

**National Disaster Medical System (NDMS)
Nashville Federal Coordinating Center (FCC)
Nashville, Tennessee**

Patient Reception Operations Plan



January 16, 2015

**National Disaster Medical System
Nashville Federal Coordinating Center (FCC)**

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Patient Reception Plan

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**National Disaster Medical System
Nashville Federal Coordinating Center (FCC)**

Patient Reception Plan

Executive Summary

The NDMS was established (March 1983) by the President as a partnership between the Department of Health and Human Services (HHS), Department of Defense (DoD), Department of Veterans Affairs (VA), Federal Emergency Management Agency (FEMA), State and local governments, and the private sector. The purpose was to create a nationwide medical response system that could supplement state and local medical resources during emergencies/disasters, and to provide backup medical support to the military/VA medical care systems during an overseas conflict.

This plan provides a comprehensive guide for NDMS activations. It outlines the organizational and operational coordination of the Nashville and/or Smyrna/Smyrna Federal Coordinating Center (FCC), Nashville and/or Smyrna/Smyrna Metro Emergency Management Agency (OEM), and NDMS hospitals in the event of an NDMS activation. This plan utilizes the principles of the Incident Management System to orchestrate the structure and mechanics for joint casualty reception operations.

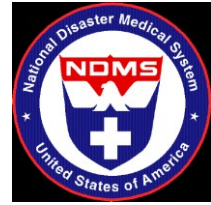
Questions and/or comments pertaining to this plan may be directed to the Nashville and/or Smyrna FCC, NDMS Coordinator/Area Emergency Manager, VA Office of Emergency Management.

/s/

Juan A. Morales, RN, MSN
Health System Director
TVHS



**NATIONAL DISASTER MEDICAL SYSTEM
Nashville Federal Coordinating Center (FCC)
Patient Reception Plan**



**Federal Coordinating Center
Nashville and/or Smyrna, TN**

The National Disaster Medical System (NDMS) is an asset sharing partnership among the Department of Homeland Security's (DHS) Federal Emergency Management Agency (FEMA), Department of Defense (DOD), the Department of Veterans Affairs (VA), and the Department of Health and Human Services (HHS) working with State and local governments, and the private sector. It is chartered in a Memorandum of Agreement (MOA) among these agencies.

One portion of NDMS operations is to provide a nationwide network of voluntary, pre-identified, non-Federal acute care hospitals and facilities capable of providing definitive care for the victims of domestic disaster or military contingency that exceeds the medical care capabilities of the affected local, state, or Federal medical system.

The following plan is for all National Disaster Medical System (NDMS) Patient Reception Activity (PRA) operations in the metropolitan Nashville and/or Smyrna, Tennessee area.

I. MISSION

- A. To receive, triage, stage, track and transport inpatients that exceed the capabilities of local, state, or federal medical systems due to military conflict, natural disaster, or other mass casualty events (with the exception of nuclear war).
- B. To provide a means of evacuating patients that cannot be cared for in affected areas, including military casualties evacuated to the United States
- C. To maintain a national emergency network of participating NDMS hospitals.

II. SITUATIONS AND ASSUMPTIONS

- A. The federal government has established the NDMS to treat large numbers of inpatients that exceed the capabilities of local, state, or federal medical systems due to military conflict, natural disaster, or other mass casualty events (with the exception of nuclear war).
- B. A disaster occurring outside of Nashville and/or Smyrna may result with inpatients being transported to this area by means of the NDMS, while a local disaster may require transporting patients elsewhere through the system.

- C. The NDMS is intended to supplement (rather than replace) local and state response to disasters.
- D. TVHS serves as the Federal Coordinating Center (FCC) and is responsible for all NDMS planning and operations in Nashville and/or Smyrna.
- E. In addition to TVHS, several hospitals in Nashville and/or Smyrna have signed memoranda of agreement with TVHS and participate in the NDMS (see Appendix 2: NDMS Hospitals in Nashville and/or Smyrna).
- F. NDMS patients being sent to and from Nashville and/or Smyrna will normally be transported by air through the Tennessee Air National Guard Base located at the Nashville and/or Smyrna International Airport in Nashville and/or Smyrna.
- G. Nashville and/or Smyrna can receive and transport a maximum of one hundred (100) patients in need of definitive medical care utilizing NDMS in a 24-hour period.
- H. NDMS patients will arrive in Nashville and/or Smyrna in stable medical condition, or will be given advance notice of any patients in need of critical care.
- I. Patients will be triaged using the Simple Triage and Rapid Treatment (START) standard. The SMART triage tags will be utilized to re-triage NDMS patients
- J. TVHS will be responsible for tracking the location of patients transported to Nashville and/or Smyrna hospitals as part of an NDMS event.

III. DIRECTION AND CONTROL

- A. **Incident Command System:** All NDMS operations will be conducted using the incident command system (ICS).
- B. **Veterans Affairs VISN 9 Director:** The Director of the Department of Veterans Affairs (VA), Veterans Integrated Service Network 9 (VISN 9) (Mid-South Health Care System) has overall responsibility for managing NDMS operations in VISN 9, including Management, activation, and operations.
- C. **U.S. Department of Defense, Theater Patient Medical Regulating Center-Americas (DoD TPMRC-A):** The TPMRC-A will direct patients to Nashville and/or Smyrna through the NDMS.

- D. **TVHS Director:** The Director (or designee) is responsible for managing TVHS in its role as Federal Coordinating Center (FCC) for all NDMS operations in Nashville and/or Smyrna. This includes patient administration, reception, triage, transportation, communications, manpower, and other functions as identified in this plan. The Director designates the VHA Area Emergency Manager (AEM) to coordinate/manage the overall operations on his/her behalf. The Director also manages all TVHS personnel and resources per TVHS Emergency Operations Plan (EOP).
- E. **FCC Program Coordinator:** The AEM serves as the FCC Program Coordinator, whose responsibilities include conducting NDMS management activities and managing operations on behalf of TVHS Director.
- F. **Hospital CEO:** The Chief Executive Officer (CEO) (or designee) of each hospital that has signed memoranda of agreement with the FCC Nashville and/or Smyrna to participate in the NDMS will direct all personnel and resources for his/her facility per each hospital's emergency operations plan (See Appendix 2: NDMS Hospitals in Nashville and/or Smyrna).
- G. **Governor:** The Governor of Tennessee has overall control of all emergency operations and resources within state government per the Tennessee Emergency Operations Plan (EOP). This includes requesting that the President (or designee) activate the NDMS to respond to mass casualty incidents within the state. The Governor normally designates the Tennessee Emergency Management Director to carry out these functions.
- H. **Tennessee Emergency Management Director:** The Director (or designee) will direct all personnel and resources for the Tennessee Division of Emergency Management (TNEM) and manage emergency operations on behalf of the Governor per the Tennessee EOP. This includes directing the state and regional EOCs.
- I. **County Emergency Management Director:** The EM Director (or designee) of each county will direct all personnel and resources for his/her emergency management agency (EMA) and manage emergency operations on behalf of the Mayor of per each local EOP. This includes directing the local EOC.
- J. **County Coroner/Medical Examiner:** The coroner or medical examiner in each county has jurisdiction over NDMS patients who become deceased while being treated in the county.
- K. **Health and Human Services (HHS)Service Access Teams (SATS):** Will coordinate with the appropriate local or State authorities and NDMS hospitals and patients to provide the following services: facilitate communication between medical providers, case managers, and coordinators for evacuees that need medical and social services from State and Federal agencies, as

needed; arranging transportation for evacuees who require assistance returning home or transferring to resettlement facilities; ensuring that human services (i.e., language translation, food, transportation, medical care and supplies) are provided during transportation of evacuees. If a federally evacuated ESF #8/HSS patient dies during the response operation, the SAT will coordinate with the local and State medical examiner's office and the patient's family for the disposition of remains.

- L. **Emergency Medical Response Team (EMRT):** In the event that patients are sent to Nashville and/or Smyrna through the NDMS, TVHS Director (or designee) will serve as incident commander at the PRA to direct the EMRT and appoint a TVHS emergency department physician as team leader. The team will, in coordination with the AEM, manage the patient reception area (PRA), coordinate with the county EOC where the PRA is located, receive patients, conduct triage, coordinate transportation, and perform other functions as necessary (See Appendix 9: NDMS Patient Reception Team).

IV. CONCEPT OF OPERATIONS

A. NDMS Management

1. Nashville and/or Smyrna FCC: The AEM is responsible for the overall management of the NDMS program on behalf of the FCC Director. These duties include:
 - a. Readiness: Assist TVHS personnel in maintaining operational readiness of TVHS as the FCC.
 - b. Coordination: Assist in maintaining partnerships among NDMS stakeholders, including all acute care hospitals and authorized providers, local emergency management agencies, first response agencies, and other organizations.
 - c. Management: Assist TVHS in maintaining this plan and NDMS-related plans and procedures. Assist in providing periodic training to NDMS stakeholders on plans and procedures, including drills and exercises as necessary.
2. Hospitals: Hospitals participating in the NDMS are expected to designate personnel as primary and secondary points of contact and participate in NDMS management activities as available.

