

Hospital User Expectations Guide



At Risk Registry

August 2015

Hospital User Expectations

All listed activities should begin regardless of intent to evacuate and 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 Designated Regional Coordinator (DRC) or State ESF-8 Leadership.

1. Upload Patients
2. Update Patient information
3. Upload additional persons remaining in facility (hospital staff, staff family, patient family/guests)
4. Prepare patients for transfer – MIEP or Facility-to-Facility

Each hospital should have a generic username and password to login to the At Risk Registry. It is up to the hospital to decide which personnel will be responsible for access and use of the At Risk Registry. Due to HIPAA laws and sensitive patient information that will be uploaded and maintained in the database for the duration of the event, hospitals should take into consideration the amount of employees with access, the location in which the program will be accessed, the employee level of understanding of the system and their involvement in patient sheltering and/or movement.

To access the At Risk Registry, go to one of the following locations:

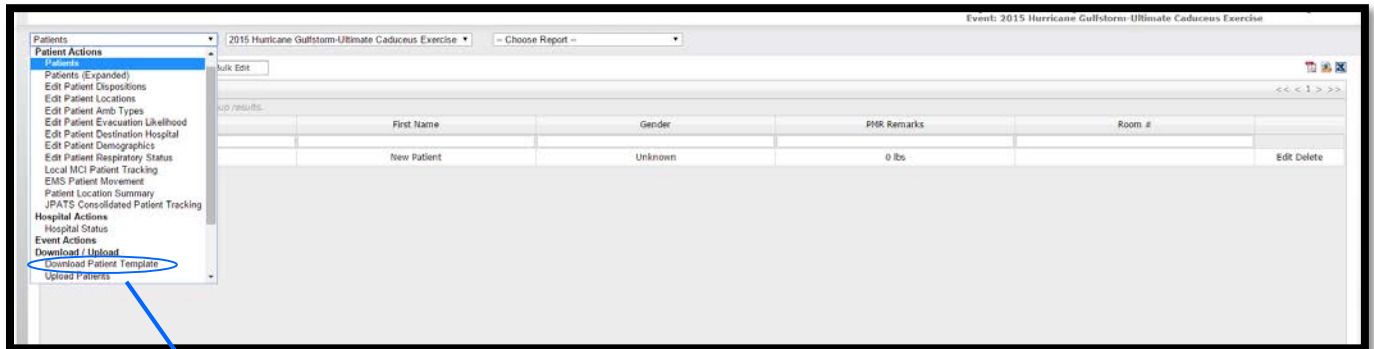
- <https://atrisk.mumms.com>
- ESF-8 Portal home page (once logged in)
- Direct links on the Louisiana Department of Health and Hospitals homepage as well as the LHA Research and Education Foundation Hurricane Page

A screenshot of the login screen for the At Risk Registry. It is enclosed in a red rectangular border. On the left side, the labels "Username" and "Password" are positioned above two horizontal input fields. Below the "Password" field is a "Submit" button. The entire form area has a light grey background.

