I. Introduction

A. Purpose

The TSA-E Regional EMResource Policies and Procedures document dictates EMResource use in Trauma Service Area E. It defines relevant terms, lays out how resources are organized, and describes how the application is administered, defines the status types and their status options, and identifies system performance measures for both individual organizations and regional use.

B. Administrative Support

The TSA-E Regional EMResource Policies and Procedures document will be reviewed and updated annually. All revisions and review activities will be noted in the Record of Changes in the front of the document.

II. EMResource Overview

A. EMResource General Concept of Operations

EMResource serves as the primary day-to-day information sharing platform in the emergency healthcare system within Trauma Service Area E. It has 3 central functions:

1. Capabilities Database
2. Daily Status Updates
3. Event Notifications

B. Capabilities Database

EMResource allows healthcare facilities and EMS agencies to list their normal operating capabilities. For healthcare facilities, these typically involve clinical service provision – can this facility take burn patients, does it have inpatient psychiatric capabilities, etc. For EMS agencies, these typically involve response capabilities – can this EMS agency provide critical care transport services, can it perform swift water rescues, etc. Service capabilities are generally updated on an as-needed basis as opposed to on a regular schedule.

C. Daily Status Updates

EMResource allows hospitals to update certain statuses on a daily basis (or more frequently as needed). This ensures that EMS agencies transporting patients and other healthcare facilities looking to transfer patients can make well-informed patient

destination decisions. Statuses with daily (or more frequent) update requirements are listed below.

1. *Hospital Intake Status* – hospitals report on the current status of their Emergency Department's ability to take patients. An "Open" status should be updated every 24 hours; an "Advisory - Capability" or "Advisory – Surge" status should be updated every 4 hours; a "Closed" status should be updated every 2 hours.
2. *NEDOCS* – hospitals use the National Emergency Department Overcrowding Score to provide regional partners with a quantifiable ED saturation level. The higher the NEDOCS, the busier the ED, and generally the longer that EMS will have to wait to offload a patient. NEDOCS should be updated every 6 hours.
3. *ED Psych Holds* – hospitals report the number of psych holds in their Emergency Department. This allows emergency response units transporting psychiatric patients to make informed patient destination decisions that ensure the psychiatric patient receives treatment in a timely manner. The more ED Psych Holds, the longer it will take for that psychiatric patient to receive proper treatment.
4. *Bed Availability Reporting* – hospitals report the number of available beds in their facility according to the DSHS WholeBed categories. These numbers should be updated at least once every 24 hours.
5. *Flight Availability Status* – air medical units report on their availability and location. Air Evac, PHI, and Careflite have linked their CAD systems with EMResource to ensure that these updates occur in real time.

D. Event Notifications

EMResource allows any user to publish an event notification that sends email and text alerts to other EMResource users. These are most commonly used for events that affect the emergency healthcare system in TSA-E (such as hospital construction requiring ambulance traffic to take an alternate route), but are also used in emergencies to notify the emergency healthcare system about mass casualty incidents, regionwide or statewide bed reports, or severe weather.

E. EMResource Funding

EMResource is funded at the state level through the Hospital Preparedness Program (HPP) as managed by the Department of State Health Services (DSHS). DSHS charges HPP grantees in each Trauma Service Area (TSA) with regional EMResource administrative duties (NCTTRAC is the HPP grantee for TSA-E). Additional EMResource enhancements in TSA-E are funded on a case-by-case basis, but generally the HPP is the first funding stream considered for regional EMResource enhancements.

F. EMResource Administration

EMResource is administered regionally by NCTTRAC. NCTTRAC employs one primary EMResource Regional Administrator and multiple secondary EMResource Regional Administrators. Questions about regional EMResource administration should be directed to NCTTRAC_EMCC@ncttrac.org. Regional EMResource use is overseen by the NCTTRAC Board of Directors, who may create an EMResource Workgroup as needed to tackle specific tasks. Additional EMResource oversight is provided by the Regional Emergency Preparedness Committee (REPC) and all NCTTRAC clinical committees.

EMResource is administered at the statewide level by the Department of State Health Services (DSHS). DSHS maintains a team of multiple EMResource Statewide Administrators who help coordinate EMResource use throughout Texas.

EMResource is owned by the private company Juvare. Certain administrative actions are only available to Juvare employees. Juvare employs Client Success Managers to support the EMResource Statewide Administrators and the EMResource Regional Administrator.

G. EMResource Access

Any individual who is associated with an emergency healthcare facility or organization can access EMResource using a unique username and password. Individuals who need to have an EMResource account created should follow these steps:

1. Go to http://support.ncttrac.org/Main/frmTickets.aspx
2. Click "Start Ticket"
3. In the "Department" drop-down menu, select "Crisis Applications – New Account Request (TSA-E/DFW Region).
4. Fill in the required fields and click "Submit".

NCTTRAC staff will create user accounts based on the information provided in the support ticket. After an account is created, NCTTRAC staff will send an email to the individual containing their username, password, and links to basic training resources. Individuals must provide an email address that is associated with an emergency healthcare facility or organization - @gmail.com, @outlook.com, etc. will not be accepted.

All users must have a unique username and password and should not share that information with anyone else. The only exception to this policy is for EMS dispatch centers, who may have one generic log-in with view-only access. The password to such an account must be changed at least once per year. EMS agencies are still

expected to have at least one user with permission to update statuses and create events on-staff at all times.

III. EMResource Regional Participation Standards

In order to improve EMResource utilization and ensure data validity, TSA-E has adopted the following participation standards:

A. 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 - Capability" or "Advisory – Surge", and 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.
- Hospitals must update their Immediate Bed Availability numbers at least once every 24 hours.
- 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.

B. 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.

C. Status Update Matrix

Every 2 Hours	Every 4 Hours	Every 6 Hours	Every 24 Hours	As Needed
Hospital Intake Status: Closed	Hospital Intake Status: Advisory - Capability	NEDOCS	Hospital Intake Status: Open	Service Line Statuses
	Hospital Intake Status: Advisory – Surge	Psych ED Holds	All Bed Availability Categories	
	Service Line Statuses marked "Unavailable"			

IV. EMResource Organization & Views

A. General Organization

All resources in EMResource are assigned a Resource Type. Resource Type is determined by a resource's county of residence and by how a resource is licensed according to the Department of State Health Services (DSHS) Licensure Lists. DSHS Licensure Lists can be found at https://www.dshs.texas.gov/facilities/find-a-licensee.aspx for medical facilities and at https://www.dshs. texas.gov/emstraumasystems/formsresources.shtm#OpenRecords for EMS agencies/First Responder Organizations (FROs).

