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Appendix 3.5.2 Regional patient tracking plan

Appendix 3.5.2 Regional patient tracking plan

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# Introduction

The Centers for Medicare and Medicaid Services (CMS) issued a rule to establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid to increase patient safety during emergencies and establish a more coordinated response to natural and man-made disasters. This rule went into effect in November 2017. A component of the Emergency Preparedness Rule requires facilities to identify the location of their patients during day-to-day operations, re-locations, evacuations, and mass casualty incidents.

Lessons learned in past events have identified there are gaps in the ability to track patients at the facility, local, regional, and state levels. The inability to track patients may:

* Delay or inhibit the efficient provision of patient care.
* Increase the psychological impact of the event for patients and their loved ones.
* Delay the reunification between the patients/residents/clients and their loved ones.
* Diminish the capability of health care providers to identify resource needs.
* Inhibit the ability of law enforcement partners to gather evidence and investigate the event.
* Create gaps in documentation that are essential for future legal action or the potential for reimbursement from federal agencies.
* Limit the capability of affected facilities to be reimbursed for costs incurred when providing treatment.

# Purpose

The purpose for the West Central MN Health Care Coalition’s (WCMHPC) Regional Patient Tracking Plan is to provide the tools and resources for health care providers within the region, to assist with patient/resident/client tracking. This plan allows all health care providers to utilize the same processes that will ensure continuity of patient/resident/client tracking within the region. The objectives for the West Central MN Health Care Coalition’s (WCMHPC) Regional Patient Tracking Plan are:

* To determine and document the identity of the patient.
* To determine and document the patient’s location.
* To identify the modes of transportation utilized.
* To utilize the START Triage patient tracking identifiers to indicate the basic status of the condition of the patient and facilitate the continuity of care.
* To create a database of patients and their locations to aid the local emergency manager and law enforcement in their investigation process.
* To create a database of patients and their locations to assist the Local Emergency Management and/or the Department of Health and Human Services family reunification process.
* Utilize the MNTrac Patient Tracking program to compile data collected and work within the MNTrac Command Center for confidential information sharing capabilities.
* To create a redundant means of compiling data when MNTrac is unavailable.

# Scope

The Regional Patient Tracking Plan is divided into two sections.

Section I is the processes involved in day-to-day patient tracking involve the use of the EMTALA form as the conduit of information sharing.

Section II is for mass casualty patient tracking and includes regional multi-agency coordination and information sharing amongst all emergency preparedness partners.

# Planning Assumptions

* The word “patient” is interchangeable and applies to patients, residents, and clients in health care facilities.
* Not all information about the patient will be available at the beginning of patient tracking. As patient care and time allows more information about the patient will be gathered and documented.
* Based on the incident, patient tracking may continue for an extended period.
* The Regional Patient Tracking plan is designed to support family reunification efforts; however, it does not address the actual processes or the operations of the family reunification center.
* The Patient Tracking Plan can be used with the MNTrac Patient Tracking platform, or it can be a stand-alone plan. Utilization of the MNTrac Patient Tracking application can be initiated after the immediate on slot of patients.

Much of the information gathered for patient tracking is considered Protected Health Information (PHI) and is subject to the Health Insurance Portability and Accountability Act (HIPAA). All information shared must take into consideration HIPAA.

# Responsibilities

Implementation of a successful patient tracking process will be dependent on coordination among numerous entities. The following are roles and responsibilities related to patient tracking for key emergency response partners. Individual roles may vary depending on the circumstances of the incident.

### Emergency Medical Services

* Activates internal patient tracking; may request activation of regional patient tracking as needed.
* Initiates minimum patient tracking in the field via a unique identifier, on a wristband or triage tag if available, for each patient requiring transportation to definitive care.
* Follows agency protocol regarding patient distribution.
* Requests transportation assistance via mutual aid agreements with partner agencies.
* If event is over an extended period, will work with the regional WC EMS coordinator to facilitate requests for additional resources.
* Shares unique identifier (and any other patient information captured) with hospital/ACF/receiving health care facility.