B. NDMS Activations (See Appendix 3: Operations for Incoming Patients)

1. Conditions of Activation: The following events may result in NDMS activation by the federal government:
 - a. Mass Military Casualties: The NDMS may be activated in the event of mass military casualties due to war or similar situation (VA/DoD Contingency).
 - b. Mass Civilian Casualties outside Nashville and/or Smyrna: The NDMS may be activated in the event of disaster anywhere in the United States resulting in mass civilian casualties.
 - c. Mass Civilian Casualties inside Nashville and/or Smyrna: The NDMS may be activated in the event of disaster in or around Nashville and/or Smyrna and resulting in movement of mass civilian casualties.
2. Requests for Activation:
 - a. Local Requests: If the number of patients exceeds local medical emergency capabilities, the County Executive/Mayor may request that the Governor (or designee) assist the jurisdiction with treating civilian casualties per each local EOP. This can include requesting NDMS activation as well as the deployment of federal Disaster Medical Assistance Teams (DMATs) to assist with victim stabilization and evacuation.
 - b. State Requests: If the number of patients exceeds both local and state capabilities, the Governor (or designee) may request that the President assist the state with treating civilian casualties, including activating the NDMS and deploying DMATS. The President (and designees) has the authority to activate the NDMS. (Refer to the Tennessee EOP, Appendix M-1: National Disaster Medical System, or the Tennessee ESF – 08, Public Health and Medical Services annex).

C. Local and State NDMS Operations (See Appendix 3: NDMS Operations for Incoming Patients)

1. TVHS: Upon being notified that the federal government has alerted or activated the NDMS, TVHS will perform the following functions.
 - a. Federal Coordinating Center: TVHS will assume the role of the FCC for all NDMS operations in Nashville and/or Smyrna (See Appendix 4: Interagency Coordination Chart). The AEM serves as FCC Program Coordinator and manages NDMS operations on behalf of TVHS Director as detailed in this plan.

- b. Plans and Procedures: TVHS is responsible for implementing this plan, TVHS's EOP, and other tasks as assigned by the VISN 9 Director and/or VHA Headquarters.
 - c. Alert and Notification: Mutual Aid Notification-The VA AEM would notify TVHS and TEMA of NDMS alert or activation. TEMA notifies National Guard, TN DOH who notifies affected EMS Consultant (who notifies local EMS) and RHC (who notifies hospitals). TEMA also notifies TEMA Regional director, who notifies local EMA. (See Appendix 5: Notification Tree).
 - d. Reporting: TVHS will provide the TPMRC-A with regular bed availability, after action, and situation reports (See Appendix 6: NDMS Reporting).
 - e. Emergency Medical Response Team (EMRT): In the event that patients are being sent to Nashville and/or Smyrna through the NDMS, TVHS will mobilize the EMRT (See Appendix 9: NDMS Patient Reception Team).
2. Hospitals: Upon being notified that the NDMS is on alert or activated, NDMS hospitals (besides TVHS) will perform the following:
- a. Increase Activation: The hospital will consider increasing their activation level per the Nashville and/or Smyrna Regional Hospital Emergency Operations Plan and/or their facility's emergency management plan.
 - b. Reporting: The hospital will provide information on patients and bed availability as requested by TVHS (See Appendix 6: NDMS Reporting).
 - c. Patient Care: The hospital will receive and treat patients sent through the NDMS system (See Appendix 3: NDMS Operations for Incoming Patients).
 - d. Mutual Aid: The hospital will provide assistance to other hospitals, county, or state as appropriate.
3. Emergency Management: Upon being notified that the NDMS has or may be activated, the Governor, County Executive, or Mayor will direct his jurisdiction's EMA to respond as appropriate per each local EOP. This may include the following.
- a. Emergency Operations Center: The state, local, and regional EOCs may be activated to support NDMS operations and coordinate and

communicate with hospitals, response agencies, and other EOCs. In addition, the EOC of the county in which the PRA is located will be activated to provide direct support and perform other tasks for TVHS and EMRT (See Appendix 4: NDMS Interagency Coordination Chart. For state operations, refer to the Tennessee EOP, Appendix M-1: National Disaster Medical System, or the Tennessee ESF – 08, Public Health and Medical Services annex to the Tennessee EOP).

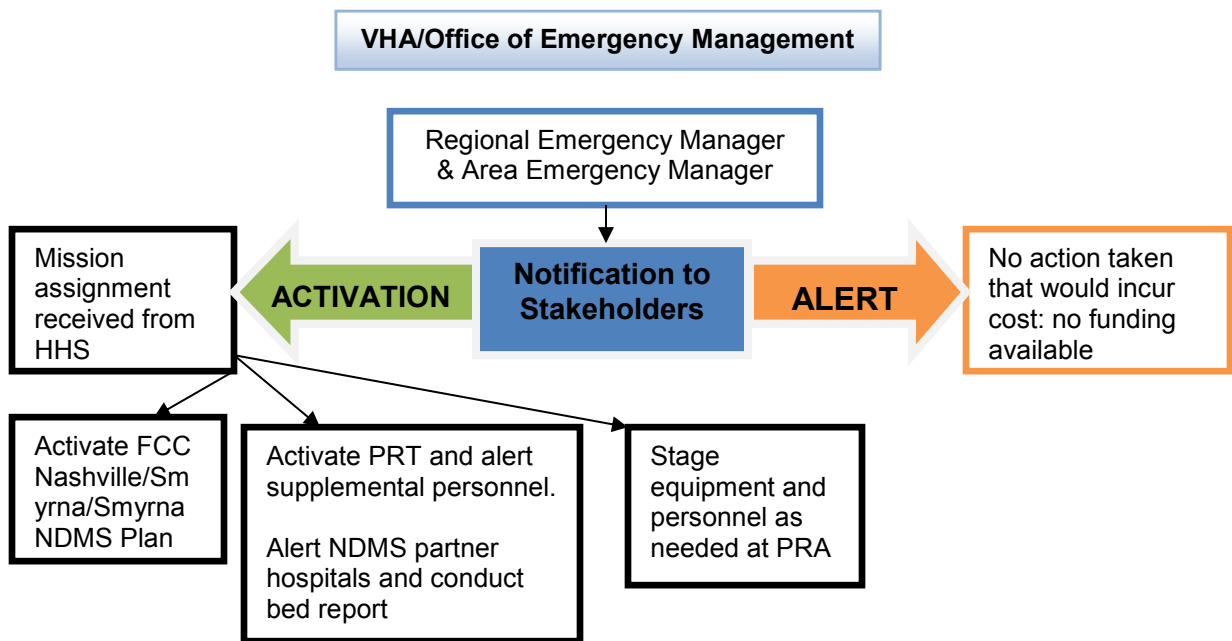
- b. Mutual Aid: The EOC will facilitate mutual aid assistance between counties as appropriate.
- c. Reporting: The EOC will provide TVHS with information as requested by TVHS (See Appendix 6: NDMS Reporting).
- d. Alert and Notification: The EOC will notify key personnel and agencies per the following information and Notification Tree:

When the State determines the need to move patients from the disaster area, it requests assistance from FEMA. FEMA accepts the request and tasks the appropriate ESF, which in this case is ESF 8.

For impending patient movement requirements, the HHS SOC Emergency Management Group (EMG) convenes the Patient Movement Coordination Group (PMCG). The PMCG is composed of a representative(s) from each NDMS partner during patient movement and reception planning and operations involving FCCs. The PMCG coordinates and integrates NDMS operational planning, alerts, activations, and de-activations in order to establish and maintain an NDMS common operating picture.

When FCCs are required, the HHS SOC/Office of Preparedness and Emergency Operations will notify the NDMS Operations Branch to alert, activate, and deploy NDMS response teams (e.g., Service Access Teams SATs) as applicable. The NDMS Operations Branch informs the ASD(HA) and USH/VA, who in turn inform their respective FCCs that their PRAs may be alerted and/or activated. FCCs, and their associated PRAs, may be activated regionally, incrementally and/or all together, and may similarly be de-activated regionally, incrementally and/or all together as appropriate and as situations evolve.

Once the Nashville FCC is alerted or activated, VA AEM would notify TEMA of the NDMS alert or activation. TEMA notifies National Guard, TN DOH who notifies affected EMS Consultant (who notifies local EMS) and RHC (who notifies hospitals). TEMA also notifies TEMA Regional director, who notifies local EMA.



