

Hospital User Guide



At Risk Registry

June 2023

v.2

Hospital User Expectations

All listed activities should begin regardless of intent to evacuate, prior to evacuation decisions. Every hospital in a potentially impacted region should begin these steps at the H-96 hour or upon instruction from the Hospital or Administrative Designated Regional Coordinator (DRC) or State ESF-8 Leadership.

1. Upload Patients
2. Update Patient information
3. Managing Patient information

The *At-Risk Registry (ARR)* can be accessed through the ESF-8 Portal application. Hospitals are responsible for pre-identifying staff with the responsibilities for uploading and managing patients in the ARR – this may be someone assigned to the Patient Tracking Role in the Hospital Incident Command Structure. It is strongly recommended that hospitals have redundancies in place for personnel with access to the system as well outlined methods to use the system during outages and interruptions.

To access the At-Risk Registry, users must access the ESF-8 Portal application. This link can be found on the Louisiana Department of Health and the Louisiana Hospital Association home pages and Emergency Preparedness websites.



[A PowerPoint presentation of slides will be maintained, and the corresponding slides and steps are linked within this user guide.](#)

Step 1: Uploading Patients

[Training slides #2-8](#)

- Log-in to *At Risk Registry (ARR)*.
- Select/Verify Event Name, in the right-hand corner under the username. If needing to navigate to another event, use one of the center drop-down selections. This is important to consider during longer duration events in which concurrent emergencies may take place – i.e. an MCI during a Hurricane event activation.
Note: Some users may be associated to multiple hospitals – i.e. within a system or with multiple campuses. A drop-down feature will allow the user to select which hospital they are making uploads or updates to. To verify the associated facility, the user will see the hospital name in the upper right corner of the screen under *Organization*.
- Download Patient Template from the *ARR*.
 - i. DO NOT change column headers in the first two rows of the spreadsheet.
 - ii. All hospitals are to complete the minimum information required outlined in **Attachment A**.
 - Some Hospitals have the capability to utilize their medical records system to automatically generate a report in a format for uploading.
 - Other hospitals must enter the information manually.
 - iii. For anticipated MIEP Evacuation patients, review the Clinical Checklist (**Attachment B**) and provide important clinical information to support care in the “History” and/or “Diagnosis” fields.
- Upload Complete Patient List.
 - Use “Replace Current Patients” Option for building new lists of patients, using this option will erase existing patients already uploaded.
 - Use “Update Current Patients” Option, to build upon and update current lists.

CAUTION: If state or regional review and federal or in-state movement has begun (for federal MIEP, *usually around H-60*), Hospitals should not “Update Current Patients” via this mechanism.

Blank information

Sections left blank can be filled in after the upload. This function can be done for individual patients. Updating replicated information for groups of patients can also be manually completed in bulk (See Step 2 for Bulk Edit details).

Note: The system defaults all patients manually added or uploaded from the template to Disposition – “Shelter In Place”.

Step 2: Managing Patient Lists after Upload

Training slides #9-14

- Once patient lists are uploaded, the hospital is responsible for maintaining the information loaded in ARR for that patient.
- Choosing the correct Patient Actions to make updates.
 - All fields are editable when double clicked, either with a drop-down selection or open-ended.
 - Each screen title listed under *Patient Actions*, describes the associated information in that view.
 - Changes on one view will be saved in the whole system and reflected in different views.
 - **Primary screens used by Hospitals to manage and updated patient information:**
 - ❖ **Patients** – landing screen that can be used to start rapid manual entry of patients. There is an “Opt Out” selection to allow hospitals to identify patients who do not want to be found if public search feature is enabled.
 - ❖ **Patients (Expanded)** – screen with all columns and fields that can be used to make majority of changes and additions.
 - ❖ **Edit Patient Locations** – screen used to view and change patient disposition and location as needed.
- The following patient information elements will be managed and adjusted by the hospitals as patient information changes and evacuation decisions are made.
 - Patient clinical information for evacuation and bed placement – open-ended text boxes under history and diagnosis (2000 character maximum)
 - For patients evacuated using MIEP, see **Attachment B**
 - Patient Disposition and Location changes – should be set for all patients prior to DRC Review, see **Attachment C**. DRCs will be notified to assist with activating plans or processes with placement of patients that have been set to the following criteria:
 - Dispositions for In-State movement → *Evac Neonate, EVAC Pscyh, State Movement*
 - Dispositions for Federal movement → *JPATS Evac, MIEP Evac*

Three methods of using the system:

1) Adding New Patients into the system

If a hospital must include additional patients in the Registry after the initial upload, single patients can be added at any point by clicking the “Add New Record” button.