### West Central Minnesota Health Care Preparedness Coalition (WCMHPC)

* Monitoring health care system and population impacts.
* Identifying and anticipating resource needs.
* Activating and coordinating centralized patient tracking information via MNTrac.
* Activates patient tracking as needed. Activate patient tracking in the centralized database (MNTrac) if available.
* Notifies all regional partners of patient tracking activation.
* Support WC EMS with coordinating patient distribution if requested.
* Monitors impacts to health care system and assists in coordinating medical resource support.
* Serving as the single point of contact for patient tracking, if requested. This includes compiling data from facilities and uploading that data into MNTrac (if available). The coalition staff can be used to share allowable information with law enforcement, local public health, and emergency management.
* Participate in the JIC on behalf of patient tracking if activated and requested.
* Supports local, county, regional and state agencies in response activities.

### Hospitals, Alternate Care Facilities and other Health care Organizations

* Activates internal patient tracking; may request activation of regional patient tracking as needed.
* Establishes process for documenting patient tracking information provided by EMS and coordinating this information with patient registration/medical record.
* Initiates patient tracking for patients received at the facility.
* Documents minimum patient tracking information via a spreadsheet (see Addendum 3.5.2.1 Master Patient Tracking form instructions and Addendum 3.5.2.2 Region HICS 254 MNTrac Master Patient Tracking form) or directly in the MNTrac patient tracking database, if available.
* Provide Regional HICS 254 patient tracking lists to WCMHPC, if not using a database.
* Facilitates family reunification for patients within the facility, in coordination with local partners (Red Cross, Family Assistance Center, Call Center).

### Local Public Health / Local Health and human services

* Coordinate with the WCMHPC and local health care organizations.
* Monitors impacts to health care system and assists in coordinating medical resource support.
* Support local emergency management by assisting with coordination of a Family Assistance Center.
* May support emergency management with public messaging related to health and medical system impacts, including information about patient tracking and related family reunification efforts.

### Minnesota Department of Health

* Activates patient tracking as needed. Activate patient tracking in the centralized database (MNTrac) if available.
* Notifies WCMHPC and all regional partners of patient tracking activation.
* Provides support for coordinating patient tracking information during incidents that cross multiple jurisdictions.
* Coordinates with regional coalition coordinators to obtain patient tracking information from their jurisdiction, as needed.
* Serves as conduit for sharing patient tracking information with federal agencies as needed.
* Provides coordination with state level Family Assistance Center or call center if established.
* Monitors impacts to health care system and assist in coordinating medical resource support as applicable.
* Serves as the lead agency at the state level for public messaging related to health and medical system impacts, including information about patient tracking and related family reunification efforts.

### Local Emergency Management

* Support resource needs for coordination of a Family Assistance Center and/or call center.
* Serves as conduit with State Emergency Management for coordination of resources as applicable.
* Supports coordinated public information and messaging in partnership with health care facilities, the coalition, and LPH/HHS through a Joint Information Center, if established.

### Law Enforcement

* Responsible for coordinating missing persons information.
* Assists with identification of unidentified patients.
* Assists with family reunification for missing persons as applicable.

### Other Partners

* **County Medical Examiner** – access patient information through patient information through the partnership of local emergency management, public health/HHS, health care and the MNTrac database for victim identification.
* **Non-Governmental Organizations (i.e., Red Cross)** – work with local emergency management, local public health/HHS, and response partners to facilitate family reunification/notification.

Concept of Operations

## Operations Overview

In a mass casualty incident, it is essential that, at a minimum, the patient tracking process be initiated as soon as the patient begins receiving health care services. This may occur when patients are transported from the field to a point of definitive care or following arrival at a point of definitive care via self-referral (e.g., hospital, alternate care facility, clinic). The patient’s whereabouts and condition should be tracked throughout the incident, until the patient is accepted at another facility for continued care, or the patient is discharged to home.

