Oklahoma State Department of Health
Creating a State of Health

EMResource Workgroup Meeting
November 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:

Joshua Garde, Tulsa Life Flight Air Methods; Jeremy McLemore RMRS – Region 7, EMSA; Kelly McCauley, LifeNet, Inc – Region 6; Rena Scott, Saint Francis Hospital – Region 7; Robert Stewart, RMRS - Region 3; Roger Smith, OU Medicine - Children's Hospital - Region 8; David Smith, MD, Integris Hospital; Franklin Zarones, OU Medicine – Region 8; James Rose, OSDH TR; Grace Pelley, OSDH ES; Lori Strider, OSDH ES; Dean Henke, OSDH ES; Marva Williamson, OSHD ES; Linda Dockery, OSDH ES; Jamie Lee, OSDH

Welcome and Introductions:

Each attendee introduced themselves and their affiliation.

Purpose:

The purpose of this workgroup is to make recommendations to present to OTERAC that would result in optimal use of EMResource.

Business:

Ms. Williamson asked the group to review the handout "Proposed Recommendations to OTERAC", and gave them a few minutes to mark yes or no in the column "send to OTERAC Yes or No", and to mark their top three choices in the "Activity Priority" column.

Kelly McCauley shared with the group that 98% of Kansas hospitals are up-to-date on EMResource. Discussion of updating EMResource included the following:

- A question was asked regarding how often facilities are updating their status, and the times varied from every hour to every 12 hours.
- It was suggested that a recommendation to OTERAC would be sending a letter to CEOs, Administrators, and Directors identifying what facilities and agencies may be missing out on by not utilizing EMResource for their facility and not updating the tool to reflect their most current status. A true life scenario was given regarding a hospital who lost the opportunity to care for a patient because their

status had not been updated, which resulted in the patient being served elsewhere, and that particular facility missing a large amount of revenue from that patient's care.

- If CEOs know that revenue is possibly being lost due to the tool not being updated as often as needed, it may have an impact on ensuring EMResource is being used to the full extent. Having that knowledge may result in stronger administrative support for, and thereby resolve some of the issues that have been brought forth.
- The group responded to a question about a designated monitor (computer) for EMResource, or if there are any recommendations from this workgroup regarding a location of the screen. Attendees stated that the monitor is located in the Emergency Department, and since EMResource is web based, it can be "on" at all times. All facilities were given a computer when they were first set up with EMResource.
- Some regions have addressed the physical location of the system [computer] in their Trauma Plan.

Ms. Williamson asked the group how much information is in each region's Trauma Plan in regarding EMResource. There was general agreement that EMResource is mentioned minimally, and that more information regarding what EMResource is for, and how it is beneficial to EMS agencies and facilities could be included. Lori Strider mentioned that the workgroup should draft uniform language that can be included in each Region's Trauma Plan

There was discussion of rural locations having issues using EMResource. The EMS Administrators in OSDH have a goal of getting more EMResource information to RTAB meetings, describing how useful EMResource can be for facilities and agencies.
There was additional discussion regarding the need for training and accountability of facilities, to ensure regular updates. Webinars were suggested as a recommendation for OTERAC that would include statewide standards that describe the use of EMResource.

Dean Henke shared with the group a handout data regarding column headings of the specialty capabilities of each facility. Mr. Henke's summary was as follows:

- Some of the columns were identified as redundant or not necessary.
- The breakdown of the specialties for the number of hospital's specialties such as OMF, Hand, NeoNat, and NeuSrg are available in 12% or less of 113 hospitals.
- Dr. Roger Smith suggested that EMResource should reflect a wording change: "regional advanced emergency care" for "time sensitive" conditions.
- Phone calls will be necessary to make sure that locations that have particular specialties on divert status are truly on divert, rather than the specialist being unavailable due to being in the operating room.
- Dr. Smith is working on this topic in the Region 8 Trauma Rotation Subcommittee Meetings.
- Mr. Henke inquired about a view of availability of specialty capabilities for time sensitive injuries at facilities for items such as NeuSrg, as an example. Dr. Smith

responded shared with the group that if a neurosurgeon is in surgery, the facility may not identify that it is on divert for NeuSrg, but instead, may address it as a comment that they are in surgery.

- A suggestion was made to put asterisks on a column when referring to a notation.

Lori Strider reviewed each of the "Proposed Recommendations to OTERAC Matrix" challenges and issues, asking the group to identify the items they would prefer. The group agreed to use their compiled documents to be presented to OTERAC for consideration of implementation:

Next Steps:
Emergency systems staff will compile the recommendations to take to the next OTERAC meeting, scheduled on February 12, 2020. The group will receive the documents for review before the next workgroup meeting.

Meeting Adjourned:
3:00 pm

Next Meeting:
January 17, 2020: 1:00 to 3:00 pm, OSDH Room 1102