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**NATIONAL HEALTHCARE COALITION
PREPAREDNESS CONFERENCE**

*Visions of Progress: Sustainable Strategies for
Emergency Preparedness & Resilience*

Presented By:



MESH

Navigating National Disaster Medical System (NDMS) & Coalition Relationships

Presenters:

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TEAM
KENTUCKY



DISCLOSURES



This presentation alludes to the ReadyOp platform and its subsequent use in patient tracking as part of a collaborative response within the National Disaster Medical System (NDMS). Ms. Hunter & Mrs. Edelen have no significant or financial relationships with ReadyOp Communications Inc., or other industry or commercial sponsors to disclose.

As such, Ms. Hunter & Mrs. Edelen have no actual or potential conflicts of interest in relation to this presentation.

Views expressed do not represent the views of any/all respective federal entities referenced, including that of the Veterans Affairs Medical Center (VAMC), and the National Disaster Medical System (NDMS) leadership.

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LEARNING OBJECTIVES



Image: Robley Rex VAMC Staff Photographer. (2024).

Upon completion, participants will be able to:

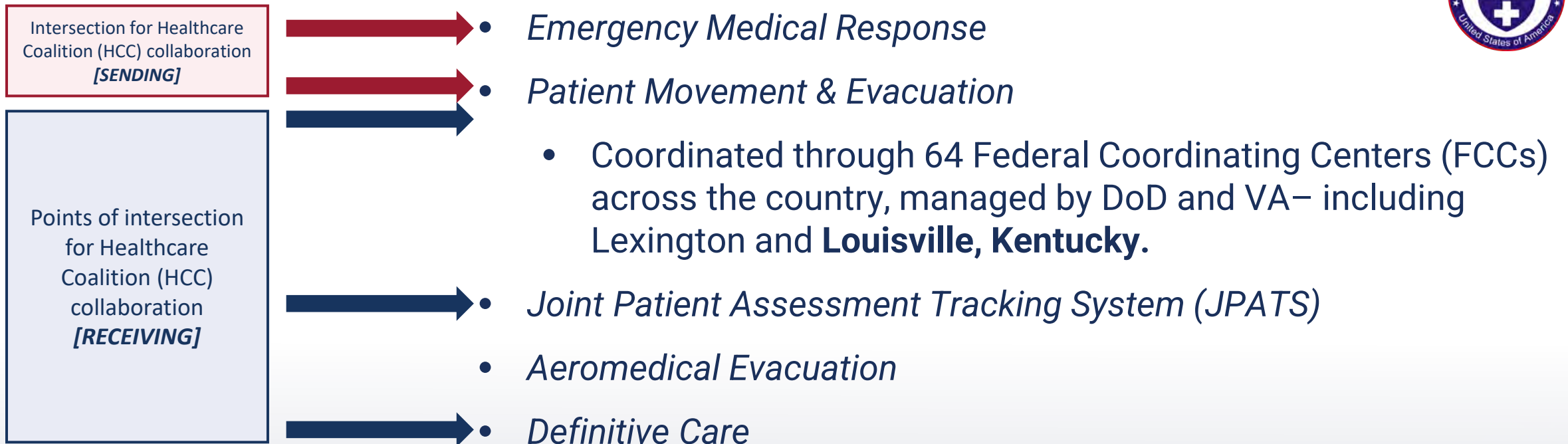
- Describe key elements of a shared mission, furthering the impact of both healthcare coalition and National Disaster Medical System (NDMS) objectives.
- Conduct more robust Federal Coordinating Center (FCC) exercises with functional, real-world elements.
- Identify continued collaboration and mutual aid opportunities between federal and local partners.

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SETTING THE STAGE: NDMS FRAMEWORK

National Disaster Medical System (NDMS)– at a state’s request, provides “personnel, equipment, supplies, and a system of partner hospitals that work together with state and local personnel to provide care when Americans need it most.”



