

Patient Advocacy Team: Bridging the Divide

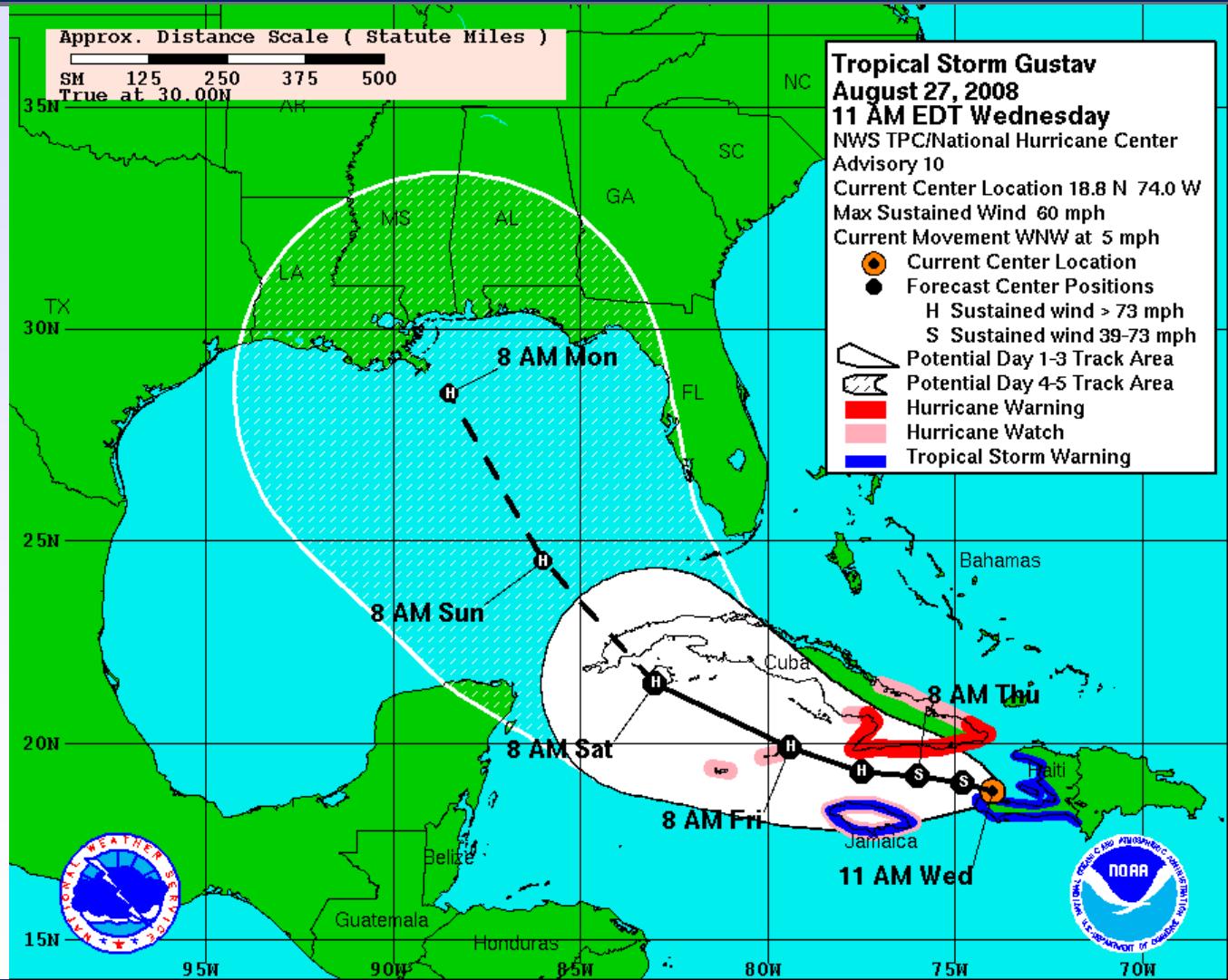


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Objectives

- Describe the Patient Advocacy Team (PAT) and its application to health and medical response operations
- Discuss the benefits of creating and implementing a PAT dedicated exclusively to patient re-entry/repatriation.
- Demonstrate through case studies the significance in utilization of the PAT in multiple care settings for patients and family for successful re-entry/repatriation outcomes.

