

# ORLANDO HEALTH<sup>®</sup>

## Questions Every Hospital Must Ask

About whether they're supporting their  
non-resident/foreign citizen patients



## A White Paper for Healthcare Facilities

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# ORLANDO HEALTH<sup>®</sup>

## Executive Summary

Orlando Health Inc., based in Central Florida, operates the region's only Level One trauma center. Based in the "theme park capital of the world", Orlando Health Inc. operates eight medical facilities spanning three counties with a nine county coverage area, including the Walt Disney World theme parks, SeaWorld and Universal Studios. Receiving almost 10 million visitors a year<sup>1</sup> from the top international visitation countries, the healthcare system has a large stake in the continued wellbeing of the region.

Hospitals need to understand their customer base, especially when they provide support to diverse groups from foreign countries. Knowing the needs, behaviors and concerns of foreign patients goes a long way towards ensuring inclusive care for all. Hospitals need to ask questions on whether they're doing enough to support all patients, or whether their current policies are disenfranchising a segment of their customer base.

Orlando Health Inc. wanted to find the answers to the following questions and, where applicable, create a plan that addressed these issues. This white paper describes three of the most important questions regarding support offered to non-resident/foreign patients:

- 1: Does your healthcare system receive non-resident/foreign patients?
- 2: Once identified, what steps have you taken to provide these patients with support during their admission?
- 3: What considerations have been made to provide these patients with additional support during a Mass Casualty/Mass Fatality Incident?

## >> Question 1:

Does your healthcare system receive non-resident/foreign patients?

### Background

Orlando Health is a not-for-profit healthcare system. Its medical facilities provide healthcare for nearly two million Central Florida residents and thousands of international visitors annually. Based in the tourist capital of the world, its Patient Revenue department is highly experienced in processing claims with international travel insurance companies and the clinical teams understand that non-resident/foreign patients are isolated, anxious to go home as quickly as possible and return to normal life.

U.S. hospitals spend a large amount of energy supporting vulnerable patients such as the elderly, those with behavioral health issues, cognitive disorders, substance abuse issues, etc. but may fail to recognize that non-resident/foreign patients fall in to this category too. If you're questioning the reasoning behind this, consider FEMA's NRF (National Response Framework) definition<sup>2</sup>:

*"Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged."*

Vulnerable patients can be identified using tools such as the CMIST (Communications, Medical, Independence, Services & Support and Transportation) framework<sup>3</sup>. Non-residents and foreign nationals regularly fall into the 'vulnerable' category yet many organizations routinely fail to recognize their unique needs. A tourist is vulnerable in a wide variety of ways; they have limited resources available to them. Communication and transportation options may be severely limited. Medical care may differ significantly from that offered in their home country. Living outside the U.S. means their cultural background is likely different from ours in the United States. Their English proficiency may be limited. By definition, this establishes the person as vulnerable. Consider some examples for each pillar of the CMIST framework and how they may apply to your non-resident/foreign patients:

Communication:

- The patient is from a country where English isn't the native language so clear communication is difficult.

- In cases where English is the native language, there can be significant variances in words<sup>4</sup>. At best, this can create mild confusion. At worst, this can severely impact the patient's understanding of their medical issues/needs and their recovery.
- As a local, you live in the area where you're receiving medical care and can receive regular visits from family & friends. If a patient's family lives outside the region they can feel extremely isolated.  
Communication may be intermittent or even impossible, especially if their family doesn't have access to the internet or is unable to make/afford long-distance calls. Countries may be several time zones ahead/behind, causing additional complications.

#### Medical:

- Medical care can differ from region to region, even within the United States. Many foreign countries have socialized (or "universal") medicine, including three of the top countries for international visitation to Florida:

United Kingdom (1,690,000 visitors in 2016)

Germany (482,000 visitors in 2016)

France (316,000 visitors in 2016)

Consider the impact this would have on the patient during the admissions process. They may have left a medical system that doesn't require a co-pay or ask them to provide anything towards the final bill. Imagine their level of anxiety when they're approached for money. Will they still receive medical care if they don't meet their co-pay? Will they be able to leave the country if the bill isn't settled at discharge? The answers may seem obvious to someone familiar with the U.S. medical system, but take a moment to examine your own awareness of the medical care provided in foreign countries you may have visited. Did you *really* know exactly how it worked? Who would you turn to for clarification if there were questions or you encountered issues?

#### Independence:

- Individuals who, with assistance, can function independently in their home country may encounter unexpected problems when travelling overseas. Someone who runs out of consumable medical supplies may face significant hurdles, and cost, in obtaining replacements.

