



Region 9 Patient Tracking Concept of Operations and Procedures

Version 2 – December 2017

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REGION 9 PATIENT TRACKING CONCEPT OF OPERATIONS

Purpose, Scope and Assumptions

A. Purpose

Previous lessons from national and international mass casualty incidents (MCI) have consistently revealed shortcomings in local, state and national capabilities to manage patient tracking. Lack of sufficient patient tracking has led to adverse consequences for the patient, their loved ones, responding organizations, and the community's recovery as a whole. The inability of the community to track patients during a MCI can create many complications for the response; including:

- Prolonging, complicating and/or adversely affecting the delivery of patient care
- Exacerbating the psychological impact on patients and their loved ones when patient's whereabouts is unknown
- Complicating and/or delaying the family reunification process, potentially leading to duplication of efforts on the part of loved ones and responding agencies and inefficient use of resources
- Hindering effective situational awareness about patient impacts, hospital availability, and overall health care system resource needs
- Adversely affecting law enforcement and/or medical examiner investigations and evidence collection
- Adversely affecting future litigation if appropriate documentation is not available
- Compromising financial reimbursement for affected organizations
- Adversely affecting future research and quality improvement efforts related to patient care and patient outcomes during and after medical emergencies

For the purposes of this concept of operations, the following are considered the primary objectives for patient tracking:

1. To determine and document the identity of the patient
2. To expedite treatment by reducing the delay of care
3. To determine and document the patient's whereabouts
4. To ensure standardized documentation of the condition of the patient and facilitate the continuity of care
5. To facilitate family reunification
6. To document the patient's involvement in the incident
7. To support Family Assistance Center and call center operations, as applicable

During a response, patient tracking information will be needed by multiple agencies to support a variety of different activities. Table 1 reflects primary entities that may need access to patient tracking information and examples of the potential purposes for which it will be needed.

Table 1: Purpose of Patient Tracking Information

Stakeholders	Purpose
<ul style="list-style-type: none"> • Hospitals/ other healthcare organizations/ACFs • Emergency Medical Services (EMS) • Region 9 Healthcare Coalition • Local Health Jurisdiction • WATrac Administrators • County Medical Examiner 	<ul style="list-style-type: none"> • Document involvement in the incident • Situational awareness • Document and ensure continuity of patient care • Identification of the patient • Family reunification • Media/Public Information • Documentation to assist with financial reimbursement • Accountability • Monitor healthcare system and population impacts • Call Center operations/public information to assist with family reunification • Victim Identification • To monitor patient movement across regions/out of state

B. Scope

In emergency medicine, the concept of tracking has different meanings. One of its meaning refers to tracking patients’ physical location, and the other refers to the advancement in patients’ treatment and tracking their medical needs while providing emergency services. For the purposes of the Region 9 Patient Tracking Concept of Operations (R9 PT ConOps), patient tracking refers to identifying and registering names of the injured, recording their information and initial medical conditions, prioritizing schedules for evacuation of them from scenes, tracking and positioning them from scenes to reaching medical centers, and then up to the end of the treatment course and discharge.¹ The patient tracking here includes patient location and change in health status, but not tracking treatment services provided.

The R9 PT ConOps is applicable for events that require coordination of patient tracking information for the purposes of patient care and family reunification. The Region 9 Patient Tracking Concept of Operations is applicable for events ranging from smaller MCI events when a centralized regional coordinating group may not be necessary, as well as, catastrophic events when a regional coordinating agency will be vital in centralizing patient tracking information and ensuring the appropriate and timely dissemination of information.

C. Assumptions

1. Information about the patient may not be available at the beginning of patient tracking. As patient care and time allows, more information will be gathered and documented about the patient.
2. Based on the incident, patient tracking may continue for a prolonged period of time.

¹ Tavakoli N, Yarmohammadian MH, Safdari R, Keyvanara M. Health sector readiness for patient tracking in disaster: A literature review on concepts and patterns. Int J Health Syst Disaster Manage [serial online] 2016 [cited 2017 Dec 4];4:75-81. Available from: <http://www.ijhdsdm.org/text.asp?2016/4/3/75/191106>

3. The Unique Identifier established during patient tracking should be maintained in the medical record of the individual indefinitely.
4. Patient tracking is one component of a larger system of family reunification efforts that may include other partner agencies.
5. Patient tracking systems should be in place with or without a technology database. Manual backup processes should be established.