Resource Types use the following naming convention: Z# - *Name* County *Provider Type.* The # is the NCTTRAC zone that the county falls into, *County* is the resource's county of residence, and the *Provider Type* is a resource's provider type as licensed by DSHS.
For example, hospitals in Collin County are listed in Resource Type "Z5 – Collin County Hospitals". NCTTRAC zones and their composite counties are listed on the following page.

Zone 1
  -Cooke County
  -Fannin County
  -Grayson County
Zone 2
  -Denton County
  -Wise County
Zone 3
  -Palo Pinto County
  -Parker County
Zone 4
  -Ellis County
  -Kaufman County
  -Navarro County
Zone 5
  -Collin County
  -Hunt County
  -Rockwall County
Zone 6
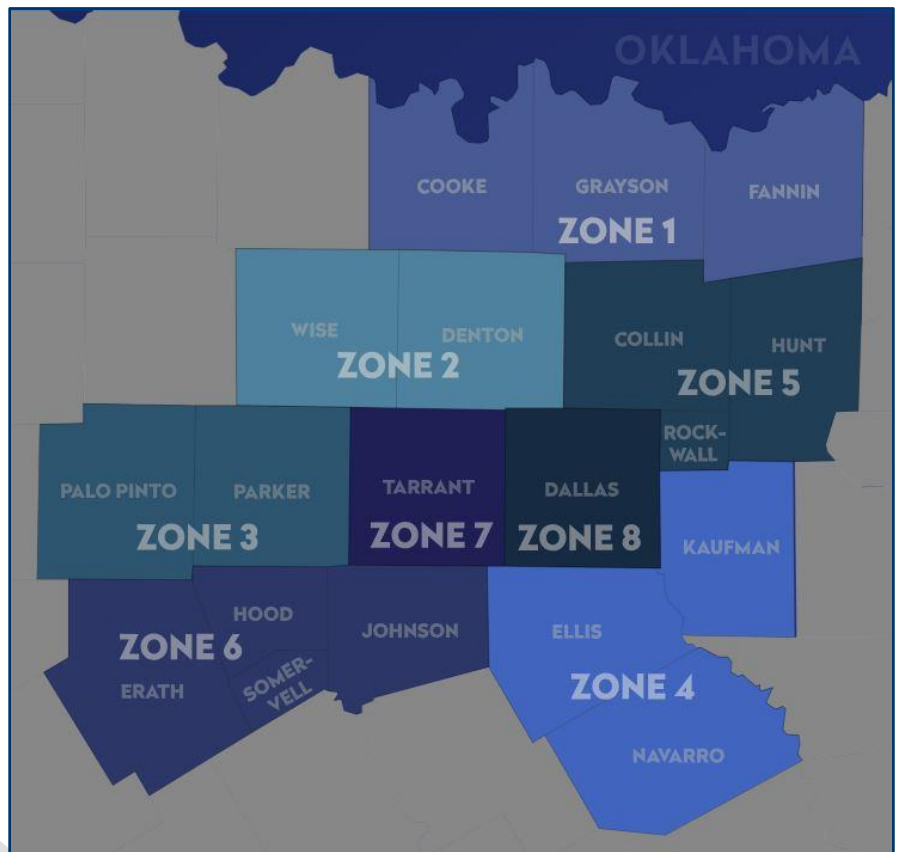 -Erath County
  -Hood County
  -Johnson County
  -Somervell County
Zone 7
  -Tarrant County
Zone 8
  -Dallas County

Each county has five Resource Types. For example, Dallas County has the following Resource Types: "Z8 - Dallas County Hospitals"; "Z8 – Dallas County Special Facilities"; "Z8 – Dallas County LTC"; "Z8 – Dallas County EMS"; and "Z8 – Dallas County FROs". An explanation of how resources are divided into their county-based Resource Type can be found below.

- *County* **Hospitals**
    o The "*County* Hospitals" Resource Types is composed of facilities that appear in the DSHS "Directory of General and Specialty Hospitals" that have both "General Hospital" and "Emergency Department" in their "Designation/Services/Accreditation" column.
- *County* **Specialty Facilities**
    o The "*County* Specialty Facilities" Resource Types is composed of facilities that meet one or more of the following criteria:
        ▪ Facilities that appear in the DSHS "Directory of General and Specialty Hospitals" that have the following listed in their "Designation/Services/Accreditation column":

- "Special Hospital" and "Mental Health Services"
- "Comprehensive Medical Rehabilitation"
- "Comprehensive Rehab Services" WITHOUT "General Hospital" and "Emergency Department"
- "Long-Term Acute Care"
- "Pediatric" WITHOUT "General Hospital" and "Emergency Department"
- "Special Hospital"
  - Facilities that appear in the DSHS "Directories of Ambulatory Surgical Centers"
  - Facilities that appear in the DSHS "Directory of Private Psychiatric Hospitals"
- *County* **Long-Term Care Facilities**
  - The "*County* Long-Term Care Facilities" is composed of Assisted Living Facilities (ALF), Skilled Nursing Facilities (SNF), and ICF/IID facilities.
- *County* **EMS Agencies**
  - The "*County* EMS Agencies" Resource Types is composed of agencies that appear in the DSHS "EMS Providers Agencies" list.
- *County* **FROs**
  - The "*County* FROs" Resource Types is composed of agencies that appear in the DSHS "EMS First Responder Organizations" list.

There are also Resource Types for individual vehicles or assets. These Resource Types are listed below:

- **Aeromedical**
  - The "Aeromedical" Resource Type is composed of individual air medical units located within TSA-E. Air medical units that are based outside of TSA-E but provide services within TSA-E will also be included in the "Aeromedical" Resource Type whenever possible.
- **AMBUS**
  - The "AMBUS" Resource Type is composed of individual AMBUS units located within TSA-E. AMBUSes are part of the Emergency Medical Task Force (EMTF) program, and AMBUS host agencies update EMResource with changes in AMBUS deployment status.
- **Mass Fatality Trailers**
  - The "Mass Fatality Trailers" Resource Type is composed of individual Mass Fatality Trailers (MFTs) located within TSA-E that were purchased with Hospital Preparedness Program (HPP) funds. A Mass Fatality Trailer is a refrigerated trailer that can hold up to 20 deceased bodies during a Mass Fatality event.
- **MERC Trailers**
  - The "MERC Trailers" Resource Type is composed of individual Mobile Emergency Response Communications (MERC) Trailers that were

purchased with HPP funds. A MERC Trailer is a towable trailer that contains a variety of communications equipment to be used during a communications failure.