Most common alerting has surrounded hurricanes and environmental disasters.

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SETTING THE STAGE: LOUISVILLE METRO

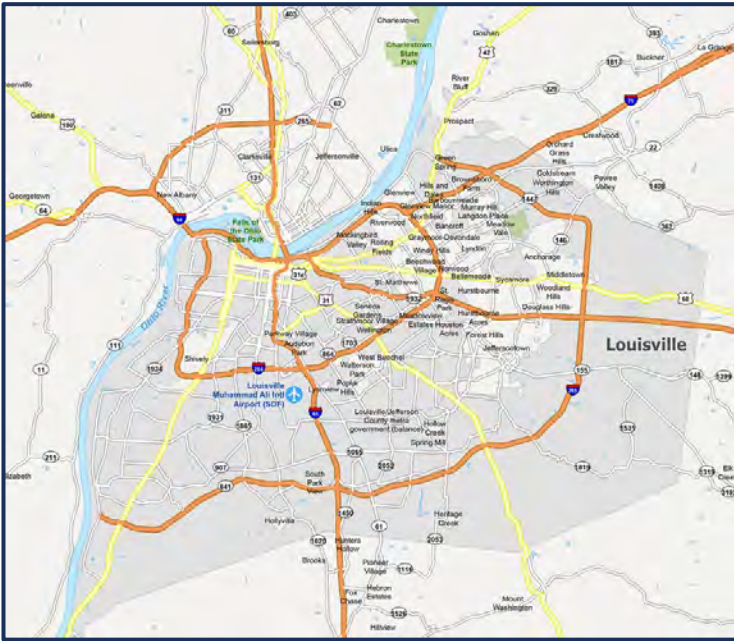


Image: GISGeography. (2022, June 2). Louisville Reference Map [Map].

- Population: ~1.5 million– roughly 1/3 of the overall state population.
- Sits along Ohio River, bordering Indiana
- (19) metropolitan healthcare facilities, including Level I- Trauma & Level I- Pediatric Hospitals.
- **Healthcare Emergency Response Alliance (HERA)** supports region, along with 14 other Kentuckiana counties.



Image: Louisville Office of Tourism. (2022). Welcome to Bourbon City [Photo].



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SETTING THE STAGE: LOUISVILLE FCC

Federal Coordinating Centers (FCCs) receive, triage, stage, track and transport inpatients (affected by a disaster or national emergency) to a participating NDMS medical facility capable of providing care.

As of October 2024, the Louisville FCC has (16) associated frontline facilities under the current MOA, with an additional (5) healthcare centers also under agreement, and expansion expected within 2025.

FCC components include:

- Regular information sharing– for KY, specifically with Gulf States.
- Patient movement (*under FCC Activation*)
 - Patient tracking
 - Medical transport coordination
 - Acuity-appropriate placement for definitive care
 - Short-term sheltering
- Patient reunification



Image: Robley Rex VAMC Staff Photographer. (2024).

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NDMS/HCC RELATIONSHIP

BASELINE: Initial relationship was adequate, but not robust.

- Minimal collaboration on FCC exercise every 1-3 years.
- Peripheral partner during healthcare coalition (HCC) activities.
- Limited discussion during possible alert/activation of FCC site– and limited situational awareness.



VISION: Whole community engagement in NDMS, highlighting shared mission.

- Collaboration and exercise of functional elements throughout 1-3-year cycle.
- Strong partnership alongside frontline and non-ED health centers.
- Partner in community assessment for viability of FCC site to receive.



VAMC ENGAGEMENT

“Shared mission impacts success.”