D. Associated Plans

1. Washington State Emergency Support Function 8 (ESF-8) Annex (last updated 2015) - The ESF-8 Annex to the State Comprehensive Emergency Management Plan provides the foundation for Public Health, Medical, and Mortuary affairs. <http://www.aihc-wa.com/files/2011/09/Washington-State-Emergency-Support-Function-ESF-8-Plan-Brief.pdf>
2. Statewide Disaster Medical Coordination Center (last updated 2016) – The Disaster Medical Coordination Center system attempts to initially place patients at the facility most appropriately able to care for them in the most efficient amount of time. Additionally, the system aims to minimize secondary transfers. <http://srhd.org/hcc/>
3. Region 9 Disaster Medical Coordination Center Plan (last updated 2017) – Disaster Medical Coordination Plan specific to Region 9. <http://srhd.org/hcc/>
4. Region 9 Emergency Support Function 8 Manual (last updated 2017) – The ESF-8 Manual is an operational resource to be used by ESF8 staff during an emergency response to assist in the location and distribution of requested medical resources from local, regional, state & federal partners to affected healthcare providers. Contact hcc@srhd.org for a current copy

Concept of Operations

A. Operations Overview

There are two types of scenarios in which patient tracking is beneficial: during a mass casualty incident (MCI) or facility evacuation. In a MCI, it is essential that a minimum patient tracking process be initiated once the patient begins receiving healthcare services as a result of the incident. The ability for emergency medical service (EMS) providers to document patient identifying information will be extremely limited. As such, EMS must begin the patient tracking process by initiating a unique identifier for the patient in the field (e.g. through bar coded triage tags or handwritten) at the point of transport. The collection of patient identifying information will be prioritized once the patient arrives at a point of definitive care. In an evacuation incident, the minimum patient tracking process should initiate before the patient is transported to a receiving facility. The patient's location and condition (if applicable) should be tracked throughout the incident.

Tracking is completed when the patient is discharged or a legal guardian/representative resumes responsibility for the patient. This may include:

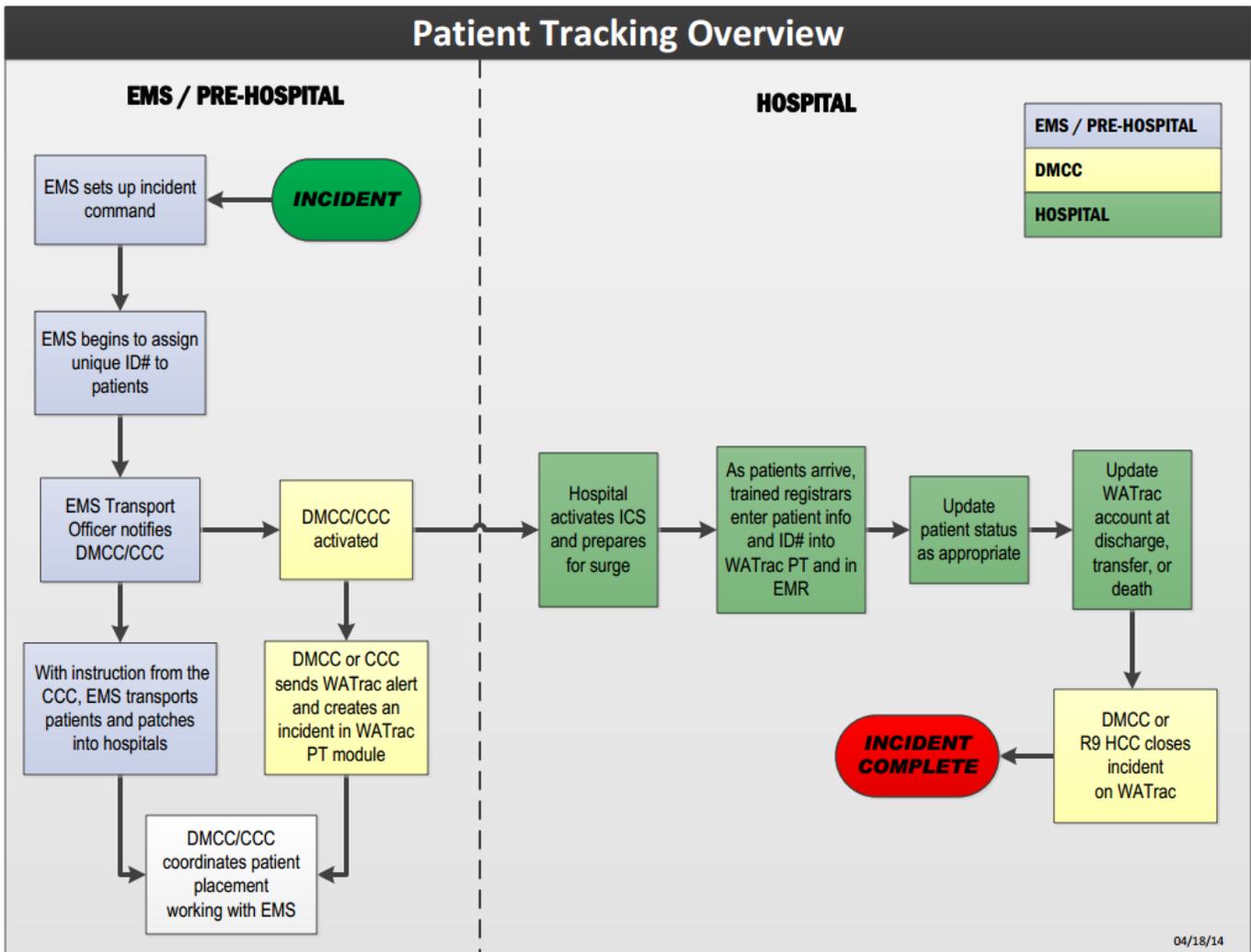
1. Patient is discharged home (with or without home healthcare services)
2. Patient is discharged to a sustained care facility
3. Patient is deceased and the Medical Examiner has taken control of the human remains