Resources that do not fit any of the criteria above will be assigned the Resource Type that best fits. This will be determined by the EMResource Regional Administrator with input from the EMResource Workgroup (when meeting), the Regional Emergency Preparedness Committee (REPC), and the NCTTRAC Emergency Department Operations Committee.

B. Region Default View

The Region Default view is the standard view for EMResource in TSA-E. When new users log-in, the Region Default view is the first thing they see. The Region Default view Resource Type structure is listed below.

- Aeromedical
- Z8 – Dallas County Hospitals
- Z7 – Tarrant County Hospitals
- Z6 – Erath County Hospitals
- Z6 – Hood County Hospitals
- Z6 – Johnson County Hospitals
- Z6 – Somervell County Hospitals
- Z5 – Collin County Hospitals
- Z5 – Hunt County Hospitals
- Z5 – Rockwall County Hospitals
- Z4 – Ellis County Hospitals
- Z4 – Kaufman County Hospitals
- Z4 – Navarro County Hospitals
- Z3 – Palo Pinto County Hospitals
- Z3 – Parker County Hospitals
- Z2 – Denton County Hospitals
- Z2 – Wise County Hospitals
- Z1 – Cooke County Hospitals
- Z1 – Fannin County Hospitals
- Z1 – Grayson County Hospitals

The Region Default view Status Types structure is listed below.

- The "Aeromedical" Resource Type shows the following Status Types as columns on the Region Default view:
    - Flight Availability Status
    - Comments
    - Last Update Time

- The "*County* Hospitals" Resource Types show the following Status Types as columns on the Region Default view:
  - Facility Type
  - Hospital Intake Status
  - NEDOCS
  - Psych ED Holds
  - Transfer Line
  - Status: Trauma
  - DSHS Trauma Designation
  - DSHS Stroke Designation
  - Status: 24/7 STEMI
  - Status: OB/L&D
  - Status: SAFE-Ready
  - Status: Bariatric CT/MRI
  - Comment

C. Resource Detail View

The Resource Detail view shows each status associated with an individual resource. It also shows basic resource information (such as name, point of contact, and address), contains a map that shows the resource's location, and has a list of all users who are associated with that resource.

D. Map

The EMResource Map view shows each resource in the system plotted on a map. Events that have been created with addresses will also appear on the map. Users can filter out which resources they want to see using the "Standard Resource Type" filters on the right side of the screen. By default, the TSA-E EMResource Map view shows Aeromedical resources. After setting their own filters, users can then save their map so that those filters appear each time that user opens the map.

Resource icons on the Map change colors based on that resource's current status in their Default Status Type. For example, Aeromedical resource icons will appear green if the unit is "Available At", red if the unit is "Unavailable", and yellow if the unit is "Delayed At" or "Limited Availability".

E. Regional Assets View

The Regional Assets view shows the deployment status of each deployable resource that was purchased with HPP funds. The Resource Type and Status Type structures are detailed below.

- AMBUS
  - Deployment Status
  - 24/7 Point of Contact
  - Comments
  - Last Update Time
- Mass Fatality Trailers
  - Deployment Status
  - 24/7 Point of Contact
  - Comments
  - Last Update Time
- MERC Trailers
  - Deployment Status
  - 24/7 Point of Contact
  - Comments
  - Last Update Time

F. Custom Views

Each EMResource user has the ability to create a custom view that only applies to their individual user account. Within this custom view, users can decide what resources and what statuses they need to see and organize them in whichever way they see fit. Instructions on how to set up an individual custom view can be found in the "Basic Orientation – Custom Views" video found on the NCTTRAC website at the following link: https://ncttrac.org/programs/healthcare-coalition-hpp/tsa-e/emcc/crisis-applications/.

G. Additional Views

Details regarding additional EMResource views can be found in Section VIII, *Additional Views*, at the end of this document.

V. Status Types and Definitions

A. Healthcare Facilities Status Types

- **Hospital Intake Status**
  - Reflects the current status of a hospital's Emergency Department. Should be updated at least once every 24 hours if the status is "Open" and at least once every 4 hours if the status is "Advisory" or "Closed". Is also used by facilities without Emergency Departments to indicate overall facility status.
  - Facilities can select from the following status options. Definitions for each status option are provided.

- Open: The ED is open and accepting patients with no limitations.
- Advisory - Capability: Hospital is advising EMS that a primary patient care service is temporarily unavailable and pre-hospital providers should consider patient needs prior to transporting to this facility. Comments are mandatory. This status option must be updated at least once every 4 hours.
- Advisory – Surge: Hospital is advising EMS about a surge-related resource constraint so that EMS can make an informed decision regarding patient destinations. This is the status that hospitals should select if they are dealing with patient numbers that exceed their normal capability. Hospitals can still receive EMS patients. Comments are mandatory. This status option must be updated at least once every 4 hours.
- Closed: The ED is suffering from an internal disaster/facility emergency that is preventing them from safely accepting patients. Examples may include fire, flooding, power outage, water shortage, structural damage, etc. This facility cannot accept EMS patients. This status option is not to be used for patient surge and should not be used to address internal staffing issues. Comments are mandatory. This status option must be updated at least once every 2 hours.

- **NEDOCS**
  - The National Emergency Department Overcrowding Score (NEDOCS) is the global standard for measuring patient throughput, helping hospitals measure capacity and reduce overcrowding. This saturation score takes a variety of factors into account to calculate the final score. Update every 6 hours.
  - Hospitals enter the following factors to calculate their NEDOCS. These variables are defined by the NEDOCS Organization and can be found at the following link: https://www.nedocs.org/News/Article/NEDOCS-Variables-and-Definitions
    - **Number of ED Patients**: The total number of patients in the ED. Includes all patients who have walked in the door, but have not been discharged. Includes patients in the waiting rooms, and waiting admits in the ED.
    - **Number of ED Admits**: Count all admits waiting for a bed in the ED. Patients moved away from ED to inpatient holding areas should not be counted. Count all ED admits/rollovers/holdovers waiting in ED care for an inpatient bed.
    - **Last Door-to-Bed Time (hours; ex 1.25)**: Door-to-bed time for the last patient to receive a bed. For example: if you're measuring at 1300 hrs. and the last patient to be placed in a bed was at 1255 hrs, count that patient's door – bed time. When measuring NEDOCS at 1400 hrs, count the person who received the bed last, between 1300 – 1400 hrs. If no one was placed in a

bed during 1300 and 1400 hrs, count the patient who received bed at 1255 hrs. Always count the most recent patient's door-bed time. 15 minute increments; for example, enter 2.25 for 2 ¼ hours.

