

# GREATER NEW YORK HOSPITAL ASSOCIATION


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## MEMBER LETTER

January  
Fifteen  
2016

ML-8

To: Chief Executive Officers

From: Kenneth E. Raske, President 

Re: Initiative to Improve Patient Movement During Emergency Incidents

To facilitate patient movement that may be required due to an emergency incident, GNYHA is disseminating the attached document, which contains a list of data elements suggested for inclusion on hospital inter-facility transfer forms and patient face sheets. These recommended data elements were developed through an extensive collaborative effort co-led by the New York City Department of Health and Mental Hygiene and GNYHA that convened clinicians, emergency managers, health information technology (HIT) specialists, transfer center leadership, and others from 10 hospitals and health systems, as well as government agencies, including the New York State Department of Health, and medical transport organizations.

We are hopeful this initiative will contribute to the availability of key clinical and demographic information to aid with patient staging, transport, and triage, as well as initial care during emergency incidents that necessitate large-scale patient evacuation.

The attachment contains additional information about how the recommendations were developed, as well as a suggested internal process for assessing current variables and making modifications to existing forms, for those facilities that choose to do so. Staff from clinical leadership, transfer center staff, HIT specialists, and emergency managers will likely be involved in the modification process.

All member hospitals, particularly those in New York City, Long Island, and the Greater Hudson Valley, are invited to participate in this initiative and are asked to designate a champion by **March 1, 2016**. Throughout the spring, GNYHA will host calls with designated champions to support this work within their institutions.

For questions about the attached recommendations document, or the overall initiative, please contact Jenna Mandel-Ricci at (212) 258-5314 or [jmandel-ricci@gnyha.org](mailto:jmandel-ricci@gnyha.org).

### Attachment

cc:	Chief Medical Officers	Emergency Medicine Chairs
	Chief Operating Officers	Emergency Department Administrators
	Emergency Management Committee Chairs	Vice Presidents of Nursing
	Emergency Managers	Pre-Hospital Care Directors



*GNYHA is a dynamic, constantly evolving center for health care advocacy and expertise, but our core mission—helping hospitals deliver the finest patient care in the most cost-effective way—never changes.*

# SUGGESTED DATA ELEMENTS

## FOR HOSPITAL INTER-FACILITY TRANSFER FORMS & PATIENT FACE SHEETS

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This document provides data elements that member hospitals, particularly in the New York City (NYC) Region—the five boroughs, Long Island, and the Greater Hudson Valley—are encouraged to include on their existing inter-facility transfer forms and patient face sheets. The document was developed by GNYHA's Patient Movement Workgroup in response to challenges faced in evacuating patients during Hurricanes Irene and Sandy. Including these elements has the potential to improve day-to-day patient transfers, and most important, can contribute to the availability of clinical and demographic information to aid in patient staging at a sending facility, patient transport, and patient triage, as well as initial care at a receiving facility during emergency incidents that necessitate large-scale patient evacuation.

### PATIENT MOVEMENT WORKGROUP

Launched in February 2015, the Workgroup is jointly led by the New York City Department of Health and Mental Hygiene (DOHMH) and GNYHA. The Workgroup convenes clinicians, emergency managers, health information technology specialists, transfer center leadership, and others from a number of area hospitals and health systems, as well as government agencies and medical transport organizations. The Workgroup has worked to address several related challenges experienced during Hurricanes Irene and Sandy that complicated patient evacuation.

### FOCUS AREA

During Hurricanes Sandy and Irene, basic clinical and demographic information was not always available to the clinicians and staff responsible for staging at the sending hospital, facilitating transport, and triage, as well as to those providing initial care at the receiving hospital. Regardless of clinical conversations that may occur between providers at both hospitals, it is important that staff involved with patient care throughout the evacuation and transport process (which can take several hours) possess certain information needed to care for the patient during this transition period. Furthermore, having a set of data elements used across institutions can help ensure that, regardless of the origin or destination of a patient, clinicians across the region know what information they might expect when transporting or receiving a patient.