In the event patients are transported out of state for treatment in a state requested mission (e.g. through a National Disaster Medical System) tracking should continue until such time as the patient is returned to the originating state and returned home or to an appropriate point of care.

In some scenarios, such as a radiological or biological incident, surveillance, patient care and incident related documentation may continue for an extended period of time. A clear delineation will be made, by the appropriate local health jurisdiction, to determine when the “hand off” for tracking patients will shift.

Figure 1: Patient Tracking Overview

The following diagram provides a basic overview of the patient tracking operations.



B. Activation of Patient Tracking

Patient tracking will be activated to support an MCI, the evacuation of a healthcare facility, or under other circumstances that warrant the activation of the Disaster Medical Coordination Center (DMCC). Those arriving on scene (e.g. incident commander (IC) or transportation

official) will determine the severity of the situation and if deemed necessary, will send out a WATrac alert through dispatch to inform hospitals of an influx of patients. Patient tracking procedures will then be initiated by the IC, such as tagging or assigning a unique identification number to patients and contacting the DMCC.

Once contacted, the DMCC will decide if they need to activate (see Region 9 DMCC Response Plan). Once DMCC has chosen to activate, they will send out a WATrac alert to notify hospitals that DMCC is placing patients. DMCC will then create a patient tracking incident in the WATrac module. A second WATrac alert will be sent out to inform hospitals that patient tracking has been activated and to input patients into the module (see the more detailed procedures in the [Region 9 Patient Tracking Procedure Manual](#) below).

Patient tracking procedures can be initiated by any participating agency (EMS, hospitals, R9 HCC, other healthcare organizations, alternate care facilities, etc.) by following the same guidelines. The WATrac Patient Tracking Module can be activated only by the following groups in this order:

1. DMCC
2. R9 HCC
3. Washington State Department of Health WATrac Administrators

Circumstances that may warrant initiating patient tracking vary by county. Variations are due to differing resources available in each county. [See individual templates](#) for each county in the Region 9 Patient Tracking Procedure Manual. The following scenarios are not specific triggers for any county, but provide a general understanding of situations where patient identifying information is not readily available and patient tracking would be relevant:

- More than one ambulance dispatched to one incident
- Events affecting multi-unit housing or hotel structure with injuries
- Motor vehicle accidents that classify as an MCI
- HazMat incidents: fuel, farm fires or leaks, chlorine leaks, unknown substance
- Incidents at public venues with multiple casualties
- Aircraft incident
- Explosions or building collapse with casualties
- Known Improvised Explosive Device (IED) or Weapons of Mass Destruction (WMD)
- A field treatment site designated by incident command
- Active threat incidents
- One or more healthcare facilities will be evacuating patients or closing for extended duration
- Incident is determined to be a mass fatality
- Circumstances warrant the activation of a Family Reunification and /or Family Assistance Center

C. Coordinating Agencies

In Region 9, the R9 HCC and DMCC serve as the coordinating agencies of patient tracking and the WATrac patient tracking module.

