

RED RIVER RISING

Two States Coordinate
Medical Evacuation



NORTH DAKOTA
DEPARTMENT *of* HEALTH



Flood Predicted

- ▣ Record snowfalls and the existing saturated, frozen ground result in prediction for record flooding in Red River Valley and much of ND.



Photos courtesy of FEMA

Flood History

- ▣ 1897 Red River crested at 40.1 feet
- ▣ 1997 Red River crested at 39.5 feet
- ▣ 2009 crest predicted to be between 37 feet and 40 feet
- ▣ Flood stage is 19 feet



East Grand Forks, MN 1997
Photo courtesy of FEMA

Getting Ready

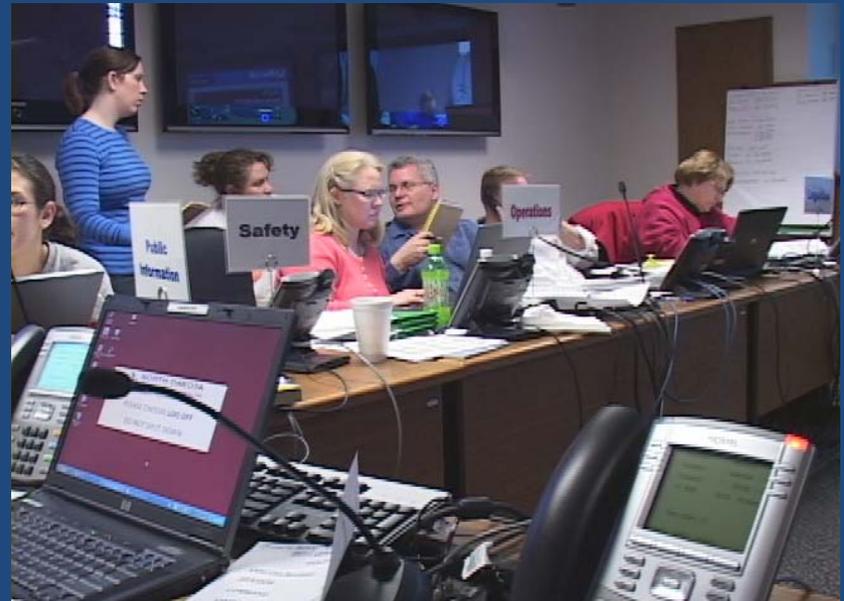
(February 24- March 21)

- ▣ Situational briefing for DOC staff
- ▣ Governor's disaster declaration March 13
- ▣ Review of evacuation plans
- ▣ Identify ambulances to respond
- ▣ Bed census data
- ▣ Supplies and communications trailer pre-deployed
- ▣ Volunteers notified



Here We Go

- ▣ ND DoH Department Operations Center activated March 23
- ▣ Bed census data collected from ND, MN and SD
- ▣ Daily videoconference or teleconference briefings with hospitals, public health, and long term care facilities



- ▣ Presidential disaster declaration March 24

Move 'Em Out

- ▣ March 26 the Red River is rising at a rapid rate with new crest predictions up to 43 feet.
- ▣ Evacuation of at risk populations in areas at risk begins.
 - Long Term Care Residents
 - Assisted Living and Independent Living Facilities
 - Intermediate Care Facilities for Mentally Retarded
 - Psychiatric Hospital (mandatory order)
 - VA Hospital
 - MeritCare Hospital
 - Triumph Hospital

Ambulances loading hospital patients during evacuation



Photo courtesy of CNN News

Add It Up

▣ Hospital Evacuations

- 263 patients
- From 4 hospitals
- To 37 receiving hospitals
- Located in ND, MN, and SD

▣ Long Term Care and Assisted Living Evacuations

- 1,431 residents
- From 11 facilities in ND and MN
- To 80 receiving facilities in ND, MN, SD, and IA

- ❖ Ambulances (2 MCI Buses) from ND, MN, SD, and Manitoba
- ❖ 2500 patients/residents/at-risk individuals evacuated in 30 hours
- ❖ MeritCare Hospital evacuated 182 acute care patients in 6 hours