Hurricane Gustav



FCC Activation Notices

- Thursday, August 28 – FCCs receive official alert notice of potential activation
- Friday, August 29 – FCCs receive official activation notice
- **Saturday, August 30** – FCCs begin receiving patients

NDMS Receiving Hospitals-AR

- Arkansas Children's Hospital
- Arkansas Heart Hospital
- Baptist Medical Center – Little Rock
- Baptist Memorial – North Little Rock
- Central Arkansas Veterans Healthcare System
- Conway Regional Medical Center
- North Metro Hospital
- Saline Memorial - Benton
- St. Vincent's
- University of Arkansas for Medical Sciences
- Jefferson Regional Medical Center – Pine Bluff

NDMS Receiving Hospitals-OKC

- Baptist Medical Center
- Bone and Joint
- Deaconess
- Jim Thorpe Rehab
- Kindred (No. & So.)
- Manor Care Nursing Home
- Mercy Medical Center
- Norman Regional
- Oklahoma Heart Hospital
- OU Medical Center
- Parcway Post Acute Recovery Center
- Southwest Medical Center
- Saint Anthony's
- Sweetbriar Nursing Home
- Valic Rehab Hospital

NDMS Receiving Hospitals-TX-Austin

- Austin Heart
- Cedar Park Regional Medical Center
- Cornerstone
- Heartland
- Heritage Park
- North Austin
- St. Anthony's Hosp.
- Seton Health System (4)
- Silver Pines
- South Austin
- St. David's
- Other:
 - Courtyard Marriott
 - Heritage Park

NDMS Receiving Hospitals-TX- Dallas

- Baylor University Medical Center
- Denton Regional Medical Center
- Harris Hospital
- JPS Health Network
- Parkland hospital
- Presbyterian Hospital
- Seton Health System (4)
- Other:
 - Terrell State Hospital
 - Shelter/McKinney, TX

NDMS Receiving Hospitals-TX- Texarkana

- Christus St. Michael

DHHS Patient Re-entry

ESF-8 Patients: Hurricane Gustav Summary

Evacuated To	Number Care Flight Numbers Issues			Returned	Remaining**
	Federal	Non-Federal*	Total		
City					
Oklahoma City, OK	33		33	33	0
Little Rock, AR	230	58	288	228	2
Texas	86	1	87	86	0
Alabama	1		1	(State/NF) 1	0
Kentucky	3		3	3	0
TOTAL	353	59	412	351	2

*Total CareFlight control numbers issued were 412 (58 requested by AR State EOC in error, 1 issued to TX in error)

**Remaining - 2 LRA

- 1 to transport to day (9/30/08)
- 1 waiting on bed availability.

Immediate Issues at Hand

- How were the NDMS patients going to return back to their home state?
 - What was the process?
- Could HHS provide any human resources assistance in facilitating the return of the NDMS patients?

DHHS Response

- Re-Entry/ Repatriation Contract signed 9/6/08
- Discussion with NDMS
- Discussion with OFRD
- Discussion with the IRCT-LA
- Creation of the Patient Advocacy Team (PAT)

Mission

- Unique
- Facilitate return transportation of ESF-8 patients
- To provide human resources assistance to the healthcare facilities (HCF) and other entities where federally medically evacuated patients were located in the states of AR, OK, and TX.