D. Forward Movement of Patients

1. Mass Casualties outside Nashville and/or Smyrna : In the event that a mass casualty incident occurs outside of Nashville and/or Smyrna and results in NDMS activation, patients may be sent to this area as follows (See Appendix 3: NDMS Operations for Incoming Patients):
 - a. Military Patients: Military patients that are determined to be unfit to return to duty may be transported to TVHS through the NDMS. Also, if military and VA medical facilities have reached capacity, military patients may be sent to Ireland Army Hospital at Fort Knox, or NDMS civilian hospitals in Nashville and/or Smyrna.
 - b. Civilian Patients: Civilian patients may be transported to civilian NDMS hospitals in Nashville and/or Smyrna. If these hospitals reach capacity, patients may be sent to TVHS.
 - c. Transportation: It is assumed that both military and civilian NDMS patients will be transported to Nashville and/or Smyrna by plane,

where they will be received at the PRA (normally the ANG/Nashville and/or Smyrna International Airport).

2. Mass Casualties inside Nashville and/or Smyrna: In the event that a mass casualty incident occurs in or around Nashville and/or Smyrna and results in NDMS activation, TVHS will coordinate with local, state, and federal agencies (including DMATs) to transport patients to NDMS hospitals outside of the area (see Appendix 3: NDMS Operations for Incoming Patients). It is assumed that patients will be transported by plane from the Nashville and/or Smyrna International Airport.

E. Patient Reception

1. In the event NDMS patients are regulated to the Nashville FCC, Berry Field Air National Guard Base at the Nashville International Airport in Nashville is the primary Patient Reception Area (PRA). Smyrna/Rutherford County airport is the secondary Patient Reception Area (PRA). See Appendix 3: NDMS Operations for Incoming Patients.
2. TVHS is responsible for NDMS patient reception, which will be conducted by the EMRT in coordination with Nashville and/or Smyrna EOC. See Appendix 9: NDMS Patient Reception Team.
3. Prior to patient arrival, the EMRT will coordinate with TVHS, Nashville and/or Smyrna EOC, and ANG Field/Nashville and/or Smyrna International Airport to set up the PRA.
4. Upon arrival, the EMRT will triage and treat NDMS patients at the PRA as necessary prior to being transported to NDMS hospitals.
5. The EMRT will assist in collecting patient tracking data TVHS Business Office bed control staff during processing at the PRA as needed.

F. Patient Triage

1. In the event NDMS patients are sent to Nashville and/or Smyrna, TVHS will be responsible for patient triage, which will be conducted by the EMRT in coordination with the Nashville and/or Smyrna EOC (See Appendix 9: NDMS Patient Reception Team).
2. Prior to patient arrival, the EMRT will use initial patient information received from TPMRC-A to make preliminary disposition of patients.
3. Upon arrival, the EMRT will work with the crew to expedite the triage and transfer of patients off the aircraft. At the discretion of the crew, members

of the EMRT will board the aircraft, conduct patient triage, and determine appropriate disposition of the patients while still onboard.

4. The EMRT will confirm patient names (or other means of identification) using the aircraft passenger manifest prior to transporting patients from the PRA. Patient names and information will be entered into the patient tracking system.

G. Patient Transportation

1. In the event NDMS patients are sent to Nashville and/or Smyrna, TVHS will be responsible for coordination of the transportation of patients to NDMS hospitals in coordination with state and county EOCs (see Section K: Logistical Support).
2. The EMRT will determine initial transportation needs based on information received from the TPMRC-A.
3. The EMRT and EMS personnel will offload patients from the aircraft directly into ambulances or other appropriate transportation, or to a nearby staging area as required.
4. The EMRT will directly communicate the medical status of each patient to the receiving NDMS hospitals.
5. Military patients will only be transported to TVHS. In the event that TVHS has reached capacity, however, military patients may be transported to Ireland Army Hospital at Fort Knox, or NDMS civilian hospitals in Nashville and/or Smyrna.
6. Civilian patients will only be transported to NDMS civilian hospitals in Nashville and/or Smyrna. In the event that these hospitals have reached capacity, however, civilian patients will be transported to TVHS. Patients will be directed to participating NDMS hospitals based on bed availability reports.
7. If psychiatric patients are transported in vehicles other than ambulances, clinical staff will accompany them to hospitals.
8. All drivers will have either radio or cellular telephone in case of an emergency.

H. Patient Administration

1. In the event NDMS patients are sent to Nashville and/or Smyrna, TVHS will maintain administrative control of all NDMS patients through the Business Office (bed control).
2. Patient Tracking
 - a. TVHS will track NDMS patients using a patient locator system/JPATS to monitor the location and status of each patient.
 - b. The EMRT will collect and provide tracking data to the Business Office during processing at the PRA.
 - c. TVHS will ensure that tracking summaries are completed for all patients.
3. Financial Administration
 - a. TVHS will coordinate fiscal information necessary for processing financial claims reimbursement (Refer to Appendix 11, NDMS Reimbursement and Appendix 12, NDMS Payment Information Form).
 - b. TVHS will provide the HHS-contracted financial intermediary with contact information of participating NDMS hospitals as needed for claims processing.
 - c. TVHS will provide specific claims processing instructions to participating NDMS hospitals as provided by the financial intermediary.
 - d. TVHS will provide patient validation and tracking data to HHS via JPATS.
 - e. TVHS will collect appropriately billed charges for support services incurred by TVHS during NDMS operations and provide them to the Department of Health and Human Services' Office of Emergency Response for reimbursement.
4. Patient Admissions, Discharge, and Transfer
 - a. TVHS and HHS will coordinate the NDMS admissions. HHS SATs will coordinate discharge and transfer of all NDMS patients with hospitals and EOCs.
 - b. Hospitals will notify the HHS SATs 24 hours in advance when an NDMS patient is being discharged. The HHS SAT will then inform the TPMRC-A when civilian patients are ready to return home.

- c. TVHS will direct the discharge of military patients from TVHS or civilian hospitals. Upon discharge of a military patient, the hospital will furnish a brief narrative discharge summary, with detailed medical records sent within ten (10) working days following the patient's release from the hospital. TVHS will also inform appropriate county EOCs of any transfers from or to their jurisdictions.

I. Fatality Management

1. In the event that an NDMS patient becomes deceased, the EMRT or hospital will inform TVHS immediately.
2. TVHS will report all fatalities to the TPMRC-A, appropriate EOCs, and appropriate county coroners/medical examiners.
3. In the event of a civilian death, the FCC Coordinator will notify Rockville DHS Operation Support Center at 1.800.USA.NDMS (1.800.872.6367).
4. The county coroner/medical examiner will take legal possession of the deceased and process them in coordination with the DoD (for military patients) and next of kin (for civilian patients).

J. NDMS Deactivation/Recovery

1. The EMRT leader/Incident Commander (in coordination with the TVHS Director), FCC Coordinator/AEM, in a unified command with Nashville and/or Smyrna Metro EMA and EMS, and in coordination with TVHS and Nashville and/or Smyrna EOC, will determine when to demobilize the EMRT and deactivate the PRA (or as directed). (See Appendix 3: NDMS Operations for Incoming Patients.)
2. Once NDMS operations are deactivated, TVHS and other agencies will notify appropriate personnel (See Appendix 5: NDMS Notification Tree).
3. TVHS will submit an after action report to the VA VISN 9 Director within fifteen (15) working days following the end of NDMS operations, outlining TVHS and regional response activities (Refer to Appendix 6: NDMS Reporting).

K. Logistical Support

1. Blood: The EMRT will direct requests for blood and blood services to the Nashville and/or Smyrna EOC, which will coordinate with the Nashville and/or Smyrna Blood Center. Hospitals will direct requests for blood to the center.

2. Communications: TVHS will coordinate with the Nashville and/or Smyrna EOC to provide communications between the reception site, TVHS, NDMS hospitals, and other agencies. Primary communications will include landline and cellular telephone, with radio and fax secondary.
3. Equipment:
 - a. TVHS will be responsible for providing the EMRT with perishable medical supplies.
 - b. The EMRT will direct requests for other equipment to the Nashville and/or Smyrna EOC, including non-perishable medical supplies, non-medical equipment, emergency resuscitation equipment, and other needs.
4. Family Services: The American Red Cross, through the appropriate EOC, will provide Disaster Welfare Information (DWI) services to family members, as well as food, shelter and other assistance as needed.
5. Food and Drink: The American Red Cross, if available, will provide food and drink needs to the EMRT. If the ARC is unavailable, food and drink needs will be directed through the Nashville and/or Smyrna EOC.
6. Manpower: The EMRT will direct requests for additional manpower needs to TVHS, which will make available persons from the Manpower Pool to work as litter bearers and perform other tasks as necessary.
7. Pharmaceuticals:
 - a. TVHS EMRT team will coordinate with TVHS Pharmacy as required to prepare a Patient Reception Area Medical Kit containing a pharmaceuticals and supplies for use by the EMRT (Refer to Appendix 13: NDMS Patient Reception Area Medical Kit).
 - b. The EMRT and/or TVHS pharmacist will direct requests for additional pharmaceuticals to the Nashville and/or Smyrna EOC.
 - c. The Nashville and/or Smyrna EOC may activate the Pharmacy Command Center to coordinate additional pharmaceutical needs of the EMRT.
8. Security: The Rutherford County Sheriff's Department will provide security for the Smyrna PRA. (Airport Police for BNA). Additional requests for assistance will be directed to the Nashville and/or Smyrna

EOC. Any security deemed necessary for ambulances or NDMS hospitals will be provided per each county's EOP.

