Oklahoma State Department of Health
Creating a State of Health

EMResource Workgroup Meeting
September 20, 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; Eddie Sims, NRHS-EMSSTAT, OTERAC - Region 6; Jim Koch, Miller EMS – Region 1; Joshua Garde, Tulsa Life Flight Air Methods; Jeremy McLemore RMRS – Region 7, EMSA; Holly Howard, Mercy Hospital – Region 8; Elaine Schweitzer, Juvare; Neil Aaronson via-phone conference, Juvare; 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:
Making recommendations to OTERAC that result in optimal use of EMResource.

Business:
Ms. Williamson asked the group to review the handout "Proposed Recommendations to OTERAC", and share any comments, or changes. No comments were offered at that time.

Juvare Presentation
Elaine Schweitzer from Juvare/EMResource, began her PowerPoint presentation by sharing data regarding the number of Oklahoma users and log-ins over the past 12 months. Current data shows 654 Active users. Ms. Schweitzer indicated user and login data may not be a clear representation of the actual number of users, since some users log-in and stay logged in for several hours, while others may log-in several different times per day.

Ms. Schweitzer described the scope of current Oklahoma use, including the categories of reporting entities, and the mutual aid relationships occurring with facilities who interact frequently with bordering states. She outlined Best Practices for the tool as daily usage, exercise participation, notifications alerts, and, personalized dashboards and targeted views.

Questions arose from the group about how other states enforce more frequent updates by users. Ms. Schweitzer shared a variety of ways that updates can be enforced and methods of improving accountability.

As the group raised the concerns about facilities and agencies who are not using the tool, it was stated that there is no statutory requirement for the use of EMResource. The statute does state that every facility is required to let it be known of a facility's closure or if they are on divert status.

Ms. Schweitzer described a mode for updating status which led to discussion regarding use of a 1-hour time limit. Discussion continued regarding customized views and Grace Pelley stated that the views need to be defined by the region. What works for one location may not be sufficient for other locations. Eddie Simms stated that some regions want the one hour time limit for divert status, but not all. Grace Pelley stated that regional policies can be adjusted to accommodate the needs of each region. Ms. Schweitzer stated that different terminology may be useful to identify needs for each location.

Discussion took place while viewing Ms. Schweitzer's slides on Behavioral Health (BH) issues and the number of beds that are available in each facility. In some regions, Law enforcement personnel are notified of the number of the beds that are in each facility. Ms. Schweitzer stated Eric Eppley in San Antonio, TX is the person that would be able to assist with Behavioral Health data, and that she would get the contact information to the group.

Concerns regarding the type of statutory changes needed was discussed. A workgroup member noted that there are two bills being considered in the Legislature regarding the number of BH beds in a facility.

Ms. Schweitzer discussed how EMResource can interface with NEDOCS, using data from a facility in Texas, and some of the options used for configuration.

Best practices for NEDOCS outlined similar standards for daily usage, exercise participation, notifications alerts, and targeted dashboard/screen view.

Many of the examples shown had details that could be extrapolated for Oklahoma, but also showed many more column headings and much more data than shown in Oklahoma. Other views showed detailed service availability for STEMI, Stroke, Trauma and related options for configuration.

Ms. Schweitzer also showed how EMResource can be used to document Opioid/Overdose reporting.

Other items shown to the workgroup were Advanced Incoming Patient Notifications (IPN), which is designed to provide assessment and rapid delivery to the facility. IPN

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enables the mobilization of resources for STEMI, Stroke, Sepsis and Trauma patients through multiple platforms.

Ms Scweitzer also presented EMTrack Systems, which with the appropriate updates, would allow EMResource users to participate in broader and earlier system notification.

Ms. Pelley asked Dean Henke to overview the document he created that addresses screen views.

Next Steps:

The workgroup would like to have regularly scheduled webinars via WebEx to discuss issues and items that are crucial to making EMResource a useful tool for all users.

Ms. Williamson reminded the workgroup members about the review and submission of comments on the recommendation matrix document.

Meeting Adjourned:

3:00 pm

Next Meeting:

November 15, 2019; 1:00 to 3:00 pm; OSDH Room 1102