In a mass casualty incident, the ability for Emergency Medical Service (EMS) providers to document patient identification is limited. As such, the priority for EMS should be to begin initial patient treatment and prioritize the patients utilizing the triage protocol (assigning a red, yellow, green, black identifier). EMS is tasked with identifying the appropriate receiving facilities and providing early notification to those receiving facilities. The collection of patients identifying information will be prioritized once the patient arrives at a point of definitive care.

Health care facility patient tracking should end when:

1. Patient is discharged home (with or without home health/care services).
2. Patient is discharged to a long-term care facility.
3. The patient is deceased, and the County Medical Examiner has taken control of the human remains.
4. Patient has been transferred to another health care facility and they have assumed care.

Patient tracking is one aspect of a larger victim accounting and family assistance process. The overall purpose of the Family Assistance Center (FAC) is to assist with victim identification and family reunification with the missing and deceased. Patient tracking information supports the identification of individuals associated with an incident, along with information on the deceased, missing persons and uninjured persons. Patient tracking is only meant to track living patients with the understanding that some patients may become deceased as the incident progresses. The FAC is primarily initiated by Local Emergency Management and is supported by their local/regional/state and federal partners. This plan does not discuss operationalizing the FAC.

## Patient tracking Activation

Patient tracking will be activated to support a mass casualty incident (MCI) as well as be used in day-to-day operations. From this point forward, the plan will identify the processes involved within each of the components of patient tracking.

The two components are:

1. Day to day operations
2. Mass casualty incident (MCI)

Patient tracking is highly recommended for Day-to-Day operations and is required if/when a facility evacuates. The Patient tracking plan should be incorporated or referenced in the facility’s Evacuation plan. (See Addendum 3.5.2.4 WCMHPC Evacuation Planning) The decision to activate patient tracking during a mass casualty incident will usually be made by the Emergency Room/Triage staff who receive notification from EMS about the incident or if/when there is a surge of patients from a single event. Facilities will utilize their communications plan and notify all staff of the activation. The earliest the plan is activated the more data is collected.

## Patient Tracking Data Elements

Core to the patient tracking process is the need-to-know what data elements will be required during an incident. It is important to recognize that early in the event, limited information about the patient’s identity may be available. EMS and health care providers will prioritize patient care over collecting patient identifying information. Efforts to collect more comprehensive information about a patient’s identity will be made as resources become available.

The minimum data that should be collected for patient encounters and tracking are:

* Patient Name
* Date of Birth
* Triage Color
* Patient number or unique identifier
* Method of arrival
* Date/time of arrival
* Location within facility
* Gender

It is important to keep in mind that much of the information gathered for patient tracking is considered Protected Health Information (PHI) and is subject to the Health Insurance Portability and Accountability Act (HIPAA).

There are circumstances during an MCI when the identity of a patient may not be easily or quickly determined (e.g., patient is unconscious or unable to communicate and does not have personal identification with him/her). Under these circumstances, health care organizations should document as many identifying characteristics about the patient as possible and provide this information to law enforcement and/or the Family Assistance Center, if one is established. Information will be used by the authorities to assist with the coordination of missing persons’ information and reconciled with data being provided about individuals who are unaccounted for to assist in determining the patient’s identification.

Utilization of the Addendum 3.5.2.2 HICS 254 Master Patient tracking form, during a Mass Casualty event will allow facilities to start the initial patient tracking process and gather the minimal data elements into one spreadsheet. The Addendum 3.5.2.2 HICS 254 Master Patient Tracking form plan has been slightly altered to allow for alignment with the MNTrac program. Facilities are encouraged to save an electronic version of this form so that it is available and ready to be used when the plan is activated. (See Addendum 3.5.2.2 Regional HICS 254 Master Patient tracking form).

