EMResource Guideline TSA I

GOAL

To provide guidelines for EMResource® use by hospitals, pre-hospital providers, public health departments, as well as others who have access to the system.

HOSPITAL RESPONSIBILITY

All local, state, and federal laws, including but not limited to EMTALA, pertaining to patients presenting to emergency departments for care still apply. Nothing in this plan should be interpreted in a manner that would violate the rights of patients seeking emergency care.

Patients presenting to any hospital in the care of EMS will not be denied triage/treatment based on that hospital's patient acceptance status.

REQUIREMENTS

1) All listed hospitals are required to update the EMResource® twice daily between 7 am -7 pm, and 7 pm to 7 am or as the situation warrants.

2) All listed EMS agencies are required to update the EMResource® daily or as situations arise as situation warrants.

3) Air medical services should update daily as

feasibleEMResource® PROCEDURES AND POLICIES:

A. Description

1. EMResource® is a Web-based program providing real-time information on the status, capacity, and availability of resources for emergency departments, hospitals, and transport services.

2. EMResource® is used to coordinate "routine" and emergency medical operations [e.g., mass casualty incidents (MCI)] throughout the defined service area. The purpose of is not to make decisions regarding transportation but to facilitate patient transportation and communication.

3. EMResource® is used to communicate important information, such as disasters, public health alerts, or notification of potential terrorist events, simultaneously and consistently to all users.

4. EMResource® is operated on a computer located in the hub of operations, i.e., in the hospital emergency department or other location staffed 24 hours a day and in the dispatch centers of transporting EMS agencies. EMResource® is in use 24 hours a day, seven days a week.

B. Purpose

1. The implementation of EMResource® is an effort to efficiently and effectively:

a. Communicate situations in which the diversion of an ambulance(s) may be necessary due to the existence of temporary conditions in hospital emergency departments or the hospital that may affect patient care.

BORDER RAC
REGIONAL ADVISORY COUNCIL

b. Determine hospital patient capacity, availability of staffed beds and the availability of specialized treatment capabilities during an MCI or a terrorist incident.

c. Notify pre-hospital care providers, as well as other health care facilities, of temporary limitations of services or resources at receiving hospitals.

d. To provide real-time public health and other special alerts.

2. With EMResource®, the definition of hospital status is standardized across the entire state. Participating hospitals will update EMResource® with their current hospital status. However, EMS providers and/or emergency medical systems should continue to follow their local policies and procedures regarding the determination of hospital destinations.

3. Use of EMResource® will aid in taking patients to the most appropriate facility.

4. Use of EMResource® and these policies are intended to effectively manage and coordinate hospital and EMS resources, including but not limited to:

a. Minimizing prolonged patient transport times.

b. Minimizing prolonged out-of-hospital care when definitive hospital-based resources are needed.

c. Determining EMS resources available to the service area.

d. Helping to determine or obtain timely information important during an MCI, public health, or other special event.

C. <u>Functions</u>

1. <u>Hospital Emergency Department Status</u>

Hospital Status Definitions: Current availability of emergency department to accept patients.

- Open — green color: Accepting all traffic normal operations
- Closed Hospital has physical emergencies (fire, flood, etc.) which precludes them from accepting. BorderRAC and dispatch should be notified ASAP.
- Caution –red color. Advisory for this hospital (required to select a reason)
- Forced Open – Enforced by El Paso Fire in the case of multiple ED closures.
- ED Overload - The demand for services exceeds the ability of a department (choose the primary reason). Update NEDOCS now.

a. Participating hospitals update their routine emergency department/hospital status at defined intervals. (Twice daily between 7 am and 7 pm and 7 pm to 7 am or as the situation warrants.)

b. An ED status screen displays the status of each hospital in the service area.

c. Hospitals, EMS services, and other users view the current status page to assess system capacity, potential bottlenecks, and the availability of resources.