2) Updating Individual Patient Information

It is easiest to search the patient name on the screen that displays the actions being updated. Double click the cell OR click “Edit” on the far right of the row to update the information in the corresponding row. Clicking “Post” will save the updated information.

3) Updating Groups of Patient Information

A “**bulk edit**” feature exists so that hospitals can easily edit groups of patients based on specific criteria. This feature should replace the need for hospitals to continuously upload a revised patient template.

Step 3: Patient Upload finished, finalizing Hospital Actions

Upon finishing uploading patients and managing any subsequent patient discharges prior to the event, the hospital will notify the DRC that the patient upload is complete. The DRC will change the “Hospital Status” to “Patients Ready”.

For hospitals using federal movement via MIEP: To signal to the DRC and State ESF-8 desk at the EOC that the steps of uploading and completing patient information, indicated in Attachment B, is complete, the hospital will navigate to the Hospital Actions screen of the drop-down menu and select “Hospital Status”. The hospital will confirm that all patients have a planned disposition and are ready to transfer or Shelter-in-Place by selecting “Patients Ready”. {Slide under MIEP}

Sheltering & Patient Movement Monitoring

Sheltering-in-Place Expectations

- Hospital Status will remain “Patients Ready.”
- DRC and state ESF8 desk will use ARR generated reports to provide updates on counts of patients sheltering in facilities.
 - This information may be reported on published SitReps and requested from local and state officials.
 - Should an area sustain catastrophic damage and post-storm evacuation likely, this will be the primary source of information to request state and federal resources.

In-State Patient Movement

- Hospitals needing **assistance finding beds out of region** or system should communicate needs with their DRC. *Facility Advanced Warning Evacuation Decision* diagram is attached.
 - DRCs in multiple regions will identify available beds and work in the “Patient Location Summary” view to assign patients as beds are matched.
 - Additional suggested printed documents: Medication Administration Record (MAR), History and Physical (H&P), and patient Face Sheet.
- Hospitals activating plans to move patients **internally, within systems** should use the “Patient Location Summary” screen to set location, destination hospitals, and disposition.

Hospitals with MIEP/JPAT Patients, moving out-of-state using Federal assets.

- DRC will review patients entered and follows up with hospitals for additional information if needed. Upon validation of complete information, DRC selects “DRC Reviewed.”
- Once state reviews and pushes the information to the federal patient movement teams (DoD/TPMRC and JPATS/AMR), ESF8 desk will select “State Reviewed.”
- Hospital will stand-by and await information from either the DRC or a state representative if the DRCs are unreachable. Flight details will be uploaded back into the registry as soon as patients are processed.
 - Hospital may expect calls for additional information from ESF8 desk as requests for information are obtained by DoD or AMR.
 - Hospitals should have a completed **AE Medical Transfer** form printed to accompany each patient ready for movement. Attachment D.
 - Additional suggested printed documents: Medication Administration Record (MAR), History and Physical (H&P), and patient Face Sheet.

Attachment A

Required Fields in the At-Risk Registry

Provide the required minimum information in the following data fields. This can be done using the template, manually, or a combination of both. This information should be supplied regardless of intent to Shelter-in Place or evacuate. The assumption that unforeseen circumstances may trigger a hospital's evacuation either pre- or post-storm, therefore quality clinical information is imperative to assist with patient placement if evacuation is warranted.