### PROPOSED SOLUTION

While some jurisdictions have developed a stand-alone patient evacuation form, Workgroup members concluded that using day-to-day systems and documents would result in higher adherence during an emergency incident. The Workgroup considered several existing sources of clinical and demographic information for this purpose, ultimately deciding that using inter-facility transfer forms and patient face sheets held the greatest promise. These two documents are generally used at hospitals across the region, and in the case of inter-facility transfer forms, their day-to-day purpose mimics in certain respects the purpose such forms would have during a patient evacuation scenario.

*The Patient Movement Workgroup was established to develop templates and procedures to facilitate evacuation of patients during emergencies. While using common variables on inter-facility transfer forms and patient face sheets may result in a more coordinated response, this initiative is not intended to create a standard, but instead is offered for consideration by each member institution. The Workgroup recognizes that each institution will interpret and apply the suggested data elements differently based on patient composition and internal processes. The Workgroup also recognizes that the circumstances of each emergency are distinct and may impede the ability of an institution to complete the forms or procedures that have been adopted.*



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The Workgroup examined nearly a dozen examples of such forms, assessing the frequency with which various elements were used, and weighing the importance of these elements for safe patient staging, transport, triage, and initial care at a receiving facility during an evacuation scenario. This process resulted in the development of the list of recommended data elements detailed below.

## INTER-FACILITY TRANSFER FORM: DATA ELEMENTS FOR CONSIDERATION



### DEMOGRAPHIC INFORMATION

- Name
- Date of birth
- Medical record number/New York State Department of Health (DOH) eFINDS Number
- Height/weight/sex
- Preferred language



### PATIENT INFORMATION

- Mental status
- Personal assistive devices transferred with patient (e.g., glasses or hearing aid)
- Diet information
- Presence of pressure ulcers
- Seizure precautions
- Drug research protocol



### TRANSPORT-RELATED INFORMATION

- Patient mobility level (ambulatory, wheelchair, non-ambulatory)
- If an ambulance is required, ALS or BLS
- Bariatric
- IV medication requirements during transport
- ECMO or IABP (requires transport team)
- Oxygen requirements (e.g., BiPAP, CPAP)
- Ventilator settings
- Settings/sizes of lifesaving equipment (e.g., trach)
- Behavioral concerns/safety risks
- Fall risk/restraints
- Hospital bed number at sending and, if known, at receiving facility
- Nurse or physician contact information at sending and receiving facility
- Date and time of departure and arrival with signature lines



### CLINICAL INFORMATION

- Primary diagnosis
- Secondary diagnosis
- Relevant comorbidities
- Most recent vitals
- Current medications, including pain management medications
- Timing and dosage of medications
- Allergies
- Isolation status/presence of infectious disease
- IV access
- Advance Directives, including DNR and Healthcare Proxy
- Transplant list status
- Most recent progress notes

## PATIENT FACE SHEET: DATA ELEMENTS FOR CONSIDERATION\*



- Name
- Medical record number/DOH eFINDS Number
- Social Security number
- Sex
- Date of birth
- Address
- Emergency contact information/next of kin
- Primary Care Physician name and phone number
- Parent/guardian information for minors
- Advance Directives, including DNR and Healthcare Proxy
- Insurance information
- Guarantor information
- Activities of Daily Living
- Room and bed number
- Primary diagnosis

*\*Some elements appear on both this list and the inter-facility transfer form list*

### SUGGESTED INTERNAL PROCESS

Hospitals, particularly in the NYC region, are encouraged to compare the lists of data elements provided above to their current inter-facility transfer forms and patient face sheets, to determine which elements are already included and which should be considered for inclusion. The Workgroup suggests the following process to add data elements to current institutional forms:

1. Identify a champion within the institution who will lead this initiative.
2. Understand the process by which changes to forms occur in the institution.
3. Educate key staff within the institution on the importance of integrating appropriate data elements from the lists above. While each institution is different, these staff may include: nursing leadership, transfer center staff, EMS/transport leadership and emergency managers.