- **Number of Critical Care Patients in ED**: Count the number of patients in 1:1 care. Includes ventilators, ICU admits, critical care patients, trauma patients, and sometimes includes psych holds. Typically a site specific variable, which should include all patients who require a one-to-one nurse care.
- **Longest ED Admit (hours; ex. 1.25)**: Count the longest holdover, admit waiting for an inpatient bed in the ED. If four patients are waiting for an inpatient bed, count the patient waiting longest. Time to admit starts upon decision to admit. Decision to admit typically a joint decision between ED and admitting physician. 15 minute increments; for example, enter 2.25 for 2 ¼ hours
- **Number of ED Beds**: Total number of gurneys, chairs, and other treatment benches in use, or staffed. Includes hallways and chairs that are opened up. Do not include un-staffed beds, such as beds in closed areas at night, or un-staffed beds at slow times.
- **Number of Inpatient Beds (excluding PEDS and OB)**: Count all inpatient beds regularly staffed. Can differ from licensed IP beds, if some licensed beds virtually not staffed, or staffed in disaster. Count holding beds, including observation beds.

o The final NEDOCS falls into one of 5 categories based on severity. These categories and their score ranges are listed below.
- Normal (0 – 50)
- Busy (51 – 100)
- Overcrowded (101 – 140)
- Severe (141 – 180)
- Disaster (181 or higher)

- **Phone: Emergency Department**
  o The direct phone line to contact this facility's emergency department.
- **Phone: House Supervisor**
  o The direct phone line to contact this facility's house supervisor.
- **Command Center Activation Status**
  o Reflects the current activation status of a facility's command center. All activations must list a command center point of contact in the comments. Should be updated as needed.
  o Facilities can select from the following status options. Definitions for each status option are provided.
    - Activated: This facility's command center is currently activated. You must list a command center point of contact in the comments. This status option must be updated once every 24 hours.

- ▪ Partially Activated: This facility's command center is currently partially activated. You must list a command center point of contact in the comments. This status option must be updated once every 24 hours.
- ▪ Not Activated: This facility's command center is currently not activated.

- **Critical Utilities Availability**
  - o Reflects the current status of a facility's critical utilities. If a utility failure occurs, specific details must be noted in the comments. Should be updated as needed.
  - o Facilities can select from the following status options. Definitions for each status option are provided.
    - ▪ Available: This facility has all critical utilities fully available and has no needs.
    - ▪ Partial Failure: This facility is experiencing a partial utilities failure. Specifics should be noted in the comments. This status option must be updated at least once every 24 hours.
    - ▪ Total Failure: This facility is experiencing a total utilities failure. Specifics should be noted in the comments. This status option must be updated at least once every 24 hours.

- **DSHS Maternal Designation**
  - o Reflects the facility's current DSHS Maternal Level of Care Designation as shown on the DSHS Level of Care Designation list. This status can only be changed by an EMResource Regional Administrator. The EMResource Regional Administrator will validate this status for all facilities on a monthly basis. Facilities should contact support@ncttrac.org if they think that their current designation status is in error.
  - o The following status options are available:
    - ▪ I: Basic
    - ▪ II: Specialty
    - ▪ III: Subspecialty
    - ▪ IV: Comprehensive

- **DSHS Neonatal Designation**
  - o Reflects the facility's current DSHS Neonatal Designation as shown on the DSHS Neonatal Designation list. This status can only be changed by an EMResource Regional Administrator. The EMResource Regional Administrator will validate this status for all facilities on a monthly basis. Facilities should contact support@ncttrac.org if they think that their current designation status is in error.
  - o The following status options are available:
    - ▪ I: Well Nursery
    - ▪ II: Special Care Nursery
    - ▪ III: Intensive Care
    - ▪ IV: Adv. Intensive Care

- **DSHS Stroke Designation**
    - Reflects the facility's current DSHS Stroke Designation as shown on the DSHS Stroke Designation list. This status can only be changed by an EMResource Regional Administrator. The EMResource Regional Administrator will validate this status for all facilities on a monthly basis. Facilities should contact support@ncttrac.org if they think that their current designation status is in error.
    - The following status options are available:
        - I: Comprehensive
        - II: Primary
        - III: Support
- **DSHS Trauma Designation**
    - Reflects the facility's current DSHS Trauma Designation as shown on the DSHS Trauma Designation list. This status can only be changed by an EMResource Regional Administrator. The EMResource Regional Administrator will validate this status for all facilities on a monthly basis. Facilities should contact support@ncttrac.org if they think that their current designation status is in error.
    - The following status options are available:
        - I: Comprehensive
        - II: Major
        - III: Advanced
        - IV: Basic
- **Facility Type**
    - Shows the type of facility for each resource. Can only be updated by the EMResource Regional Administrator.
    - The following status options are available:
        - General Hospital
        - Free-Standing ED
        - Psychiatric Facility
            - ASC
        - Long-Term Acute Care
        - Rehab Facility
        - Specialty Facility
        - Nursing Home
        - Assisted Living Facility
        - ICF/IID
        - Specialty – Pediatric
        - Specialty – Cardiac
        - Specialty – Orthopedics
- **Immediate Bed Availability Categories**
    - Immediate bed availability categories indicate the current number of available beds of a particular type. In other words, "This is the number of this type of patient that my facility can currently take."
    - Immediate Bed Availability statuses fall into four categories.