9. Transportation: All requirements for transportation assets will be directed through the Nashville and/or Smyrna EOC. The Nashville and/or Smyrna EOC will then coordinate with the Nashville and/or Smyrna Metro EMA, EMS, and other state and local EOCs.

L. Airport Contingency Plan

In the event that the Smyrna/Rutherford County Airport is not available, the Nashville International Airport will serve as the backup PRA.

V. ADMINISTRATIVE SUPPORT

- A. **American Red Cross:** If requested, the Red Cross will work through appropriate EOCs to provide Disaster Welfare Information (DWI) and other assistance to family members, as well as providing food and logistical support for operations at the PRA.
- B. **AASF#1 (Army Aviation Support Facility #1 Airport):** The 123rd Air Wing, ANG Field, adjacent to the Nashville and/or Smyrna International Airport, is the primary PRA for Nashville and/or Smyrna. The field will support NDMS operations, including coordinating the transportation of patients through the airport, the use of facilities to serve as PRA, and security.
- C. **Nashville and/or Smyrna Blood Center:** If requested, the blood center will work through the Nashville and/or Smyrna EOC or NDMS hospitals to provide its services during NDMS operations.
- D. **County Emergency Management Agencies:** Local EMAs will respond to NDMS operations as appropriate. This includes activating their emergency operations center, providing mutual aid, providing information to TVHS as requested, and communicating alerts and notifications as necessary (See Appendix 4: NDMS Interagency Coordination Chart).
- E. **Hospitals:** Hospitals that have signed memoranda of agreement with TVHS are expected to respond during NDMS operations if able (See Appendix 2: Hospitals in Nashville and/or Smyrna). This includes providing information as requested, caring for patients, and providing hospital mutual aid.
- F. **Tennessee Cabinet for Health and Family Services (CHS):** CHS will work through TNEM and/or the state EOC to support NDMS operations and assist with mobilizing resources. Refer to the Tennessee EOP, Appendix M-1: National Disaster Medical System, or the Tennessee ESF – 08, Public Health and Medical Services annex to the Tennessee EOP.

G. **Tennessee Emergency Management Agency (TEMA):** TEMA may activate the state or regional EOCs if appropriate. It will support NDMS operations by coordinating with state agencies and local EOCs and helping to mobilize resources. Refer to the Tennessee EOP, Appendix M-1: National Disaster Medical System, or the Tennessee ESF – 08, Public Health and Medical Services annex to Tennessee EOP.

H. **Tennessee Valley Healthcare System (TVHS):** As the designated FCC, TVHS will provide personnel and resources necessary for NDMS operations. These include but are not limited to:

1. VHA Area Emergency Manager (AEM): The VHA AEM for Smyrna/Nashville, in coordination with the EMC, will provide technical and administrative support for the development, maintenance, exercise and evaluation of this NDMS plan. The AEM also provides liaison with other local, state, federal, and private sector stakeholders as required.
2. TVHS Business Office: Staff will maintain administrative control of all patients hospitalized in the NDMS area through the use of a patient tracking system (JPATS).

I. **Nashville and/or Smyrna County Emergency Management Agency:** In the event that the ANG/Nashville and/or Smyrna International Airport becomes the PRA during NDMS operations, the Nashville and/or Smyrna EOC will provide direct support and assistance to TVHS and the EMRT, especially patient reception, triage, and transportation. L-JCEMA will manage the Nashville and/or Smyrna EOC on behalf of the Mayor.

J. **Ambulance Transportation:** All requests for patient transportation from the EMRT will be coordinated through TEMA EOC and the respective county EMS consultants to transport patients and medical staff as required.

VI. GUIDANCE DOCUMENTS

Tennessee Emergency Operations Plan, Appendix M-1: National Disaster Medical System

Nashville and/or Smyrna Regional Hospital Emergency Operations Plan

National Disaster Medical System Federal Coordinating Center Guide, June 2010

Department of Health and Human Services: Service Access Team (SAT), Concept of Operations

Department of Health and Human Services: Joint Patient Assessment Tracking System (JPATS) Strike Team, Concept of Operations

VII. APPENDICES

- Appendix 1: NDMS Acronyms
- Appendix 2: NDMS Hospitals in Nashville and/or Smyrna
- Appendix 3: NDMS Operations for Incoming Patients
- Appendix 4: NDMS Interagency Coordination Chart
- Appendix 5: NDMS Notification Tree
- Appendix 6: NDMS Reporting
- Appendix 7: NDMS Hospital System Bed Reporting Worksheet
- Appendix 8: NDMS Hospital System Bed Report
- Appendix 9: NDMS Patient Reception Team
- Appendix 10: NDMS Patient Reception Team Organization
- Appendix 11: NDMS Reimbursement
- Appendix 12: NDMS Payment Information Form
- Appendix 13: NDMS Patient Reception Area Medical Kit

APPENDIX 1 NDMS ACRONYMS

The following acronyms are referenced in Chapter 14: National Disaster Medical System, Nashville and/or Smyrna Tennessee Regional Plan:

AASF#1	Army Aviation Support Facility #1
AEM	Area Emergency Manager (i.e., VHA OEM Area Em. Manager)
ANG	Air National Guard – 123 rd Air Wing, TN Air National Guard
ARC	American Red Cross
CC	Critical Care beds
CEO	Chief Executive Officer
CHFS	Tennessee Cabinet for Health and Family Services
DMAT	Disaster Medical Assistance Team
DWI	Disaster Welfare Information
EM	Emergency Management
EMA	Emergency Management Agency
EMRT	Emergency Medical Response Team
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EMC	Emergency Management Coordinator
EMP	Emergency Management Plan
EMS	Emergency Management Services
ER	Emergency Room/Emergency Department
FCC	Federal Coordinating Center (i.e. TVHS)
TPMRC-A	Theater Patient Medical Regulating Center-Americas
HHS	Department of Health and Human Services
ICS	Incident Command System
JPATS	Joint Patient Assessment and Tracking System
TNEM	Tennessee Division of Emergency Management
MC	Pediatric beds
MCPS	Medical Claims Processing System
MM-SS	Medical/Surgical beds
MP	Psychiatry beds
NDMS	National Disaster Medical System
NPI	Negative Pressure Isolation beds
PICU	Pediatric Intensive Care Unit beds
PRA	Patient Reception Area
RHC	Regional Hospital Coordinator
TEMA	Tennessee Emergency Management Agency
TVHS	Tennessee Valley Healthcare System (TVHS)
SAT	Service Access Team (HHS)
SBN	Burn beds
VA	U.S. Department of Veterans Affairs
VHA	Dept. of Veterans Affairs, Veterans Health Administration
VHA OEM	VHA Office of Emergency Management
VISN 9	Veterans Integrated Service Network 9 (Mid-South Health Care System)

