

TALS



Transportation Assistance Levels
Revised 2012

WEBINAR

Housekeeping

- All lines will be muted
- If you are participating as a group please send member(s) name to Host via “Chat”
- Send questions through “Chat” to all panelists

Faculty

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Session Purpose

- To provide an overview of the revised Transportation Assistance Levels (TALs)
- To provide TALs background
- To review the history (impediments)
- To present the revisions
- To discuss next steps

Objectives

At the end of this session participants will:

- Be familiar with the purpose of the TALs; and
- Know how to identify patients/residents transport resource needs

In 2008 there was still a belief that this was the primary transport mode



© Getty Images

Just not enough for all....



TALs Background

- Inception with the 2009 Evacuation Update Project
- Concerns with TALs brought to attention of OHEP in August 2010 from several sources
- The Bureau of EMS began exploring the issue with OHEP that fall

There was potential for 'color confusion' with the EMS SMART Tags

SMART Tags - for triage prior to transport

RED - Priority 1 – Urgent

YELLOW - Priority 2 - less urgent

GREEN – Priority 3 - Ambulatory & no urgency

RED - Must be transported supine - may be critical-3

YELLOW - non-ambulatory & able to sit for long period-(w/c) -2

GREEN - able to walk unassisted with no risk of harm - 1

Workgroup

- NYS Bureau of EMS
- New York State Office of Emergency Management
- Office of Health Systems Management
- Office of Long Term Care
- Office of Health Emergency Preparedness
- Healthcare Association of New York State (HANYS)

Goal:

Establish a workable, standardized statewide TAL system

Project Scope

- Provide a simple, quick assessment scale to determine the transportation needs of patients/residents during a evacuation.
- Provide a universally recognized hierarchy for transportation needs of patients/residents during evacuations.
- This scale can be used both for planning & just in time re-assessment of patient/resident transportation needs.
- This hierarchy *is not* a clinical assessment tool or triage scale.
- Continuity of clinical care is an independent issue & to be addressed concurrently with transportation modality determination.

Healthcare Facility Beds in New York State

Facility type	Number
Hospital	61,038
Nursing Home	117,522
Adult Care Facility	39,169
Total	217,169

Healthcare Facility Evacuation Update Project Annex

Transportation Assistance Levels (TALs)

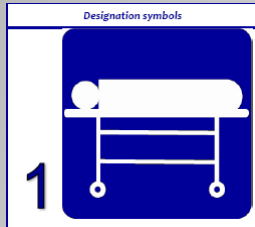
Standard Content Element (SCE) locations:

Hospitals	30-39
Nursing Homes	27-36
ACFs	16-19

Remember

This is not the triage you're looking for

TALs is intended for “triaging” transportation NEEDS.



START TRIAGE is intended for “triaging” transportation PRIORITY.

RED - Priority 1 – Urgent

YELLOW - Priority 2 - less urgent

GREEN – Priority 3 - Ambulatory & no urgency

TALs Use

TALs are useful for logistical planning and movement of resources (e.g. buses, vans, ambulances) during a facility evacuation

TALs are not intended for use in clinical triage

Levels

For evacuation, patients/residents are categorized via one of three levels. Each level influences:

- the suggested number of staff needed to move the patient/resident
- the type of internal movement device required
- the loading area they are relocated to for a facility evacuation
- the type of external transportation asset required

