



New York State  
**e-FINDS**  
Evacuation of Facilities  
In Disasters System

## evacuation of Facilities in Disasters System: Operational & Programmatic Topics



NYSDOH Office of Health Emergency Preparedness  
NYSDOH Office of Primary Care and Health Systems Management

## e-FINDS – Operational and Programmatic Understanding

- Need for a System
- Who is Involved?
- Concept/Requirements
- Development
- Regulatory Basis for e-FINDS Use
- System Implementation: *Preparations*
- System Implementation: *Procedures and Operations*
- System Implementation: *Data Collected in e-FINDS*
- System Implementation: *Scenarios & Circumstances*
- Procedural Tips and FAQs
- e-FINDS Supplies
- Future of e-FINDS



## Need for a Patient Tracking System

- Long recognized by NYSDOH, HCAs, regional offices and local healthcare consortiums for emergency events involving large numbers of victims, e.g., bus crashes, 9/11...
- NYSDOH participated in AHRQ national workgroup on Pt. Tracking
- Initial system defined in HERDS in 2002; based on NY Presbyterian Healthcare Systems pilot system and GNYHA Emergency Coordination Council following 9/11 ... however ... Never deployed in actual incident...
  - Facilities felt manual data entry a burden during emergency events;
  - Lacked capabilities to create a complete patient record across the incident continuum of care,
  - no automated data entry or standardized data feeds from devices like barcodes, RFID tags or equivalent.
  - No link with downstream entities such shelters for patient tracking
- NYSDOH gathered requirements; competing priorities, budget cuts, lack of funding delayed project from going forward.



## Need for a Patient Tracking System

- Long used at Federal Level; DOD, HHS, FEMA systems for military operations and NDMS for public emergencies; **JPATS**
- Defined as part of Healthcare Preparedness Capabilities: *Capability 6 -- Information sharing*: the State and Healthcare Coalitions, (in coordination with EMS, healthcare organizations, and emergency management), develop, refine, and sustain a process to track patients and/or have access to an electronic patient tracking system during an incident. This should include but is not limited to the ability to:
  - Identify system users that have the appropriate authority/access permissions for electronic systems
  - Access relevant and available aggregate patient tracking data from EMS and healthcare organizations (e.g., number of patients requiring receiving facilities, requiring transfer services)
  - Integrate the aggregate patient tracking data into the local, state and/or Federal incident common operating picture
  - Adhere to mandatory patient confidentiality regulations
  - Integrate with the Federal patient tracking system of Record



### Defining Event: Evacuation Experience from Superstorm Sandy

	NYC	Nassau	Westchester	Suffolk	Totals
Hospitals (H)	6 fully evacuated (including the VA and South Beach Psychiatric Center)	1	0	3 partially (voluntarily before the storm)	9
Nursing Homes (NH)	17	5	1	2	25
Adult Care Facilities (ACF)	14	3	2	3	22
Totals:	36	9	3	8	56



- 7,820 Patients/residents were evacuated from NYC, LI and lower Hudson Valley HCFs
- 56 Facilities evacuated in NYC, Nassau, Suffolk and Westchester Counties



### The Governor’s Committees

Governor’s office convened 3 data needs committees to address issues identified during Superstorm Sandy:

- **Vulnerable Populations Database** - ongoing
- **Assurance that essential medical and other vital information accompanies patients/residents** or is otherwise electronically available to the receiving location – initial capacity under e-FINDS.
- **Tracking of Patient and Residents at health and social services facilities licensed in NYS** : funding for initial implementation costs was provided



## The Patient Tracking Imperative:

During Hurricane Sandy, no system available

- Facilities were uncertain of where their patients/residents were sent
  - Unable to:
    - track their location,
    - know their condition,
    - provide guidance/information to receiving facility;
    - easily repatriate or discharge to other facilities.
- Families had no knowledge of where their loved ones were sent ... **Many still searching for loved ones weeks after the storm**
- Many residents sent without adequate health records, e.g., medication, treatments