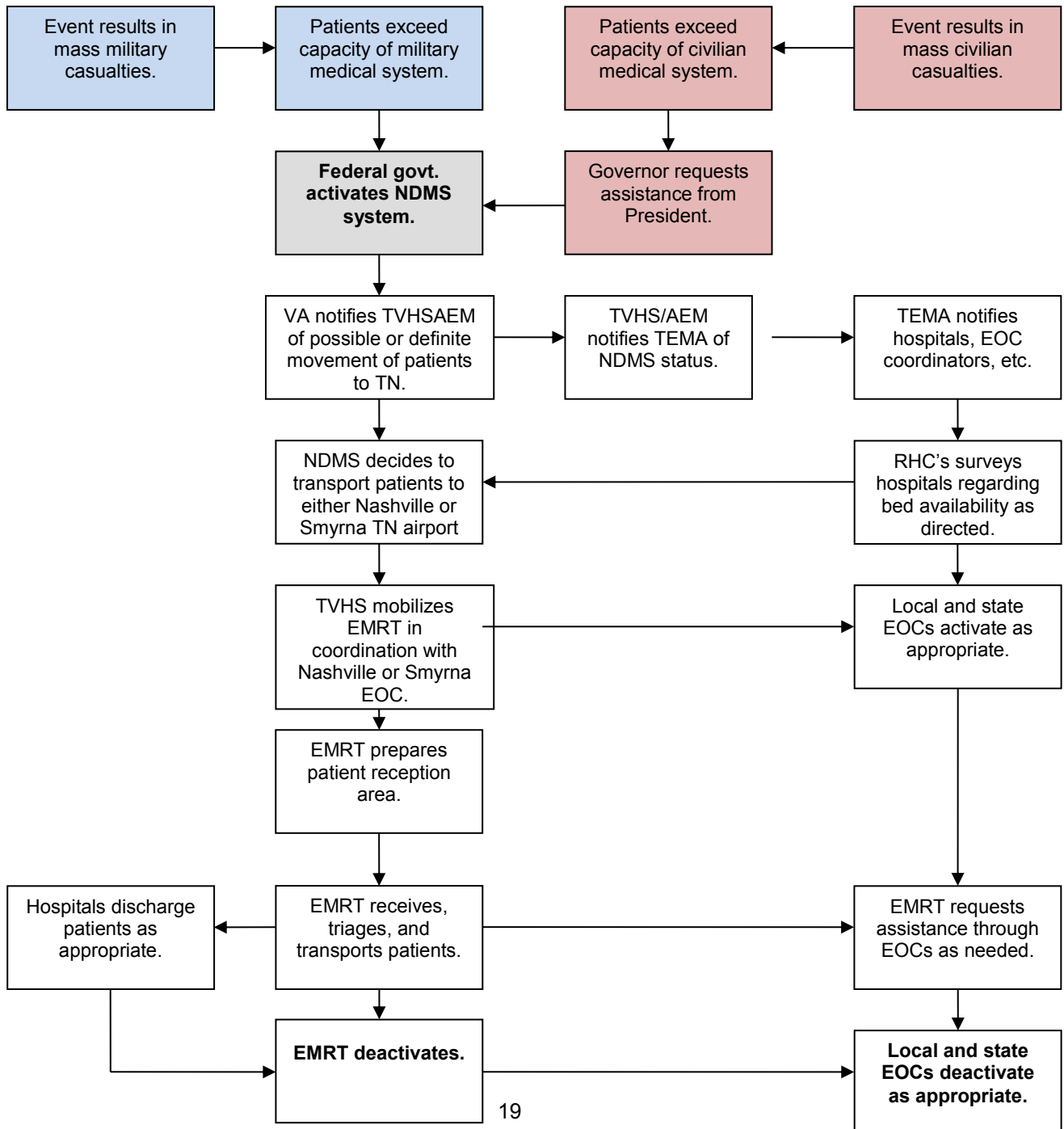
**APPENDIX 2
NDMS HOSPITALS**

The following hospitals have signed memoranda of agreement with the Tennessee Valley Healthcare System (TVHS) to participate in the National Disaster Medical System. The type (civilian and military) indicate the type of patient that the facility normally receives through the NDMS.

Hospital	City	County
Centennial Medical Center	Nashville	Davidson
Gateway Medical Center	Clarksville	Montgomery
Hendersonville Hospital	Hendersonville	Sumner
Horizon Medical Center	Dickson	Dickson
Maury Regional Hospital	Columbia	Maury
Metro Nashville General Hospital	Nashville	Davidson
Northcrest Medical Center	Springfield	Robertson
Riverview Regional Medical Center South	Carthage	Smith
Saint Thomas Midtown Hospital	Nashville	Davidson
Saint Thomas Rutherford Hospital	Murfreesboro	Rutherford
Saint Thomas West Hospital	Nashville	Davidson
Skyline Medical Center	Nashville	Davidson
Southern Hills Hospital	Nashville	Davidson
StoneCrest Medical Center	Smyrna	Rutherford
Summit Medical Center	Hermitage	Davidson
Sumner Regional Medical Center	Gallatin	Sumner
University Medical Center	Lebanon	Wilson
Vanderbilt Children's Hospital	Nashville	Davidson
Vanderbilt University Hospital	Nashville	Davidson
Williamson Medical Center	Franklin	Williamson

APPENDIX 3 NDMS OPERATIONS FOR INCOMING PATIENTS

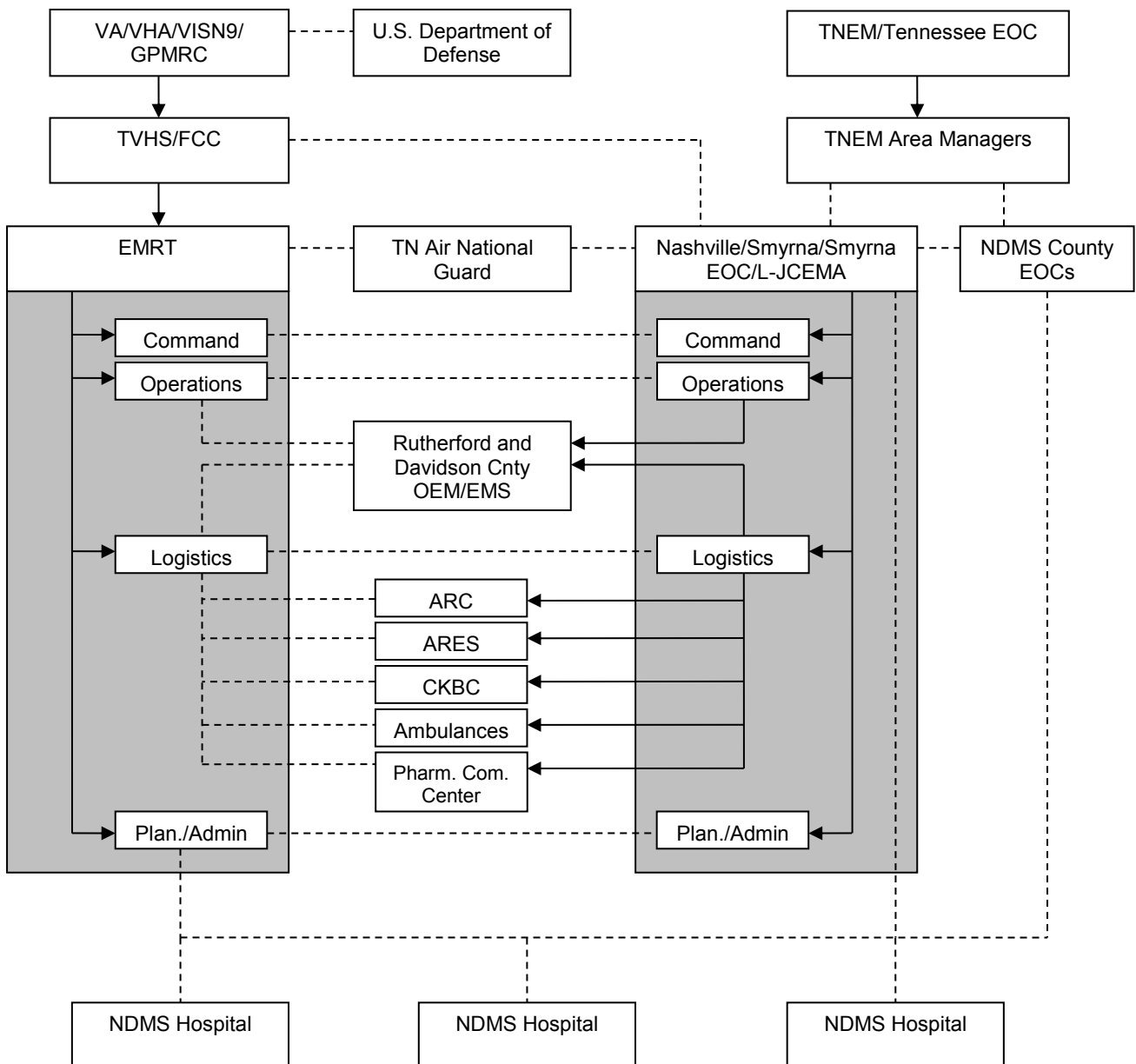
The diagram below illustrates how NDMS operations will normally proceed when receiving patients through NDMS, beginning with an event resulting in military or civilian casualties. Note that if the Berry Field Air National Guard Base at the Nashville International Airport in Nashville is unavailable, the Smyrna/Rutherford County airport is the secondary Patient Reception Area (PRA).