- EDO/PCO ED – Number of EDO/PCO Patients in the ED
- EDO PCO IP - Number of EDO inpatients

- NEDOCS (calculated) ED patients, ED admits, Last door to bedtime, number of critical patients, longest ED admit in hours, number of ED beds, and number of inpatient beds excluding PEDS and OB.
- Trauma Center Level - Designated Trauma Center Level II, III, IV, or I.
- Capabilities (yes or no)
- Trauma Reimplant Capability
- Trauma Hand
- Trauma Opth
- Trauma OMFS
- Cardiac Cath lab
- Neuro CT Scan
- Neuro Interventional
- SANE -SANE service availability
- Cardiac Hypothermia

Total Census

- Adult Hospital
- Adult ICU
- Pediatrics
- PICU

***Diversion** is not allowed for El Paso facilities. Facilities that are experiencing internal disaster situations should identify their status as CLOSED.

*__Bypass__ Patients will be safely and rapidly transported to the nearest appropriate facility. If EMS is unable to adequately ventilate the patient then the patient may be taken to the nearest acute care facility for stabilization.

<u>Mass Casualty Incident Support</u>

d. Unplanned, acute, medical emergencies involving significant numbers of ill or injured people require instantaneous EMS resource allocation.

e. Participating hospitals are required to respond by acknowledging the MCI event notice AND enter the total number of MCI beds.

f. Each hospital then enters its ability to accept patients including decontamination patients and/or special needs patients.

g. Incident-specific evaluation and treatment protocols are easily uploaded and immediately available to all facilities.

h. Critical information can be instantaneously disseminated to health care providers, public health agencies, and other key emergency medical personnel.

<u>Available Staffed Beds</u>

- Adult ICU - Also referred to as Adult Intensive Care Type Unit) - Provides care, including ventilator support, for critically injured or ill patients. Specialized support or treatment

- equipment is available for patients with life-threatening conditions that require intensified comprehensive observation and care.
- Telemetry Beds - Beds with monitoring capabilities non-ICU
- Med/Surg Beds
- Burn Beds
- Pediatric ICU (PICU) Beds
- Psych Beds
- Negative Pressure Isolation- (In-Patient) - Provides care for patients where environmental factors, such as air exchanges, are controlled in an effort to minimize the transmission of infectious agents.
- ED Beds - Provision of unscheduled outpatient services to patients in need of immediate care. Hospital Emergency diagnosis and treatment of illness or injury is provided
- Outpatient Beds
- Observation Beds
- Overflow and Surge Beds- Total available additional inpatient beds, not currently operational or staffed, that can be utilized if necessary within the walls of the hospital. These include traditional inpatient beds that hospitals have physically available onsite but in storage or unstaffed, beds located in non-inpatient care areas (peri-operative care units, outpatient infusion area), and may also include medical/surgical cots that are pre-positioned at hospitals

PREHOSPITAL STATUS DEFINITIONS:

- Available – green color - Unit or organization is ON-CALL and AVAILABLE to respond to emergency calls
- Caution – yellow color - Resource limitations exist. Must specify in comments.
- Unavailable – red color - Unit or organization is UNAVAILABLE TO RESPOND to new emergency requirements currently.

C. Primary Users

1. Primary users are service area hospitals, pre-hospital agencies, EMS first responders, public health, and mental health. Additional primary users may be added as they are identified. Primary users have read-and-write access to their specific information on the system and read-only access to all other users' information.

2. Primary users may view status information and update their respective area service data. User-specific historical data also can be retrieved for data collection, downloading, or printing.

D. Secondary Users

1. Secondary users are all other interested agencies such as Offices of Emergency Management, EMS dispatchers, etc. These users will have read-only access to the system.

2. Secondary users may view defined area status information. These users cannot update or alter system information unless mutually agreed upon by the Primary user agency and the Secondary user agency.

E. Access to Data

1. The Administrator will have full access to EMResource® data.

2. The following policy is in place for data access:

a. Each Primary User shall have access to its individual data elements.

b. Anyone seeking data queries of a specific facility's information should direct their request to the Administrator or that specific Primary User.

c. Requests from the public and media for statistics should be given to that agency's designated spokesperson.

F. <u>Accessing EMResource® Help</u>

1. First, discuss any EMResource® problems you are encountering with your own IT Department.

2. Technical assistance: EMResource® has a 24-hour help desk to assist users with technical issues with the operation of EMResource®. They can be reached at (888) 735- 9559.

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