## Initial Operational Requirements Identified: Sandy Experience

Provide ability to collect and query data to provide:

- overall situational awareness of the total number of victims evacuated
- track current location of cohorts of patients/residents evacuated from a given facility/and all facilities, across all pt/resident movements;
- collect location data about individuals evacuated to adhoc locations, such as hotels or shelters
- Identify wandering/or otherwise missing individuals quickly
- support for continuity of appropriate care and safety during evacuation; essential medications/treatments
- support for reunification of evacuees with family members
- repatriation/placement of all evacuated individuals



## Key System Implementation Requirements from Sandy

- Must be Flexible enough to enable tracking of evacuees from HCFs with or without electrical power and/or internet connectivity
- Must be easy and quick to use; easily incorporated into patient/resident care evacuation plans/activities
- Must provide flexibility to create an implementation plan that is adaptable to the unique circumstances of each HCF's staffing, physical arrangements and patient/resident safety and security.



## What NYS Agencies/entities/types of facilities are involved under e-FINDS initial implementation?

- DOH – Hospitals, Nursing Homes, Adult Care Facilities
- Other “O” Agencies and their facilities:
  - OASAS – Clinics;
  - OMH – Psych Centers & Licensed Housing;
  - OPWDD – Residential homes & Developmental Centers;
  - OCFS – Juvenile Facilities;
  - OTDA – Supportive Housing
- All local, and NYSDOH (regional and central office) health departments; associations, facility networks



## System Development /Implementation timeline

- Governor's office gave 3 week timeline to develop initial system functionality -- **accomplished**
- Additional functions to provide query and basic reporting developed by end of August -- **accomplished**
- Initial, webinar based/recorded training sessions for every facility in every user group by end of October -- **accomplished**
- Equipment/supplies delivered to every facility in every user group by end of November – with a few exceptions -- **accomplished**



### Regulatory Basis for e-FINDS:

For Hospitals (and Nursing Homes) -- Title 10: Section 400.10 9

For ACFs -- Title 18: Section 487.12/488.12 -- Disaster and emergency planning - Health Provider Network \*Access and Reporting Requirements:

The operator of a facility shall obtain from the Department's Health Provider Network (HPN), *HPN accounts for each facility he or she operates and ensure that sufficient, knowledgeable staff will be available to and shall maintain and keep current such accounts.*

At a minimum, *twenty-four hour, seven day a week contacts for emergency communication and alerts must be designated by each facility in the HPN Communications Directory.*

A policy defining the facility's *HPN coverage consistent with the facility's hours of operation*, shall be created and reviewed by the facility no less than annually. Maintenance of each facility's HPN accounts shall consist of, but not be limited to, the following:

- (a) sufficient designation of the facility's HPN coordinator(s) to allow for HPN individual user application;
- (b) designation by the facility operator of *sufficient staff users of the HPN accounts to ensure rapid response to requests for information* by the State and/or local Department of Health;
- (c) adherence to the requirements of the HPN user contract; and
- (d) *current and complete updates of the Communications Directory reflecting changes* that include, but are not limited to, general information and *personnel role changes as soon as they occur*, and at a minimum, on a monthly basis.



**\*(now known as the Health Commerce System (HCS))**



## System Implementation: Facility Preparations

- **Every NYSDOH licensed hospital, nursing home and adult care facility must use e-FINDS if it is activated by NYSDOH during an emergency.**
  - **Emphasize!!** Even the smallest facility that usually can track their evacuating staff can run into an unforeseen situation; use of e-FINDS tracking capability provides additional safety and reassurance that the location of their pts/residents can always be known.
- **Several individuals/cohort of staff, on each facility shift, should be trained users of e-FINDS and trained on basics of the Health Commerce System (HCS).**
  - Each e-FINDS user at your facility must have **their own, active HCS accounts;**  
**(Absolutely NO Account Sharing allowed!)**
- Each e-FINDS user at your facility should be **assigned to e-FINDS roles** in the HCS Communications Directory to assure access to the system whenever needed.
- **Multiple individuals should be assigned to each e-FINDS role... No limit on number that can be assigned**
  - e-FINDS Data Reporter -- User level
  - e-FINDS Reporting Administrator -- Facility/LHD Admin
  - OEM Link -- User -- work with associations and facility network emergency response coordinators to assign appropriate association or network staff to e-FINDS roles for your facility