#### Services & Support:

- What happens when the stresses of travel trigger an episode for an individual with behavioral health needs and/or psychiatric conditions? Behavioral health care isn't a widely used term outside the U.S. (creating additional barriers for the patient and their family) and acceptable levels of behavior may differ significantly between countries. The impact of a lack of understanding may result in the foreign national's placement in a Short-Term Residential Treatment facility, which can create significant trauma to someone unfamiliar with such a setting, potentially exacerbating the problem.

Transportation:

- If you live in the area where you're receiving medical care, getting home after discharge may only involve a short taxi ride. Non-residents and foreign nationals can face additional transportation complications compared to 'locals', including:
  - Significant cost for family members to visit the hospital – this can include having to take cab rides to/from the hotel to the hospital, or even international air fares (assuming they can afford this);
  - Added stresses resulting from driving on the opposite side of the road/unfamiliar road signs from the home country;
  - Delays in returning home until the patient is considered medically fit-to-fly;

These examples are only a snapshot of the issues and complications that can impact non-residents/foreign nationals.

Failing to recognize these needs may have a negative impact on a patient's wellbeing. Consider how the vulnerability levels of non-residents and foreign nationals escalate during a major incident. On September 11, 2001 air traffic across the United States was grounded for two days and over 4,000 flights were grounded. In April 2010, the eruption of an Icelandic volcano shut down air traffic over much of northern Europe for eight days, including transatlantic flights.

Consider the impact these events had on non-resident/foreign visitors:

- Uncertainty as to when they may get home, risk of loss of employment, etc.
- Concerns on running out of money, food, medication, etc.;
- Limited availability of accommodation;

Hospitals have patient treatment plans to map a clear path through admission and diagnosis to patient discharge. However, if you don't live in the region you may have additional concerns that these plans don't address. There can often be a disconnect between providing quality clinical care and providing additional assistance to customers whose needs can't easily be met through the local community.

The first step in providing support for non-resident/foreign patients is to recognize they exist. In February 2016, Orlando Health, Inc. began to examine ways of recognizing foreign national patients. The organization considered its Admission, Discharge & Transfer procedure (ADT) and how it could be modified. The goal was to:

- Establish a low-impact process that identified patients who were not U.S. Citizens;
- Educate the patient on the support available to them from their Consulate;
- Facilitate contact between the patient and the Consulate;

Working with the Patient Care department, Orlando Health, Inc. modified its current 'Patient Access ID Form' (see Appendix A) so that it included additional questions, such as:

- Nationality/Citizenship – we included both terms as it was understood that some countries did not recognize the term Citizenship, and vice versa;
- Home address - this was modified to include Post Code (used by the majority of Universal Postal Union countries), CEP (used in Brazil), PIN (used in India) and PLZ (used in Germany, Austria, Switzerland and Liechtenstein) numbers, in addition to the U.S. Zip Code identifier. This allowed us additional search capability when trying to locate patients within the electronic health record system, and also provided examples that the majority of foreign patients would recognize;
- Personal distinguishing characteristics – we modified this field to include meters (many countries don't use feet as a measurement) and stone/kilograms (many countries don't use pounds). Using terms a patient is familiar with shows consideration and helps put them at ease.
- We included a section specifically relating to consular contact. This section stated:

*If you are not a U.S. Citizen, your Consulate/Embassy may be able to offer you additional support.  
Would you like your Consulate/Embassy notified of your situation?*

Capturing nationality information allowed us to identify a patient as a non-resident/foreign national.

## >> Question 2:

What steps have you taken to provide these patients with support during their admission?

Once identified as a non-resident/foreign national, Patient Care staff could speak with the patient and provide details about the support services that may be available to them through their Consulate.

Foreign Consulates-General provide dedicated support to their citizens when they are outside of their home country. Generally speaking, it doesn't matter whether the person is living, working, travelling or studying overseas, if they get in to difficulty or need support their government may be able to offer them assistance. While Consulates-General may operate slightly differently from one-another, they often provide a unique level of service that can't easily be replicated in the community. Their staff are ordinarily citizens from the home country who have a detailed understanding of the language and culture. They will likely have knowledge on how the local healthcare system works, and can explain processes to their citizen using language and terminology that they understand. They can provide a level of clarity to the patient that hospital staff ordinarily can't provide. Hospital "language lines" (telephonic interpretation services) go a long way towards assisting the patient, but receiving support from your own government offers a level of reassurance that can be difficult to match.