## Patient Tracking Triggers & Procedures

### SECTION I: Day to Day Patient Tracking

CMS requires health care facilities to track the locations of their patients while under their care. During day-to-day operations, patients may be transferred to a different facility to receive care. It is imperative that the transferring facility have a system in place that identifies the receiving facility has accepted the patient and the patient has been received at that facility. Since this activity occurs daily within health care, there is no actual activation of this plan as it is a daily process already adopted by the health care facility.

This plan does not address a system for monitoring temporary patient movement such as when the patient is required to go to another facility for a procedure or test that does not require an overnight stay. It is recommended that facilities have a process that identifies when the patient has been received at the other facility and when they are returning to the initial facility. This may be simply done via communication between the facilities or between the transferring facility and the EMS agency or transportation asset. All this information needs to be documented in the patient’s chart.

Long Term Care and Skilled Nursing Facilities are required to track patient movement as well. When a patient/resident is transferred to another facility for continued care it is essential that the confirmation of transfer be documented in the patient’s chart. If it is a discharge to the other facility or a temporary transfer for continued care, the facility needs to communicate with the receiving facility to ensure that the patient arrived and is now under their care. The coalition developed a Resident Transfer form that contains the recommended information to be used when transferring patients to another facility/agency. When patients are being transferred to another facility for continued care, the transfer form must be completed. Facilities are not required to utilize the Regional Transfer form, however any form they use should contain the same information for continuity of care.

Refer to Addendum 3.5.2.3 Long term care, home health and Assisted living Day to Day Resident Transfer form.

The following process is recommended to ensure that facilities have a system in place to track the day-to-day patient tracking. If health care facilities choose not to follow this process, they are strongly encouraged to develop an internal process of their own. (See algorithm below)

1. When patients are being transferred to another facility for continued care, the Hospital EMTALA form or Resident Transfer form should be completed.
2. Ensure that the transferring facility’s name and fax number are listed in the appropriate section.
3. During the Nurse-to-Nurse report out, the Transferring facility’s nurse will advise the receiving facility that the Hospital EMTALA form/Resident Transfer form will be sent with the patient and request that the bottom section of the form, identifying receipt of the patient, be completed and faxed back to the transferring facility within four (4) hours of arrival at the receiving facility.
4. Three copies of the form are made and distributed as below:
	1. One copy to the patient.
	2. One copy to the receiving facility (advise the transportation agency to give the Hospital EMTALA form/Resident Transfer form to the receiving facility upon arrival).
	3. One copy will be maintained by the transferring facility.
5. The nurse documents in the patient’s chart the time that the patient left the facility as well as the information about the agency that is providing transportation.
6. A copy of the Hospital EMTALA form/Transfer form will be held at the transferring facility. It is suggested that this be held at the nurse’s station until the receiving facility faxes back their copy with the accepting information completed. This will ensure there is a system in place so that if the information is not received from the receiving facility a call can be placed to obtain the necessary information. If the Hospital EMTALA form/Transfer Form is not received within 2-4 hours of transfer – a station clerk/receptionist will contact the receiving facility and request the form to be faxed.
7. The acceptance information will be noted in the patients’ chart, and the final completed Hospital EMTALA form/Transfer form will be scanned and placed into the patients’ medical record. The copy that is incomplete can then be destroyed.

### SECTION II: Mass Casualty Event Patient Tracking

Patient tracking should be initiated when one or more of the following applies:

* More than one facility will be receiving patients.
* Patients may arrive at a treatment facility (e.g., hospital, alternate care facility) by multiple methods including Emergency Medical Services (EMS) and self-transport.
* A field treatment site is established.
* There are multiple incident locations.
* Incident is determined to be a mass fatality (based on local threshold).
* Circumstances warrant the activation of a Family Reunification and/or Family Assistance Center.

To ensure that the WCMHPC is activated, facilities receiving patients from a mass casualty event should notify the regional health care coordinator as soon as possible upon learning about the event. This notification is essential to ensure that the coalitions’ health multi-agency command center (HMAC) can be activated. Any coalition partner can contact the coalition to request activation of the regional patient tracking plan.