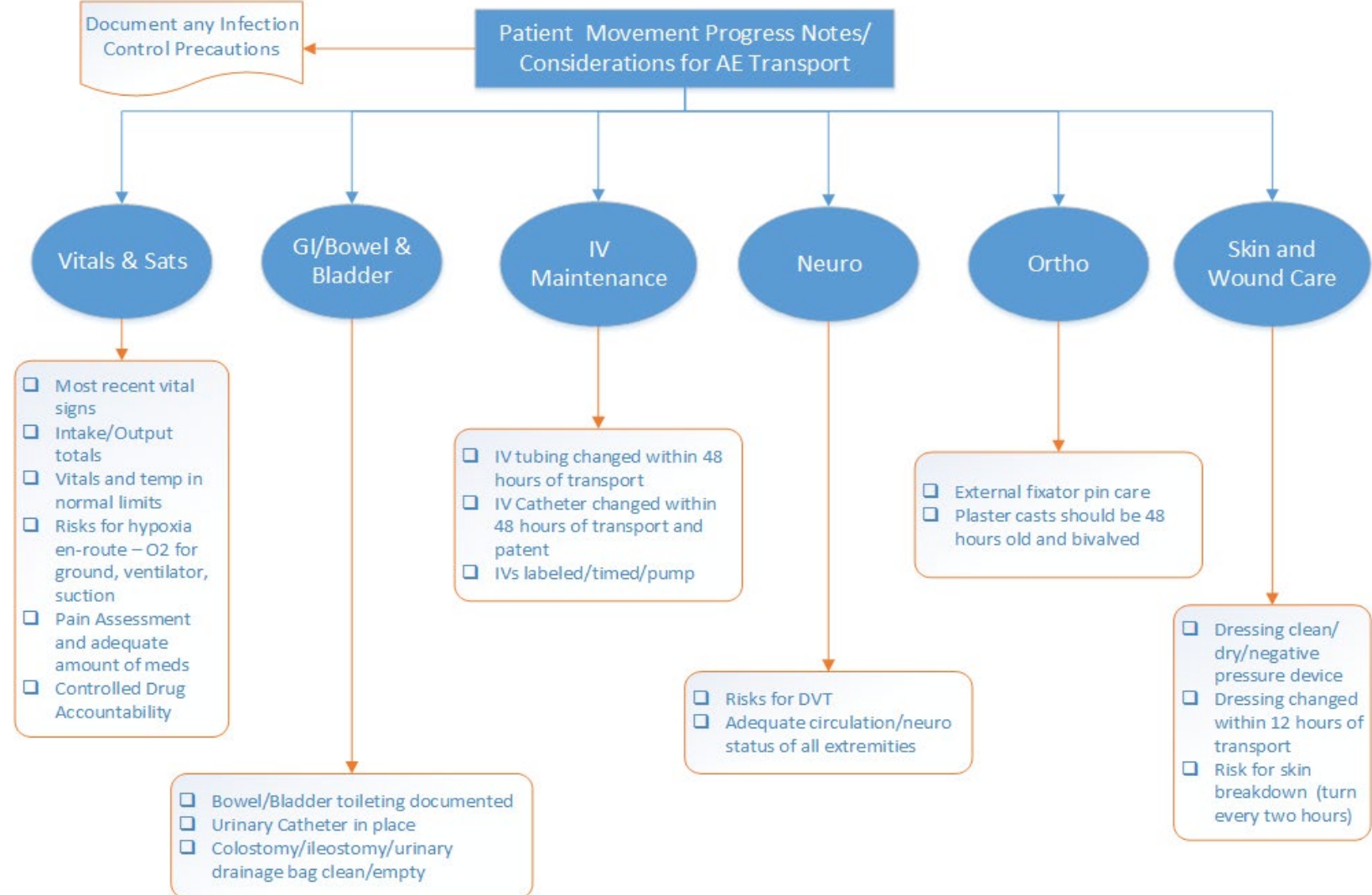
Upload Template	Allowable Values	Details
last_name*	text	
first_name*	text	
mr_num*	text (15-character limit)	
gender	('','Male','Female')	
history	text	Clinical history including information on dialysis and medical equipment dependencies.
Room Number		Include Unit type with room number. Example: ED Hall2, Medical Surgical W423, ICU14
weight	Number (defaults to lbs)	
Dob*	MM/DD/YYYY	
diagnosis	text	<ul style="list-style-type: none">○ Add vent details, cardiac monitoring details, other electrical devices.○ Infectious diseases prompting precautions.
disposition	'MIEP Evac', 'Evac Neo-Nate', 'Evac Psych', 'Private Movement', 'Shelter In Place', 'Discharged', 'Transferred', 'Deceased'	If left blank or during manual entry, this field will default to "Shelter in Place". Refer to Attach C for definitions of each of these options.

*Upload or manual entry will not be successful without these minimum fields completed.

For patients that will need to be moved by federal resources through the National Disaster Medical System (NDMS), additional clinical information is necessary to enable the military flight surgeon to adequately manifest patients based on any clinical contraindications.

Reference Attachment B for guidance.

Attachment B



NOTE: Hospitals moving patients out-of-state through MIEP should include details specific to checked items above in the ARR “History” field for corresponding patients.