## System Implementation: Facility Preparations (cont'd)

- All facilities should:
  - develop an e-FINDS procedure document
    - DOH will review facility plans on request and offer suggestions to facilities in creating their plans
  - ensure all emergency response staff are trained
    - Cohort of staff, on each shift, should be trained to use the system
    - System Overview: Live online via WebEx
    - Recorded review session available on the NYSDOH Health Commerce System (HCS)
    - Regional Training Centers (RTCs) and Associations -- Scenario driven/hands-on sessions
    - Video walk-throughs of e-FINDS process recorded/viewable for each facility type
  - Ensure that all emergency response staff have drilled in those e-FINDS procedures
    - Practice using training wristbands and training “operation” within e-FINDS demo application on HCS;
    - Drill various scenarios/include in local exercises



## System Implementation: Procedures and Operations

- Event based activation of System:
  - An “operation,” corresponding to the current emergency event will be created in e-FINDS by NYSDOH that all impacted HCFs and their agents (network staff, authorized associations, LHDs) will be able to see and access
    - Facilities experiencing an emergency for which they need e-FINDS use, should contact their regional office to make request for e-FINDS activation
  - NYSDOH will alert all HCFs as to when they should begin to wrist-band their patients/residents
    - If HCFs are relying on other agents for assistance in this process they should include a notification/communication plan with those agents in the e-FINDS procedures
  - Notification to HCFs is via the HCS Notification System: **Key Administrative staff and e-FINDS roles in Communications Directory**
  - Applying wristbands and entering data: Logistics and procedural plans developed and determined by each facility to match its available staffing resources, physical environment, individual facility policies, and to meet the demands and circumstances presented by the emergency situation itself.



## Implementation Procedures

Ensure that your emergency planners are fully aware of all e-FINDS functionality and data capture options to help you create a procedure that is simplest for your facility under **different circumstances**, or one you feel will work under **ANY** circumstance

**First consideration under any circumstance is for each evacuating facility to *apply a bracelet to each evacuating pt/resident before they leave the facility, as well as to any SiP pt/resident.***

Access to the system via internet **is not necessary** as long as the **sending and receiving facilities keep a record of the barcodes they have sent or received during the event, on the e-FINDS tracking spreadsheet** that can later be entered into the system for pt/resident location/tracking



### System Implementation: Data Collected in e-FINDS

- Data collected in e-FINDS can be kept to a minimum!
- Available fields:
  - Patient first, last name
  - Gender
  - DOB
  - Sending facility type/name
  - Receiving location/facility type and name
  - Text box for other notes
  - Pt./resident home address, phone number
  - Name, phone number of the next of kin/emergency contact
  - Text box for medical information
  - Text box for other notes
  - Pt./resident home address, phone number
- Access to Data is permission based; varies based on individual's communications Directory role
  - Facilities may only see pt./resident information for those individuals either evacuated by them or designated to be received by them



### Privacy Issues – HIPAA Waivers

Office of Civil Rights, DHHS guidance for HIPAA Privacy waivers and disclosure of data during emergencies (post Hurricane Katrina):

- *Providers and health plans covered by the HIPAA Privacy Rule may share patient information in all the following ways:*
  - as necessary to provide treatment:
    - may disclose prescription and other health information to healthcare providers at shelters to facilitate treatment of the evacuees.
  - providing location, general condition, or death of an individual as necessary to identify, locate and notify family members, guardians, or other person responsible for the individual's care
    - Data available in the *Facility Directory* without patient/resident permission
  - As needed under circumstances of ***imminent danger***



