Transfer and Tracking of Patients to Alternate Care Sites: Process for Requesting Patient Transfers and Use of the Health Commerce System eFINDS application to Track these Patients

Overview:
This document describes the steps hospitals should follow (1) to request a transfer of patients(s) to an alternate care site (ACS) currently available and (2) to assure that transferring patients are accurately tracked.

Approvals for a given patient to be transferred to an ACS will be based on a review of admission inclusion and exclusion criteria for that site, as well as the availability of staffed beds. These admission criteria will change as the level of care that is provided at each ACS evolves. The most current admission criteria for each ACS location will be posted on the NYSDOH Health Commerce System (HCS). Admission criteria for the ACSs as of the date of this guidance are included in Appendix D of this guidance.

Once a patient transfer is approved, hospitals and the alternate care site will utilize the New York State Department of Health (NYSDOH) “Evacuation of Facilities in Disaster Situations” (eFINDS) patient tracking application on the HCS (https://commerce.health.state.ny.us) to track patients as they are transferred between care locations.

ACS currently available:

1. NYC Jacob Javits Center
2. USNS Comfort

Hospitals should begin reviewing the admission criteria in Appendix D to identify patients for potential transfer later this week.

Requesting Patient Transfers to ACSs:
Hospitals wishing to transfer patients to an ASC will call the Healthcare Evacuation Call Center (HECC) at 212-542-1700 to make that request. Calls must be made by a practitioner who can discuss the patients clinical condition with the ACS intake staff if it is determined that a clinical consultation is needed in order to admit the patient.
Calls for requesting patient transfers to the ACSs will be accepted on a 24-hour, 7 day a week basis. Patient transfer and admissions will be accepted for the Javits Center from 7am to 5pm and for the USNS Comfort, 8am to 4 pm. Actual transfers will be arranged to occur during these patient admission windows. Information about any additional ACS, including admission criteria and transfer and admission hours, will be posted at (https://commerce.health.state.ny.us)

**IMPORTANT:** Patients approved to be transferred to an ACS should be ready to transfer as when the call is made.

Prior to calling the HECC, hospitals should review the admission criteria outlined for the ACS and match their patients to those criteria. Meeting the admission criteria and bed availability are the factors used to determine if a patient can be accepted as a transfer to the ACS. The most up to date admission criteria will be posted on the HCS at the following link, https://commerce.health.state.ny.us/hpn/ctrdocs/alrtview/postings/criteriapatienttransfer.pdf along with checklists that the admitting hospital must complete before calling the HECC. This will ensure all the required information is available to process the admission.

- Admission criteria for the ACSs as of the date of this guidance are included in Appendix D of this guidance, however the most up to date admission criteria will be posted on the HCS.

The following items must accompany all transferring patients to the ACS, or they will not be admitted to the ACS and will be returned to their sending facility:

- Face sheet and transfer discharge summary
- At least a 5 days’ worth supply of the patient’s required medication(s) and detailed instructions.

During the request for transfer call, hospital staff, e.g., hospital/network transfer centers, **must** be ready to provide **all** of the following pieces of information for each patient they wish to transfer to the ACS:

- Indicate the reason for your call
- Name of sending hospital
- Hospital point of contact (POC) for patient transfers information: name, phone, email
- Contact information for patient’s physician, clinical questions (if a consult is needed to determine if suitable for patient to receive care at the ACS)
- Patient information: name, date of birth; gender, weight
- Patient current location in the hospital
- Patient status on each of the ACS-specific, admission criteria
- Provide a window of time when patients who are approved for transfer will be ready to be transferred.
- Patient discharge diagnosis
• Provide the eFINDS barcode number assigned to each patient **who has been accepted for transfer**.
  o **It is essential** that eFINDS barcode numbers/wristbands are available for reference when hospital point of contact (POC)/transfer center staff are speaking to the Healthcare Evacuation Coordination Center (HECC) regarding patient transfers. The barcode number you assign to each patient will act as a patient identifier during the transfer process.
  Important: Make sure you **do not use** eFINDS wristbands that you use for training exercises, marked as such, for this barcode assignment.

**Transfer Process:**
Initial transfers of patients to ACSs will be a scheduled process. EMS Dispatch will communicate with the hospital transfer center to let them know approximately when they will be arriving at the hospital to transport the patients. This time will be based on the timeframe the hospital transfer center/POC told the HECC their patients would be ready for transport.

Upon arrival at your hospital, the ambulance crew will locate and prepare the patient for transport, including verifying the eFINDS number, and accepting the hard copies of the clinical paperwork. The ambulance crew will then transport the patient who will be checked in at the ACS, using the eFINDS system.

