



EMResource Overhaul Project: Summary of Changes

Organization

- Resources organized by county, NCTTRAC zone, and provider type.
 - Examples: Z8 – Dallas County Hospitals; Z7 – Tarrant County EMS
- Air Medical stays the same (distinct *Aeromedical* resource type; individual units)
- Region Default view shows hospitals and air medical units only
- Specialty views built for each Zone, different provider types (EMS, special facility, etc.), and service types (Trauma, Stroke, etc.)
- Emphasis on long-term users building custom views

Statuses

- “Open/Closed/Advisory” changed to “Hospital Intake Status”
 - Added “Advisory – Surge” status specifically for surge-related issues
 - “Closed” is NOT to be used for surge/capacity-related issues or staffing issues – only internal disasters (such as power outage, fire, water main break, etc.)
- New statuses for psych-related issues:
 - “Psych ED Holds” – number of psych holds currently in ED; update every 6 hours
 - Age-based inpatient psychiatric capabilities for each facility; updated as needed
- “SCPC Cardiac” changed to “Status: 24/7 STEMI” – does not reflect accreditation, but rather a facility’s ability to take on STEMI patients
- New statuses for stroke-related issues:
 - “Status: Stroke General Service”
 - “Status: Stroke NeuroSurg” – can only be updated by DSHS-designated stroke facilities
 - “Status: Stroke NeuroIR” – can only be updated by Level 1 stroke facilities
- EMS Response Capabilities (Critical Care Transfers, Swift Water Rescue, etc.); updated as needed
- Multiple new service-line level statuses

Policies/Regional Participation Standards - Hospitals

- Healthcare facilities must ensure that at least one person with EMResource access is on-site 24/7.
- Hospitals must update their “Hospital Intake Status” at least once every 24 hours if the status is “Open”; once every 4 hours if the status is “Advisory” or “Advisory – Surge”; once every 2 hours if the status is “Closed”.
- Hospitals must update their “Psych ED Holds” number at least once every 6 hours.
- Hospitals must update their “NEDOCS” status at least once every 6 hours.
 - In recognition of the differing resources and needs throughout TSA-E, a NCTTRAC Zone can request that the requirement for “NEDOCS” updates and “Psych ED Holds” updates be shifted to once every 12 hours instead of once every 6. This change in policy will only affect the Zone that requests it and must be approved by the NCTTRAC Board of Directors.
- Hospitals must update their Immediate Bed Availability numbers at least once every 24 hours.



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- Hospitals must update specific service line status types as needed. If a hospital sets a service line status type to “Unavailable” (or any other equivalent indicating a temporary outage or issue), the hospital must update that service line status every 4 hours.
- Hospitals must update their EMResource point of contact information annually or as the contact information changes.
- Hospitals must review the list of EMResource users associated with their facility and contact NCTTRAC with information on any necessary changes. Hospitals must complete this process annually or as users change over.

Every 2 Hours	Every 4 Hours	Every 6 Hours	Every 24 Hours	As Needed
Hospital Intake Status: Closed	Hospital Intake Status: Advisory	NEDOCS	Hospital Intake Status: Open	Clinical Capabilities Statuses
	Hospital Intake Status: Advisory – Surge	Psych ED Holds	All Immediate Bed Availability Categories	
	Clinical Capabilities Statuses marked “Unavailable”			

Policies/Regional Participation Standards – EMS Agencies

- EMS Agencies must ensure that at least one person with EMResource access is on-shift 24/7.
- EMS Agencies must have a method to monitor EMResource for hospital status information. This can include active monitoring of EMResource via computer or mobile application, or it can include relevant status change notifications being sent to EMS Agency staff.
- EMS Agencies must review their service line statuses and make any necessary changes at least annually.
- EMS Agencies must update their EMResource point of contact information annually.
- EMS Agencies must review the list of EMResource users associated with their agency and contact NCTTRAC with information on any necessary changes. EMS Agencies must complete this process annually.

Tracking/Accountability

- NCTTRAC staff will run monthly reports on update frequency and make available to NCTTRAC committees.
- Frequent non-compliance will prompt informal follow-up by NCTTRAC staff; continued non-compliance will prompt review by SPI/related committee
- Further actions against non-compliant organizations to be determined by SPI/related committee and pushed to NCTTRAC Board of Directors for action