## System Implementation: Scenarios & Circumstances

- ***Pre-planned evacuation***
  - With internet access
    - With scanners
    - Without scanners
  - Without internet access
- ***No notice evacuation***
  - With internet access
    - With scanners
    - Without scanners
  - Without internet access



## Pre-planned evacuation

### ***Sending facility***

- Ensure that first name, last name, and DOB at a minimum are entered into system
- If patient/resident is shelter-in-place, or discharged to home, identify as such
- If patient/resident is being transferred and destination is identified, enter the destination information

### ***Receiving facility***

- Change patient/resident's current location to new facility and update any necessary information



## No Notice Evacuation

### *Sending facility*

- **IF time permits:**
  - Ensure that first name, last name, and DOB at a minimum are entered into system
  - If patient/resident is shelter-in-place, discharged to home, identify as such
  - If patient/resident is being transferred and destination is identified, enter the destination information
- **Time constrained situation:**
  - Ensure that a wrist band is applied to every patient/resident that is being evacuated and transfer them without any scanning or entering of info into e-FINDS.
  - Secondly, apply a wrist band to every patient/resident that is sheltering in place; ensure their destination is identified as such on paper tracking sheet or in e-FINDS once time permits;
- **Receiving facility**
  - Scan or enter barcode into e-FINDS immediately upon receiving the pt/resident. Change pt/resident's current location to your facility and enter/update info any necessary.
  - If access to the system is unavailable, track barcode number and any information on paper tracking sheet until information can be added to e-FINDS.



## Procedural Tips

### Entering patient/resident data - alternatives:.

- **Remember! Scanning barcodes is not necessary; without a scanner, the barcode can be manually entered/typed, or recorded on paper sheets, or if scanning desired, may be scanned by smart phones/tablets using app:**
- Tracking spreadsheet can be downloaded by administrator:
  - staff can then directly enter patient/resident name, barcode number info directly into spreadsheet on their computer which can be then be uploaded to e-FINDS;
  - bracelets then applied to pts/residents according to pre-assigned number
- Alternatively:
  - barcode numbers can be assigned to pts/residents on paper tracking spreadsheet,
  - staff apply bracelets to pts/residents in their rooms, or other organized location (dining room during meal time, when evacuating room or while in queue to leave facility), then later one or two staff can work together to scan barcodes from spreadsheet and enter patient info into e-FINDS



## Procedural Tips (cont'd):

- Facilities can keep an ongoing roster of pt/resident name and pre-planned barcode assignment of on tracking spreadsheet on computer;
  - update as patients/residents are admitted/discharged;
  - minimizes effort during an event, and helpful in sudden incidents.
- Hospitals and other facilities that apply their own barcodes to their pts/residents, can take advantage of information in their bar code:
  - they may scan that information into the “Notes” field of the e-FINDS form as a secondary /backup set of identification information, or as main way to provide information if no time to manually enter additional information.
- In time constrained situations, such as a no-notice evacuation, if you have patients/residents who are sheltering in place, apply bracelets to that group after evacuating group is barcoded and safely evacuated.



## Procedural Tips (cont'd):

- Determine if you have I-phones or tablets that are capable of using the e-FINDS app to scan barcodes. Ensure their owner is identified in your plan. Helps limit number of barcode readers need.
- Remember, a laptop with battery and a WIFI air card can enable use of scanners and internet even if your facility has lost power!
- Store well-charged, additional laptop batteries; create a process to ensure batteries are kept charged
- Consider investment in air cards for internet access.
- In general, if possible, a good policy is to include the e-FINDS barcode in the pt/resident transfer documents



## Some Implementation FAQs – Sending Facilities

*What if a patient/resident refuses to wear a wristband?*

- Make sure that a barcode number is assigned to that individual and include that barcode in that persons record that is transported along with them. If there is time, create a record for that person in e-FINDS and associate with that barcode number.