If it is determined that a patient requires a higher level of care than is available at this ACS the patient will be transported back to the originating hospital. It is critical that hospitals adhere to the clinical inclusion/exclusion criteria to avoid a patient being sent back to their originating hospital.
Appendix A:  
**eFINDS Patient Tracking: Necessary Hospital Preparations:** eFINDS tracking is a critical part of the overall transfer process. Hospitals should be ready to use the eFINDS application, by assuring the following:

- Hospital staff are available on all shifts who are trained in use of eFINDS and properly assigned to the eFINDS Data Administrator (preferable), or to the eFINDS Data Reporter role in the HCS Communications Directory.
- These staff must have their own, HCS accounts (user IDs and passwords) that are not disabled or expired.
- eFINDS wristbands and scanners are available.
- If you need eFINDS supplies, please see attached “Need eFINDS Supplies?” and “eFINDS Supplies” documents for assistance with supplies.

Refresher training on eFINDS for hospitals will be provided and available in two ways:

- Live webinars (approximately 30 minutes in length) are available. The schedule and webinar information for these training sessions is attached in Appendix E.
- Recorded training webinars on the HCS
- “eFINDS Quick Reference Card,” Appendix F, for a quick view of eFINDS functions
- Other very short videos:
  - Video 1: Register and Print Barcode Log (5 min)  
    https://meetny.webex.com/meetny/ldr.php?RCID=e812baa73a0341b085f2508999639fd6
  - Video 2: How to Order Supplies and Print PDF Log (4 min)  
    https://meetny.webex.com/meetny/lsr.php?RCID=ecd6de728ba444c18692581c2c970162

**Important eFINDS Data Entry Steps:** The following is the workflow for use of eFINDS to track patients. At all times during this process, hospital staff must be careful to assure that the barcode number on the wristband they are scanning and applying to the patient matches the barcode number assigned to the patient during the Patient Transfer Request process.

1. Each transferring patient must be registered in the eFINDS system by scanning or entering the barcode on the wristband and enter the patient’s data to create the eFINDS record.
2. Prior to transfer, the patient status in eFINDS must be changed to “evacuate”. Steps 2 and 3 can be done at same time. NOTE: If due to a change of patient status the patient can no longer be transferred, the hospital should “cancel the evacuation” in eFINDS.
3. Prior to transfer the eFINDS wristband should be applied to the patient.
4. When the patient arrives at the NYC Jacob Javits Center, the medic staff there will scan the patient’s barcode immediately and the patient’s status will be updated to “Received” at the ACS in eFINDS.
5. As noted above, based on the patient’s changed disposition, the NYSDOH eFINDS team at the ACS will be responsible to update the patient’s location status in eFINDS:
   a. If patient is being returned to their sending hospital, the patient’s status will be changed to show that they are being repatriated. In this situation, once the patient arrives back at their sending hospital, the hospital staff must change patient status to “repatriated”.
   b. If the patient is being sent to a different ACS (as available), their eFINDS status will be updated to reflect that move. When the patient arrives at the new ACS, the eFINDS team there will “receive” the patient in eFINDS so that they are tracked to that location.
   c. If the patient is moved to a hospital or other level of care, that facility will receive them in the eFINDS system.
   d. If the patient is fully discharged, their status will be changed to “Home”.

Specific Details Pertaining to the Use of eFINDS for Transfers to ACS Locations: When staff open the eFINDS application on the Health Commerce System (HCS) as a reminder, there are two large buttons, see screen image. To enter data for the transfer of patients for this event or “operation,” as an event is called in eFINDS, you must click on the “Evacuate” button which is the button in eFINDS that is used for actual events and emergency situations, and not for training.

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Welcome to NYS eFINDS Home
Please click the link to match your use of eFINDS at this time

Evacuate
Practice Only
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eFINDS is set up for the operation to be used when entering all of your transferring patients into eFINDS. The name of the operation to use is, “2020-03-29 COVID-19 PANDEMIC - PATIENT TRANSFERS TO ALTERNATIVE SURGE SITES NY ALTERNATIVE CARE SURGE SITES”. When you enter data for any of your transferring patients, you must select the operation name above, in the dropdown list of operations so that all your patients will be associated with this event. This is shown on the patient data entry screen below.
Although the ACS are not NYS-licensed hospitals, they have been added to, and will remain as such, in eFINDS for the duration of our response to the COVID-19 outbreak. Therefore, ACS will appear in the drop-down list of hospitals to select as the “Intended Location” for your transferring patients.
Appendix B: eFINDS Supplies

- Evacuation Wristbands (quantity based on licensed beds)
- Scanner
- Barcode Assignment Scannable Log (PDF)

To Request “Real” Evacuation Supplies

User must be in the user in the eFINDS Reporting Administrator
To verify role assignment: User Clicks My Content > See what roles I hold.