- **Immediate Bed Availability**
  - IBA: MedSurg Monitored
    - The number of currently available beds to provide monitored acute care to inpatients.
  - IBA: MedSurg Non Monitored
    - The number of currently available beds to provide non-monitored acute care to inpatients.
  - IBA: Pedi Monitored
    - The number of currently available beds to provide monitored pediatric care to children.
  - IBA: Pedi Non Monitored
    - The number of currently available beds to provide non-monitored pediatric care to children.
  - IBA: Adult ICU Monitored
    - The number of currently available beds to provide monitored 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.
  - IBA: Adult ICU Non Monitored
    - The number of currently available beds to provide non-monitored 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.
  - IBA: PICU Monitored
    - The number of currently available beds to provide monitored care, including ventilator support, for critically injured patients under the age of 18 years. Specialized support or treatment equipment is available for patients with life-threatening conditions that require intensified comprehensive observation and care.
  - IBA: PICU Non Monitored
    - The number of currently available beds to provide non-monitored care, including ventilator support, for critically injured patients under the age of 18 years. Specialized support or treatment equipment is available for patients with life-threatening conditions that require intensified comprehensive observation and care.
  - IBA: NICU Monitored

- o The number of currently available beds to provide monitored care for infants requiring sustained life support, conventional ventilation, minor surgical procedures, and severe and complex illnesses.
- IBA: NICU Non Monitored
  - o The number of currently available beds to provide non-monitored care for infants requiring sustained life support, conventional ventilation, minor surgical procedures, and severe and complex illnesses.
- IBA: Burn Monitored
  - o The number of currently available beds to provide monitored care for severely burned patients.
- IBA: Burn Non Monitored
  - o The number of currently available beds to provide non-monitored care for severely burned patients.
- IBA: Neg Pressure ER Beds
  - o Number of currently available beds in the emergency room to provide care for patients where environmental factors (such as air exchanges) are controlled in an effort to minimize the transmission of infectious agents.
- IBA: Neg Pressure Inpatient Beds
  - o Number of currently available beds to provide inpatient care for patients where environmental factors (such as air exchanges) are controlled in an effort to minimize the transmission of infectious agents.
- IBA: Emergency Dept
  - o Number of currently available beds for the provision of unscheduled outpatient services to patients in need of immediate care. Hospital emergency diagnosis and treatment of illness or injury is provided.
- IBA: Operating Rooms
  - o The number of currently available beds to provide care for patients in equipped and staffed operating rooms. These beds can be made available for patient care in a short period of time.
- IBA: OB Antepartum
  - o The number of currently available beds to provide care to antepartum patients.
- IBA: OB L&D

- o The number of currently available beds to provide care through all stages of labor and delivery during childbirth.
- IBA: OB Recovery and Postpartum
  - o The number of currently available beds to provide care following childbirth.

- **Immediate Psych Bed Availability**
  - Psych: Child Male (<=12)
    - o The number of currently available beds to provide inpatient psychiatric services to male patients age 12 and under with acute mental health issues.
  - Psych: Child Female (<=12)
    - o The number of currently available beds to provide inpatient psychiatric services to female patients age 12 and under with acute mental health issues.
  - Psych: Ado Male (13-17)
    - o The number of currently available beds to provide inpatient psychiatric services to male patients between age 13 and 17 with acute mental health issues.
  - Psych: Ado Female (13-17)
    - o The number of currently available beds to provide inpatient psychiatric services to female patients between age 13 and 17 with acute mental health issues.
  - Psych: Adult Male (>=18)
    - o The number of currently available beds to provide inpatient psychiatric services to male patients age 18 and older with acute mental health issues.
  - Psych: Adult Female (>=18)
    - o The number of currently available beds to provide inpatient psychiatric services to female patients age 18 and over with acute mental health issues.
  - Psych: Chem Dep Male
    - o The number of currently available beds to provide inpatient psychiatric services to male patients with chemical dependencies.
  - Psych: Chem Dep Female
    - o The number of currently available beds to provide inpatient psychiatric services to female patients with chemical dependencies.
  - Psych: Older Adult Male

- o The number of currently available beds to provide inpatient psychiatric services to older adult male patients with acute mental health issues.
  - Psych: Older Adult Female
    - o The number of currently available beds to provide inpatient psychiatric services to older adult female patients with acute mental health issues.
  - Psych: Total Beds
    - o The total number of currently available beds to provide inpatient psychiatric services to all patient demographics.
- ▪ **MCI Bed Availability**
  - MCI Green
    - o The facility's capacity for additional victims with minor needs.
  - MCI Yellow
    - o The facility's capacity for additional victims with delayed needs.
  - MCI Red
    - o The facility's capacity for additional victims with immediate needs.
  - MCI Gray
    - o The facility's capacity for additional MCI Gray victims with urgent needs.
  - MCI Black
    - o The facility's capacity for additional deceased victims.
- ▪ **Ventilator Availability**
  - Adult & Pedi Vents
    - o The number of ventilators that may be used for adult OR pediatric patients that are present in the institution but are currently not in use and could be supported by currently available staff.
  - Adult Only Vents
    - o The number of ventilators that may be used for adult patients ONLY that are present in this institution but are currently not in use and could be supported by currently available staff.
  - Pedi Only Vents
    - o The number of ventilators that may be used for pediatric patients ONLY that are present in the institution but are currently not in use and could be supported by currently available staff.
- **NICU Transfer Line**

- Shows the phone number to call if you need to transfer a NICU patient to this facility.
- This is a text-entry field.
- **OB Transfer Line**
  - Shows the phone number to call if you need to transfer an OB patient to this facility.
  - This is a text-entry field.
- **Psych ED Holds**
  - Reflects the current number of psych holds in a facility's emergency department. Psych holds are defined as patients who have undergone a medical screening exam and mental health evaluation and are awaiting transfer or admission for inpatient psychiatric care.
  - This status is a numeric entry field.
  - The "Psych ED Holds" status should be updated at least once every 24 hours. It will be marked "Overdue" after 24 hours without an update.
- **Psych: Adult**
  - Reflects the current status of a facility's ability to provide inpatient adult psychiatric services. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility currently has inpatient adult psychiatric availability.
    - Unavailable: This facility temporarily has no inpatient adult psychiatric availability. Comments are mandatory. This status option must be updated every 4 hours.
    - Not Provided: This facility does not provide inpatient adult psychiatric services.
- **Psych: Adolescent**
  - Reflects the current status of a facility's ability to provide inpatient adolescent psychiatric services. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility currently has inpatient adolescent psychiatric availability.
    - Unavailable: This facility temporarily has no inpatient adolescent psychiatric availability. Comments are mandatory. This status option must be updated every 4 hours.
    - Not Provided: This facility does not provide inpatient adolescent psychiatric services.
- **Psych: Pediatric**
  - Reflects the current status of a facility's ability to provide inpatient pediatric psychiatric services. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.