*The Internal Process Change Workflow Document contains more detailed guidance.*

By working in collaboration with key staff in the hospital, following the institution's standard process, and tying these efforts to the larger regional initiative, institutions will likely be able to integrate many of these elements into their existing documents.

### CREATING COMPLEMENTARY EMR REPORTS

Either in parallel with, or at the conclusion of the paper form revision process, the Workgroup suggests working with the facility's Health Information Technology staff to create standard EMR reports that can automatically populate the required variables on the inter-facility transfer form and patient face sheet. Creating such reports has the potential to increase speed and accuracy during an emergency event, as well as during routine inter-facility transfers.

## HOW GNYHA CAN ASSIST

The attached Internal Process Change Workflow Document can assist institutions with carrying out this initiative. GNYHA will also track regional progress on this initiative to measure uptake and potential impact. To this end, participating hospitals are asked to complete the two tasks described below.

1. Affirm participation in this initiative and designate lead staff person by completing an enrollment form at <http://www.gnyha.org/Pages/gnyha-patient-movement-initiative-designated-hospital-leads>. *Hospitals are asked to complete this by March 1, 2016.*
2. Communicate which data elements the hospital has added to its inter-facility transfer form and patient face sheet by completing a brief survey that will be sent to participants. *Hospitals will be asked to complete this survey by September 1, 2016.*

Throughout spring 2016, GNYHA will host calls for designated hospitals leads of this initiative to support this work within member institutions. The purpose of the September survey mentioned above is to track overall uptake of this initiative.

## ADDITIONAL CLINICAL DOCUMENTATION

Depending upon the circumstances of the emergency patient evacuation, hospitals should consider sending additional clinical documentation with each patient. The Workgroup developed the list below, and it is ranked from highest to lowest priority. As part of the emergency plan development and review process, hospitals should consider if and how these documents could be produced. At the time of an emergency event requiring patient evacuation, Incident Command leadership would determine what documentation from this list should be produced for each patient as part of the preparation and staging process.



### ADDITIONAL CLINICAL DOCUMENTATION

- Medical Chart, including:
  - Most recent set of complete medical orders
  - Medication administration information
  - History and physical information
  - Operative/consultation reports
  - Most recent set of lab results
  - Radiology/EKG results
  - Blood and blood product transfusion records
- Doctor/RN transfer notes
- Advance Directives documentation

For questions about the Patient Movement Workgroup, this document, or the suggested internal process, please contact Jenna Mandel-Ricci ([jmandel-ricci@gnyha.org](mailto:jmandel-ricci@gnyha.org)).

# ADOPTING DATA ELEMENTS ON TRANSFER FORMS AND PATIENT FACE SHEETS

## INTERNAL PROCESS CHANGE WORKFLOW DOCUMENT

This document is to support institutions participating in this initiative with a recommended sequence of steps; it is not intended to dictate the activities or a particular outcome.

Institutional Champion:

Title:

*The Patient Movement Workgroup was established to develop templates and procedures to facilitate evacuation of patients during emergencies. While using common variables on inter-facility transfer forms and patient face sheets may result in a more coordinated response, this initiative is not intended to create a standard, but instead is offered for each member institution to consider. The Patient Movement Workgroup recognizes that each institution will interpret and apply the suggested data elements differently based on patient composition and internal processes. The Workgroup also recognizes that the circumstances of each emergency are distinct and may impede the ability of an institution to complete the forms or procedures that have been adopted.*

ACTIVITY	INVOLVED STAFF AND DEPARTMENTS	STATUS	COMPLETED Y/N
Affirm participation in initiative and designate institutional champion by completing form at: <a href="http://www.gnyha.org/Pages/gnyha-patient-movement-initiative-designated-hospital-leads">http://www.gnyha.org/Pages/gnyha-patient-movement-initiative-designated-hospital-leads</a> . Target date: March 1, 2016.			
Research and understand the internal processes required to gain approval for changes to forms within the institution, and procedures related to rollout and training.			
Compare institution's current inter-facility transfer form and patient face sheet with the accompanying list of suggested data elements. See Appendix below.			
In collaboration with key internal stakeholders (consider emergency managers, nursing leadership, transfer center staff, and EMS/transport leadership) and given the specific context of the facility, determine which elements should be added to inter-facility transfer form and patient face sheet.			