Team Composition

- National Disaster Medical System
 - DMAT AR-1
 - 6 personnel
- Office of Force Readiness (OFRD)
 - 15 Commissioned Corps Officers
 - 13 deployed to the field
 - 2 deployed to EMG/ re-entry

Deployment Plan

- Get the **boots on the ground** ASAP
- AR-1 arrived via POV on 9/7/08
- OFRD arrived 9/7/08-9/8/08
 - Travel
 - Hotel
 - Laptops
 - Cell phones

Team Mobilization

- HHS notified IRCT and State EOC of Teams arrival and mission
- PAT established base of operations
 - Sign in with IRCT
 - Define parameters of mission
 - Identify available resources

Action Plan

- Contact with State EOC
 - Plan of action and POCs
 - Listing of facilities
 - POC for patient discharge services
- Contact with contractor
 - Medical Necessity Form
- FEMA control numbers
- Information sheet for patients and medical facility staff
 - Who the PAT was, their role, and contact info
- Develop team assignments

Team Responsibilities

- Pre- facility on site visit
 - Make initial contact with facility defined by EOC
 - Medical Necessity Forms
 - FEMA Number
 - Contact information
 - State agencies
 - Local agencies
 - Federal transport contractor

Team Responsibilities cont.

- On-site medical facility visit
 - Meet with medical facility administration and discharge/ case coordination staff
 - Obtain medical facility patient list
 - Cross walk facility list with EOC list
 - Cross walk with FEMA list

Team Responsibilities cont.

- Make face-to face contact with patients
 - As appropriate
- Make contact with patients sent to shelters or hotels
 - Provide patient information sheet
 - FEMA number
 - Connect them with appropriate state and federal resources

Team Responsibilities cont.

- Establish Patient Tracking System
 - Cross walked roster of all patients
 - Facility
 - Disposition
 - FEMA number
 - Medical Necessity form completed
 - Assure all patients listed in state EOC are verified

Team Responsibilities cont.

- Daily reporting
 - Daily progress reports from each individual team
 - Provided to team leader during debriefing sessions
 - Personnel accountability logs
 - Am and pm IRTC briefs
- HHS call
- Daily conference call
 - State EOCs
 - Hospital associations
 - Facilities
 - Contractor
 - FEMA
 - etc

Moving out...

- PAT moved to TX (**9/12/08**)
 - Dallas due to Hurricane Ike
 - Austin (**9/16/08**)

Sept 13, 2008

Destination	Number Evacuated			Remaining
	Federal	Non-Federal	Total	
Oklahoma City, OK	33	0	33	26
Little Rock, AR	280	42	322	89
Texas	86	0	86	66
Tennessee	0	8	8	State to arrange
Mississippi	0	35	35	EMAC
Alabama	0	6	6	State to arrange
Kentucky	3	0	3	3
TOTAL	402	91	493	184

Moving out again....

- PAT split into mini teams (**9/20/08**)
 - Contractor/ Dallas (5)
 - AR (4)
 - LA (2)
 - OK (2)
 - Austin (3 remain)
- A 16 person HHS Patient Advocate Team forward moving to AR, OK, and LA
 - 94 patients in queue for CareFlite transport with 64 in progress
 - 40 patients have been returned via CareFlite

Sept. 20, 2008

Destination	Number Evacuated			Remaining
	Federal	Non-Federal	Total	
Oklahoma City, OK	33	0	33	23
Little Rock, AR	288	42	330	111
Texas	87	0	86	48
Tennessee	0	8	8	State arranged transport
Mississippi	0	35	35	EMAC
Alabama	1	6	7	State to arrange Non-Federal 0
Kentucky	3	0	3	0
TOTAL	412	91	502	182

Demobilization

- HHS Patient Advocate Team demob/ travel **9/24**
- Total amount of CareFlite control numbers issued were 412
 - 58 were requested by AR State EOC in error, 1 issued to TX in error
- Remaining
 - 2 patients in queue for CareFlite transport
 - 4 on medical hold/ CareFlite paperwork in
 - 4 pending beds or unstable to fly- no paperwork to CareFlite

But wait...more

- Kathie Short, TL AR-1 DMAT
 - Returns to AR for the finale

DHHS Patient Re-entry

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PAT Benefits/Accomplishments

- The PAT was the link between HHS headquarters and the facilities in the field, defining actual versus perceived obstacles.
- The PAT reconciled data from the HHS headquarters, FCC's, state EOCs, and individual facilities resulting in a comprehensive list of patient's current location and dispositions.
- The PAT developed an informational packet for every facility that they visited which included state and federal contact information and government contractor required documentation forms including preparation and process instructions.

