EMResource Workgroup Meeting
March 15, 2019
1:00 – 3:00 pm
OSDH Room 1102

Meeting called to order:

The meeting was called to order at 1:00 pm by Marva Williamson.

Attending Members:

Bryan Jones, EMSA Region 8; Kelly McCauley, LifeNet - Region 2; Joshua Garde, Tulsa Life Flight-Air Methods; Michelle Vega, RMRS - Region 1; Eddie Sims, NRHS-EMSSTAT, OTERAC Region 6; Robert Stewart, RMRS MERC - Reg. 3; Jim Koch, Miller EMS - Region 1; Rodney Baker, Air-Evac Lifeteam; Rena Scott, Saint Francis Hospital - Region 7; Angelique Heigle, Integris Health Edmond – Region 8; (Via phone conference-Lisa Fitzgerald, TReC; Emily Clutch, TReC; Jesse Leslie, TReC); Grace Pelley, OSDH; Jennifer Woodrow, OSDH; Lori Strider, OSDH; Dean Henke, OSDH; Marva Williamson, OSHD; Brandee Keele, OSDH; Linda Dockery, OSDH

Welcome and Introductions:

Each attendee introduced themselves and their affiliation. Trauma Referral Center (TReC) staff attended via speaker phone, and Lisa Fitzgerald introduced herself and colleagues joining the call.

Business:

Ms. Williamson began by asking the group to review the meeting notes from the January 18, 2019 meeting, and asked for any comments or corrections. She mentioned that she was in communication with EMResource Juvare regarding how other states are using the tool and would like to have information available for the group by the next meeting. She also shared what appears to be under-utilization of EMResource, and changes that could maximize our use of the tool.

Purpose:

The purpose of this workgroup is to review the current system capability to ensure EMResource provides timely and appropriate responses to our current environment and operations, identify future needs, show under-utilized capabilities, and provide recommendations to OTERAC. Lori Strider presented a visual summarizing the revisions requested thus far from past meetings. Her presentation included a current view of EMResource, and then an updated view of how each change would affect the layout. Ms. Strider went through each item to clarify previous submissions for accuracy.

Discussion was as follows:

- The following deletions to the main columns were suggested: **Trauma Level, Neuro, and Card**.

- The following additions to the main column were suggested: **NEDOCS, STEMI, Stroke, and Ped**.
    - NEDOCS is not available to the entire state, so it would not be visible for all providers.
    - Comments regarding adding STEMI to the main columns:
        - There is no legislation in place for STEMI, therefore, it cannot be added at this time.
        - The group discussed that when STEMI is added, the need for STEMI levels would identify if there is an interventionist or lab available at each site.
    - Change Neuro to Stroke on the main columns.
        - There is legislation in process for Stroke.
        - There should be a drop-down menu with Level I – III, to identify what capabilities a particular facility has.
    - Stroke/STEMI are different than Neuro and Card, and should not replace them.
    - There was a discussion about a survey brought to the initial meeting by Brian Wilson, [formerly of EPRS,] regarding each facility's capability for surge of Pediatric patients.
        - Grace Pelley mentioned that there are two separate needs for Pediatric patients:
          pediatric surgeon, and pediatric surge.
        - Ms. Pelley stated she would need to get a copy of the survey to verify what was being asked and researched
        - And that she would reach out to Mike Abla [in EPRS] and access the survey for the group by the next meeting.

- ED Status discussion was as follows:
    - **CT Divert** would be removed under ED Status.
    - When a facility goes on **ED Divert**, it may not be because the Emergency Department (ED) is at full capacity, but because there are no beds for the ED patients that need to be admitted to the facility.
    - One attendee mentioned that they would like to see the **ED Divert** timer in real-time. Ex: If a facility goes on divert, and after 15 minutes things calm down, they can go off of divert, and the timer would stop.

- **Psych** would be added under Hosp. Status.

- Suggestions were made to remove **CT Scan** from either the main column or from Hosp Status.
    - There were conflicts regarding **CT Scan,** as it is duplicated/in other places
    - Training will be needed to educate the providers and EMResource viewers of the new location of **CT Scan**.
    - Others commented that the definitions on the main column headers of EMResource- definitions are too vague and that there should be more information listed.

- Grace Pelley spoke to the group about the number of columns and custom views. She encouraged the group to continue with the discussions regarding adding or changing columns, and to not limit their views or suggestions. Ms. Pelley suggested that the group have a secondary plan in place in case what they suggest does not get approved by OTERAC.

- Lori Strider went into detail of the under-utilization of many functions and resources of EMResource. Ms. Strider gave information to the group showing how EMResource could be more fully utilized as follows:
    - The tabs for Event, Preferences, Form, Regional Info., and Reports, all have important information for viewers, and customization is available.
    - Designated users are able to get customized reports for their facility
        - Reports are available if the user is connected with a hospital.
        - Reports and history of a facility are only available to the requesting facility, and no other locations will be included in the report.

- An issue was mentioned regarding EMResource status updates related to divert or overcrowding by facilities not being made in real-time. Therefore, the data is misleading to EMS agencies that need the most up-to-date information regarding where to take patients.
    - Ms. Pelley asked if the work group would propose a recommendation to OTERAC to get the providers to update their status in real time.
        - Facilities unable to take a patient, [due to overcrowding or other issues] are required by statute to alert all EMS Agencies [who transport patients] of their inability to take patients.
        - Facilities who have been reprimanded by CQI or receive deficiencies may be more diligent in updating their status.
        - TReC may be utilized for updating EMResource for facilities when aware of their status.
    - RTABs need to hold their region's facilities accountable to make sure they are performing updates and using EMResource according to the statute.
        - In order for RTAB representatives to make changes, it may take several months as they meet only quarterly.

- An email should go out to RTAB representatives of each region recommending that they bring someone to the mandatory RTAB meetings who can make decisions about and ensure timely updates on EMResource for that facility.

Conclusion:

The work group reviewed in depth all of the ideas, (i.e., pros and cons), in preparation for the recommendation to OTERAC for their review and possible approval.
Grace Pelley also stated that RTAB members should be notified of the need of using EMResource, to alert their corresponding facilities of what they could have missed by not using EMResource correctly, and that notification to the EMS Agencies of a divert status from a hospital is part of their requirements. The workgroup's recommendations to OTERAC will include encouraging hospital personnel to use EMResource accordingly.
Marva Williamson agreed to prepare a workgroup summary of recommendations, and have them available for the next meeting.

Meeting Adjourned:

3:00 pm

Next Meeting:

May 17, 2019; 1:00 to 3:00 pm; OSDH Room 1102