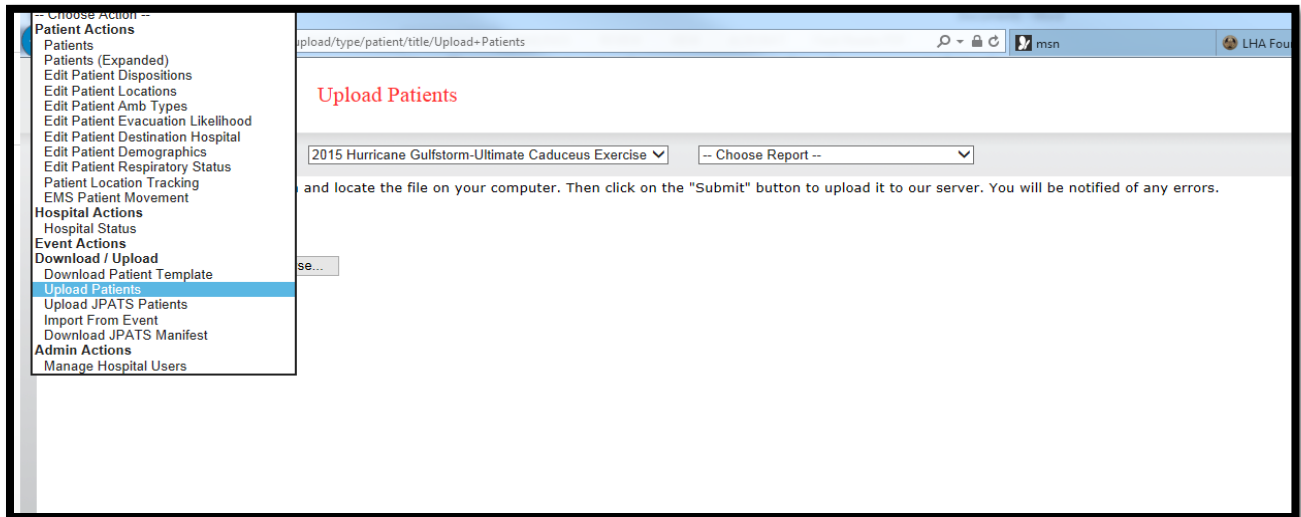
Login Screen

Step 1- Uploading Patients

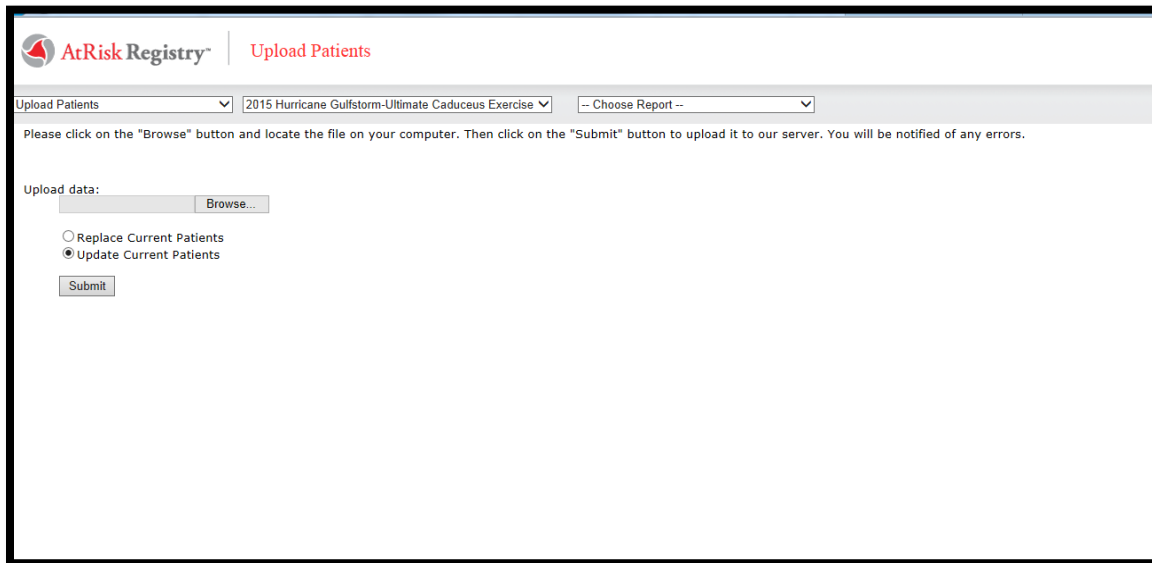
- a. Log-in to *At Risk Registry (ARR)*
- b. Select Event Name - The system should default to the most current event, in the middle dropdown menu
- c. Download Patient Template (**Attachment A.1**) from the *ARR*.
 - i. DO NOT change column headers in the first two rows of the spreadsheet
 - ii. Complete as much information as possible. **Attachment A.2** provides a list of required fields.
 - 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” field
 - iv. Patients with the following criteria will have defaulted Disposition to *JPATS Evac*
 - Contingency Med Spec → ‘CC-Critical Care’
 - Ventilator Dependent → ‘1’ (OR ‘True’)



d. Upload Complete Patient List



- Use “Replace Current Patients” Option for building new lists of patients
- Use “Update Current Patients” Option **only** if state or regional review and transfers have not begun (*usually around H-60*), used mostly for facility updates only



Blank information

Sections left blank can be filled in after the upload – this function can be done for individual patients or for a group of patients in bulk (See Step 2 for Bulk Edit details)

Note: The system will default patients without a selected disposition to Shelter-in-Place if left blank.