To request supplies, eFINDS Reporting Admin will follow these steps:

1. Open eFINDS
2. Click Evacuation
3. Select Location (if necessary)
4. Click Supply Requests tab on eFINDS main menu
5. Choose Create a New Supply Request
6. Fill in the form *
7. Click Submit New Supply Request.

You will receive email notifications regarding the status of your request.

To print Barcodes on a PDF Scannable Log, you need the eFINDS Reporting Admin. role:

1. Open eFINDS
2. Click Evacuation
3. Select Location (if necessary)
4. Click Manage Barcodes > Generate Barcodes
5. Verify your facility type and facility name
6. Skip Start and End number to print all available barcodes
7. Select Barcode Assignment: Scannable Log (PDF)
8. Check Exclude used barcodes from list box
9. Click Download Document
10. Save and print.

TIP: The eFINDS mobile app can also be downloaded to a smart phone or tablet to scan barcodes. eFINDS Mobile is available for Android and iOS devices on both Google Play and the App Store.

If you have questions, send email to: informatics@health.ny.gov
Appendix C: Need Supplies for eFINDS Training?

For Training the user in the eFINDS Reporting Administrator role can provision/generate additional barcodes for training. To do so the eFINDS Admin. at your facility will follow these steps:

1. Open eFINDS
2. Click Practice Only
3. Select Location (if necessary)
4. Click Manage Barcodes > Generate Barcodes
5. Verify your facility type and facility name
6. View # of existing barcodes for this location
7. Enter quantity needed and click Generate Barcodes.

Generally speaking, eFINDS Training wristbands are not printed or shipped, as the facility can utilize the PDF logs for training and exercises.

*Each facility was provided with one scanner during the initial roll-out of eFINDS and facilities are responsible for purchasing additional or replacement scanners.
Appendix D:

Admission Criteria to NYC Jacob Javits Center as of 1 April 2020 (these criteria will evolve):

- Patient able to do activities of daily living with minimal to moderate assistance
- Patient can ambulate with minimal to moderate assistance
- Adult patients only (no one <15 y/o)
- Mentally stable, e.g., not suicidal, not homicidal, not psychotic, no severe behavioral disturbance. May consider patients with dementia who are not a fall or elopement risk
- Vitals no more frequent than every 4 hours
- Nursing checks no more frequent than every 4 hours
- Neuro checks no more frequent than every 4 hours
- Glucose checks no more frequent than every 4 hours
- If surgical patient, must be post-operative day 2, or later
- Must take food orally (or if chronic tube feeds, would need to bring supplies and formula)

Exclusion criteria (alternate care site cannot support at this time):

- COVID PUI or COVID positive
- One on one nursing
- Droplet / airborne / contact precautions
- Nebulizers
- Chest tube
- Central line
- Arterial line
- Continuous IV
- IV narcotics
- Dialysis
- Telemetry
- Continuous pulse oximetry
- Chest pain / rule out MI
- Acute heart failure
- Acute stroke
- Acute need for positive airway pressure
- Acute substance abuse/chronic methadone or substance use
- Interventional procedure
- Stage 4 wound
- Occupational Therapy or Speech and Language Pathology
- Pregnancy complications requiring hospitalization
- Pregnancy in 2nd or 3rd trimester
- Neutropenia
Admission Criteria to **USNS COMFORT** as of 1 April 2020 (these criteria will evolve):

