Patient Evacuation: Federal Capabilities

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Agenda

- Federal National Ambulance Contract
- Overview of National Disaster Medical System (NDMS)
- Patient Tracking
- Patient Movement Challenges

Federal National Ambulance Contract

The purpose of the Federal National Ambulance and Para-transit Support Services contract is to provide a full array of licensed ground and air ambulance services and Para-transit services that may be ordered as needed to supplement the Federal and Military response to a disaster, act of terrorism or other public health emergency.
Federal Ambulance Contract

- Jointly administered by FEMA (contract funding) and HHS/ASPR (contractor's technical representative).

  - GROUND AMBULANCE
    - 300 ground ambulances each zone (ALS & BLS)
    - Requested and deployed in Strike Teams
    - Includes vehicle maintenance and crews for 24/7 staffing

  - AIR AMBULANCE
    - 25 air ambulances, helicopter and/or fixed wing
    - Support crews deploy with aircraft

  - PARA-TRANSIT
    - Ability to Transport 3,500 individuals

- Requested and deployed in Strike Teams
- Includes vehicle maintenance and crews for 24/7 staffing

Situation

- State Public Health Authorities determine there are unmet requirements to rapidly and safely evacuate patients with complex and ongoing medical needs initiate request for Federal assistance.

Mission

- The Department of Health and Human Services will provide technical assistance to FEMA in support of contracted ground and air ambulances and Para-transit vehicles to support State, tribal and local governments ability to prepare for and respond to the effects of a major disaster.
**Federal Ambulance Contract**

**Need Identification**
- State/locals identify numbers needing specific type of support during planning.
- State incorporates EMAC assets in planning (follow GAP analysis concept).
- State works with Region to identify Federal piece.

**Request Process**
- State identifies event specific requirement to RRCC (Regional Response Coordination Center)
- ESF#8 in RRCC prepares Action Request Form (ARF)
- Forward ARF to National Response Coordination Center (NRCC) and HHS
- State incurs 25% cost share- will not process without State signature

**Activation Process**
- HHS prepares list of detailed requirements based on the capabilities and numbers requested
- Forwards to FEMA Operations/Logistics and ESF #8 in NRCC
- FEMA executes 40-1 and forwards to Contracting Officer
- Contracting Officer executes Task Order
Coordination
- Pre-Event
  - HHS Regional Emergency Coordinators work with States to determine if medical evacuation assistance may be necessary and identify potential check-in sites for assets.
  - Finalize State coordination of requirements.
  - State ID’s potential types and numbers.
- During the Event
  - Monitor usage
  - State ID’s types and numbers
- Post-Execution
  - Forward draw-down and demobilization plan

Federal Ambulance Contract

Execution
- Ambulances start moving
  - Within 6 hours of Task Order
  - In place within 24 hours of Task Order (within zones)
- Check-in at Mob Center, FOSA or other location
- Turned over for tactical control by FEMA Logistics in concert with ESF #8 LNO.

National Disaster Medical System
- NDMS is a coordinated effort of HHS, DoD, VA and DHS (FEMA), in collaboration with the States and other appropriate public or private entities.
- Partner agencies provide a continuum of care
- Complementary assets
3 Major Components of NDMS

- Medical Response Lead - HHS
- Patient Evacuation Lead - DoD
- Definitive Care Lead – VA/DoD

- DMAT
- IMSuRT
- NVRT
- DMORT

DoD Aeromedical Evacuation "Fixed Wing"

Federal Coordinating Centers
NDMS Hospitals

NDMS Patient Evacuation

- Patients to be evacuated by NDMS are "inpatients"
- DoD has the lead and the responsibility to evacuate NDMS patients from the APOE/AMP(s) to FCC(s)
- NDMS Patient Evacuation Components
  - Patient Movement Request
  - Patient Regulating (TRAC2ES)
  - Patient Tracking (JPATS)
  - Aeromedical Staging
  - Aeromedical Evacuation/Lift (primarily fixed wing)
  - Patient Reception & Distribution (FCCs & NDMS Hospitals)
  - Patient Return to "Home of Record"
**NDMS Lift Capacity**

- Patient Evacuation commences 36 hours from notice
- System can move 500 patients per day (up to 20% critical)
  - Requires (4) operational APOEs
- Limited capability for patients
  - Suggest the following patients be evacuated by other modes
    - High-acuity burn
    - NICU and PICU
    - Psychiatric (if requires medical supervision)

**Limiting Factors**

- Patient Movement Requests
- Number of patients; over period of time (approximately)
- FEMA Mission Assignment (MA) to DoD
- Identification of APOE/AMP(s) (need DoD approval of airfields)
  - Right patient
  - Right airhead
  - Right order/time
- Acuity of patients (higher acuity = less patients)
  - Litter/Ambulance = space, number of patients/plane
  - Critical = CCATT, Equipment, O2 (20% max)
  - Vented = CCATT, Equipment, O2
- # Non-medical attendants (i.e. pediatric patients - 20% max)

**Aero-Medical Evacuation (AE) Process**
Return Movement of Domestic Medical Evacuees

- Involves returning patients who were evacuated through Federal ESF#8
  - Destination locations could include home, originating facilities, intermediate care facilities
- HHS Service Access Teams (SATs) shall ensure proper services afforded medical evacuees
- SAT will serve as patient advocates and provide medical and human services case management
- Patients will be tracked through the system using JPATS

NDMS Patient Movement; The Challenges

- Takes 2-3 days to get this system fully ramped up from a cold start.
- Has finite capacity.
- Not a flexible system that can be "parted out".
  - It uses the hospitals within the NDMS system
  - Does not prioritize in-state relocation
- Repatriation is an HHS responsibility.
  - Done through contract.
- Requires a Stafford Act Declaration or a Public Health Emergency.
- Requires EMS transport from Hospital to APOE

Questions?

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