Step 2 – Managing Patient Lists after Upload

Once patient lists are uploaded, the hospital is responsible for maintaining the information in the Registry. The following patient information elements will be managed and adjusted by the hospitals as the information changes.

- Patient Disposition and Location changes – prior to DRC Review ([Attachment D](#))
- Patient Clinical information for MIEP – open-ended text boxes under history and diagnosis (2000 character maximum)

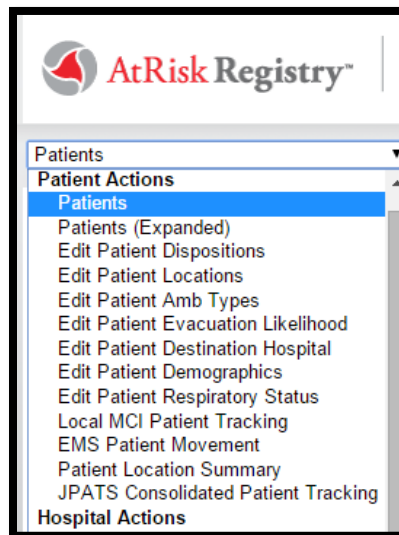
Regional Information Flow Concepts

Each Region may utilize patient actions screens differently depending on the anticipated movement of patients from facilities within their regions. Appendices for the following regions can be found at the end of this document as Appendices.

- Region 1
- Region 3
- [Regions 4 & 5](#)

Selecting 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 below under *Patient Actions*, describes the associated information linked to that view
- Changes on one view will be saved in the whole system and reflected in different views
- [Attachment C](#) provides details about information columns in each view listed in the dropdown



The next page describes the options available to update information on ANY of the Patient Action screens.

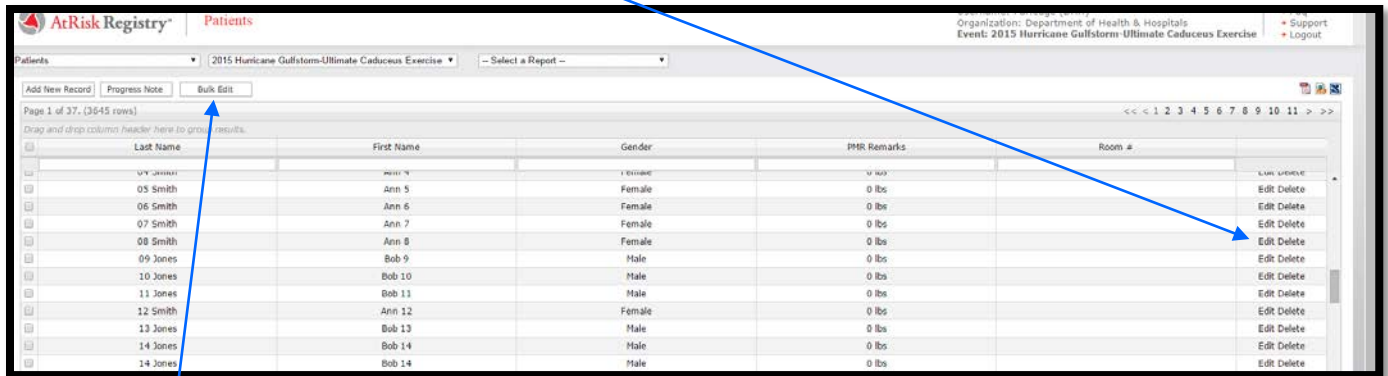
1) Adding New Patients into the system

In the event that 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. For details on the best use of this feature, refer to the **ARR Introductory Guide**.