VA Medical Center in Fargo, ND

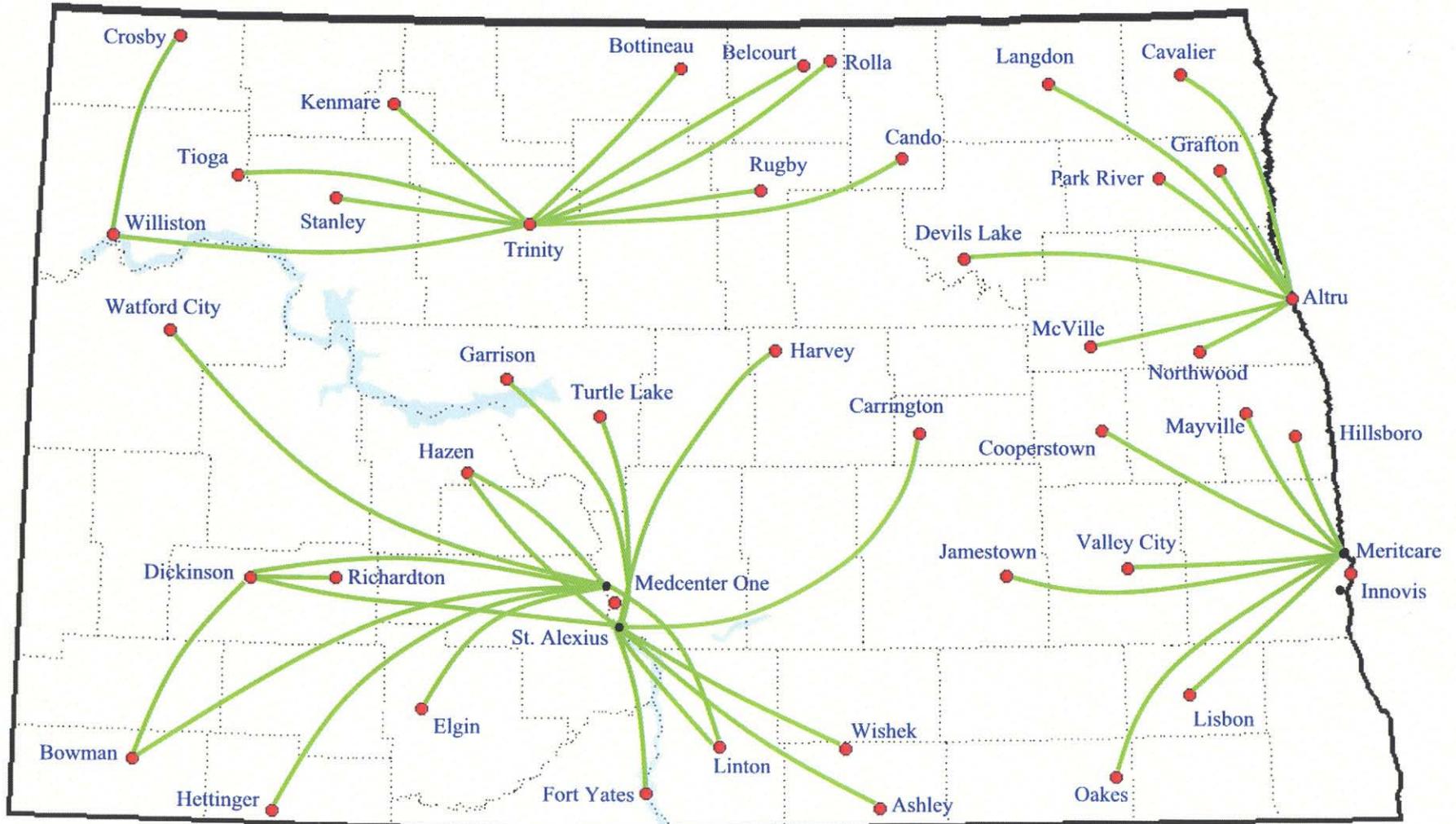


Photo courtesy of The Fargo Forum

North Dakota Program

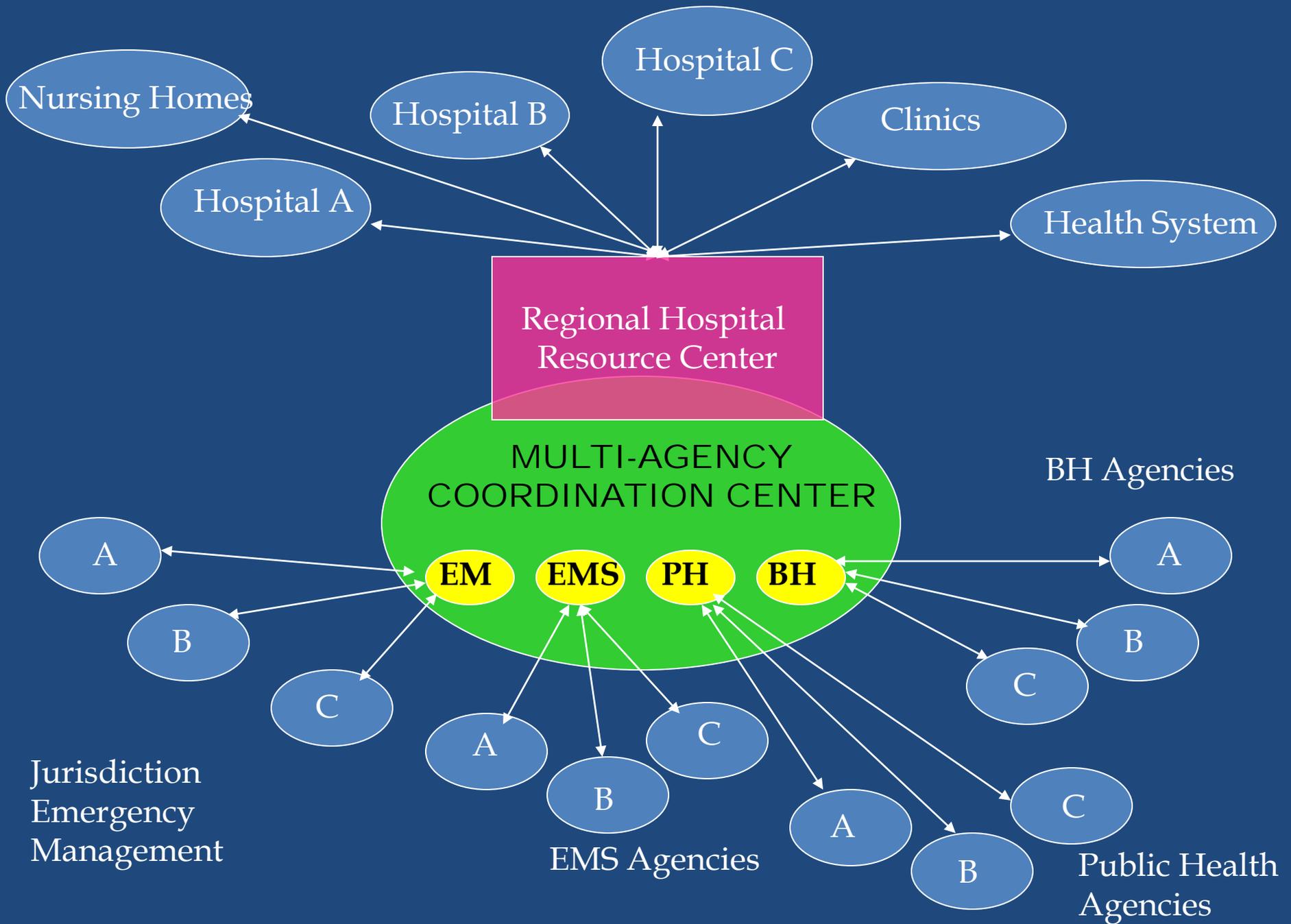
- ▣ Emergency Preparedness Section of Department of Health
- ▣ Public Health Regions
 - 8 Lead Units with an Emergency Preparedness and Response Coordinator
 - 28 Public Health Units
- ▣ Hospital Regions
 - 4 Hospital regions based on referral patterns
 - Elected representative to Executive Committee
- ▣ Contractual relationship with ND Long Term Care Association

North Dakota Hospitals – Primary Referral Relationships



Minnesota Program

- ▣ Office of Emergency Preparedness of Department of Health
- ▣ 87 Local County Public Health Departments
- ▣ Health Regions (public health and healthcare)
 - 8 Regions with Multi-Agency Coordination Center (five disciplines)
 - ▣ Healthcare
 - ▣ Public Health
 - ▣ EMS
 - ▣ Homeland Security
 - ▣ Behavioral Health
- ▣ Regional Healthcare System Preparedness Program is built on a Tiered Response System and includes hospitals, clinics, LTC, EMS, LHD, BH, Homeland Security and other partners, regionally determined.