Consulates often provide 24/7 support to their customers on a wide range of topics, benefiting the customer and our Patient Care teams, including:

- Locating, and helping patients communicate, with their family members overseas ;
- Coordinating transfer of medical records;
- Assisting with contacting international travel insurance companies;
- Coordinating the repatriation of patients back to the home country, including helping identify a receiving medical facility;
- Issuing replacement passports to facilitate travel;
- Offering support & guidance to patients, their families and to healthcare systems;
- Identification of patients;
- Providing support following a bereavement;

Patients, or their advocates, can make the informed decision on whether they would like to speak to their Consulate (see the flow chart in Appendix B). Where a patient declines, the date & time of their refusal is captured on the Patient Access ID Form and the patient is advised that the hospital remains prepared to assist them in establishing contact, should they reconsider. The subject Consulate/Embassy contact number is located on the U.S. Department of State's website online<sup>5</sup>, entered on to the Patient Access ID Form and a copy is provided to the patient. It was recognized that some patients may wish to contact their home country's representatives privately, and providing the details helped facilitate such contact.



Consulates and Embassies operate under international agreements, such as the Vienna Convention on Consular Relations and often cite bi-lateral agreements when making enquiries into matters affecting their citizens. Guidance was sought from Legal, and Compliance & Ethics departments on whether responding to such enquiries violated our obligations under HIPAA. The Health Insurance Portability & Accountability Act (HIPAA) of 1996 and its implementing regulations, the HIPAA Privacy, Security, and Breach Notification Rules are designed to protect the privacy and security of a patient's Protected Health Information (PHI). The HIPAA Privacy Rule allows covered entities to share information about a patient as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's care, of the patient's location, general condition, or death. The covered entity should get verbal permission from the patient or otherwise be able to reasonably infer that the patient does not object, when possible; if the individual is incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest. This could include disclosures to Consulates, Embassies and other third parties acting in a capacity to facilitate notifications or repatriation following an emergency (however, covered entities should check with their Compliance and Legal teams to ensure there are not state privacy laws that are more stringent than HIPAA).

HIPAA and Consular contact is addressed in the Department of Health and Human Services, Assistant Secretary for Preparedness and Response Technical Resources, Assistance Center, Information Exchange (DHHS ASPR TRACIE) website<sup>6</sup>. Consulates provide support services meeting the language, and spirit of the HIPAA Privacy Rule. Additionally, Consulates are the official representatives of the government of one state located in the territory of another, and normally act to assist and protect the citizens of the home country. While the interests of a healthcare facility and the Consulate may not always coincide, both are working towards ensuring the continued wellbeing of the patient. Considering the targeted support Consulates can provide to their citizens and the benefits this brings<sup>7</sup>, Orlando Health, Inc. felt it was in the best interest of the patient to pass on this information with the patient's permission, as discussed above.

In cases where patients are unresponsive (e.g. unconscious), Orlando Health, Inc. established a process whereby Patient Care speaks with their proxy on the role of the Consulates and the support they provided, thereby allowing the proxy to make an informed decision on whether they, as the advocate, felt it was in the patient's best interest to initiate contact. In such cases, the Guardian/medical proxy would contact the Consulate directly if they deemed it appropriate. This was felt to bring an additional level of protection to the patient.

### >> Question 3:

What considerations have been made to provide these patients with additional support during a Mass Casualty/Mass Fatality incident?

Immediately following the Pulse nightclub shooting in Orlando, FL on June 12, 2016 the Liaison Officer/Emergency Manager in Orlando Health, Inc.'s Hospital Command Center was contacted by numerous Consulates on multiple occasions, all requesting confirmation on whether any of their citizens had been admitted to the hospital. Orlando Health, Inc. received contact not only from Consulates & Embassies but also the U.S. Department of State's Office of Foreign Missions (OFM), which works as an intermediary between Consulates-General and U.S. authorities to provide assistance to foreign Consulates based in the United States.

As hospitals respond to a Mass Casualty Incident (MCI) their primary focus is on preservation of life and addressing the medical surge. Consular Officers are tasked with providing support to their nationals when they need it most and are required to establish whether any of their nationals are impacted by an event/incident. They make use of every avenue available to them to get information on whether their nationals were involved in an incident. However, recognizing the value that Consulates can bring to the incident response does little to offset the added volume of work such enquiries may create. Post-Pulse, Orlando Health, Inc. considered this issue in detail to find a solution that provided the Consulates-General with the information they required, while also allowing the healthcare system to attend to the situation.

Orlando Health reached out to the OFM to establish a clear process for information sharing. Florida is extremely popular with foreign tourists, and there are a large number of foreign Consulates in the State (86 as of 2016), not including those based in other States that still have responsibility for Florida. It is unrealistic to expect a healthcare system to reach out to 80+ individual Consulates-General, especially during a MCI. The OFM agreed that they would act as a force multiplier, cascading the information to the Consulates-General as required.