Attachment C

Drop-Down Selection Columns for Hospitals	Options for Hospital to Set	Explanations
<p><i>Location</i></p> <p>(Other options are viewable, but not relevant for hospital users to set.)</p>	At Originating Hospital	Patient at originating hospital either waiting to transfer or sheltering-in-place.
	Departed for AMP	Patient has been picked up by ambulance – for federal patient movement only. Applies to MIEP and JPATS patients.
	Returned to Hospital	Patient returned to hospital due to decline in condition or noted unstable for transfer.
	Depart for Destination Hospital	Transfers within a system.
	In Private Transit	Non-system affiliated hospital movement using routine EMS/transportation contracts.
	Ready for Pick-up	Patient is packaged and ready for transfer (MIEP or internal arranged transfer).
<p><i>Disposition</i></p>	MIEP Evac	Hospital unable to place non-critical patient , needing movement by Federal contract
	Evac Neonate	Private contracts with Women’s or other NICU centers
	Evac Psych	Admitted psychiatric patients needing in-state placement using state/DRC assistance.
	Private Movement	Patient to be moved using internal contract. Assistance from the state is not needed.
	Shelter-in-Place	Patient will remain in facility for duration of event.
	Discharged	Patient has been officially discharged from hospital
	Transferred	Patient was transferred to hospital through internal system. Assistance from the state is not needed.
	Deceased	Patient is dead
	State Movement	ESF-8 is facilitating movement; DRCs are identifying destination facilities and/or transportation resources.
	JPATS Evac	Critical Care patient to be moved using Federal contract



Hospital Aero Medical Transfer

Hospital ID Label

Hospital Name:

Main Hospital Telephone # _____ - _____ - _____

Patient Information

Emergency Contact Information

Patient's Last Name: _____

Patient's First Name: _____

Date of Birth: _____

Primary Diagnosis: _____

Approximate Weight: _____

Contact Last Name: _____

Contact First Name: _____

Mobile Phone Number: _____

Relationship: _____

Additional Phone: _____

Patient's

Current Status:

Circle all that apply:	Ambulatory	Stretcher	Dialysis Frequency_____	Last treatment_____
	VA Patient	Wound Precautions	Location_____	Respiratory Precautions (<i>Mask patient</i>)
	Hearing Impaired	Visually Impaired	Non-verbal	Foreign Lang. only_____
	Feeding Tube	NPO	O2 Dependent Flow Rate_____	Catheterized Combative

Hospital is to insure that these items are sent with patient
Medical Transfer form must be sent with patient in go bag with Medical Record

Patient Go Bag/Back Pack

Medical

Patient Go Bag/Back Pack

Sustenance

If patient is on narcotics or sedation, provider should administer immediately prior to transfer

- ☐ **FACE SHEET**
- ☐ **Patient Personal PHOTO ID** / Photo copy acceptable
- ☐ Insurance Card or Paperwork
- ☐ Current Medication Admin. Record **MAR**
- ☐ Medication (Oral and/or Intravenous) **24 hour supply**
- ☐ Narcotic administered - time _____
- ☐ Medication Name _____
- ☐ Copy of Medical Record

Go bag should be no larger than a 2 ½ gallon zip bag.

- ☐ Eye Glasses
- ☐ Dentures
- ☐ Hearing Aids
- ☐ Medical Alert /ID Bracelet
- ☐ Toiletries *(Immediate Patient Needs/ cannot exceed bag capacity)*
- ☐ Snack item (if appropriate – especially if patient is diabetic)
- ☐ **VERIFIED PATIENT ID BRACELET IS ON WRIST**

Equipment sent to Airfield with Patient *(Please assure hospital identifying information is on equipment)*