#### Mass Casualty Patient Tracking Process:



1. Incident Occurs
2. EMS will arrive on scene and begin triaging patients according to institutional protocols.
3. When possible, EMS personnel will document the unique identifier that is attached to the patient (via wristband, triage tags if available). Unique identifiers should remain on/with the patient the entire time they are active in the incident. If time allows, EMS may document some additional information and enter the information onto the patient’s run sheet. If a manual patient tracking process is being used, the coalition will receive tracking information from hospitals in step #5.
4. The patient is transported from scene to receiving site (i.e., hospital).
5. Upon arrival at a hospital/ACF or other health care facility, intake staff will begin to collect the minimum data elements outlined on page 7. Not all information may be collected immediately but the intake staff will begin the process by creating a record for the patient and taking note of the unique identifier begun by EMS (on the wrist band or triage tag if available). If a unique identifier has not been assigned, the facility will assign one. The facility may assign a temporary “disaster” patient number due to the deluge of patient flow and decreased amount of time to fully register the patient. The information should be merged with a more permanent patient identifier as soon as patient flow allows. This information will then be recorded into a HICS 254 patient tracking form. Before entering any data into the electronic medical record system, health care staff should search the database to ensure they are not duplicating profiles. Hospitals should also record the unique identifier in the patient’s electronic medical record file. Hospitals are the primary source of patient tracking information for the coalition.
6. Once the coalition has been notified of the incident, the coalition staff will immediately create a Patient Tracking event and a Command Center in MNTrac and sending an alert to the appropriate partners within MNTrac (other health care facilities, local emergency management, and neighboring regional coordinators etc.).
7. Health care facilities will upload their HICS 254 into the Patient Tracking event or coalition staff can assist health care facilities by uploading the HICS 254 forms and verifying that the data has uploaded correctly. Health care facilities can upload their forms into the MNTrac Command Center.
8. Any patients received after the Patient Tracking event has been opened will have their basic data elements loaded directly into the MNTrac Patient tracking event and the hospital will suspend utilization of the HICS 254 form and use the Patient Tracking event within MNTrac for any additional patients received.
9. If a patient is being transferred out to another facility, ensure the patient maintains their unique identifier, record in their file and profile on the MNTrac patient tracking event describing when and where they are being sent. The transferring facility will ensure the receiving facility is provided with the appropriate information and a unique identifier.
10. Upon receipt of a transferred patient, intake the patient as you would above. If a profile has already been created in the MNTrac patient tracking database, update that information with all relevant information. Coalition staff will invite receiving facilities to the Patient Tracking event within MNTrac as necessary.
11. If a patient is being discharged, ensure that their file and profile are updated appropriately.
12. Regional patient tracking will end when all patients have been accounted for and are receiving care or are discharged to home.

*See Appendix 3.5.2.1 Master Patient tracking form instructions.*

*See Appendix 3.5.2.2 Regional HICS 254 MNTrac Master Patient tracking form.*

## Distribution of Patient Tracking Information

During a response, patient tracking information will be needed by multiple agencies to support a variety of activities. These may include providing patient care, patient/victim identification, family reunification efforts, resource tracking, public information, and/or criminal/legal investigations. The following table reflects primary entities that may need patient tracking information and examples of the potential purposes for which it will be needed. The WCMHPC will coordinate with partner agencies to develop and deliver accurate and timely information on patient tracking. The stakeholders listed below may need and receive detailed patient tracking information (including identifying information), all other stakeholders may only receive summary reports.