PAT Benefits/ Accomplishments cont.

- In 16 days the PAT tracked 412 patients within Arkansas, Texas and Oklahoma.
- They visited a total of 47 facilities:
 - 21 facilities in Arkansas
 - 16 facilities in Texas
 - 10 facilities in Oklahoma
- They made face to face contact with 147 patients
 - 109 patients in Arkansas in 5 days
 - 20 patients in Austin in 2 days
 - 14 patients in Oklahoma in 2 days
 - 4 patients in Dallas in 1 day during the onset of Hurricane Ike

Identified Challenges

- Communications
- Impending Hurricane Ike
- Patient tracking lists
- Multiple states involved
- Patients discharged from facilities into the community
 - Hotels, shelters
- Pets
- Deaths (privacy)

- Alert and Notification
 - Alert and Notification process lacked standardization for OFRD
 - Officers were notified they were to deploy Anywhere from 2 days in advance to the morning of travel.
 - Instances where officers were called and notified of travel times with insufficient time to the airport.

- Deployment
 - More lead time to deploy earlier in mission would have had a greater impact on outcome.
 - By the time the PAT arrived at facilities were already frustrated because they could not figure out how to obtain the correct information for getting patients home.

- Incident Command
 - The combination of the USPHS and the AR-1 DMAT Team were invaluable to this mission's success.
 - AR-1 DMAT had excellent working knowledge of both the NDMS command structure and the IRCT reporting structure.

- Communications
 - Intra-team communications and relationship dynamics were exceptional
 - Once appropriate communication devices were received, life was good.
 - Cell phones (HHS) need to deploy with team.

PAT AAR

- Logistics
 - Identifying logistic needs
 - Laptops arrived in 2 days without password access
 - Cell phones arrival delayed. This was a critical requirement since public relations with the facilities was crucial
 - Re-supply
 - Difficult with attachment to IRCT located in another state
 - Housing/ food
 - Mostly good
 - Issues resolved by IRCT command (TX)

- Plans/ Training/ Preparedness
 - Adequacy of plans
 - New mission/ minimal plan
 - Execution of plans
 - Minimal plan invoked and evolved when on the ground
 - Adequacy of training program for mission
 - Team members relied on their professional training and prior ICS training for mission
 - Adequacy of preplanned equipment
 - No preplanned equipment

- Demobilization
 - Notice
 - Adequate
 - Team member travel
 - Team was split in 4 states by the end of the mission (AR, OK, TX, and LA)
 - Debrief
 - Need to have an in-person debrief prior to demob

Lessons Learned

- Patient Advocacy Team on ground earlier
- Adequate logistical support required earlier
- Patient tracking systems more complete
- Plan return assistance for:
 - Hospitalized NDMS patients
 - Discharged NDMS Patients
 - With continuing medical necessity
 - Without medical needs
 - Pets
 - Excess luggage
- Fatality Plan
- The unexpected

Mission Accomplished!



PAT Team



Patient Advocacy Team

PAT Members

- **USPHS: Field**

- CAPT AMANDA WAUGAMAN, TL
- LCDR MAX BOYKIN
- LCDR SHIRLEY THOMPSON
- LCDR JOHN MELTON
- LCDR LAURA HEYTENS
- LCDR TERRI SCHRADER
- LCDR KEN BOEHNEN
- LT TROY LITSINBERGER
- LT JESSICA FIGLENSKI
- LT JOHN GETCHELL
- LT VIOLET JACKSON
- LT KAREN BITSOIE
- LTJG DIANA VARGAS

- **AR-1 DMAT**

- Kathie Short, TL
- Bernard Beece, Dep TL
- Jackie Moore, Admin
- Sarah Shepard, EMT
- Richard Shepard, EMT
- Jennifer Blankenship, PharmD

- **USPHS: HHS HQ**

- CDR Denise Hinton
- LCDR Dianne Paraoan

Thank You

CDR Cheryl Ann Borden, RN

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