GREATER NEW YORK HOSPITAL ASSOCIATION

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MEMBER LETTER

May   ML-52
Twenty-Six
2 0 1 6

TO: Chief Executive Officers

FROM: Kenneth E. Raske, President

RE: GNYHA Initiative to Improve Medical Record Access During Emergency Incidents Requiring Patient Evacuation

GNYHA is sharing the attached worksheet, *Improving Medical Record Access During Large-Scale Patient Evacuations*, to facilitate access to patient records during an emergency incident necessitating evacuation. GNYHA member hospitals are encouraged to use the worksheet in advance of the 2016 Atlantic Coastal Storm Season, which begins August 1, to:

- Better understand the methods your hospital can use to share patient medical records with other institutions
- Have planning conversations with hospitals to which your hospital is likely to send patients or receive patients from

The worksheet was developed through a 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 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 hope this initiative will contribute to the availability of patient medical records at a receiving institution post-evacuation. GNYHA is not advocating a particular method of sharing patient medical records. Instead, the goal is to help each institution better understand its current data sharing capabilities, identify the best strategies for sharing data with likely sending or receiving partner institutions, and take steps in advance of coastal storm season to facilitate data sharing if an emergency event occurs.

The attachment contains instructions for using the worksheet and target dates for various sections in advance of the August 1 start of the Atlantic Coastal Storm Season. All GNYHA member hospitals, particularly those in New York City, Long Island, and the Greater Hudson Valley, are encouraged to participate in this initiative. 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.

Attachment

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

IMPROVING MEDICAL RECORD ACCESS
DURING LARGE-SCALE PATIENT EVACUATION

PURPOSE OF THIS WORKSHEET

In advance of the 2016 Coastal Storm Season, emergency managers in collaboration with colleagues in hospitals across the New York City region are encouraged to complete this worksheet to:

- Better understand methods that a hospital could use to share patient medical records with other institutions
- Have planning conversations with other hospitals to which the hospital is likely to send patients, or from which it is likely to receive patients

By completing this worksheet it is hoped that hospitals can identify actions that could be taken before an event to increase the likelihood that critical medical information can be accessed by providers at a receiving facility during an emergency event.

HOW TO USE THIS WORKSHEET

In collaboration with health information technology (HIT) leadership, clinical leadership, and transfer center staff, the hospital ("home institution") should complete Part A below. *Target completion date: June 15, 2016.*

After completing Part A, each institution should choose up to three other hospitals to which the hospital is likely to send patients, or from which it is likely to receive patients. For hospitals that are part of a network, please consider choosing at least one in-network partner. For all hospitals, please consider choosing one hospital in close proximity to the institution, and another institution to which the hospital's most specialized patients would likely be sent.

After choosing these three hospitals, meet with emergency management, clinical leadership, and HIT counterparts at each of the identified institutions. The first part of the meeting should consist of presenting and discussing information outlined in Part A. Together each pair of institutions should then complete Parts B, C, and D to identify strategies that can be carried out in the next one to two months to increase access to patient medical records between institutions. *Target completion date: July 15, 2016.*

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.

PART A: HOME INSTITUTION: _____

EXISTING MEANS OF SHARING PATIENT DATA WITHIN HOME INSTITUTION

1a. What means of sharing patient information are used within the home institution (check all that apply)?

      Patient Care Summary
      Resident Handoff Report
      Inter-FacilityTransfer Form
      Physician Documentation
      Nursing Documentation
      Electronic Medical Administration Record
      Other EMR Reports (please describe): _____
      Other Means (please describe): _____

1b. Could any of the above means be used to provide a summary patient care document for other institutions that receive an emergency transfer from the home institution?

      Yes   No

      If yes, which documents (please list all possibilities)?

2. What non-electronic medical record–based strategies have been discussed to facilitate sharing patient information with another hospital during an evacuation scenario? Please check all that apply and complete the "other" area as needed.

      Send technology (e.g., iPad, laptop, thumb drive, etc.) with patient information
      Send staff who have remote access to sending facility EMR with emergency transfer patients
      Other: _____

ELECTRONIC MEDICAL RECORD (EMR) PLATFORMS

3.   Please complete the table below with information for each EMR Platform used in the home institution.

Current EMR Platforms Used in Home Institution	Does the EMR Platform have a remote access tool that another institution could use to view a transferred patient medical record? If yes, please provide the name of the tool.	Permissions available for remote access users?	Other acute care hospitals or other provider types that have access to records via this/these remote access tools?	Process to grant access to the EMR and associated remote access tools?	How quickly could access be granted in an emergency situation?
Inpatient EMR:		Read Only Read & Write			
Emergency Department EMR:		Read Only Read & Write			
Ambulatory EMR:		Read Only Read & Write			
Other Specialty EMR:		Read Only Read & Write			

4.   Does the home institution have plans to transition any of the above EMR platforms over the next 12 months?

Yes   No

If yes: EMR: _____   Platform: _____   Target Date: _____
EMR: _____   Platform: _____   Target Date: _____