- **Leveraging clinical buy-in**– connecting VAMC with specialty staff at NDMS facilities for digital consults and triage support under activation.
- **Regional training support**– training together for stronger partnerships; cross-training in state patient tracking system (ReadyOp) and JPATS.
- **Exercise collaboration**– utilizing opportunities to test patient movement outside of NDMS exercise schedule.
- **MOU updates as opportunity**– developing relationships to link non-ED healthcare departments to NDMS response.
- **Healthcare coalition partnership**– providing additional insights for functional/access needs patients (FAN) in community planning, and wider scope of healthcare continuum representation.



Image: Robley Rex VAMC Staff Photographer. (2023).

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BUILDING TO EXERCISE



Image: Robley Rex VAMC Staff Photographer. (2024).

Primary focus on patient movement; success defined through collaboration and not “losing” a patient during transport and placement in (community) definitive care.

Challenges we anticipated, building to functional exercise (FE) and full-scale exercise (FSE):

- Networking two distinct, separate patient tracking systems
- Understanding patient reception center “flow” based on acuity
- Articulating where (state-level) patient tracking fits in “flow,” as partner agency
- Clarifying the shift in role of clinicians in receiving evacuees vs. patients
- Developing shared triage criteria, and when brief triage should be utilized

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PATIENT MOVEMENT

Mission matters: evacuee deployment vs. patient deployment



Image: Robley Rex VAMC Staff Photographer. (2023).



Image: Robley Rex VAMC Staff Photographer. (2024).

EVACUEE DEPLOYMENT	PATIENT DEPLOYMENT
(Largely) non-medical evacuees , airlifted from the path (or potential) of an incident.	(Largely) stable inpatients ; similar to a transfer between facilities.
50+ pts./flight [C-5/C-17/C-130]	20-30 pts./flight [C-5/C-17/C-130]
(Largely) ambulatory persons	(Largely) non-ambulatory patients with specific transport needs
<i>Unique family reunification needs:</i> family sheltering, kenneling, grief counseling	<i>Unique family reunification needs:</i> non-medical attendant sheltering, psychological first aid
EX: 2008 Hurricane Gustav— acceptance of ~1700 displaced persons (New Orleans).	EX: Movement of a floor of hospital inpatients, ahead of hurricane landfall.



PATIENT TRACKING

Kentucky's state-level system is hosted through *ReadyOp*, a secure web-based platform using a digital form/ledger.

- Used for ESF-8 coordination and/or when monitoring patient movement is a priority.
- Developed specifically to reach beyond county/regional boundaries; not limited to one agency's internal tracking system.
- Utilized in load-balancing/offset of medical surge.
- *Live* database, updating in real-time.

The screenshot shows a web form titled "ReadyOpScan - Central and North/Northeast Form" from the Kentucky Department of Public Health. The form includes several sections: "Scan Bar Code" with fields for Bar Code, Date, and Time; "Patient Name (if known)" with a "Get Position" or "Enter Location" button; "Gender" with a dropdown menu; "Bar Code Source" with a text input field; "Patient Age Category" with radio buttons for "Pediatric (less than 18 yrs)" and "Adult"; "Scanning Location" with radio buttons for "On Scene", "En route", "Arrival Destination", and "Transfer"; "Triage Tag Color" with radio buttons for "Green", "Yellow", "Red", and "Black"; "Possible Contamination" with checkboxes for "Yes", "No", "Unknown", and "N/A"; "Patient Injuries" with a text area for "GCS score, traumatic injuries, burns, chest pain, stroke symptoms"; and "Destination Hospital" and "Trauma Centers" with dropdown menus.

Image: ReadyOp. (2024, September 30). Central & North/Northeast Form [Screenshot of Digital Form].

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PATIENT TRACKING COLLABORATION

Federal patient movement means utilization of two *distinct* patient tracking systems– JPATS and the state-level ReadyOp tracking system.

*Working in tandem is **critical** to making sure information is correctly reflected for patients– in both systems.*

- These systems do not “talk”; the VA system is entirely closed off behind federal firewalls.
- KY’s patient tracking system is more agile, with less protected health information (PHI) collected initially.
- JPATS requires more just-in-time training (JITT); KY’s system is more user-friendly in the field– and can be used on a mobile device.
- Data extraction is simpler in KY’s system; JPATS teams have to navigate multiple lists within system.