Within the first hour of a "Mass Casualty Incident – In Effect" or similar medical surge situation, Patient Care now compiles a high-level report (based off the data entered from the Patient Access ID Form) outlining the number of affected foreign nationals received at all Orlando Health, Inc. facilities. The report will list the nationality of all patients admitted as a result of the incident, gender and whether any minor children were involved. These situations will require the activation of the Hospital Incident Command System (HICS) and, with the approval of the Hospital Incident Commander, the report will be forwarded to the U.S. Department of State's OFM in Miami with the request that they distribute it to all Consulates in the region as a matter of urgency.

The email, which can be a pre-drafted template to save time, will be sent two hours after receiving the first patients from an incident. It will explain the information has been compiled during the initial medical surge and more detailed information will be provided in three hours. This timeframe was chosen as it allows consideration for the medical surge 'dual wave phenomenon'. The Center for Disease Control and Prevention (CDC) describes the "Dual Wave Phenomenon" as where larger groups of less severely injured walking wounded typically arrive at an Emergency Department within 15-30 minutes of an incident, followed within an hour or two by a second wave of more severely injured who will require pre-hospital emergency transportation.

Consulates will be advised that subsequent emails will be provided every three hours until Orlando Health, Inc. confirms they are no longer receiving patients from the incident and all patients have been identified. These emails will include basic information that allows the Consulates to determine how many staff they may want to deploy in response. The email will outline that all contact should be directed through the OFM or law enforcement/Emergency Operations Center partners, thereby allowing Orlando Health, Inc. to focus on preservation of life/patient care.

It was recognized that Consulates will need to establish whether any of their citizens were involved, and that unidentified patients may create delays in information sharing. In this situation Orlando Health, Inc. will follow the "John" and "Jane Doe" identification process until such time as identity/nationality is established. In situations where the patient is believed to be a foreign national they will reach out to the subject Consulate to ask for assistance in confirming nationality, contacting family, etc. Many Consulates can access their country's passport issuing systems and cross-reference patient names. Passport issuing systems include the bearer's photograph, although it's recognized that Consulates operate under their own country's Data Protection Acts so they may not be able to provide the data directly to the hospital; rather, information can be shared on an 'as needed' basis until identity is established, or ruled out.

## >> Conclusions

Emergency Managers understand that regular exercises are integral to an effective disaster response. Once hospitals have established a process for coordinating foreign national notifications it should be drilled in table top and full-scale exercises so that Patient Care and HICS teams are familiar with the process. If your regional Consulates haven't contacted you, be pro-active and contact them. Get to know them and their services in advance of an incident, and allow them to do the same; invite them to your facility and explain how your Incident Command Center operates and the focus of your activities during an emergency. Establish working groups to discuss how you can work together day-to-day to support your foreign patients.

We need to remember that the U.S. is made up of people from many different cultures and countries. When an incident takes place, there is a high likelihood that foreign nationals will be among the victims and additional levels of support will be needed. Consider partnering with foreign missions in Family Reunification Center/Family Assistance Center (FRC/FAC) activations. Involving Consulates in your response efforts means:

- They understand the culture, which allows them to provide unique support addressing the needs of their citizens;
- The support they provide can significantly reduce the impact on your resources, thereby lightening your organizational load;
- They can help local authorities in the identification of living/deceased foreign nationals, locating next of kin and coordinating in-person death notifications in the home country;

A healthcare system's focus is on ensuring continued operations and saving patients, but by providing Consulates with information on their nationals as soon as it's reasonably available, they can be a partner in preparedness and provide your patients and facilities with another layer of support.

Healthcare systems that fail to address the needs of their foreign patient base could end up paying an unexpectedly high cost. Patients that don't benefit from the support and guidance their Consulates can offer may encounter additional issues, including:

- Not fully understand the medical treatment process creates the potential for longer hospital stays;
- Added risk to patients' welfare for long-stay infections;
- The potential for medicine interactions creates risk to the patient and may necessitate additional levels of medical care;
- A lack of understanding of their financial obligations can cause lost revenue for the facility;

In the first four months of process implementation (October 2017 – January 2018) Orlando Health provided information on consular support to **5,363** foreign national patients.

Many cities in the United States are home to foreign nationals, and many more are popular with foreign nationals as a vacation destination. This white paper has shown an area where hospitals need a deeper understanding of their patient base, and urgently need to put plans in place addressing their needs. By engaging with foreign patients you're showing that you've taken the time to understand their issues and are committed to establishing their wellbeing; you're actively showing the patient the 'care' within healthcare.