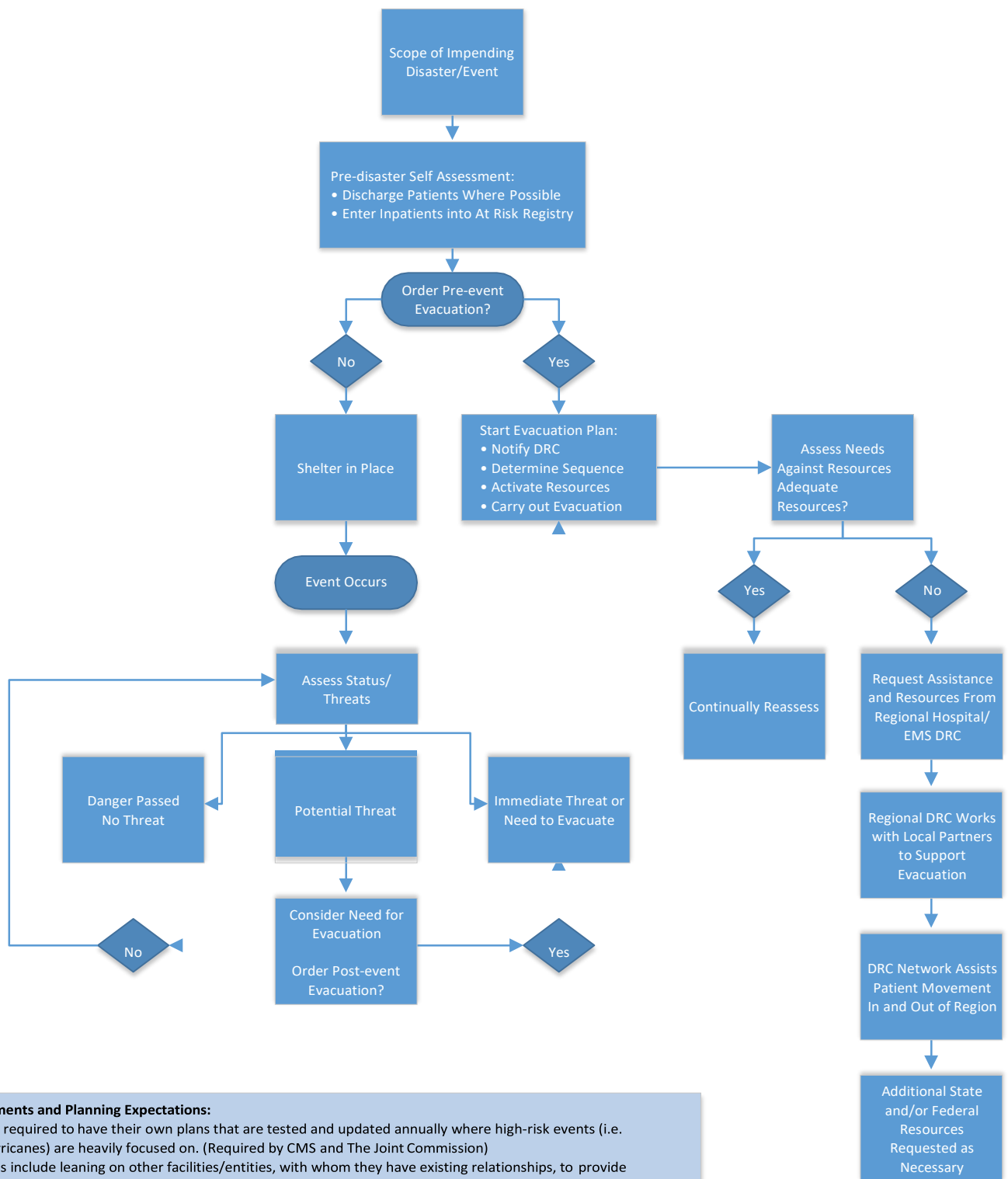
<input type="checkbox"/>	Walker	<input type="checkbox"/>	O2 tank
<input type="checkbox"/>	Crutches	<input type="checkbox"/>	IV Pump
<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	Ventilator Settings:
<input type="checkbox"/>	Wound drains/Vac		

Other Equipment:

Person Completing Form:

If questions arise regarding patient at airfield, phone number where staff can be reached:

Facility Advanced Warning Evacuation Decisions



Legal Requirements and Planning Expectations:

- Hospitals are required to have their own plans that are tested and updated annually where high-risk events (i.e. Hurricanes) are heavily focused on. (Required by CMS and The Joint Commission)
- Hospital plans include leaning on other facilities/entities, with whom they have existing relationships, to provide support in an emergency (ex. If they share staff or services, utilize the same EHR systems, etc.).
- Hospitals have existing contracts and plans to respond to disasters and will implement those contracts or plans before requesting assistance from the region or state. These plans include contracts for EMS/Transportation, supplies & resources to shelter in place (SIP), and pre-determined locations for patient evacuation.
- State requires hospitals to notify the Hospital Designated Regional Coordinator (DRC) if they intend to evacuate. Hospitals will request additional resources if their plans or resources are not adequate. Each region has at minimum 1 Hospital DRC and 1 EMS DRC to represent state health and medical response or Emergency Support Function 8 (ESF-8). The Hospital and EMS DRCs will assist with securing resources from local or state partners.
- Hospitals and regional plans account for leveraging facilities outside of impacted areas to not place the burden on nearby facilities they may be experiencing similar impacts or surges in patients – many times it is unknown how many sick or injured patients may self-present following a storm when 911 may be down.