Adding visitors, guests, and additional personnel to the registry is necessary for collecting an accurate headcount of persons that are sheltering-in-place in a facility.

- Refer to the **Quick Guide to the At Risk Registry: Non-Patients** document for instructions and expectations
- Hospitals should follow pre-identified protocol for allowing guests/visitors to transfer with patients or stay with patients in their facility during an event. Note: MIEP patient movement may be greatly limited to including guests in transfers
- Hospitals should execute their disaster staffing plan as described in the emergency operations plan. All personnel and family (if applicable) should be included in the registry.

Step 3 – Hospital Actions

To signal to the designated regional coordinators and the state ESF-8 desk that the steps of uploading and completing patient information in the registry is complete, the hospital will select “Hospital Status” from the Hospital Actions portion of the menu. The hospital will confirm that all patients have a planned disposition and are ready to transfer or Shelter-in-Place by selecting “Patients Ready”.

Next Steps and Patient Movement Expectations

Hospitals with MIEP Patients

- DRC reviews patients entered and follows up with hospital for additional information if needed
- Upon clarification and review, DRC selects “DRC Reviewed”
- Once state reviews and pushes the information to the federal TPMRC, ESF8 desk will select “State Reviewed”
- Hospital will stand-by and await information from DRC or state. Flight details will be uploaded back into the registry as soon as patients are processed
 - Hospital should expect additional calls for information from ESF8 desk as requests for information are obtained by TPMRC
 - View the “Edit Patients Expanded” or run to the AMP report to see the MIEP patients once assigned evacuation details
 - Hospitals should have a completed **AE Medical Transfer** form ([Attachment E](#)) with each patient ready for movement

Facility to Facility Transfers

- DRC will change status to “DRC Reviewed” to acknowledge tasks to identify open beds and coordinate cross facility/cross regional movement
- Hospitals do not expect to see “State Reviewed” unless requesting transfer assistance from state
- Hospital should communicate with DRC transfer information
 - DRC will work in the Edit Patient Destination Hospital view to assign patients as beds are matched
 - Hospitals will run “Patient Location by Hospital Report” to monitor placement
 - Hospitals should have a completed **AE Medical Transfer** form ([Attachment E](#)) with each patient ready for movement

Sheltering-in-Place Expectations

- Hospital Status will remain “Patients Ready”
- DRC and state ESF8 desk will understand that all patient information is saved and individuals to remain inside facility are accounted for