## Sources:

- <sup>1</sup> Visit Orlando: [www.visitflorida.org/resources/research](http://www.visitflorida.org/resources/research) - Top Countries for International Visitation to Florida
- <sup>2</sup> FEMA Statement by Marcie Roth, Director, Office of Disability Integration and Coordination, Federal Emergency Management Agency, "Caring for Special Needs during Disasters: What's being done for Vulnerable Populations?" - June 15, 2010
- <sup>3</sup> Public Health Emergency: Access and Functional Needs  
<https://www.phe.gov/Preparedness/planning/abc/Pages/afn-guidance.aspx>
- <sup>4</sup> What are the differences between British English and American English?  
<http://projectbritain.com/americanbritish.html>
- <sup>5</sup> U.S. Department of State, Foreign Consular Offices in the United States  
<https://www.state.gov/s/cpr/fco/index.htm>
- <sup>6</sup> Department of Health and Human Services, Assistant Secretary for Preparedness and Response, Technical Resources, Assistance Center, Information Exchange:  
<https://asprtracie.hhs.gov/documents/aspr-tracie-hipaa-emergency-fact-sheet.pdf>
- <sup>7</sup> <https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/hipaa-privacy-emergency-situations.pdf>

Attachment A – Patient Access ID Form

PATIENT ACCESS ID FORM		
Intake Form		
Name: First                  Middle                  Last		Arrival Time:                                  AM PM (please circle)
Height:                                  ft. m (please circle)		Arrival Date: (mm/dd/yyyy):
Weight:                                  lbs. stone kilograms (please circle)		Arrival Mode:
Hair Color:		Room:  Male                                  Female Non-binary/third gender    Transgender    (please circle)
Date of Birth: (mm/dd/yyyy):	Last Four of SSN (if applicable):	Race:
Nationality/Citizenship:	Marital Status: (please circle)  Single    Married    Widowed    Divorced    Separated	
Home Address  Street: Apartment/Flat: City: State/Country: Zip/Post Code/CEP/PIN/PLZ:		
Contact Numbers  Home: Cell: Pager:		
Emergency Contacts  Name:                                  Name:                                  Name: Phone:                                  Phone:                                  Phone: Country:                                  Country:                                  Country: Relationship:                                  Relationship:                                  Relationship:		
Consular Contact: As you are not a US Citizen, your Consulate/Embassy may be able to offer you additional support. Would you like your Consulate/Embassy notified of your situation? (please circle) Yes No If not, record the date/time of refusal:  For your convenience, the telephone number for your Consulate/Embassy is:		
<b>BUSINESS OFFICE INFO:</b>		
Completed By:	Sign-on ID:	
Date/Time:		

## **Process & Scripting**

All representatives must ask the patient for their nationality. Never guess or assume their nationality.

When collecting demographic information, ask patient “What is your nationality?”

### **Patient may ask the following questions:**

**Q:** What is nationality?

**A:** The country where you were born.

**Q:** Why do you need this information?

**A:** Information you give us on your race and nationality will help us provide better services.

**Q:** Who will see my information?

**A:** Your information is kept private and confidential and is protected by law (Health Insurance Portability and Accountability Act HIPAA 1996). The only people who will see your information are members of your health care team and others who are authorized to see your medical record.

**Q:** I was born in \_\_\_\_\_ country, but I’ve lived here all my life. What should I choose?

**A:** Ordinarily, if you haven’t become a US Citizen you may still be a citizen of the country you were born in.

**Q:** Are you trying to find out if I am a U.S. citizen?

**A:** No, definitely not. This information is confidential and used only to improve health care. No questions regarding citizenship or documentation are asked.

**Q:** What if I don’t know my nationality?

**A:** If you don’t know your nationality, we can leave this as ‘unknown’ until we learn otherwise.

**Q:** Isn’t that an illegal question to ask?

**A:** No, it is not illegal to ask. Collecting and reporting nationality are legal under the federal Civil Rights Act of 1964. However, you may choose not to answer any question.

**Q:** What if I don’t want to answer these questions?

**A:** It is perfectly alright if you do not want to answer this question. However, this information does help our hospital provide better care. Regardless of whether you answer these questions, we will provide you care.