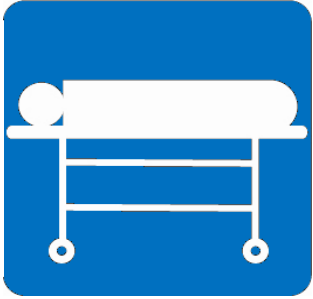


Levels

Continued

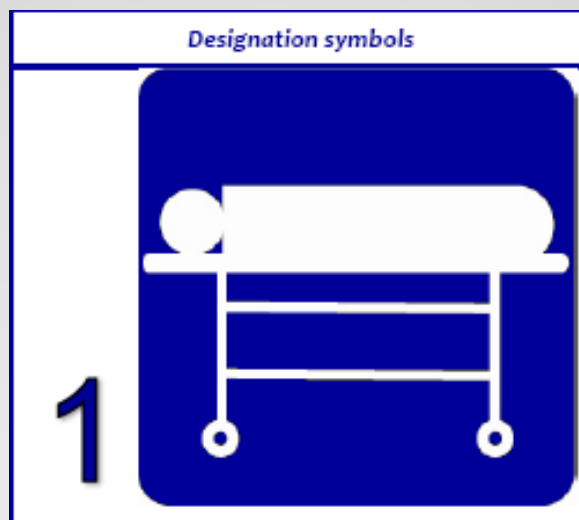
- There is a standard process established for quickly assessing and categorizing patients/residents by mobility level
- There is a standard process for identifying patients/residents being discharged in lieu of evacuation



The revised TALs

Transportation Assistance Level	Staffing support	Transportation Asset	Accompaniment	Designation symbols
<p>1 Non-Ambulatory</p> <p>Individuals unable to travel in a sitting position (e.g. require stretcher transport).</p> <p>These patients/residents are clinically unable to be moved in a seated position, and may require equipment including but not limited to oxygen, mechanical ventilators, cardiac monitors, or other biomedical devices to accompany them during movement.</p>	<p>Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases or interrupted procedures may require a team of health care providers</p>	<p>Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g. high water)</p>	<p>Must be accompanied by one or more clinical provider(s) (e.g. EMT, paramedic, nurse, or physician) appropriate to their condition</p>	<p>1 </p>
<p>2 Wheelchair</p> <p>Individuals who cannot walk on their own but are able to sit for an extended period of time.</p> <p>Those who are alert but unable to walk due to physical or medical condition. They are stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment or medical gas other than oxygen, a maintenance intravenous infusion, an indwelling catheter or a PEG tube during their relocation or evacuation.</p>	<p>Safely managed by a single non-clinical staff member or healthcare facility-designated person</p>	<p>May be transported as a group in a wheelchair appropriate vehicle (e.g., medical transport van or ambulette)</p>	<p>A single staff member or healthcare facility-designated person appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents</p>	<p>2 </p>
<p>3 Ambulatory</p> <p>Individuals who are able to walk on their own at a reasonable pace.</p> <p>Those who are able to walk the distance from their in-patient location to the designated relocation or loading area without physical assistance, little supervision, and without any likelihood of resulting harm or impairment</p>	<p>Escorted by staff members, but may be moved in groups led by a single non-clinical staff member or healthcare facility-designated person. Suggestion: The optimum staff-to-patient ratio is 1:5.</p>	<p>Can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, or private auto)</p>	<p>A single staff member appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents</p>	<p>3 </p>

Transportation Assistance Level		Staffing support	Transportation Asset	Accompaniment
1	Non-Ambulatory	Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases or interrupted procedures may require a team of health care providers	Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g. high water)	Must be accompanied by one or more clinical provider(s) (e.g. EMT, paramedic, nurse, or physician) appropriate to their condition
Individuals unable to travel in a sitting position (e.g. require stretcher transport). These patients/residents are clinically unable to be moved in a seated position, and may require equipment including but not limited to oxygen, mechanical ventilators, cardiac monitors, or other biomedical devices to accompany them during movement.				