The R9 HCC will be responsible for the following:

1. WATrac lead (account set up and training, etc.)
2. Serve as the single point of contact for WATrac patient tracking module software troubleshooting
3. Communicate with, support and collaborate with DMCC
4. Monitoring healthcare system and population impacts
5. Identifying and anticipating resource needs
6. Single point of contact for patient tracking data and distribution
7. Assisting the DMCC with coordinating centralized patient tracking information
8. Coordinate patient tracking activities with local or statewide ESF8 response
9. Supporting coordinated public information
10. Investigating and collecting missing patient information
11. Activating patient tracking system, if necessary

The Region 9 DMCC system is responsible for:

1. Distributing patients based on match of patient need and available resources using clinical guidance
2. Sending WATrac alerts and initiating the patient tracking module in WATrac, including assigning an incident number in WATrac or otherwise.
3. Acting as the centralized location for data in the event that WATrac is unavailable
4. Monitoring healthcare system and population impacts
5. Will coordinate patient tracking activities with local or statewide ESF8 response

The Combined Coordination Center (CCC) or Dispatch agency

1. Initiating patient placement based on a pre-determined number of casualties that each hospital can take. The DMCC will work with the CCC, after initial placement, on additional patient placement.
2. Sending WATrac alerts and initiating the patient tracking module in WATrac, including assigning an incident number in WATrac or otherwise.
3. Monitoring healthcare system and population impacts
4. Coordinate patient tracking activities with local or statewide ESF8 response

D. Key Data Elements

The patient tracking process includes required data elements during an incident. Early in the event only limited information about the patient's identity may be available. EMS and healthcare providers will prioritize patient care over collecting patient identifying information. EMS on the scene are required to tag/assign unique identifier only. All information will be entered when patient reaches a healthcare facility or another location where personnel are trained in data input. Efforts to collect more comprehensive information about a patient's identity will be done as resources are available.

Table 2 reflects a continuum of essential patient tracking data to be collected during the patient tracking process, as soon as conditions allow. The data elements categorized as “+” are required minimum data points considered “Need to Know Now” information that should be collected and documented upon the first encounter with a tagged or untagged patient. The data elements categorized as “-” are secondary data points, or “Nice to Know” information, that should be collected and provided to relevant organizations as it becomes available. Agencies in the grey-highlighted columns are to collect as much information as possible, particularly elements missing from other agencies.

Table 2: Minimum Data Elements for Patient Tracking

Responsible Agency		EMS (Tag only – info collected as part of regular ops)	Hospital (Data Input)	Other Healthcare (e.g. urgent care, long term care)	Region 9 Healthcare Coalition (Coordinating Agency)	WATrac Admin. (DOH)
Data Elements + = “Need to Know Now” element for first/initial encounter, vital for patient care - = “Nice to Know” data points to be collected as time and information allows Grey = Not under time constraints, collect as much as possible	Unique Identifier	+	+	+		
	Triage Color/ Patient Condition	+	+	+		
	Current location/ point of access to system	+	+	+		
	Date/ Time of Encounter	+	+	+		
	Disposition	-	+	+		
	Mode of Arrival	-	+	+		
	Gender	-	+	+		
	Age (approx.)	+	+	+		
	Date of Birth	-	-	-		
	Legal Full Name	-	-	-		
	Legal Guardian or Responsible Party	N/A	-	-		
	Other Identifying Information (i.e. tattoos, piercing, birthmarks, etc.)	-	-	-		

There are many circumstances during a 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, it is essential that healthcare organizations 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. This 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 identity.

E. Coordinating Patient Tracking Information

Collection of Information

Mechanisms for documenting and sharing patient tracking information will vary depending on the conditions of the incident and resources available. Depending on the scale and complexity of the incident, patient tracking information may flow through normal channels and response agencies will communicate directly with each other. In larger or more complex incidents, it may be necessary to centralize patient tracking information in a centralized database (WATrac) or through a manual process. Even when patient tracking information is centralized there may still be a need for individual response agencies to communicate directly with each other for information, however the coordinating agency will serve as the central repository for all patient tracking information. It is important to centralize information to:

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

In the event that a centralized database (WATrac) is not available, hospitals and other health facilities will use the [Manual Patient Tracking Form](#) (see the Region 9 Patient Tracking Procedure Manual) to gather data elements. Facilities will use phone, FAX or other methods to send this information to the established centralized location: the activated and lead DMCC. The R9 HCC will assist with the coordination and input of materials to the DMCC to ensure the collection of system-wide patient tracking information.