APPENDIX 4 NDMS INTERAGENCY COORDINATION CHART

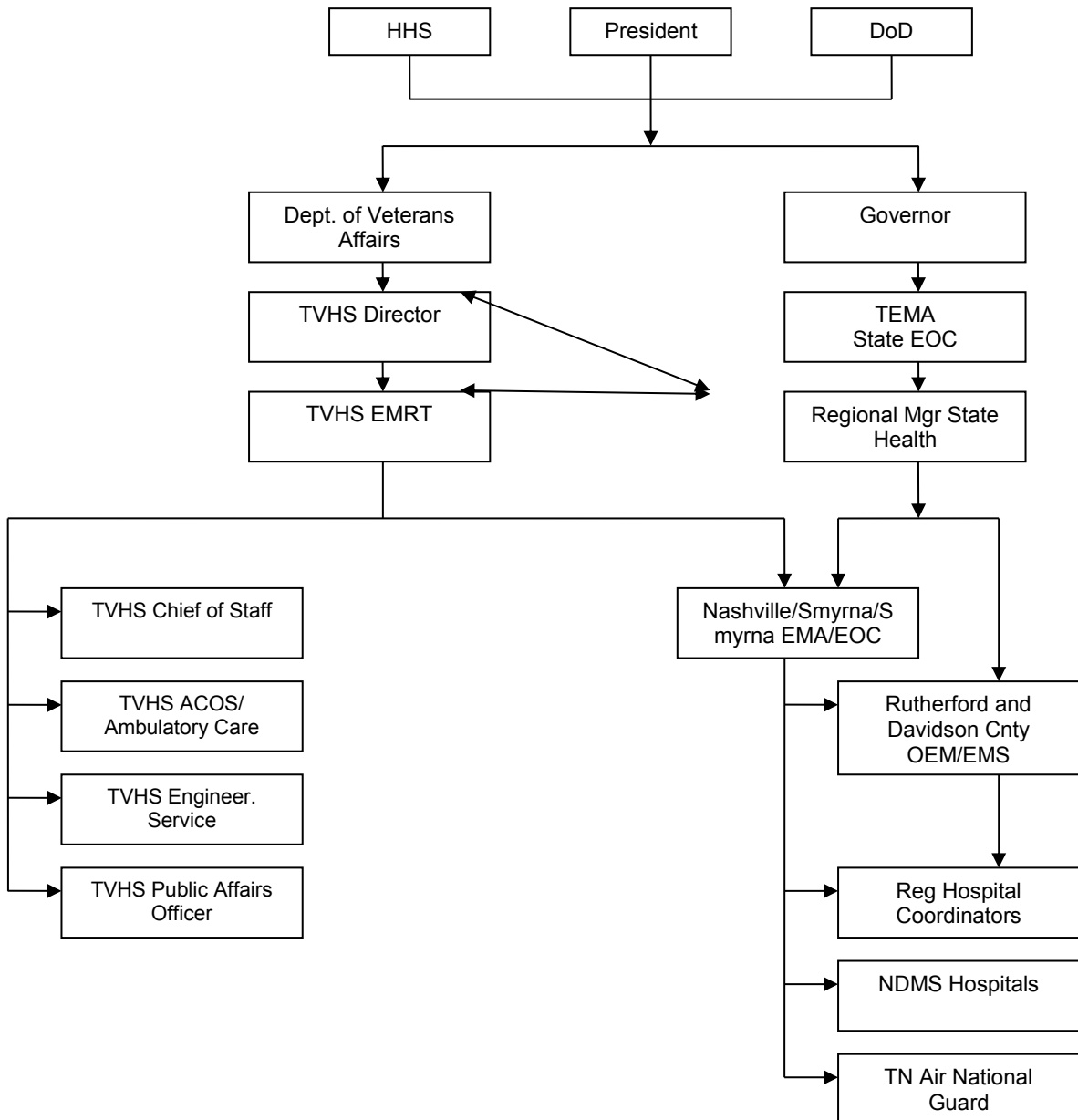
The diagram below illustrates how agencies coordinate during NDMS operations in central Tennessee. Solid lines indicate direction and control, while dashed lines indicate general coordination and cooperation.

Note that if the TN Air National Guard Base is unavailable, the Nashville and/or Smyrna Airport will serve as the PRA. The Nashville and/or Smyrna EOC will continue to provide direct support for the EMRT.



APPENDIX 5 NDMS NOTIFICATION TREE

The following notification tree is used by local agencies to notify appropriate agencies and personnel during NDMS operations (state and federal notification is assumed).



APPENDIX 6 NDMS REPORTING

I. Bed Availability Reports

A. Initial Report: In the event that the NDMS has or may soon be activated, TVHS prepare an initial bed availability report in TRAC2ES in accordance with guidance and instructions provided by VHA, TPMRC-A, and VHA OEM.

1. TVHS will coordinate with Regional Hospital Coordinators to survey participating NDMS hospitals to ascertain available (staffed) acute care beds and other services that may be needed if or when patients are sent to the region (Refer to Appendix 8: NDMS Hospital System Bed Reporting Worksheet).
2. Bed availability categories for these reports will include: Burns (SBN), Critical Care (CC), Med/Surg (MM-SS), Negative Pressure Isolation (NPI), Pediatric ICU (PICU), Pediatrics (MC), and Psychiatry (MP).
3. Hospitals will report initial availability to HRTS by phone, fax or not later than four (4) hours after notification.
4. TVHS will submit the initial bed availability report to the Global Patient Medical Regulating Center (TPMRC-A) using the TRAC2ES system. TVHS will ensure that open communication is maintained with the TPMRC-A in order to receive regulating decisions, evacuation mission information, and patient medical data.

B. Daily Reports: After the initial bed availability report, reports will be submitted on a daily basis until directed otherwise by TPMRC-A.

1. EMA will survey participating NDMS hospitals as of 0700 hours (Refer to Appendix 8: NDMS Hospital System Bed Reporting Worksheet).
2. Hospitals will provide EMA with availability data by 1000 hours.
3. EMA will submit bed availability data to TVHS by 1100 hours (Refer to Appendix 9: NDMS Hospital System Bed Report).
4. TVHS will submit the final report as of 2400 hours (midnight) to the TPMRC-A.
5. To avoid overstating bed availability, TVHS will ensure that a system is in place to account for patients being sent but not yet received.

C. Bed Commitments: Hospitals will only be asked to commit beds and other services when they will be needed within 72 hours.

II. Situation Reports: TVHS will submit daily NDMS situation reports to the VISN 9 Office or as directed. These reports will include:

- A. Summary of bed availability
- B. Number of NDMS patients admitted to date by hospital and clinical status.
- C. Significant clinical issues.
- D. Significant issues involving veteran care services.
- E. Significant supply, equipment, and pharmaceutical issues.
- F. Significant staffing/personnel issues.
- G. Significant public affairs activities.
- H. Other issues deemed appropriate.

III. After Action Reports: TVHS will submit an after action report to the VA VISN 9 Director within fifteen (15) working days following the end of NDMS operations outlining TVHS and regional response activities. This report will include:

- A. Summary of bed availability
- B. Number of DOD patients admitted to date by service.
- C. Number of DOD patients currently hospitalized and clinical status
- D. Significant clinical issues.
- E. Significant issues involving veteran care services.
- F. Significant supply, equipment, and pharmaceutical issues.
- G. Significant staffing/personnel issues.
- H. Significant public affairs activities.
- I. Other issues deemed appropriate.

**APPENDIX 7
NDMS HOSPITAL SYSTEM BED REPORTING WORKSHEET
(IF HRTS UNAVAILABLE)**

Facility/Healthcare System:			
Date/Time: Notice Received:		Report Completed:	
Report Completed By:		Phone Number:	

Available Staffed Beds		
Bed Service	Code	Next 24 Hours
Burns	SBN	
Critical Care	CC	
Medical/Surgical	MM/SS	
Negative Pressure Isolation	NPI	
Pediatric ICU	PICU	
Pediatrics	MC	
Psychiatric	MP	
TOTAL AVAILABLE BEDS (Next 24 Hours)		
<i>(Add Totals for Lines 1 through 7)</i>		

APPENDIX 8 NDMS PATIENT RECEPTION TEAM

This following describes the assumptions, which may result in National Disaster Medical System (NDMS) operations with patient regulated to the Nashville FCC and to the Nashville or Smyrna airport.

I. SITUATIONS AND ASSUMPTIONS

- A. A disaster occurring outside of the Nashville FCC area may result in patients being transported to this area through the NDMS.
- B. A Patient Reception Team is necessary to treat, triage and process NDMS patients regulated to the Nashville FCC.
- C. NDMS patients being transported to the Nashville FCC area will normally be transported by EMS from the Air National Guard Base in Nashville and/or Smyrna/Rutherford County airport.
- D. The Nashville and/or Smyrna PRA can receive and transport a maximum of one hundred (100) patients to definitive medical care utilizing NDMS in a 24-hour period.
- E. NDMS patients will arrive at the Nashville and/or Smyrna PRA in acute or critical but stable medical condition, unless informed that medically unstable patients are being transported or if a patient has become unstable during the evacuation.

II. DIRECTION AND CONTROL

- A. Incident Command System:** All NDMS operations will be conducted using the incident command system (ICS). The EMRT will operate under ICS/unified command. Corresponding ICS sections at the Nashville and/or Smyrna EOC will provide support for the EMRT. Refer to Appendix 4: NDMS Emergency Medical Response Team (EMRT) Organization and Appendix 5: NDMS Inter-Agency Coordination Chart.
- B. Command:** TVHS Director (or designee) will serve as incident commander at the PRA to direct the EMRT and appoint a TVHS emergency department physician as team leader. This section will include information, liaison, and safety/security officers.
- C. Operations:** The EMRT team leader will serve as operations chief at the PRA. He/she answers to TVHS Director (or designee). This section will

include at least three (3) triage teams with supporting personnel to include registered nurses, paramedics, litter bearers, and other supporting staff as needed.

- D. Logistics:** The EMRT will assign a logistics chief to provide the PRA with pharmaceuticals, equipment, food, manpower, communications, transportation, and other support.
- E. Planning:** The EMRT will assign a chief to provide planning and administrative support, including gathering tracking data on arriving NDMS patients (Business Office bed control).