- Available: This facility currently has inpatient pediatric psychiatric availability.
- Unavailable: This facility temporarily has no inpatient pediatric psychiatric availability. Comments are mandatory. This status option must be updated every 4 hours.
- Not Provided: This facility does not provide inpatient pediatric psychiatric services.

- **Psych: Adult Chem. Dep.**
  - Reflects the current status of a facility's ability to provide inpatient adult chemical dependency psychiatric services. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility currently has inpatient adult chemical dependency psychiatric availability.
    - Unavailable: This facility temporarily has no inpatient adult chemical dependency psychiatric availability. Comments are mandatory. This status option must be updated every 4 hours.
    - Not Provided: This facility does not provide inpatient adult chemical dependency psychiatric services.

- **Psych: Adolescent Chem. Dep.**
  - Reflects the current status of a facility's ability to provide inpatient adolescent chemical dependency psychiatric services. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility currently has inpatient adolescent chemical dependency psychiatric availability.
    - Unavailable: This facility temporarily has no inpatient adolescent chemical dependency psychiatric availability. Comments are mandatory. This status option must be updated every 4 hours.
    - Not Provided: This facility does not provide inpatient adolescent chemical dependency psychiatric services.

- **Service: Neonatal Transport**
  - Reflects the current status of a facility's ability to provide Neonatal Transport services. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility can currently provide Neonatal Transport services.
    - Unavailable: This facility is temporarily unable to provide Neonatal Transport services. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide Neonatal Transport services.

- **Service: OB Transport**
  - Reflects the current status of a facility's ability to provide OB Transport services. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility can currently provide OB Transport services.
    - Unavailable: This facility is temporarily unable to provide OB Transport services. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide OB Transport services.
- **Status: 24/7 STEMI**
  - Reflects the current status of a facility's ability to provide 24/7 STEMI services. Does not show any accreditations. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility can currently provide 24/7 STEMI services.
    - Unavailable: This facility is temporarily unable to provide 24/7 STEMI services. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide 24/7 STEMI services.
- **Status: Anti-Venom**
  - Reflects the current status of a facility's ability to provide Anti-Venom services. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility can currently provide Anti-Venom services.
    - Unavailable: This facility is temporarily unable to provide Anti-Venom services. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide Anti-Venom services.
- **Status: Bariatric CT/MRI**
  - Reflects the current status of a facility's ability to provide Bariatric CT/MRI services. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility can currently provide Bariatric CT/MRI services.
    - Unavailable: This facility is temporarily unable to provide Bariatric CT/MRI services. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide Bariatric CT/MRI services.

- **Status: Burn**
    - Reflects the current status of a facility's ability to provide burn services. Should be updated as needed.
    - Facilities can select from the following status options. Definitions for each status option are provided.
        - Available: This facility can currently provide Burn services.
        - Unavailable: This facility is temporarily unable to provide Burn services. Comments are mandatory. This status option must be updated at least once every 4 hours.
        - Not Provided: This facility does not provide Burn services.
- **Status: ECMO**
    - Reflects the current status of a facility's ability to provide Extracorporeal Membrane Oxygenation (ECMO) services. Should be updated as needed.
    - Facilities can select from the following status options. Definitions for each status option are provided.
        - Available - Adult: This facility can currently provide Adult ECMO services.
        - Available – Pedi/NICU: This facility can currently provide Pediatric and Neonatal ECMO services.
        - Available – All Ages: This facility can currently provide Adult, Pediatric, and Neonatal ECMO services.
        - Unavailable: This facility is temporarily unable to provide ECMO services. Comments are mandatory. This status option must be updated at least once every 4 hours.
        - Not Provided: This facility does not provide ECMO services.
- **Status: Hand**
    - Reflects the current status of a facility's ability to provide Hand services. Should be updated as needed.
    - Facilities can select from the following status options. Definitions for each status option are provided.
        - Available: This facility can currently provide Hand services.
        - Unavailable: This facility is temporarily unable to provide Hand services. Comments are mandatory. This status option must be updated at least once every 4 hours.
        - Not Provided: This facility does not provide Hand services.
- **Status: Hyperbaric Chamber**
    - Reflects the current status of a facility's ability to provide Hyperbaric Chamber services. Should be updated as needed.
    - Facilities can select from the following status options. Definitions for each status option are provided.
        - Available: This facility can currently provide Hyperbaric Chamber services.

- Unavailable: This facility is temporarily unable to provide Hyperbaric Chamber services. Comments are mandatory. This status option must be updated at least once every 4 hours.
- Not Provided: This facility does not provide Hyperbaric Chamber services.

- **Status: ICU**
  - Reflects the current status of a facility's Intensive Care Unit. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility's ICU is currently fully operational.
    - Unavailable: This facility's ICU is temporarily unavailable. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide ICU services.

- **Status: MedSurg**
  - Reflects the current status of a facility's ability to provide Medical/Surgical beds. .
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility can currently provide Med/Surg beds.
    - Unavailable: This facility is temporarily unable to provide Med/Surge beds.
    - Not Provided: This facility does not provide Med/Surg beds.

- **Status: NICU**
  - Reflects the current status of a facility's Neonatal Intensive Care Unit. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility's NICU is currently fully operational.
    - Unavailable: This facility's NICU is temporarily unavailable. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide NICU services.

- **Status: OB/L&D**
  - Reflects the current status of a facility's ability to provide OB/L&D services. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility can currently provide OB/L&D services.
    - Unavailable: This facility is temporarily unable to provide OB/L&D services. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide OB/L&D services.