Evaluation of Evacuation and Patient Tracking

- ▣ HA_vBED system was not available for state use. Definitions lack a necessary level of detail.
- ▣ Utilizing ICS and NIMS resulted in a successful, rapid evacuation.
- ▣ Systematic coordination of patient tracking essential for
 - Patient safety and family cooperation
 - Centers for Medicare and Medicaid Services waiver and payment issues
 - Ease of repatriation

Evaluation of Evacuation and Patient Tracking

- ▣ HAvBED permissions did not extend to North Dakota.
- ▣ HAvBED definitions do not include SNF and ALF.
- ▣ HAvBED chat room worked effectively during height of response, but lacked dedicated staffing in the DOC.
- ▣ Patient Tracking module lacked SNF and ALF, and dispositions across state lines.
- ▣ Tiered Response System worked well to manage evacuation of hospital evacuees.
- ▣ Information about planned midnight hospital evacuation not known until after MN DOC closed.
 - Evacuation Plan included referral-based protocols, inconsistent with MN Tiered Response System.
 - Extra staff called in to facilitate evacuation.
 - 10 PM Conference Call with Regional Healthcare Coordinators to determine relocations.

Arrival at Medical Shelter –Fargo to Bismarck compliments of Delta Airlines.



Photo courtesy of The Bismarck Tribune

Evaluation of Sheltering People with Medical Needs

- ▣ Community planning must include provision of medical shelters.
- ▣ Facilities should pre-identify level of shelter needs for at-risk populations in their care and engage in community planning.
 - Long Term Care Facilities
 - Assisted Living Facilities
 - Independent Living Facilities
 - Group Homes
 - Home Health Agencies

Evaluation of Sheltering People with Medical Needs

- ▣ Alternate Care Site set up in shuttered hospital and initially staffed with Hospital Response Team, MRC worked extremely well.
- ▣ Staffing at other LTC sites were supported by MRCs from 3 regions with Behavioral Strike Teams on standby.
- ▣ Resident information included bariatric, memory care, oxygen, ventilator and tracheotomy care needs.
- ▣ SNF / LTC response for beds statewide was great and all evacuated residents went to LTC facilities.
- ▣ Good partnerships with LTC Trade Associations.



Photo courtesy of The Bismarck Tribune

Evaluation of Sheltering People with Medical Needs (continued)

- ❑ Second crest planning – preplanned notification flow and bed placement reservations.
- ❑ Mobile Medical Unit deployed to provide emergency care for responders and residents in case bridge closures were necessary, but was perceived as competition.
- ❑ Emergency Operations Plans for LTC need to be enhanced.
- ❑ Internal use of MACs needed.
- ❑ Transportation arrangements need to be pre-identified.



Photo courtesy of The Bismarck Tribune

The Medical Shelter at the University of Mary in Bismarck, North Dakota



Photo Courtesy of Sherry Adams, SWDPHU

Evaluation of Communications

- ▣ ND wide area network provided for daily health and medical briefing.
- ▣ Cross border coordination and sharing of assets is invaluable when disaster strikes.
- ▣ Schedule regular state to state communications with medical branch leaders.
- ▣ Formalize state to state communications in written protocols.



NDDoH Health and Medical Briefing via videoconference in progress

Evaluation of Communications

- ▣ Understand border states' protocols for evacuations or other response activities that may differ from state to state.
- ▣ Train all response disciplines on the Tiered Response System and Multi-Agency Coordination.
- ▣ Need improved method for LTC communications.

ND Department of Health Operations Center Liaison



Interesting Sidebars

- ▣ Long Term Acute Care Hospitals
- ▣ Return of Residents / Patients
- ▣ Patient / Resident Rights



Photos courtesy of FEMA and The Fargo Forum