Distribution of Information

There are three situations where information specific to a single patient can be released:

1. Agency staff can release detailed information for the purposes of patient care following the healthcare provider's normal internal policy or procedures
2. If patient information is being requested using the patient's full name by a parent, guardian or loved one, the location of patient can be disclosed.
3. The DMCC and/or the R9 HCC can provide detailed information specific to a single patient for the purposes of family reunification/identification on a case by case basis (e.g. to hospitals/healthcare/ACF, Law Enforcement, America Red Cross, Family Assistance Center, Call center, Medical Examiner, Family/loved ones/public). 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

R9 HCC and WATrac Administration at the Department of Health can provide roll-up reports to Law Enforcement, American Red Cross, Local Emergency Management, WA State Department of Health, EMS or the public. Hospitals are to request roll-up reports from the R9 HCC. Information disclosed will be incident dependent and as limited as possible. Roll-up information shared concerning patient tracking may include but is not limited to:

- # of patients transported by EMS
- # of patients treated at healthcare facilities following an incident
- Types and severity of injuries being seen at local healthcare facilities

Organizations' Roles and Expectations

Implementation of a successful patient tracking process will be dependent on coordination across multiple partners. The following are roles and responsibilities related to patient tracking for key emergency response partners.

A. Emergency Medical Services (EMS)

- Activates initial patient tracking system in the field and notifies DMCC; may request DMCC activate regional patient tracking as needed
- Initiates minimum patient tracking in the field via a unique identifier for each patient requiring transportation to definitive care
- Coordinates with DMCC regarding patient distribution
- Shares unique identifier (and any other patient information captured) with hospital/ACF/receiving healthcare facility as appropriate

B. DMCC

- Provides coordination, leadership, expertise, and decision making during a health and medical response. Serves as the main point of contact from the incident.
- Activates patient tracking system and WATrac Patient Tracking Module
- Coordinates patient distribution with EMS and CCC
- Tracks patient condition for the purposes of patient distribution

C. Combined Communication Center

- The CCC will initiate patient placement based on a pre-determined number of casualties that each hospital can take. The DMCC will work with the CCC, after initial placement, on additional patient placement.

D. Hospitals, or other receiving facility for the provision of patient care

- 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 that walk or drive in from the scene, those that accidentally bypass receiving a unique identifier/tag at the scene
- Documents minimum patient tracking information via a paper log or in a patient tracking database (WATrac), if available
- Provide patient tracking lists to local health jurisdiction or Region 9 HCC, if not using a shared access database
- Documents information on unidentified patients to provide information to law enforcement or Family Assistance Center or call center, if one is established
- Facilitates family reunification for patients within the facility in coordination with local partners (American Red Cross, Family Assistance Center, Call Center)

E. Public Health

- Monitors impacts to healthcare system and assist in coordinating medical resource support
- Assists with coordinating centralized patient tracking information on a county level via centralized database or manual process
- Assists with coordination of a Family Assistance Center
- Serves as conduit with WA State Department of Health for coordination of patient tracking information
- Serves as the lead agency at the county level for public messaging related to health and medical system impacts, including information about patient tracking and related family reunification efforts

F. R9 HCC

- Patient Tracking Coordinating Agency
- WATrac Regional Administrators
- Monitors healthcare system and population impacts
- Identifies and anticipates resource needs
- Assisting with family reunification
- Assists the DMCC with coordinating centralized patient tracking information
- Supports coordinated public information
- Investigates and collects missing patient information.
- Serves as the main point of contact for the WATrac patient tracking module and provision of roll-up reports to partners
- Communicates with, supports and collaborates with DMCC
- Determine the proper permission group for WATrac participants on an individual level. To access permission level grid, go to the Permission Levels folder in the Document Hub in WATrac.

G. Washington State Department of Health

- Activates patient tracking if requested by DMCC or if statewide need. Activate patient tracking in the centralized database (example: WATrac) if available.