III. CONCEPT OF OPERATIONS

- A. Activation:** In the event that the NDMS has been activated and patients are being regulated to the Nashville FCC for hospitalization, TVHS Director (or designee) will mobilize the EMRT.
- B. Function:** The EMRT will set up and manage the patient reception area (PRA) at the TN Air National Guard Base in coordination with TVHS and the Nashville and/or Smyrna EOC. This includes receiving patients, conducting triage, coordinating transportation, and performing other functions as directed during NDMS operations:

1. Patient Reception Area (PRA): The Patient Reception Team will serve as the Medical Care Branch of the on-scene Incident Command System and is responsible for patient classification and the reporting of patients as:

RED – Immediate
YELLOW – Delayed
GREEN – Minor
BLACK - Expectant

2. The TVHS Patient Reception Team (PRT) will receive and assist off-loading casualties from the aircraft, while obeying commands of the aircraft medical director, loadmaster or other military personnel in charge of offloading patients from the aircraft. The most critical will be the first unloaded. The Triage Officer or designee will do an initial quick triage to identify if the patient is stable and can be maintained in the patient holding area to await transportation or if the patient needs to go to the critical area for immediate transport.

3. Critical patients will have a quick recording done of findings/treatment and be loaded for immediate transport to a hospital. The DMS Disaster triage tag will be filled out and should accompany the casualty. A PRT member will scan the NDMS wrist band. All tags have a

unique patient number and include the patient name, gender, age, race and home city as well as the time of receipt.

4. Casualties in the holding area/treatment area will be continuously monitored for any change in status and for transportation priority. The DMS Disaster triage wrist band will be completed/updated as indicated above by the EMS. Patients delayed will receive treatment as indicated and necessary.

5. As the ambulances arrive, PRT personnel will hand off the patients to the local EMS provider personnel, briefing them on the patient's medical condition and utilizing proper patient verification protocols. Time of transport, name of the ambulance service, the ambulance unit number, and hospital destination will also be recorded. Patients not requiring ambulance transport will be moved by van or bus.

C. Membership: Team members will include personnel from TVHS, Nashville and/or Smyrna Metro EMA, EMS, ANG, and other agencies as needed.

D. Deactivations: The team EMRT leader/incident commander, in coordination with the FCC Coordinator/AEM and Nashville and/or Smyrna EOC, will determine when to demobilize the EMRT and deactivate the PRA (or as directed).

IV. ADMINISTRATIVE SUPPORT

Support for the EMRT will be provided as per normal NDMS operations.

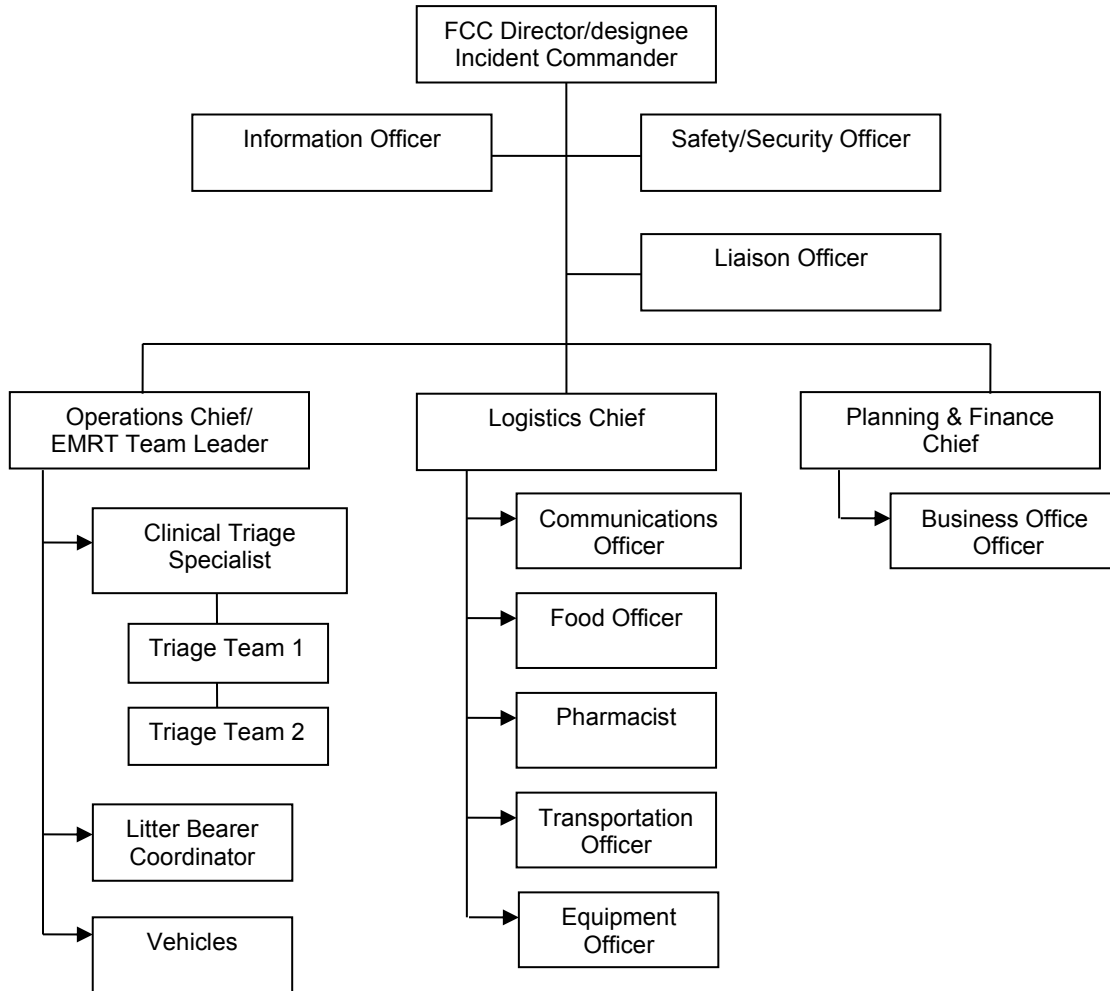
V. REFERENCE DOCUMENTS

Tennessee Emergency Operations Plan, Appendix M-1: National Disaster Medical System

Nashville and/or Smyrna Regional Hospital Emergency Operations Plan

APPENDIX 9 NDMS PATIENT RECEPTION TEAM ORGANIZATION CHART

The following is the recommended organization of the Patient Response Team (EMRT) during NDMS operations, which utilizes the incident command system (ICS).



APPENDIX 10

HHS Service Access Teams SATs/JPATS Teams Con-Ops

During a disaster, emergency, or special event, HHS activates the Emergency Management Group (EMG) to manage the operational response to the event or incident. The EMG will also use HHS resources to include the National Disaster Medical System (NDMS) and the United States Public Health Service (USPHS). The Service Access Team (SAT) is one of those HHS resources used during patient movement activities.

Discharged patients and non-medical attendants (e.g., accompanying family members) who have been discharged will be the responsibility of the Service Access Team (SAT). For more information about the roles and responsibilities of the SATs, contact HHS Patient Movement at hhspatientmovement@hhs.gov.

The Department of Health and Human Services will deploy a JPATS Team to the FCC to facilitate the patient tracking while patients are actively being processed through the FCC. (Note: If the FCC has the inherent capability to use JPATS without assistance, the JPATS team will not be deployed and the FCC will track the patients.) The FCC will remain operational as long as there are patients scheduled to be processed through their FCC from the disaster location. The SAT will be responsible for tracking the patients once they are distributed to the NDMS facilities.

The SAT's roles are:

- a. Tracking and monitoring patient status from the moment they are admitted to an NDMS hospital;
- b. Providing information to family members regarding patient status;
- c. Coordinating lodging and human services needs for all discharged patients until transportation to their final destination can be facilitated;
- d. Facilitating the movement of ESF #8 evacuees to their homes/communities or another final destination;
- e. Coordinating the return/disposition of remains with the local and State medical examiner's office and the patient's family.

APPENDIX 11 NDMS REIMBURSEMENT

1. Basic Provisions of Financial Claims Processing

- a. The FCC Director, or the designated fiscal authority, will collect bills for appropriate charges for those services incurred by the FCC during PRA operations.
- b. Bills for goods and services born by FCCs will generally be paid by the FCC Director and forwarded to HHS/ASPR, for reimbursement through agency channels. Expenses related to the operation of the PRA should be supported by the Mission Assignment or Sub-Tasking (See FEMA reimbursement Procedures.
- c. NDMS member facilities identify whether or not the patient maintains a primary and/or secondary third party payer for medical care (i.e., insurance carriers, Medicare, Medicaid, etc.) and will first submit billing for patient care services to the patient's identified third party payer(s) for reimbursement.
- d. NDMS will be payer of last resort to any other existing medical coverage, except Medicaid, which by law is payer of last resort. Compensation for NDMS-related claims will be reimbursed at rates contracted at the time of the disaster for the disaster related diagnoses.
- e. HHS provides medical claims processing services for the NDMS, to support participating hospitals, providers and qualified beneficiaries affected by a national disaster.