- Atrial fibrillation (new onset)
- Basic telemetry care not in exclusion criteria
- Congestive heart failure exacerbation
- Mild/moderate aortic stenosis
- Post cardiac catheterization care
- Temporary pacer care (cannot perform placement)
- Type 2 non-ST elevation myocardial infarction (type 2 NSTEMI)
- Empyema decortication
- Pericardial window
- Persistent pneumothorax
- Adrenal insufficiency/crisis
- Diabetes mellitus (type 1 or 2)
- Diabetic Ketoacidosis (DKA)
- Hyperglycemia
- Hyperglycemic hyperosmolar syndrome (HHS)
- Hyperthyroidism
- Hypoglycemia
- Hypothyroidism
- Myxedema coma
- Thyroid Storm
- Airway foreign body
- Deep neck infections
- Oral cancer - case by case, require discussion with Comfort ENT
- Tracheostomy
- Acute pancreatitis (non-biliary/no biliary stones)
- Acute cholecystectomy
- Anorectal abscess
- Appendicitis - situation dependent, limited by transport time and patient acuity
- Bowel Obstruction - situation dependent, limited by transport time and patient acuity
- Perforated viscus
- Ovarian torsion
- Pelvic inflammatory disease (PID)
- Tubal-ovarian abscess (TOA)
- Deep venous thrombosis (DVT)
- Low risk pulmonary embolism (PE) - hemodynamically stable, not requiring thrombolytics
- Cellulitis not requiring surgery
- Community acquired pneumonia (CAP) - case by case, requires negative Covid-19 testing Pyelonephritis
- Urinary tract infection/cystitis
- Acute kidney injury (AKI) without glomerulonephritis (GN)
- End-stage renal disease (ESRD) at Nephro discretion
• Hemodialysis - very limited capacity, requires Nephrology approval
• Meningitis - case specific, depends on etiology
• Migraine exacerbation/status migrainosus
• Multiple sclerosis (MS) exacerbation - imaging completed
• Recent stroke - imaging completed, already on treatment, awaiting disposition
• Seizures - must have already completed imaging and electroencephalogram (EEG)
• Anterior or posterior cervical fixation
• Acute increased intraocular pressure (IOP)
• Ruptured globe without enucleation
• Head/facial trauma
• Head/neck infection
• Abscess drainage/I&D
• Compartment syndrome
• Joint dislocations
• Open fracture
• Alcohol detoxification
• Delirium tremens (DT’s)
• Overdose
• Rhabdomyolysis
• Hand/finger trauma
• Pedicle flaps for wound coverage
• Soft tissue trauma
• Asthma - requires negative Covid-19 testing
• Chronic intubated, ventilator-requiring patients where acute problem is either
  resolved or covered elsewhere on this list
• Chronic obstructive pulmonary disease (COPD) Exacerbation - requires negative
  Covid-19 testing
• Patients with tracheostomy
• Bleeding bladder
• Fournier's gangrene
• Scrotal abscess - situation dependent, limited by transport time and patient acuity
• Septic obstructive stone
• Testicular cancer
• Testicular torsion - situation dependent, limited by transport time and patient acuity
• Damage control vascular procedures (amputations, diabetic feet)
• Weg gangrene

Exclusion criteria (alternate care site cannot support at this time)

• COVID PUI or COVID positive (for admission to USNS Comfort, patients must have a
  documentation of a negative COVID-19 test within 72 hours prior to admission
• Any patient requiring heart catheterization
• Congestive heart failure (CHF) with ejection fraction (EF) <35%; no automatic
  implantable cardiac defibrillator (AICD)
• Severe aortic stenosis
• ST-elevation myocardial infarction (STEMI)
- Type 1 non-ST-elevation myocardial infarction (type 1 NSTEMI)
- Unstable Angina
- Aortic aneurysm (includes ascending or descending thoracic as well as abdominal)
- Aortic dissection
- Pituitary apoplexy
- Active gastrointestinal bleed
- Acute gastroenteritis/diarrhea
- Acute liver failure
- Choledocholithiasis/cholangitis
- Cirrhosis
- Inflammatory bowel disease
- Non-emergent/elective surgery
- Immune thrombocytopenia purpura (ITP)
- Massive pulmonary embolism (PE)
- Patients requiring plasma exchange or plasmapheresis
- Severe anemia/hemorrhage/massive transfusion
- Thrombotic thrombocytopenia purpura (TTP)
- Any immunosuppressed patients (transplant recipients, AIDS, neutropenia, active chemotherapy patients, patients receiving immunosuppressive therapy)
- Bacteremia without cardiac imaging
- Clostridium difficile gastroenteritis (C-diff)
- Endocarditis
- Methicillin resistant Staphylococcus aureus (MRSA)
- Vancomycin resistant enterococcus (VRE)
- Glomerulonephritis
- Peritoneal dialysis
- Acute spinal cord injury
- Acute stroke (ischemic, hemorrhagic)
- Anything requiring electroencephalogram (EEG)
- Anything requiring magnetic resonance imaging (MRI)
- Cauda equina syndrome
- Frequent non-convulsive seizure
- New neuromuscular disease requiring electromyelogram (EMG)
- New-onset seizure without imaging and electroencephalogram (EEG)
- Status epilepticus
- All neurosurgical procedures
- Cervical fracture
- Craniotomy
- Intracranial hemorrhage
- Ventricular drains
- Known pregnancy
- Foreign body
- Ruptured globe with enucleation
- Any patient requiring trans-esophageal echocardiogram (embolic stroke, endocarditis
- Syncope (unexplained fainting)
- NO TPN
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<th>Appendix E: eFINDS for Hospital Movement of Patients (1/2 hr sessions)</th>
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