- **Status: OR**
  - Reflects the current status of a facility's operating rooms. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility's OR(s) are currently fully operational.
    - Unavailable: This facility's OR(s) are temporarily unavailable. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide OR services.
- **Status: Oral/Maxillofacial**
  - Reflects the current status of a facility's ability to provide Oral/Maxillofacial services. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility can currently provide Oral/Maxillofacial services.
    - Unavailable: This facility is temporarily unable to provide Oral/Maxillofacial services. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide Oral/Maxillofacial services.
- **Status: PICU**
  - Reflects the current status of a facility's Pediatric Intensive Care Unit. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility's PICU is currently fully operational.
    - Unavailable: This facility's PICU is temporarily unavailable. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide PICU services.
- **Status: Replant**
  - Reflects the current status of a facility's ability to provide Replant services. Should be updated as needed.
  - Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility can currently provide Replant services.
    - Unavailable: This facility is temporarily unable to provide Replant services. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide Replant services.
- **Status: SAFE-Ready**
  - Reflects the current status of a facility's ability to provide Sexual Assault Forensic Evidence collection services. DSHS defines a SAFE-Ready

facility as "A SAFE-Ready facility uses a certified sexual assault nurse examiner or a physician with specialized training to conduct a forensic medical examination of a sexual assault survivor, or uses telemedicine to consult with a system of sexual assault forensic examiners, regardless of whether a report to law enforcement is made." Should be updated as needed.

- o Facilities can select from the following status options. Definitions for each status option are provided.
    - ▪ Available: This facility can currently provide SAFE-Ready services.
    - ▪ Unavailable: This facility is temporarily unable to provide SAFE-Ready services. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - ▪ Not Provided: This facility does not provide SAFE-Ready services.

- **Status: Stroke General Service**
    - o Reflects the current status of a facility's ability to provide general stroke services. Should be updated as needed. Does not reflect DSHS designation status.
    - o Facilities can select from the following status options. Definitions for each status option are provided.
        - ▪ Available: This facility can currently provide general stroke services.
        - ▪ Unavailable: This facility is temporarily unable to provide general stroke services. Comments are mandatory. This status option must be updated at least once every 4 hours.
        - ▪ Not Provided: This facility does not provide general stroke services.

- **Status: Stroke NeuroIR**
    - o Reflects the current status of a facility's ability to provide NeuroIR services. Can only be updated by Level I (Comprehensive) designated facilities. Should be updated as needed.
    - o Facilities can select from the following status options. Definitions for each status option are provided.
        - ▪ Available: This facility can currently provide NeuroIR services.
        - ▪ Unavailable: This facility is temporarily unable to provide NeuroIR services. Comments are mandatory. This status option must be updated at least once every 4 hours.
        - ▪ Not Provided: This facility does not provide NeuroIR services.

- **Status: Stroke NeuroSurg**
    - o Reflects the current status of a facility's ability to provide NeuroSurg services. Can only be updated by Level I (Comprehensive), Level II (Primary), or Level III (Support) designated facilities. Should be updated as needed.

- o Facilities can select from the following status options. Definitions for each status option are provided.
    - Available: This facility can currently provide NeuroSurg services.
    - Unavailable: This facility is temporarily unable to provide NeuroSurg services. Comments are mandatory. This status option must be updated at least once every 4 hours.
    - Not Provided: This facility does not provide NeuroSurg services.
- **Status: Trauma**
    - o Reflects the current status of a facility's ability to provide Trauma Surgery services.
    - o Facilities can select from the following status options. Definitions for each status option are provided.
        - Available: This facility can currently provide Trauma Surgery services.
        - Unavailable: This facility is temporarily unable to provide Trauma Surgery services. Comments are mandatory. This status option must be updated at least once every 4 hours.
        - Not Provided: This facility does not provide Trauma Surgery services.
- **Status: Therapeutic Hypothermia**
    - o Reflects the current status of a facility's ability to provide Therapeutic Hypothermia services. Should be updated as needed.
    - o Facilities can select from the following status options. Definitions for each status option are provided.
        - Available - Adult: This facility can currently provide Adult Therapeutic Hypothermia services.
        - Available – NICU: This facility can currently provide Neonatal Therapeutic Hypothermia services.
        - Available – Adult/NICU: This facility can currently provide Adult and Neonatal Therapeutic Hypothermia services.
        - Unavailable: This facility is temporarily unable to provide Therapeutic Hypothermia services. Comments are mandatory. This status option must be updated at least once every 4 hours.
        - Not Provided: This facility does not provide Therapeutic Hypothermia services.
- **Transfer Line**
    - o Shows the phone number to call if you need to transfer a patient to this facility.
    - o This is a text-entry field.

B. **EMS/FRO Status Types**

- **Agency Type**
  - Shows the type of agency for each resource. Can only be updated by the EMResource Regional Administrator. Agencies should contact support@ncttrac.org if their agency type is in error.
  - The following status options are available.
    - FD EMS
    - VFD
    - Private EMS
    - Hospital EMS
    - Public EMS
    - Other
- **Dispatch Number**
  - Shows the non-emergency phone number to contact this agency's dispatch center. Should be updated as needed.
  - This status is updated using a text entry field.
- **EMS Medical Director**
  - Shows the current EMS Medical Director for the agency. Please list a contact phone number in the comments. Should be updated as needed
  - This status is updated using a text entry field.
- **Service: 911 EMS Response**
  - Reflects the current status of an agency's ability to perform 911 EMS response. Should be updated as needed.
  - Agencies can select from the following status options. Definitions for each status option are provided.
    - Available: This agency can currently perform 911 EMS response.
    - Unavailable: This agency is temporarily unable to perform 911 EMS response. This status option must be updated at least once every 4 hours. Comments are mandatory.
    - Not Provided: This agency does not perform 911 EMS response.
- **Service: Critical Care Transport**
  - Reflects the current status of an agency's ability to perform Critical Care Transport services. Should be updated as needed.
  - Agencies can select from the following status options. Definitions for each status option are provided.
    - Available: This agency can currently perform Critical Care Transport services.
    - Unavailable: This agency is temporarily unable to perform Critical Care Transport services. This status option must be updated at least once every 4 hours. Comments are mandatory.
    - Not Provided: This agency does not provide Critical Care Transport services.

