on NDMS as a whole, provide the complete picture from response teams to definitive care. Planning for patient reception operations with local, state, and federal partners in support of RNC activities.

National Disaster Medical System



Definitive Medical Care Memorandum of Agreement (MOA)

“What’s Different in the New MOA”



History

What Prompted The Changes



NDMS hospitals activated in response to recent hurricanes experienced limited support from the NDMS:

- Sluggish reimbursements for medical expenses.*
- Lack of precise planning for discharged NDMS patients, including:*
 - Locations to support discharged patients awaiting repatriation and*
 - Transportation back to patients' homes or points of origin.*

Result

Changes Made to the MOA



- *The new MOA draws upon these lessons learned and outlines an enhanced range of support that NDMS hospitals can expect from the NDMS federal partners.*
- *MOA modifications made related to:*
 - ✓ *Bed Availability*
 - ✓ *HHS Service Access Teams*
 - ✓ *Discharge Planning*
 - ✓ *Reimbursement*

Bed Availability



- *Old MOA: Hospitals provided a minimum and maximum number of beds they were willing to make available to NDMS.*
- ***New MOA: “The Provider agrees to report the number of beds available (e.g. in HAvBED) when requested to support NDMS exercises or operations and then make those beds available to the NDMS for patients in real-life events. The FCC will assess the real-time status of the reported beds prior to distributing inbound patients.”***

HHS Service Access Teams



HHS established Service Access Teams to deploy to all activated FCCs to:

- Serve as “facilitators to ensure discharge planning is accomplished and human services support is provided to discharged patients and attendants evacuated through the NDMS.”*
- “Coordinate all aspects of patient return to ensure a smooth transition from the host state to the home state or other appropriate location.”*

Discharge Planning



HHS Service Access Teams will:

- *“Coordinate all patient movement activities and communicates with the patient movement contractor to arrange for transportation.”*
- *“If transportation to a final destination is not possible when the patient is ready for discharge, HHS will establish locations to receive the discharged NDMS patients. These locations may include hotels, skilled nursing facilities, nursing homes, Federal Medical Stations, or general population shelters as appropriate.”*

Reimbursement



“Reimbursements, subject to the availability of appropriations, will be limited to care provided for: injuries or illnesses resulting directly from a specified public health emergency; injuries, illnesses and conditions requiring essential medical services necessary to maintain a reasonable level of health temporarily not available as a result of the public health emergency; or injuries or illnesses affecting authorized emergency response and disaster relief personnel responding to the public health emergency. HHS, as payer, will define what constitutes an “NDMS patient”.”

Reimbursement



HHS Assistant Secretary for Preparedness & Response has pledged speedy reimbursements.

The following table identifies the various sources of funding for reimbursement and the order of payment.

Patient's Insurance Status	Provider will first bill	Provider will bill secondly	NDMS status for payments
Uninsured	NDMS		Covered at 110% Medicare rate
Medicaid	NDMS		Covered at 110% Medicare rate
Other insurance or health program coverage (other than Medicaid, Medicare, or TRICARE)	Other Insurance	NDMS for balance, not to exceed 110% Medicare rate	*Covered at 110% Medicare rate when combined with private insurance
Medicare	Medicare		Not eligible
TRICARE	Per TRICARE		Not eligible

Reimbursement



- *“NDMS payment will end when one of the following occurs, whichever comes first: completion of medically indicated treatment as defined by the Centers for Medicare and Medicaid Services diagnostic related group, based on ICD-9 (and ICD-10 when available) codes (maximum of 30 days); voluntary refusal of care; return to originating facility or other location for follow on care.”*
- *NDMS will provide reimbursements, subject to the availability of appropriations, for the same type of services covered under the Medicare benefit packages provided to authorized NDMS patients by qualified Medicare health care providers.*

MOA Implementation



- *The Agreement becomes effective upon signature of one of the NDMS Federal Partners and the Provider Hospital.*
- *The MOA may be canceled at any time by mutual written consent. Unless otherwise noted, the MOA remains in effect for a period not to exceed five years.*
- *NDMS hospitals also agree to participate in joint Federal Coordinating Center exercises, designed to meet external disaster standards established by applicable accrediting bodies.*

NDMS

Definitive Medical Care MOA



Questions?