###### Health Insurance Portability and Accountability Act (HIPAA)

Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule 45 CFR 164.510(b)(1)(ii) allows for disclosure of patient information during emergent situations in certain situations. According to the United States Department of Health and Human Services the HIPAA Privacy Rule permits a covered doctor or hospital to disclose protected health information to a person or entity that will assist in notifying a patient’s family member of the patient’s location, general condition, or death. [US DHHS HIPAA Privacy Rule statement](https://www.hhs.gov/hipaa/for-professionals/faq/491/may-a-doctor-disclose-information-to-a-person-that-can-notify-a-patients-family/index.html)

**Table 1: Stakeholders and Roles/Responsibilities in the Distribution of Patient Tracking Information**

|  |  |
| --- | --- |
| **Stakeholders** | **Purpose** |
| Hospitals/ other health care organizations/ACFs | * Document involvement in the incident.
* Maintain situational awareness.
* Document and ensure continuity of patient care.
* Identification of the patient.
* Assistance with family reunification.
* Media/Public Information.
* Documentation to assist with financial reimbursement.
* Accountability
 |
| WCMHPC | * Situational awareness
* Monitor health care system and population impacts.
* Identify/anticipate resource needs.
* Coordination with Public Health concerning health care and patient tracking
* Coordination of MNTrac for patient tracking operations
* Coordination of the completion of all patient tracking information (closing the loop on outstanding patients)
* Coordinate with local law enforcement/emergency management to facilitate family reunification or incident investigations.
* Media/Public Information
* Accountability
 |
| Public Health/HHS | * Situational awareness
* Monitor health care system and population impacts.
* Identify/anticipate resource needs.
* Call Center operations/public information to assist with family reunification.
* Family Assistance Center operations/assist with victim accounting
* Coordination with regional partners (EMS, Emergency Management, Law Enforcement) concerning patient tracking.
* Media/Public Information
* Accountability
 |
| Minnesota Department of Health | * Situational awareness
* Monitor health care system and population impacts.
* Identify/anticipate resource needs.
* To monitor patient movement across regions/out of state
* Call Center operations/public information to assist with family reunification (if this is coordinated at a state level)
* Family Assistance Center operations/assist with victim identification (if this is coordinated at a state level)
* Media/Public Information
* Accountability
 |
| Emergency Medical Services | * Document involvement in the incident
* Situational awareness
* Document and ensure continuity of patient care.
* Identification of the patient
* To provide information to the public information officer
* Documentation to assist with financial reimbursement.
* Media/Public Information
* Accountability
 |
| County Medical Examiner | * Victim Identification
* Determining cause/manner of death
* Assist with family reunification.
* Accountability
 |
| Emergency Management | * Family Assistance Center and assist with reunification efforts.
* Documentation to assist with financial reimbursement via FEMA.
* Media/Public Information
* Situational Awareness
* Assist with victim location/identification
 |
| Law Enforcement | * Criminal investigations (evidence/witness information)
* Suspect identification/location
* Assist with Family reunification.
* Identification of missing persons
 |
| Red Cross and other Volunteer Organizations | * Family reunification/family assistance center support
 |

## Coordinating Patient Tracking Information

Mechanisms for documenting and sharing patient tracking information will vary depending on the conditions of the incident, resources available, and patient tracking processes or systems established prior to a disaster occurring. Depending on the scale and complexity of the incident, patient tracking information may flow through normal channels with response agencies communicating directly with each other. In larger or more complex incidents, it may be necessary to centralize patient tracking information in a centralized database (MNTrac) or through a manual process. Even when patient tracking information is centralized there still will be a need for individual response agencies to communicate directly with each other for information. It is important to centralize information to:

* Ensure organizations receive up-to-date and appropriate information.
* Decrease the burden on health care, EMS, law enforcement, and other response partners to continually provide information.
* Create a centralized source of patient tracking information that can be accessed for the purposes of family reunification and victim identification.

If a centralized database (MNTrac) is not available the WCMHPC and its’ health care partners use FAX, phone, radio, or other methods to collect patient tracking information, the method of collecting information should, at minimum, include the minimum data elements identified on page seven.

* If a health care system is already centralizing patient tracking information, the coalition will coordinate with the health care system to collect system-wide patient tracking information. If a manual process is used, the timeframe for gathering and sharing patient tracking information will likely be extended.



Roll-up information shared concerning patient tracking may include but is not limited to:

* # of patients transported by EMS
* # of patient treated at health care facilities following an incident
* Types and severity of injuries are being seen at local healthcare facilities.