- Provides support for coordinating patient tracking information during incidents that cross multiple jurisdictions
- Coordinates with Region 9 Healthcare Coalition to obtain patient tracking information from their jurisdiction. 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 healthcare 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

H. Local Emergency Management

- Facilitates activation of Family Assistance Center and/or call center through 211 or other means.
- Serves as conduit with State Emergency Management for coordination of resources through 24/7 duty officer or Emergency Coordination Center, if activated.
- Supports coordinated public information and messaging in partnership with local public health agency through a Joint Information Center (JIC), if established

I. Law Enforcement

- Responsible for coordinating missing persons information
- Assists with identification of unidentified patients
- Assists with family reunification for missing persons as applicable
- Responsible for criminal investigations related to incident

Region 9 Patient Tracking Procedures Manual

As of April 5, 2017 this Procedure Manual is open for revisions.

REGION 9 PATIENT PROCEDURES MANUAL

The Patient Tracking Procedures Manual is to be used in conjunction with the Region 9 Patient Tracking Concept of Operations Manual (R9 PT ConOps).

Patient Tracking Procedures

A. Mass Casualty Incident Patient Tracking

1. Incident Occurs
2. EMS arrives on scene and begins triaging patients according to institutional and regional protocols.
3. Once incident command is established by EMS, and a scene assessment determines patient tracking and DMCC activation is needed (see R9 DMCC Response Plan for activation protocols), the triage officer will:

Send out a WATrac alert to inform hospitals of an influx of patients

Initiate patient tracking procedures (e.g. tagging or assigning a unique identification number to patients)

Contact the DMCC.

4. DMCC will determine if activation is necessary, and once activated, the DMCC will:
 - send out a WATrac update alert to notify hospitals that DMCC is placing patients
 - create a patient tracking incident in the WATrac module
 - Send another WATrac alert to inform hospitals that patient tracking has been activated and to input patients into the module
4. When a patient is received by a transporting unit, and if a unique identifier has not already been assigned to the patient by the field triage officer, transporting personnel will follow patient tracking procedures by assigning a unique identifier for the patient.
 - If a wristband is being used, the patient's unique identifier will be the identification number listed on the tag.
 - In the event that a wristband/triage tag is not available and a pen is necessary, unique identifiers will be assigned in the field using the instructions in [Section C – Creating Unique Identifiers](#).
 - Unique identifiers are to remain on the patient the entire time they are active in the incident.
 - If time allows EMS may take down some additional information, but will not enter information in the WATrac database in the field.
 - If a manual patient tracking process is being used, hospitals, DMCC or coordinating agency will receive tracking information upon patient arrival at the hospital via the [Manual Patient Tracking Form](#).
5. Patient is transported and EMS follows regular patient tracking care report protocols. If DMCC has been activated, follow DMCC protocol for transportation.
6. Upon arrival at a Hospitals/ACF or other healthcare facility, intake staff will begin entering data into the WATrac Patient Tracking database based on the minimum data elements outlined in Table 1.

- Not all information need be collected immediately, but the intake staff will create a record for the patient, noting the unique identifier begun by EMS (on the wrist band if available), and record into WATrac, if available.
 - This number should also be incorporated into the patient's hospital records.
 - If a wristband is being used, the persons unique identifier will be the identification number listed on the tag.
 - If a unique identifier has not been assigned to the patient upon arrival, or is walking wounded, the hospital will assign a unique identifier using the instructions and abbreviations from [Section C – Creating Unique Identifiers](#).
 - Unique identifiers are to remain on/with the patient the entire time they are active in the incident.
 - If there is no power or access to WATrac, use the WATrac [Manual Patient Tracking Form](#).
7. As time allows or system access becomes available, more information will be gathered about the patient by field EMS, Hospitals and other care providing agencies and entered into WATrac. Updates to patient tracking files need to be updated when the patient is discharged, transferred or decease (not needed for status changes).
 8. If a patient is being transferred to a secondary facility, ensure the patient maintains their unique identifier, record the transfer and their status in their file and in their profile in WATrac Patient Tracking modules, including when and where they are being sent. Ensure the patient receiving facility is provided the appropriate information and unique identifier.
 9. Upon receipt of a transferred patient, intake the patient as outlined in step 6. If a profile has already been created on a patient tracking database, update profile with status, location and relevant patient information.
 10. If a patient is being discharged, ensure that their file and profile are updated appropriately with status and location (e.g., home or the name of a sustained care facility).