Attachment A.2

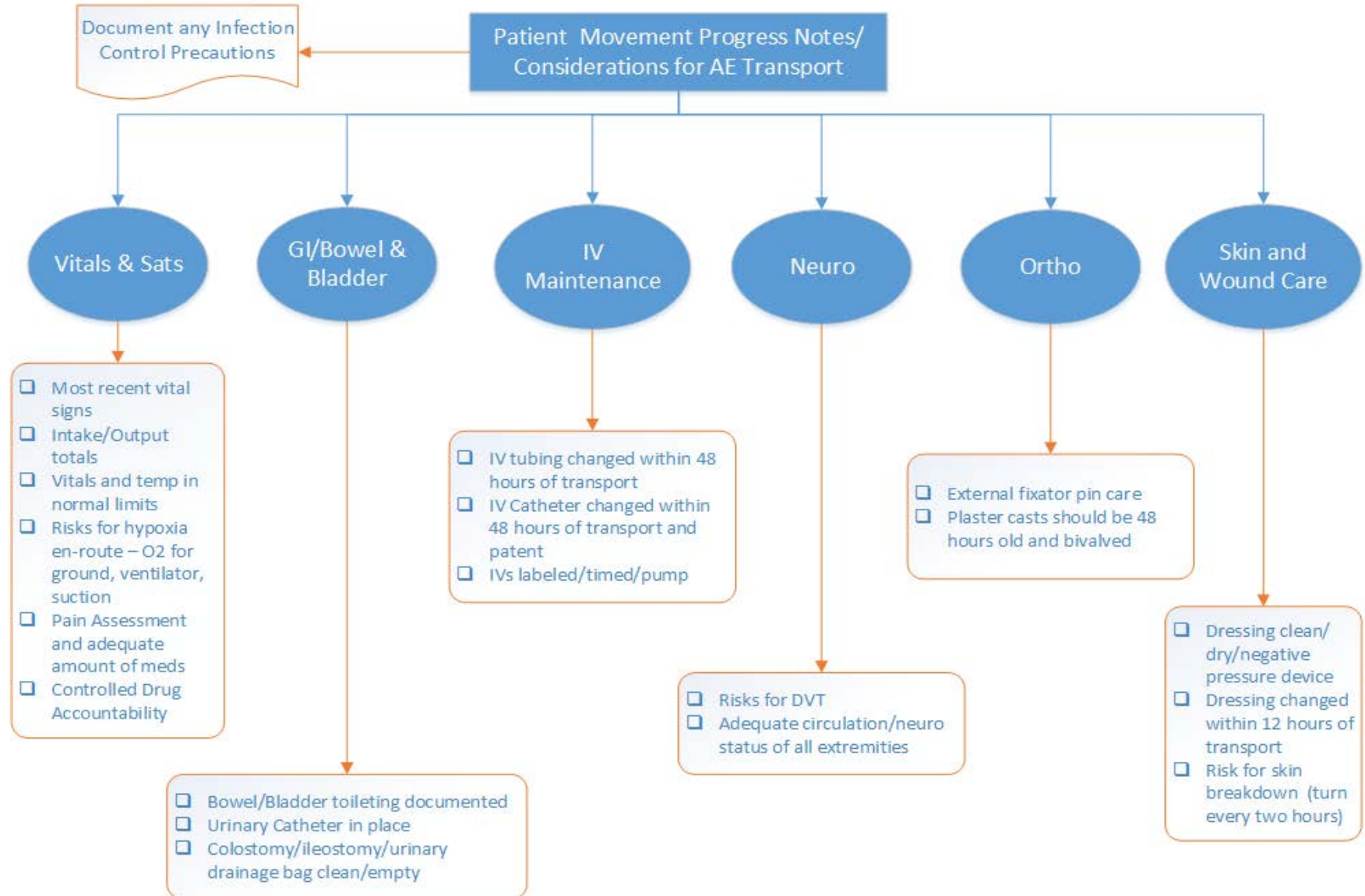
Required Fields in the At Risk Registry for MIEP

Note that you must provide all of the required information in the following data fields (this can be done during the upload):

Upload Template	Allowable Values	Mandatory for TPMRC	Restrictions
last_name	text	Yes	
first_name	text	Yes	
mr_num	text	Yes	15 characters
gender	('','Male','Female')	Yes	
history	text	Yes	
weight	number	Yes	This field is merged into the "Patient History" field
dob	MM/DD/YYYY	Yes	
ventilator_dependent	('1','0')	Yes	1= True; 0 = False. This field is merged into the "PMR Remarks" field ('1=True' defaults to disposition <i>JPATS Evac</i>)
cardiac_monitor	('1','0')	Yes	1= True; 0 = False. This field is merged into the "PMR Remarks" field
other_electrical_devices	text	Yes	This field is merged into the "PMR Remarks" field
space_type	('','ambulatory','litter')	Yes	
contingency_med_spec	('','SBN - Burns', 'CC - Critical Care', 'MM-SS - Medical/Surgery', 'MC - Pediatrics', 'MP - Psychiatry')	Yes	('CC-Critical Care' defaults to disposition <i>JPATS Evac</i>)
attendants	text	Yes	
attendant_names	text	Yes	
ccatt	('1','0')	Yes	LEAVE THIS FIELD BLANK. TPMRC WILL COMPLETE
diagnosis	text	Yes	This field is merged into the "PMR Remarks" field
disposition	('','MIEP Evac', 'Evac Neo-Nate', 'Evac Psych', 'Private Movement', 'Shelter In Place', 'Discharged', 'Transferred', 'Deceased')	Yes	RULE: If anything other than "MIEP Evac" is chosen here, the patient will not be placed on the Form 1 for TPMRC. The other patient types indicated above are excluded from the MIEP movement track.