**\*\*Update ‘Nationality’ field with ‘Refused’ when patient does not want to provide their nationality, or ‘Undetermined’ when you are unable to obtain it\*\*.**



**ORLANDO, FL (Month day, year)**

To Whom It May Concern:

Orlando Health is receiving foreign national patients as a result of a suspected *<insert information on situation here>* in Central Florida. We ask that the US Department of State’s Office of Foreign Missions provide the following information to the region’s foreign missions as a matter of urgency:

Orlando Health has received the following foreign national patients: *<insert total number of patients received at all Orlando Health facilities within the first hour>*

This number is comprised of:

Nationality - *<insert affected nationality>*  
Of which there are:  
Male – *<insert number>*  
Female - *<insert number>*  
Minor children - *<insert number>*

Nationality - *<insert affected nationality>*  
Of which there are:  
Male – *<insert number>*  
Female - *<insert number>*  
Minor children - *<insert number>*

Nationality - *<insert affected nationality>*  
Of which there are:  
Male – *<insert number>*  
Female - *<insert number>*  
Minor children - *<insert number>*

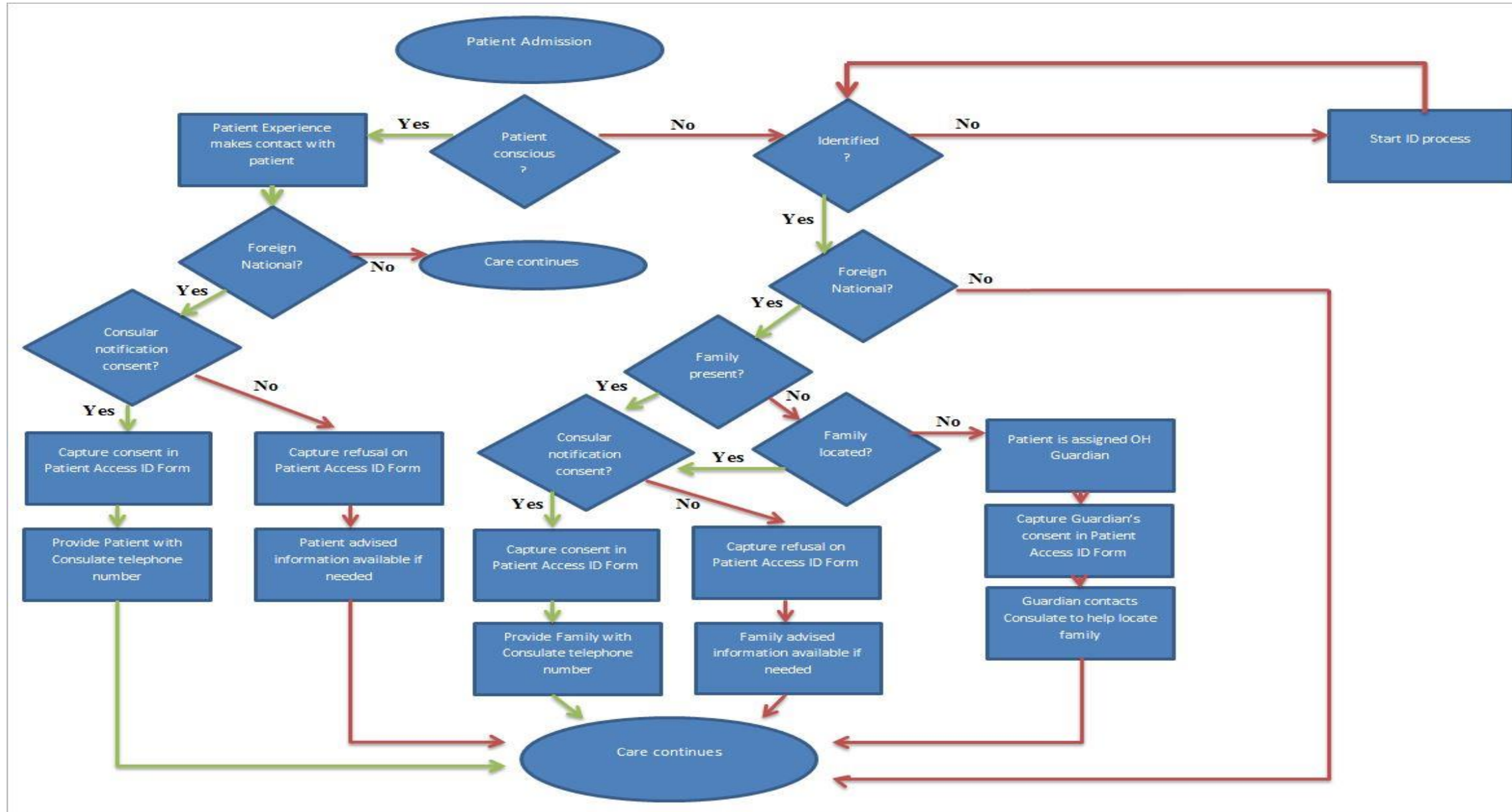
Nationality - *<insert affected nationality>*  
Of which there are:  
Male – *<insert number>*  
Female - *<insert number>*  
Minor children - *<insert number>*

To allow for a medical surge, our next update will be in (3) three hours, at *<insert time of next report>*.