*What if one of my residents is going to a family member's home for the duration of the evacuation?*

- Apply one of your facility wrist bands to that resident as you would for those evacuating to another facility and instruct the family to keep the wristband on until the resident returns to their original facility or is admitted to a new facility. Identify the resident as “Home” in the “Intended Destination” field.

*What if I need to send an evacuee to a facility or location that is not available in the “dropdown” destination choices in e-FINDS?*

- Enter the name of the intended receiving location in the NOTES field and record in the tracking spreadsheet for your own records. The receiving facility should keep a list of the barcodes they have received so that they can be provided to an entity with access to e-FINDS to submit.



## Some Implementation FAQs – Sending Facility (cont'd)

*What if some of my patients/residents are sheltering in place?*

- Apply one of your facility wrist bands to that resident as you would for those evacuating to another facility and do not remove for duration of the event. Enter individual's info in e-FINDS and click to check the “SiP” checkbox

*What if one of my pts/residents is pediatric or just too slim for the bracelet?*

- Carefully wrap the wristband to the size that fits the pt/resident, and allow the excess to hang off, but be careful not to cover the barcode number underneath the barcode; if the number is readable, it can be manually entered; if barcode itself must be covered, then assure barcode number is in accompanying patient record
- If an infant, then include the barcode number as part of the record accompanying the infant, so that the receiving facility can enter that barcode and record the receipt of infant.



## Some Implementation FAQs – Sending Facilities (cont'd)

*If I receive a call from a family member searching for a loved one and I am not able to access e-FINDS to provide their location, who should family members contact to get the information*

- The NYSDOH will provide the number for a call center as it had done following Super Storm Sandy that will assist with this type of phone call.



## Some Implementation FAQs – Receiving Facilities

*What if a patient/resident arrives at my facility without a wristband?*

- **A barcode must be assigned to that individual. However!** Before applying one of your own facility's wristbands, ensure that a barcode number for that individual has not been recorded by the sending facility in their pt/resident record and in e-FINDS (*perhaps because the individual has refused to wear a wristband or too small to wear – see "Sending facility FAQs above"*).
- If the individual has not previously been assigned a barcode number by the sending facility to the best of your knowledge, then apply one of your own facility wrist bands and try to enter as much info about the individual as possible to ascertain, including name of their sending facility, in the text box.

*If I receive evacuees as a receiving facility, and then need to evacuate my own facility, should I put one of my own barcode bracelets on the evacuees I received and assign them a new barcode?*

- No! An evacuee should keep the same barcode and bracelet for the entire event, unless their original bracelet is lost. If that occurs, then provide one of your own bracelets as per the instructions in the previous FAQ.



## e-FINDS Supplies

- Planning for Scanners: Before investing, work through alternative procedures of capturing barcode data... *May not need additional! (see procedure recommended options under scenarios)*
  - Check with associations, networks and local healthcare purchasing consortiums for best prices if additional bar code scanners are desired by your facility.
- NYSDOH has developed a supply budget for the Governor's office
  - to provide replenishment of wristbands to facilities if part or all of their supply is used.
  - to provide additional training wristbands to facilities
  - to maintain 2 go-kits to supplement resources where needed in an event



## Future of e-FINDS

- NYSDOH elicited drills
- NYSDOH e-FINDS Implementation Guide will be provided to RTCs prior to their sessions with facilities
- Future rollouts and Functions:
  - Requirements Gathering with Facilities
  - Functionality planned and potential
    - Activation by Local Jurisdictions
    - Incorporation of TALS
    - Residents/patients at Other types of HCFs, such as Home healthcare
    - Only for Evacuations??
- Access to Other Response Partners
  - For example, first responders, medical examiners
- Looking into ability to print for other label types that facilities may use for attaching barcode to patient belongings, etc.



## Useful Links

- Press Release
  - <http://nysandyhelp.ny.gov/e-FINDS>
- Self-guided walkthrough
  - <https://apps.health.ny.gov/pub/ctrldocs/e-finds.html>



## Questions?

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