RHIO/QUALIFIED ENTITIES

5. Name of the Regional Health Information Organization (RHIO) in which the home institution participates:

ELECTRONIC DATA SHARING

6. Please indicate the ways the home institution currently shares data electronically (check all that apply).

Mode	Data Shared via this Mode	Involved Departments/Personnel within Departments
Sends or receives information via Direct Messaging	Demographic information Lab results Patient Care Summary Imaging Progress Notes Other: _____	
Data uploaded to RHIO	Demographic information Lab results Patient Care Summary Imaging Progress Notes Other: _____	
Data retrieved from RHIO	Demographic information Lab results Patient Care Summary Imaging Progress Notes Other: _____	
Other mode–please describe briefly:	Please detail data shared via this mode:	

7. What group or entity within the home institution leads and oversees these data sharing arrangements?

8. Are the home institution's patient information sharing policies for in-network hospitals different than those for out-of-network hospitals?

    Yes   No   Not Applicable

    If yes, please explain:

PART B:

HOME INSTITUTION: _____

INSTITUTIONAL PARTNER #1: _____

Assumption regarding emergency event: Due to the circumstances surrounding the event, waivers would be granted by New York State Department of Health to the extent legally permitted regarding patient consent and sharing of protected health information.

1. If Home Institution **SENT** patients to Institution #1 **TODAY**, what information could the providers at the receiving institution access?

2. If Home Institution **RECEIVED** patients from Institution #1 **TODAY**, what information could the providers at the receiving institution access?

3. List two strategies that could be carried out relatively easily in the next one or two months to increase access in either direction. Please consider EMR-based strategies, as well as strategies that use existing means of sharing patient information (see Part A, Questions 1 and 2).

	Brief Description of Strategy	Implementation Steps
Sample Strategy	*Set up Direct Messaging mailbox at sending and receiving institution*	1. *Through Incident Management Team, decide what unit/group in the hospital will own the task of receiving, reviewing, routing, and sharing documents.* 2. *Set up mailboxes and understand file size constraints.* 3. *Share addresses with designated lead at other institution.* 4. *Develop internal protocol for collecting data on patients to be evacuated (sending facility).* 5. *Develop internal protocol for disseminating patient data once received (receiving facility).*

	Brief Description of Strategy	Implementation Steps
Strategy 1		
Strategy 2		

PART C:

HOME INSTITUTION: _____

INSTITUTIONAL PARTNER #2: _____

Assumption regarding emergency event: Due to the circumstances surrounding the event, waivers would be granted by New York State Department of Health to the extent legally permitted regarding patient consent and sharing of protected health information.

1. If Home Institution **SENT** patients to Institution #2 **TODAY**, what information could the providers at the receiving institution access?

2. If Home Institution **RECEIVED** patients from Institution #2 **TODAY**, what information could the providers at the receiving institution access?

3. List two strategies that could be carried out relatively easily in the next one or two months to increase access in either direction. Please consider EMR-based strategies, as well as strategies that use existing means of sharing patient information (see Part A, Questions 1 and 2).

	Brief Description of Strategy	Implementation Steps
Sample Strategy	*Set up Direct Messaging mailbox at sending and receiving institution*	1. *Through Incident Management Team, decide what unit/group in the hospital will own the task of receiving, reviewing, routing, and sharing documents.* 2. *Set up mailboxes and understand file size constraints.* 3. *Share addresses with designated lead at other institution.* 4. *Develop internal protocol for collecting data on patients to be evacuated (sending facility).* 5. *Develop internal protocol for disseminating patient data once received (receiving facility).*

	Brief Description of Strategy	Implementation Steps
Strategy 1		
Strategy 2		

PART D:

HOME INSTITUTION: _____

INSTITUTIONAL PARTNER #3: _____

Assumption regarding emergency event: Due to the circumstances surrounding the event, waivers would be granted by New York State Department of Health to the extent legally permitted regarding patient consent and sharing of protected health information.

1. If Home Institution **SENT** patients to Institution #3 **TODAY**, what information could the providers at the receiving institution access?

2. If Home Institution **RECEIVED** patients from Institution #3 **TODAY**, what information could the providers at the receiving institution access?

3. List two strategies that could be carried out relatively easily in the next one or two months to increase access in either direction. Please consider EMR-based strategies, as well as strategies that use existing means of sharing patient information (see Part A, Questions 1 and 2).

	Brief Description of Strategy	Implementation Steps
Sample Strategy	*Set up Direct Messaging mailbox at sending and receiving institution*	1. *Through Incident Management Team, decide what unit/group in the hospital will own the task of receiving, reviewing, routing, and sharing documents.* 2. *Set up mailboxes and understand file size constraints.* 3. *Share addresses with designated lead at other institution.* 4. *Develop internal protocol for collecting data on patients to be evacuated (sending facility).* 5. *Develop internal protocol for disseminating patient data once received (receiving facility).*

	Brief Description of Strategy	Implementation Steps
Strategy 1		
Strategy 2		