2. Responsibilities for Financial Claims Processing

a. The FCC Director or the FCC Coordinator:

- Provide HHS/ASPR with contact information to NDMS member medical facilities in order to facilitate medical claims processing.
- Provide patient validation data to HHS. See paragraph 7 below.
- Collects appropriately billed charges for support services incurred by the FCC during patient reception

b. NDMS member hospitals:

- Will be required to identify patients' primary and secondary third party payers and submit billing for patient care services to the patient's identified third party payer(s) for reimbursement.
- Submit Affidavit of Non-insurance for uninsured patients and submit associated final bills

Any disclosure of patient information must comply with applicable records confidentiality statutes. All protected health information should be safeguarded in accordance with the Health Insurance Portability and Accountability Act of 1996.

3. Claims for Medical Care of NDMS Patients

The Mission Assignment or Sub-Tasking will authorize the reimbursement of NDMS member hospitals, physicians and other care providers who provide NDMS patients with medical care required resulting from circumstances such as the disaster or emergency.

4. Claims for Medical Care of Military Beneficiaries

The DoD will directly reimburse NDMS member hospitals, physicians and other care providers for healthcare services provided to patients who are beneficiaries of the Military Healthcare System (MHS) in accordance with the payment rules stated in Title 32 to the Code of Federal Regulations (32 CFR), Part 199. Final bills for payment are submitted by NDMS member hospitals, physicians and other care providers to the appropriate TRICARE Managed Care Support Contractor for the patient's command.

5. Claims for Transportation of Civilians

Costs for transporting NDMS patients to the receiving hospitals will be authorized according to the Mission Assignment or Sub-Tasking which allows for all FCC/PRA operational activity expenses. Claims for reimbursement for transportation of civilian patients are submitted to HHS/ASPR in accordance with the Mission Assignment or Sub-Tasking.

6. Claims for Transportation of Military Beneficiaries

Costs for transporting NDMS patients to the receiving hospitals will be authorized in the Mission Assignment or Sub-Tasking and will be reimbursable to the FCC. Claims for reimbursement for transportation of beneficiaries of the Military Healthcare System (MHS) will be submitted to the Military Medical Support Office (MMSO), P.O. Box 886999, Great Lakes, IL 60088-6999, at (888) 647-6676. The URL for the MMSO is <http://www.tricare.mil/tma/MMSO/index.aspx>

7. Patient Validation and Tracking Data Collection

- a. The following elements must be submitted by the FCC to HHS or their designated representative as soon as possible, but no later than within seven days of the patient's arrival in the FCC PRA:

Name of disaster, emergency or contingency	
FCC name, address, telephone number	
Patient name	
Patient date of birth	
SSN (or other unique patient identifier if SSN not available)	
FEMA registration number	
Admitting hospital name, address, phone number	
Date of arrival at the PRA	
Date of hospital admission	
Diagnostic category	
Type of patient (i.e., directly injured/victimized by incident or indirectly affected, relocated or displaced due to the incident)	

- b. FCCs will keep a hard copy record of patients processed through the FCC for historical purposes for three years.
- c. In the event that a claimant argues that a patient has been wrongfully omitted from the NDMS patient roster, the contractor shall refer the provider to the appropriate FCC. If the FCC agrees with the claimant and notifies the HHS/ASPR Government Task Lead (GTL) and the contractor in writing to this effect, then the contractor shall adjust the claim and issue appropriate payment at the next scheduled disbursement cycle.

12. Military Patient Case Management

Case management of active duty personnel in civilian hospitals is done daily across the nation. Case managers coordinate issues with the attending physician. Some of the issues addressed are: determining the type of care provided, transfers to another facility, required notifications, and expected date of discharge. Many times

these activities are performed by the active duty medical center nearest the hospital in question. It may also be done by the TRICARE Contractor in an FCC's area. In particular, inter-facility transfers of active duty patients that might be affected under existing TRICARE contracts are not coordinated through TPMRC-A.

13. FCC Expense Tracking

The table below may assist the FCC in planning for expense tracking.

FCC Expense	Example	Actual cost (per day) **ensure costs conform to expenses for similar services in the area	Total Cost
Civilian personnel costs	City fire department providing PRT or EMS support, Civilian personnel from Medical Treatment Facility on the PRT who incur overtime		
VA personnel costs	VA personnel overtime costs		
Patient Transportation	Costs associated with moving the patient from PRA to NDMS hospital.		
Transportation Costs (not associated with patient transport)	Costs to transport the patient reception team to the PRA		
Costs associated with housing and feeding the patient reception team	Per diem for hotel, meals and incidentals while at the PRA		
Facility usage	Rental, including electricity, water, security, etc		
Office supplies			
Equipment rental	Items such as computers, faxes, etc		
Costs associated with patient delay in transportation	Hotel, Food		
Costs associated with services necessary for the health and/or	Services from the Salvation Army, Red Cross, or other Non-Governmental Agency (NGA)		

welfare of the patient such as toiletries or food.			

**APPENDIX 12
NDMS PAYMENT INFORMATION FORM**

Department of Health and Human Services
Program Support Center

Payment Information Form

The information requested on this form concerns your financial institution, your account at that institution, and personal information which needs to be verified and completed.

Privacy Act Statement

The following information is provided to comply with the Privacy Act of 1974 (PL 93-579). All information collected on this form is required under the provisions of 31 USC 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Check one of the following:

Federal Employee: Contractor: Vendor:

Name:

Address: _____

Taxpayer Identification Number (TIN):

(If you are an individual, this may be your Social Security Number)

1. Payee's Telephone Number: (_____) _____

The following information must be completed by your financial institution representative.

2. Name of Financial Institution: _____

3. Address of Financial Institution:

4. Financial Institution's 9-digit ABA Routing Number for Transfer of Funds:

5. Depositor Account Title:

6. Depositor Account Number:

7. Type of Account: _____ Checking _____ Savings

8. Signature and Title of Authorized Official (Financial Institution):

Signature (Required) Title

Telephone Number: (_____) _____ Date: _____

******* The following must be signed by the payee*******

I have verified the information on this form.

Signature (Required) Date

APPENDIX 14
NDMS Patient Reception Area Medical Kit

During NDMS Operations, TVHS Pharmacy will prepare and maintain the following medical kit to be used at the patient reception area. A EMRT R. Ph. member will pick up the kit from TVHS Pharmacy and transport it to the PRA and return it to the pharmacy at the end of each day. A EMRT R. Ph. member will sign for the medical kit. If a controlled substance is added to the kit, a green sign out sheet will accompany each controlled substance in the kit.

The contents of the kit will be based on the anticipated needs of the patients, but **may** include:

- *Percocet 5mg/325 mg Tablets (must sign out pharmacy and green sheet) x 10
- *Morphine Sulfate 8mg/mL Tubex (must sign out pharmacy and green sheet) x 10
- *Lorazepam 2mg/mL inj (must sign out pharmacy and green sheet) x 10
- *Regular Insulin 100 units/mL (must get from outpatient refrigerator) x 1

Name/Concentration/Quantity	Name/Concentration
Acetaminophen 325 mg Tablets x 10	Ibuprofen 200mg Tablets x 10
Artificial tears x 1	Ketorolac 30 mg Inj x 3
Aspirin 325 mg Tablets x 5	Lidocaine 2 % 50 ml Inj x1
Atropine Sulfate 0.4mg/mL Inj x 3	Methylprednisolone Succinate 40 mg/mL Inj x 3
Clonidine 0.1 mg Tablets x 6	Metoprolol 25 mg Tablets x 6
Diphenhydramine 50 mg Capsules x 5	Naloxone 0.4 mg Amp x 5
Diphenhydramine 50 mg/mL Inj x 3	Prochlorperazine 5 mg/mL Inj x 5
Epinephrine 1 mg/mL Amp x 3	Promethazine 25 mg Tablets x 5
Flumazenil 0.5 mg/5mL Inj x 3	
Albuterol Oral Inhaler x 1	Epinephrine 0.1 mg/mL Syringe x 3
Atropine sulfate 1 mg/10mL Syr x 3	Glucose 15 gm x 3
Bacteriostatic NaCl 0.9% 30 ml x 3	Heparin 100 units/mL flush 5 ml x 5
Alcohol Pads	Betadine 10% Topical Solution 120 mL x 1
Hydrogen Peroxide 480 mL x 1	Yellow Locks
Dextrose 5% 500 ml x 1	Sodium Chloride 0.9% 500 ml x 2
Primary IV Sets x 3	Insulin Syringes 1 mL x 10
4 x 4's	Needles (27G ½ " x 5; 19G ½" x 5)
Tape (Micropore 1" x 2; Durapore 1" x 2)	
Syringes (3 mL 25G 5/8" x 10; 1 mL 27G ½ " x 9; Luer Lock 20mL x 5 & 60ml x 2)	