INTERNAL PROCESS CHANGE WORKFLOW DOCUMENT *CONT.*

ACTIVITY	INVOLVED STAFF AND DEPARTMENTS	STATUS	COMPLETED Y/N
Participate in calls GNYHA holds for designated hospitals leads for this initiative. Calls will take place in the spring of 2016 to support this work within member institutions.			
Work through the form revision process within the institution as determined by internal protocols and procedures.			
Via a survey provided by GNYHA, provide information about which data elements the institution added to its inter-facility transfer form and patient face sheet. <i>Target date: September 1, 2016.</i>			
Engage Health Information Technology staff within the institution to develop a complementary EMR transfer report that can automatically populate the required variables on the transfer form. Gain an understanding of the process and timeline for creating such an EMR report and provide support and input as needed.			
Once revisions to the paper form have been achieved, provide needed support to ensure that revised forms are appropriately rolled out and training occurs.			
Once the EMR transfer report has been built, ensure that it is appropriately tested and piloted. Encourage use of the EMR transfer report with routine inter-facility transfers.			
In collaboration with the group of internal stakeholders identified earlier, use complementary communication and training opportunities with key departments to underscore the rationale for and importance of these form changes and use of the complimentary EMR transfer report.			

## APPENDIX

Below are all items included on the Data Elements for Consideration for **INTER-FACILITY TRANSFER FORMS**. Check all the elements below that are already included on your facility's form.



### DEMOGRAPHIC INFORMATION

Name  
 Date of birth  
 Medical record number/New York State Department of Health (DOH) eFINDS Number  
 Height/weight/sex  
 Preferred language



### PATIENT INFORMATION

Mental status  
 Personal assistive devices transferred with patient (e.g., glasses or hearing aid)  
 Diet information  
 Presence of pressure ulcers  
 Seizure precautions  
 Drug research protocol



### TRANSPORT-RELATED INFORMATION

Patient mobility level (ambulatory, wheelchair, non-ambulatory)  
 If an ambulance is required, ALS or BLS  
 Bariatric  
 IV medication requirements during transport  
 ECMO or IABP (requires transport team)  
 Oxygen requirements (e.g., BiPAP, CPAP)  
 Ventilator settings  
 Settings/sizes of lifesaving equipment (e.g., trach)  
 Behavioral concerns/safety risks  
 Fall risk/restraints  
 Hospital bed number at sending and, if known, at receiving facility  
 Nurse or physician contact information at sending and receiving facility  
 Date and time of departure and arrival with signature lines



### CLINICAL INFORMATION

Primary diagnosis  
 Secondary diagnosis  
 Relevant comorbidities  
 Most recent vitals  
 Current medications, including pain management medications  
 Timing and dosage of medications  
 Allergies  
 Isolation status/presence of infectious disease  
 IV access  
 Advance Directives, including DNR and Healthcare Proxy  
 Transplant list status  
 Most recent progress notes



Below are all items included on the Data Elements for Consideration for **PATIENT FACE SHEETS**. Check all the elements below that are already included on your facility's form.



**PATIENT  
FACE SHEET**

- Name
- Medical record number/DOH eFINDS Number
- Social Security number
- Sex
- Date of birth
- Address
- Emergency contact information/next of kin
- Primary Care Physician name and phone number
- Parent/guardian information for minors
- Advance Directives, including DNR and Healthcare Proxy
- Insurance information
- Guarantor information
- Activities of Daily Living
- Room and bed number
- Primary diagnosis