B. Healthcare Facility Evacuation Patient Tracking

1. Incident occurs
2. The facility needing to evacuate (evac facility) will notify the DMCC
 - Even if the DMCC is not required to assist in patient placement, the DMCC will initiate the patient tracking module in WATrac if needed.
3. The evac facility prepares patients for evacuation including the patients' medical record, a printed chart and/or a patient census to transportation unit.
 - If time allows, begin to enter patient information into WATrac and assign unique identifiers (band, if available).
 - If a manual patient tracking process is being used, the evac facility will send the patient tracking information to the R9 HCC or DMCC if activated to input into a centralized [Manual Patient Tracking Form](#).
4. When a patient is received by EMS or other transporting unit, EMS will:
 - Document the unique identifier attached to the patient (via wristband if available).
 - If a unique identifier has not been assigned to the patient, then EMS will do so.
 - If time allows, EMS may take down additional information to be entered by the receiving facility into the patient tracking database.

5. The patient will be transferred to a receiving facility. This may occur via EMS, private vehicle, private ambulance, or other vehicles as necessary, as directed by the evac hospital or an EMS transportation officer when provided.
6. Upon receipt of the patient, the patient receiving facility intake staff will begin to collect the minimum data elements outlined in [Table 1](#).
 - Not all information need 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 or medical record number.
 - This information will then be recorded into the patient tracking module in WATrac, if available, or communicated to the R9 HCC or DMCC to update the centralized [Manual Patient Tracking Form](#).
7. If a patient is being transferred, discharged, or released from the initial responsible agency, ensure that their file and profile are updated appropriately.
 - If a patient is being transferred to a secondary facility, ensure the patient maintains their unique identifier, record the transfer and their status in their file and in their profile in WATrac Patient Tracking modules, including when and where they are being sent.
 - If a patient is being discharged, ensure that their file and profile are updated appropriately with status and location (e.g., home).
 - Ensure the patient receiving facility is provided the appropriate information and unique identifier.
8. Upon receipt of a transferred patient, intake the patient as above. If a profile has already been created on a WATrac update that information with all relevant information. The R9 HCC will follow-up with patient accepting facilities who are not able to track patients in WATrac.

C. Creating Unique Identifiers

Pre-hospital instructions for assigning identifiers are as follows: the agency of contact such as hospital/transportation vehicle number, followed by a dash and the victim number, starting with 1 and increasing.

Example: Deep Park Ambulance 161 is transporting its fourth patient, this patient unique identifier would be 161-4.

Hospital instructions for assigning identifiers are as follows: Unique identifiers will be assigned in the hospital using a four-letter hospital abbreviation, followed by a dash and the victim number, starting with 1 and increasing.

Example: Providence Holy Family Medical Center is transporting its fourth patient, this patient unique identifier would be HFMC-4.

Hospital	Abbreviation
Providence Sacred Heart	SHMC
Deaconess Medical Center	DEAC
Providence Holy Family	HFH
Valley Hospital	VHMC
VA	MGVA
Kootenai Health	KH
Spokane Co. Medical Examiner's Office	DD

D. County Specific Triggers for Patient Tracking Activation

a. Patient Tracking Activation: Spokane County

Circumstances that warrant initiating patient tracking include, but are not limited to (one or more may apply in an incident):	DMCC Notification	Activate Patient Tracking
Five or more ambulances dispatched to one incident. This applies to urban and rural situations.	Yes	Determined on scene
Multi-unit housing or hotel structure with injuries.	Yes	Based on scene feedback and acuity of patients
Motor vehicle accidents: involving five or more vehicles or buses/semi-trailer trucks with HazMat on board.	Yes	Determined on scene
HazMat incidents: fuel farm fires or leaks, chlorine leaks, unknown substance.	Yes	Yes
Public venue with five or more critically ill or injured patients.	Yes	Determined on scene
Aircraft incident.	Yes	Determined on scene
Explosions or building collapse.	Yes	Yes
Known Improvised Explosive Device (IED) or Weapons of Mass Destruction (WMD).	Yes	No
Multi-agency response.	No, unless determined on scene	No, unless determined on scene
A field treatment site is established.	Yes	Yes
There are multiple incident locations from active threat (s).	Yes	Yes
One or more healthcare facilities will be evacuating patients or closing for extended duration.	Yes	Yes
Incident is determined to be a mass fatality.	Yes	Yes
Circumstances warrant the activation of a Family Reunification and /or Family Assistance Center.	Yes	Yes