Image: Robley Rex VAMC Staff Photographer. (2024).

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EXERCISE OUTCOMES & NEXT STEPS

PATIENT DEPLOYMENT

- Assigning transport/destination hospital was opportunity for coalition to offset medical surge
- Tracking patients in *real-time* through partner facility admission possible through collaboration
- Listing the NDMS partner facilities and their patient specialties helped triage move efficiently
- Documenting information clearly and in plain language reduced delays in transport
- Empowering coalition coordinators to serve as liaisons reduced stress for healthcare partners
- Increasing situational awareness prior to FCC “activation” allowed for resource pre-positioning
- Networking of VAMC staff through coalition increased general exercise buy-in/participation



Image: Robley Rex VAMC Staff Photographer. (2024).

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SUCCESS FROM PARTNERSHIP

Moving away from the baseline, a dynamic relationship locally—

- developed into strong state-level ties—and among other FCCs.
- provided HCC leverage/input in determining the ability to receive patients.
- clarified understanding of how VAMC can support local facility evacuation, how they support deployed NDMS patients, and roles they can play as community partners.
- provided “non-traditional” perspective from unique patient population.
- allowed for early situation awareness projections, and standing up of resources.



Image: Robley Rex VAMC Staff Photographer. (2024).

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OPPORTUNITIES FOR FUTURE GROWTH

- Engagement of VMAC in city/county family reunification efforts
- Collaboration of exercise with coalition's Medical Response & Surge Exercise (MRSE)
- Use of After-Action Report (AAR) items to identify education opportunities to discuss issues that affect multiple response partners
- Training/cross-training of patient tracking systems



Image: Robley Rex VAMC Staff Photographer. (2024).

- *Full* participation of area healthcare centers in NDMS program

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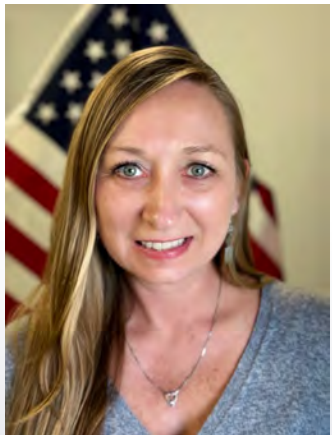
QUESTIONS?



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Amanda Hunter, MPH, EMT, is a skilled public health practitioner specializing in emergency preparedness, disaster response, and risk mitigation, currently serving as the Regional Resilience & Response Coordinator for the HERA Coalition located within the heart of Kentucky's largest city. Ambitious, creative, and determined, her passion for biosecurity and resilient patient care systems has been repeatedly demonstrated through advising and leading strategic planning activities directly with the executives of major healthcare providers and first responders across Louisville Metro, her 15-county Kentuckiana region, and the Commonwealth. Ms. Hunter brings her previous experience as an EMT and hospital administrator to her current role, as well as service in numerous Planning Chief, Deputy Operations Chief, and ESF-8 lead roles during disease outbreaks and real-world incidents.



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Janine Edelen is a Regional Response and Recovery Coordinator for 15 counties across North Central Kentucky. Her career and passion for emergency preparedness started in 2016 when she began working for Kentucky Emergency Management before transitioning to the Kentucky Department for Public Health. Janine is responsible for the training, readiness planning and disaster response assistance needed to support EMS, regional hospitals, Emergency Management, and public health staff in all incidents. She also ensures the Healthcare Coalition partners' response resources and capability requirements are fulfilled according to State and Federal guidelines. Janine is an Air Force retiree, bringing 20 years of Active-Duty operational knowledge and experience to the Kentucky ESF-8 team.



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Image: Robley Rex VAMC Staff Photographer. (2024).

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