2	Wheelchair			
	<p>Individuals who cannot walk on their own but are able to sit for an extended period of time.</p> <p>Those who are alert but unable to walk due to physical or medical condition. They are stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment or medical gas other than oxygen, a maintenance intravenous infusion, an indwelling catheter or a PEG tube during their relocation or evacuation.</p>	Safely managed by a single non-clinical staff member or healthcare facility-designated person	May be transported as a group in a wheelchair appropriate vehicle (e.g., medical transport van or ambulette)	A single staff member or healthcare facility-designated person appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents



3	Ambulatory			
<p>Individuals who are able to walk on their own at a reasonable pace.</p> <p>Those who are able to walk the distance from their in-patient location to the designated relocation or loading area without physical assistance, little supervision, and without any likelihood of resulting harm or impairment</p>		<p>Escorted by staff members, but may be moved in groups led by a single non-clinical staff member or healthcare facility-designated person. The optimum staff-to-patient ratio is 1:5.</p>	<p>Can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, or private auto)</p>	<p>A single staff member appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents</p>



Focus Group Testing

October 2011

- The Oneida County Health Emergency Response Plan Program provided rural, metropolitan & suburban population experience
- Purpose-To determine the practicality of the TALs revisions throughout the healthcare domains & emergency partners
- Scenarios-Patient condition cards were used for sorting of information into Transportation Assistant Levels
- Feedback focus -are the revised TALs practical?
- Conclusion-the revisions are both practical & universally applicable

Army National Guard driving through flood waters of Owego on 9/9/11 after the waters began receding. Three Army trucks were deployed to evacuate 70 nursing home residents.

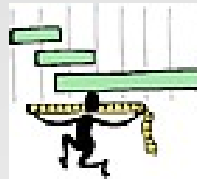


These Tioga County residents were transported by the Army trucks & transferred to this “dry” staging area.



A Note of Importance

TALS are for use only during a staged or planned evacuation and not an emergent situation.



The potential for regional/local planning variations while upholding the integrity of the core text is recognized. This is particularly applicable to areas of the state that have diverse transportation issues such as rural environs as opposed to the more transportation rich suburban and metropolitan regions.



Process for Categorizing Patients/Residents

- Based on resources required to move the individual within & outside the facility
- Use of a standard process
- Use of an identification device (the new symbols)
- Do not limit based on:
 - Number of staff members
 - Type of movement device
 - Designated loading area
 - Type of transportation asset
 - Receiving facility

Assess & Categorize Patients/Residents by Mobility Level

The plan describes the process used to:

- Establish a baseline planning estimate of a 'typical' census for immediate reference
- Rapidly establish an actual census by mobility level at the outset of the (potential) event
- Identifies the process for prioritization of patients/residents for evacuation
- Describes the sequencing of patient/resident movement during a facility-wide evacuation

Note: Staffing levels are suggestion only
(e.g. ambulatory ratio of 1:5)



Critical Success Factors

- Keep scale simple
- Maintain the core definitions & symbols
- Provide straightforward descriptions of an individual's transport requirements during evacuation
- Avoid synthesizing clinical triage criteria into scale
- Maintain the core TAL categories

Healthcare Facility Staff Education

Suggested staff:

- Clinical-medical, nursing, OT, PT
- Social services-discharge planning
- Safety & security-traffic control, visitor entry
- Plant Management-type of movement device, designated holding/loading area

Note: Staff selection will be influenced by domain

Patients Residents & Families

- Review TAL categories
- Cover transportation ‘assignments’
- Review reasons

Mitigation Factor Awareness

- Facility & community mitigation may alter transportation need in an emergency event

**Aerial photo of Our Lady of Lourdes Hospital
Broome County, NY. 6/28/06- certified bed census of 267**



2011



**Water from Susquehanna River flooding rear parking lot.
Flood wall proves to be very effective.**

Informational Outreach 2012

The audiences:

- Healthcare facilities, Healthcare associations, NYSDOH Regional Offices
- NYS OEM Regional Directors
- County OEMs
- LHDs
- EMS

Next Steps

	Task	Time frame
1	Obtain TAL identification tags	By June 2012, planned
2	Informational outreach to NYS OEM Regional Directors & County OEMs	By June 2012
3	Informational outreach via webinar to LHDs & EMS	By June 2012
4	Informational outreach to healthcare facilities	Webinars no later than March 2012

Wide-range Testing

- TALs will be incorporated into the **NY Fury Partnership Exercises** beginning in March 2012

Questions



Presenter Contact Information

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