**Our immediate focus is on preservation of life;** Orlando Health will not be responding to any direct requests from Consulates as to whether their citizens were involved. Orlando Health has a process for capturing the nationality of arriving conscious patients, and we ask whether they would like their Consulate notified of their situation. For unconscious patient who are identified as foreign nationals, an advocate will provide this consent on their behalf. We will provide a more detailed report in due course.

We recommend foreign missions direct further enquiries regarding the suspected *<insert information on situation here>* through the Office of Foreign Missions, and/or their law enforcement and Emergency Operations Center contacts.

###



Issue date: [MM/DD/YYYY]	Replaces Dept. Policy:
Revision dates:	Developed by:
Approved by:	Approved by:
Signature:	Signature:
Department Numbers: * (*) denotes that all departments reporting to this department number are covered by this document	

**I. PURPOSE:**

This department process establishes processes for the recording of the nationality/citizenship status of patients who present for care at an Orlando Health hospital. Establishing patient nationality facilitates the consular notification of a “foreign national” to a consular office, when appropriate. This department process relates to direct, planned and emergency admissions; outpatients do not fall within the scope of this process.

**II. DEFINITIONS:**

- A. Affinity: Hospital patient registration system.
- B. Protected Health Information (PHI): Any information about health status, provision of health care, or payment for health care, or payment for health care that is created or collected by a “Covered Entity” (or a Business Associate of a Covered Entity) and can be linked to a specific individual.
- C. Covered Entity: Covered Entities are defined in the HIPAA rules as (1) health plans, (2) health care clearinghouses, and (3) health care providers who electronically transmit any health information in connection with transactions.
- D. HIPAA (Health Insurance Portability and Accountability Act of 1996): HIPAA is United States legislation that provides data privacy and security provisions for safeguarding medical information.
- E. Foreign National: For the purposes of this process document, a “foreign national” is any person who is not a U.S. citizen, regardless of how long they have resided in the United States.
- F. Nationality: The status of belonging to a particular nation. Also known as Citizenship, Nationality is generally obtained by birth, naturalization or through marriage.
- G. Consulate: The office of a consul is termed a consulate, and is a regional office that is usually subordinate to the foreign government’s main representation in that foreign country, which is usually an Embassy.
- H. Embassy: The political offices of a foreign government, usually located in the political center of the country they are housed in.
- I. Patient Access Registration Representative (PARR): Person responsible for registering patients.
- J. Hospital Incident Command System (HICS): The HICS, modeled after the Department of Homeland Security’s National Incident Command System (NIMS) of Incident Command System (ICS), is

designed to manage all routine or planned events, as well as emergencies and/or disasters of any size or type. HICS allows for personnel from different agencies and/or departments to be integrated in to a common structure to more effectively address issues, delegate responsibilities, ensure communication, and eliminate duplication of services.

- K. U.S. Department of State Office of Foreign Missions: The U.S. Department of State Office of Foreign Missions (OFM) is a U.S. Government organization that serves as an intermediary between the U.S. Government and foreign missions operating in the United States.
- M. Naturalization: The process by which Citizenship is granted to a foreign citizen or national after they fulfill the requirements.
- N. Mass Casualty Incident (MCI): Any natural or unexpected incident(s) resulting in a large number of victims seeking treatment. This incident may be short term or remain in progress for a number of days.
- O. Surge Capacity: The ability of the health system to expand beyond normal operations to meet a sudden increase in demand.

### III. PROCESS:

- A. During patient registration in Affinity, the PARR will ask each patient their nationality.
- B. The patient representative will clearly explain that the purpose of the question as follows:
  - 1. Identify whether the patient is a non-U.S. Citizen (and is therefore potentially unfamiliar with the healthcare systems and processes in the United States).
  - 2. The hospital is asking for this information solely to provide the patient with the fullest level of support during their hospitalization.
  - 3. Refusing to provide information on their nationality will in no way affect their level of care during their time with Orlando Health.
- C. If the patient reports having nationality of a country other than the United States, the following steps will be followed:
  - 1. Ask the patient if they would like the contact information of their consulate. It is recognized that some consulates may not operate in the State of Florida. In such cases the patient will be provided the contact details of the nearest consulate (even if it is out of State), or their Embassy, whichever is most appropriate.
  - 2. If the patient provides authorization to release their:
    - a. Full Name
    - b. Date of Birth
    - c. Clinical status (serious, critical, etc.)
    - d. Location
    - e. Nationalityto the consulate/Embassy, the PARR will update the nationality field to the country reported by the patient and record the date and time of authorization.
  - 3. If the patient indicates they do not want their consulate notified, the PARR will enter “Refused” in the nationality field and record the date and time of authorization.
  - 4. If the patient is unable to provide the information requested (i.e. patient is unconscious), enter “Unknown” in the nationality field and provide an explanation why this could not be captured.
- D. In situations where a patient is having difficulty making contact with their consulate, the PARR will offer additional support in facilitating contact. PARR team members should always consider that patients may be unfamiliar with the United States, and may be unaware of requirements such as

the need to dial +1 for long-distance, calls, etc. In such instances, the PARR will provide additional support at the request of the patient:

1. Before providing PHI to a consulate (who are not Covered Entities), PARR's should confirm that the patient intake form reflects the patient's authorization and consent to release information under HIPAA.
  2. If the intake form does not reflect patient authorization for consular contact, the PARR should ask the patient to provide such consent before moving forward.
- E. The registration representative should continue attempts to complete registration, as appropriate, as long as patient remains in the hospital.
- F. It is recognized that some foreign national patients may be receiving care at an Orlando Health facility for an extended period of time. In such cases the patient Case Manager will be the point of contact for the patient, if the patient has difficulty in contacting their consulate.
- G. During a major incident that involves foreign national patients being admitted to Orlando Health facilities, such as a Mass Casualty/Mass Fatality/Patient Surge incident, Patient Access will:
1. Within the first hour of the incident being reported, compile a high-level report outlining the number of affected foreign nationals who present at any/all Orlando Health facilities as a result of the incident.
  2. The report will list the nationality of all patients, gender and whether any juveniles were involved.
  3. Immediately upon generation of the report, Patient Access must email the report to the Corporate Liaison Officer in the Corporate Command Center, following up with a telephone call to the Corporate Command Center to ensure that the Incident Command Location is aware the report has been generated, forwarded and was received in good order.
  4. Immediately upon forwarding the email to the Corporate Command Center, Patient Access must begin the process of collecting data to provide a similar report in two hours. In addition to patient nationality, this report must contain:
    - a) Patient's full name
    - b) Patient's date of birth
    - c) Patient's clinical status (serious, critical, etc.)
  5. Subsequent reports containing the information listed in item 4 must be provided to the Corporate Command Center every 3 hours until Orlando Health confirm we are no longer receiving foreign national patients from the incident.
  6. In situations where patients involved in the incident have yet to be identified, Patient Access must:
    - a. Provide a report on the number of unidentified patients received as a result of the incident.
    - b. Make the Corporate Command Center Liaison Officer and Medical Staff Director aware that there are still patients still waiting for identification. The Incident Commander should provide authority for Command/General staff to liaise with Law Enforcement regarding patient identification, if this is not already in process.
  7. Where HICS is deactivated and patients remain unidentified, Patient Care should continue to work with local Law Enforcement/local authorities in the identification process, per departmental guidelines (Doe Registrations – Emergency Department).

#### **IV. DOCUMENTATION:**

Appropriate field must be updated in Affinity to indicate the patient's nationality.

As needed in the hospital registration system.

**V. REFERENCES:**

- A. Consular Notification and Access Manual – 4<sup>th</sup> edition – August 2016  
<https://travel.state.gov/content/travel/en/consularnotification.html>
- B. U.S. Department of State Office of Foreign Missions ‘Foreign Consular Offices in the United States’ publication:  
<https://www.state.gov/s/cpr/fco/c71392.htm>
- C. Revenue Management Department Process – *Pre-Registration/Registration*
- D. Emergency Management Policy and Procedure - *Hospital Incident Command System (HICS.)*
- E. Revenue Management Department Process - *Doe Registrations – Emergency Department*

## **About the Author**

John Corfield is a Corporate Emergency Preparedness Specialist at Orlando Health, Inc. in Orlando, Florida.

Prior to joining Orlando Health, Inc., Mr. Corfield spent 17-years as the Pro-Consul at the British Consulate-General in Miami. His role included providing assistance to British nationals throughout Florida, Puerto Rico and the U.S. Virgin Islands on a wide variety of issues. Mr. Corfield handled major cases for Central and Northern Florida, providing support and guidance to British families affected by homicide, suicide, serious hospitalizations, arrests, rape, mental health issues, parental child abductions and more.

Mr. Corfield worked extensively with local partners to educate them on the services available to foreign nationals. This included promoting the establishment of processes within Comprehensive Emergency Management Plans (CEMPs) that specifically address the needs of foreign nationals during an emergency.

During his time with the Consulate, Mr. Corfield responded to a number of major incidents, including the Pulse nightclub shooting, hurricanes Matthew, Charley, Frances, Ivan, Jeanne & Katrina and the eruption of Eyjafjallajökull in Iceland.