Provide as much clinical information as possible to enable the TPMRC to adequately assign your patient to a flight and a destination without calling.

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

Patient Action screen view	Columns Included in view
Patients (*every view includes these details)	Last Name* First Name* Gender* PMR Remarks (*These fields are included on every action screen)
Patients (Expanded)	(Includes ALL demographic data listed on other screens. Additional critical clinical elements to include: Weight Weight Units DOB Ventilator Dependent Cardiac Monitor Other Electrical Devices Space Type Contingency Med Spec CCATT Diagnosis History Disposition
Edit Patient Dispositions	Disposition PMR Remarks
Edit Patient Locations	Transfer Status Originating Hospital Name PMR Remarks
Edit Patient Ambulance Types	Ambulance Type Diagnosis Originating Hospital Name Current Disposition PMR Remarks
Edit Patient Destination Hospital	Destination Hospital # Destination Hospital (NOT editable field , auto-filled by #) PMR Remarks
Edit Patient Demographics	DOB Emergency Contact for Pt Emergency Contact Phone 1 &2 Address Line 1 Address Line 2 City County FIPS State Zip Phone 1 & 2 Alt POC Alt POC Phone 1 Alt POC Phone 2 # of Attendants (including Attendant Names)

Patient Action screen view	Columns Included in view
Patient Respiratory Status	Ventilator Dependent Ventilator Mode O2 FiO2 Tidal Volume
**Local MCI Patient Tracking	Tracking # Originating Hospital Name DOB Height Weight Weight Units Race Hair Color Eye Color Other Identifiers History Status Triage Category
**EMS Patient Movement	Originating Hospital Name MR Number Disposition Transfer Status Amb Type Unit Number Destination Hospital # Destination Hospital Name Transport Status PMR Remarks History
**Patient Location Summary	Disposition Transport Status Originating Hospital Name Destination Hospital Location Room #
**JPATS Consolidated Patient Tracking	Originating Hospital Room # Current Location Current Location City Current Location State Manifest Number Arrival Airport Destination Facility Destination Facility City Destination Facility State

**Denotes views intended for Regional and State Users

Attachment D

Drop-Down Selection Columns for Hospitals	Options for Hospital to Set	Explanations
<i>Location/Transfer Status</i>	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 (MIEP)
	Returned to Hospital	Patient returned to hospital due to decline in condition or noted unstable for transfer
	In Private Transit	Patient transferring via MOU or personal movement
	Ready for Pick-up	Patient is packaged and ready for transfer (MIEP or internal arranged transfer)
<i>Disposition</i>	MIEP Evac	Hospital unable to place non-critical patient , needing movement by Federal contract
	Evac Neonate	Transfer for baby
	Evac Psych	Transfer for Psych patient
	Private Movement	Patient to be moved using internal contract
	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
	Deceased	Patient is dead
	State Movement	Moved in-state, out of region
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 (*Mask patient*)

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 1/2 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*)

- Walker
- Crutches
- Wheelchair
- Wound drains/Vac
- O2 tank
- IV Pump
- Ventilator Settings:

Person Completing Form: _____

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

Other Equipment: _____

Appendix

Regions 4 & 5

Concept of Information Flow using the At Risk Registry

These steps outline the process for hospital-to-hospital transfer activities:

- 1) Hospitals Complete the Aeromedical Evacuation Transfer Form (Attachment #)
 - a. Send to Destination Hospital(s)
 - b. Physician Accepts the Patient

- 2) The Evacuating (Originating) Hospital uses the “Edit Patient Destination Hospital” screen to update the determined Destination Hospitals for each patient.

- 3) The Evacuating (Originating) Hospitals uses the “Edit Patient Location” screen to change the *Transfer Status* to “Ready for Pickup”.