Appendices

Appendix A. Record of Changes

Appendix B. Definitions

Appendix C. County Patient Tracking Activation Triggers Template

Appendix D. Manual Patient Tracking Form

Appendix E. Contributors

Appendix A - Record of Changes

Version No.	Description of Change	Date	Posted By
2	Shortened, slightly reorganized to reduce unnecessary redundancies, addressed inconsistencies, provided some additional details for clarity, included the manual patient tracking form that integrates with WATrac.	12/7/2017	Heidi Wilson

Appendix B - Definitions

211: Easy-to-remember phone number for people to call for health and human service information and referrals and other assistance to meet their needs.

Alternate Care Facility: In an MCI of any significant magnitude, hospitals and other traditional venues for health care will most likely be overwhelmed with patients (or rendered inoperative), making it necessary to establish ACFs: alternate locations for providing care that usually would be provided in an inpatient facility, including acute, subacute, and chronic care.

Emergency Medical Services: The Emergency Medical Service (EMS) system is responsible for providing pre-hospital (or out-of-hospital) care by paramedics, emergency medical technicians (EMT's) and medical first responders. EMS provides early treatment to those in need of urgent medical care and rapid transportation to a facility providing more definitive treatment.

Patient: An individual who requires assessment and/or treatment as a result 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.

Disaster Medical Coordination Center (DMCC): The Disaster Medical Coordination Center system works to initially place patients at the facility most appropriately able to care for them in the most efficient amount of time. Additionally, the DMCC system aims to minimize secondary transfers.

Region 9 Healthcare Coalition/Coordinating Agency for Patient Tracking and WATrac Administrators: The Washington State Region 9 Healthcare Coalition (R9 HCC) works to strengthen the emergency preparedness and response planning for all aspects of health care. The mission of the Region 9 Healthcare Coalition is to prepare for, respond to and recover from crisis using all available resources to provide patient care at the appropriate level and in the most efficient manner. The group consists of 250+ committed volunteers who work in healthcare across the 10 counties and three tribes of Eastern Washington.

WATrac: WATrac provides communication technology relied on for efficient and coordinated healthcare delivery throughout Washington State. It is the only system of its kind in Washington and enables users across healthcare disciplines to accurately track the availability of beds, surgical specialists, and agency status. Key features include:

- Tracking bed availability and surgical specialists.
- Status reports for individual agencies and for the region.
- Data sharing and planning through a report writer, a virtual library, and a survey builder.
- Real-time communications using an alert manager, emergency contacts, and an online chat center.

Appendix C - County Patient Tracking Activation Triggers Template

Patient Tracking Activation: *Template*

Circumstances that warrant initiating patient tracking include, but are not limited to (one or more may apply in an incident):	DMCC Notification	Activate Patient Tracking
Five or more ambulances dispatched to one incident. This applies to urban and rural situations.		
Multi-unit housing or hotel structure with injuries.		
Motor vehicle accidents: involving five or more vehicles or buses/semi-trailer trucks with HazMat on board.		
HazMat incidents: fuel farm fires or leaks, chlorine leaks, unknown substance.		
Public venue with five or more critically ill or injured patients.		
Aircraft incident.		
Explosions or building collapse.		
Known Improvised Explosive Device (IED) or Weapons of Mass Destruction (WMD).		
Multi-agency response.		
A field treatment site is established.		
There are multiple incident locations from active threat (s).		
One or more healthcare facilities will be evacuating patients or closing for extended duration.		
Incident is determined to be a mass fatality.		
Circumstances warrant the activation of a Family Reunification and /or Family Assistance Center.		

Notes:

Appendix D – Manual Patient Tracking Form

Print this form on 11x17 paper. If using electronically, save as a .csv file in order to seamlessly upload to WATrac when needed.



Manual Patient
Tracking Form.xlsm

Appendix E – Contributions

Special thanks to the following members of the Region 9 Patient Tracking Concept of Operations Committee Members. These partners dedicated their time and effort to support the committee in creating this valuable plan for our community.

Co-Chairs:

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Gerry Bozarth, Greater Spokane Emergency Management

Eric Cassidy, Lincoln Hospital

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