

Operation Haiti Relief- Patient Coordination & Management
Concept of Operations
January 17, 2010

Background

Following the catastrophic earthquake in Haiti, Florida began receiving patients in need of critical medical care from Haiti. Initial transports were into Region 7. Region 7's health and medical leadership quickly established a regional system to identify and track incoming patients, transport them to an appropriate facility and provide medical care as needed. This concept of operations is based on the process developed by Region 7.

Planning Assumptions

- Florida health and medical resources will be utilized to support the federal mission to assist earthquake victims in Haiti who are transported into the state.
- Florida's health and medical system could be impacted in two ways 1) Repatriated persons in need of medical care and 2) Injured persons on direct medical evacuation transports.
- Level of patient acuity will vary from minimal to critical.
- Number of patients incoming to Florida may increase and decrease periodically depending on increasing medical care capacity in Haiti.
- Centralized coordination will be required between hospitals, emergency medical services and receiving airports in order to minimize undue surge on any single hospital.
- Patients may arrive in Florida on military, medical, commercial or private aircraft.
- Flights may arrive with little or no notice at any point during a 24-hour period.
- In the absence of federal, state or local declaration, coordination of these activities is conducted under existing business practices, processes, and requirements.
- At the present time federal or state reimbursement for services is not available or anticipated.

Concept of Operations

1. Designate a regional coordinator responsible for managing the operation.
2. The regional coordinator should establish contact with TRANSCOM (federal coordination point) to receive incoming medical evacuation flight information. **TRANSCOM only coordinates incoming medical evacuation flights only.** The TRANSCOM telephone number is 618-229-1420.

3. The regional coordinator should establish contact with local international airport authorities to receive communication of incoming repatriation flights. Repatriation flights may be through military, charter or commercial flights.
4. Establish a centralized regional coordination 24/7 call line for hospitals, emergency medical services and air flight coordinators to communicate flight information, patient information and facility status.
5. Develop and disseminate communication requirements to include:
 - a. Incoming flight information including on-board patient numbers and acuity
 - b. Patient transport information/needs
 - c. Hospital bed availability
 - d. Validation of patients received/discharged
 - e. Conference call schedules
 - f. Reporting requirements
6. Contact regional air ambulance companies, who may transport patients under existing hospital contracts, to ensure awareness of regional coordination point for all incoming patients.
7. Based on bed availability and anticipated patient acuity, the regional coordinator will determine which facility incoming medical flight patients will be transported to and communicate this information to TRANSCOM. In some cases flights may be redirected to other airports to ensure appropriate and timely transport. (See Sample Patient Tracking form)
8. Assign an EMS liaison to receiving airports that will meet arriving repatriation flights and conduct an initial assessment of patient acuity to validate the level of care needed. Any identified patients are then transported to the appropriate facility by EMS.
9. Conduct a daily conference call among regional trauma centers, hospitals and EMS agencies to provide situational awareness, validate reporting information, and address un-met needs of the facilities.
10. Communicate critical information by 4pm daily to the state by providing county-level aggregate reports to StateESF8_Planning@doh.state.fl.us. Reports should include:
 - a. Patient Information
 - i. Number of patients admitted since last report by type of presentation (medical flight, repatriation flight, or walk-in to ED), status (trauma or non-trauma), and citizenship (if known).
 - ii. Number of patients discharged since last report
 - iii. Number of patients expired since last report
 - iv. Total Aggregate number of patients still hospitalized by care level- ICU, Stepdown/telemetry, or regular floor
 - b. Healthcare system status
 - c. Rumor control issues
 - d. Un-met needs
11. State ESF8 will disseminate regional reports to all regions to assure situational awareness statewide.

Staffing Requirements

In order to implement this concept of operations the following positions will be needed for 24-hour coverage:

- Regional Coordinator – Provides oversight to the operation and serves as the primary contact with hospitals, emergency medical services and airport personnel.
- EMS Liaison – Provides initial assessment to patients on repatriation flights.
- Staff Support – Provides administrative and call line support.