Detailed information for the purposes of family reunification/identification will be provided to some of the above agencies on a case-by-case basis, not all agencies may receive the same level of detailed information. Information may include but is not limited to:

* Patient name, date of birth, location
* Identifying information, marks, scars
* General information on condition
* More detailed information for the purposes of identification

# Authorities and References

### Review Process and Plan Update

* 1. Sections of this concept of operations will be updated as needed based on the evolution of planning activities and partnerships or in coordination with the Regional Improvement Plan after exercises or real-world events.
	2. The plan will be provided to the health care organizations, public health/health and human services, emergency management, and regional partners for review and input.
	3. Following review, modifications will be made, and a copy will be provided to regional partners. Health care organizations are expected to share the updated plan internally within their appropriate committees and with their leadership.
	4. The WCMHPC Advisory Board will be briefed when updates to this plan are completed.
	5. Any major updates to the plan will require the approval of the WCMHPC Advisory Board.
	6. Changes to the plan will be noted on the last page of this document.

### Maintenance

The plan will be reviewed annually or as needed following the process outlined above.

### Training and Exercise

Training on the roles and responsibilities for all relevant partner agencies will occur following the adoption of the finalized Regional Patient Tracking Concept of Operations. Exercises including tabletops and functional will occur with health care organization, public health and other relevant partners. As appropriate patient tracking will be incorporated into and exercised during larger regional or state-level exercises.

### References

WCMHPC Regional Response Plan

Assistant Secretary for Preparedness and Response (ASPR)

Northwest Health Care Response Network (NWHRN)

Emergency Support Function 8 – Health, Medical, and Mortuary Services

### Regional Contacts

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# Definitions & Acronyms

### Definitions

**Patient** – An individual who requires assessment and/or treatment because of their involvement in an incident as defined by local plans

**Patient Tracking** – The process for documenting and following information about a patient including the patient’s physical location and other limited information about the patient such as condition, disposition, and patient identifying information.

**Multi-Agency Coordination Center (MACC)** – In the event of an emergency the WCMHPC will activate the MACC to facilitate situational awareness, patient tracking, resource matching, communications, and coordination among regional health care providers and partner agencies.

**West Central MN Health Care Preparedness Coalition (WCMHPC) –** Is a regional Health care Coalition that leads a regional effort to build a disaster-resilient health care system through collaboration with health care providers, public health agencies and the community partners they depend on. WCMHPC works to keep hospitals and other health care facilities open and operating during and after disasters, enabling them to continue serving the community.

### Acronyms

EMS – Emergency Medical Services

FAC – Family Assistance Center

HIPAA – Health Insurance Portability and Accountability Act JIC – Joint Information Center

LPH – Local Public Health

MACC – Multi Agency Coordination Center

MAP – Mutual Aid Plan

MDH – Minnesota Department of Health

MNTrac - Minnesota System for Tracking Resources, Alerts and Communication

### List of Attachments

###### **Addendum 3.5.2.1 Master Patient Tracking form instructions**

###### **Addendum 3.5.2.2 Region HICS 254 MNTrac Master Patient Tracking form**

###### **Addendum 3.5.2.3 Long Term Care, Home Health, Assisted Living Resident Transfer form.**

###### **Addendum 3.5.2.4 Evacuation Planning**

# plan revision documentation

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| --- | --- | --- |
| Revisions made | Author/Group | Date |
| Plan developed/presented to Advisory committee | Shawn E Stoen | 7/1/2018 |
| Updated graphics/tables | Shawn E Stoen | 10/1/2018 |
| Updated to include Appendix checklists/Workshop follow up | Shawn E Stoen | 1/2/2019 |
| Updated to reflect changes to the Regional Response plan related to the COVID response | Shawn E Stoen | 8/2021 |
| Updated to streamline the process and separate evacuation decision making into its own addendum | Shawn Stoen | June 2023 |
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