- **Service: HazMat Response**
  - Reflects the current status of an agency's ability to perform Hazardous Materials Response operations. Should be updated as needed.
  - Agencies can select from the following status options. Definitions for each status option are provided.
    - Available: This agency can currently perform Hazardous Materials Response operations.
    - Unavailable: This agency is temporarily unable to perform Hazardous Materials Response operations. This status option must be updated at least once every 4 hours. Comments are mandatory.
    - Not Provided: This agency does not have the capability to perform Hazardous Materials Response operations.
- **Service: HCID Response**
  - Reflects the current status of an agency's ability to perform High Consequence Infections Disease (HCID) Response operations. Should be updated as needed.
  - Agencies can select from the following status options. Definitions for each status option are provided.
    - Available: This agency can currently perform HCID response operations.
    - Unavailable: This agency is temporarily unable to perform HCID response operations. This status option must be updated at least once every 4 hours. Comments are mandatory.
    - Not Provided: This agency does not have the capability to perform HCID response operations.
- **Service: High Angle Rescue**
  - Reflects the current status of an agency's ability to perform High Angle Rescue operations. Should be updated as needed.
  - Agencies can select from the following status options. Definitions for each status option are provided.
    - Available: This agency can currently perform High Angle Rescue operations.
    - Unavailable: This agency is temporarily unable to perform High Angle Rescue operations. This status option must be updated at least once every 4 hours. Comments are mandatory.
    - Not Provided: This agency does not have the capability to perform High Angle Rescue operations.
- **Service: Hospital Patient Transfers**
  - Reflects the current status of an agency's ability to perform hospital patient transfers. Should be updated as needed.
  - Agencies can select from the following status options. Definitions for each status option are provided.
    - Available: This agency can currently perform hospital patient transfers.

- Unavailable: This agency is temporarily unable to perform hospital patient transfers. This status option must be updated at least once every 4 hours. Comments are mandatory.
- Not Provided: This agency does not perform hospital patient transfers.

- **Service: Swift Water Rescue**
  - Reflects the current status of an agency's ability to perform Swift Water Rescue operations. Should be updated as needed.
  - Agencies can select from the following status options. Definitions for each status option are provided.
    - Available: This agency can currently perform Swift Water Rescue operations.
    - Unavailable: This agency is temporarily unable to perform Swift Water Rescue operations. This status option must be updated at least once every 4 hours. Comments are mandatory.
    - Not Provided: This agency does not have the capability to perform Swift Water Rescue operations.

- **Service: Trench Rescue/Recovery**
  - Reflects the current status of an agency's ability to perform Trench Rescue/Recovery operations. Should be updated as needed.
  - Agencies can select from the following status options. Definitions for each status option are provided.
    - Available: This agency can currently perform Trench Rescue/Recovery operations.
    - Unavailable: This agency is temporarily unable to perform Trench Rescue/Recovery operations. This status option must be updated at least once every 4 hours. Comments are mandatory.
    - Not Provided: This agency does not have the capability to perform Trench Rescue/Response operations.

- **Vehicle: Bariatric**
  - Reflects the current status of an agency's ability to provide specialty bariatric vehicles. Non-emergency contact information for these vehicles should be listed in the comments.
  - Agencies can select from the following status options. Definitions for each status option are provided.
    - Available: This agency has a currently available specialty bariatric vehicle. Please list non-emergency contact information for this vehicle in the comments.
    - Unavailable: This agency's specialty bariatric vehicle is temporarily unavailable. This status option must be updated at least once every 4 hours. Comments are mandatory.
    - Not Provided: This agency does not have a specialty bariatric vehicle.

- **Vehicle: Mobile Command Center**
  - Reflects the current status of an agency's ability to provide a mobile command center. Non-emergency contact information for this asset should be listed in the comments.
  - Agencies can select from the following status options. Definitions for each status option are provided.
    - Available: This agency has a currently available mobile command center. Please list non-emergency contact information for this vehicle in the comments.
    - Unavailable: This agency's mobile command center is temporarily unavailable. This status option must be updated at least once every 4 hours. Comments are mandatory.
    - Not Provided: This agency does not have a mobile command center.
- **Vehicle: Other**
  - Lists any other specialty vehicles that an agency might have. The agency should list both the specialty vehicle and the non-emergency contact information for that vehicle.
  - This status is updated by a text entry field.

C. Other Status Types

- **24/7 Point of Contact**
  - Shows the 24/7 Point of Contact for a deployable asset. Should be updated as needed.
  - This status is updated using a text entry field.
- **Deployment Status**
  - Reflects the current deployment status of a regional deployable asset. Should be updated as needed.
  - Asset hosts can select from the following status options. Definitions for each status option are provided.
    - Demobilized: This asset has been demobilized from a deployment.
    - Deployed: This asset is currently deployed. Comments are mandatory.
    - In Rehab: This asset is currently in rehab from a deployment.
    - Mission Capable: This asset is currently capable of deployment.
    - On Alert: This asset is currently on alert in anticipation of a potential deployment.
    - Out of Service: This asset is currently out of service. Comments are mandatory.
    - Partially Capable: This asset is currently partially capable of deployment. Comments are mandatory.

- **Flight Availability Status**
  - Reflects the current status of an air medical unit's availability to respond to calls. For most air medical providers, this status is automatically updated using an API from the air medical provider's CAD system into EMResource.
  - Air medical units can select from the following status options. Definitions for each status option are provided.
    - Delayed At: This aircraft is delayed. Enter location/time/weather in comments.
    - Unavailable: This aircraft is unavailable. Enter location/maintenance in comments.
    - Available At: This aircraft is available. Enter location in comments.
    - Limited Availability: This aircraft's availability is limited.
- **Point of Contact Verified**
  - Shows the date that a facility/organization last verified that its Point of Contact in EMResource was correct.
  - This is a text entry field.

VI. System Performance Improvement Metrics and Indicators

A. Regional

TSA-E uses the following Performance Metrics and Indicators to measure overall EMResource utilization success.

- At least 75% of hospitals update their Hospital Intake Status at least once every 24 hours 80% of the time. Tracked monthly using EMResource reports. Report will be sent to ED Operations Committee, Trauma Committee, and NCTTRAC Zones.
- At least 75% of hospitals update their NEDOCS at least once every 6 hours. Tracked monthly using EMResource reports. Report will be sent to ED Operations Committee, Trauma Committee, and NCTTRAC Zones.
- At least 75% of hospitals update their Psych ED Holds at least once every 6 hours. Tracked monthly using EMResource reports. Report will be sent to ED Operations Committee, Mental Health Workgroup, and NCTTRAC Zones.
- At least 75% of hospitals and special facilities update their available bed numbers at least once every 24 hours. Tracked monthly. Report will be sent to ED Operations Committee, REPC, and NCTTRAC Zones.
- At least 75% of hospitals, special facilities, and EMS agencies update their EMResource point of contact at least once per year. Tracked annually using Status Type "Point of Contact Verified".

- At least 75% of hospitals, special facilities, and EMS agencies review their associated users list and send necessary changes to NCTTRAC at least once per year. Tracked annually using NCTTRAC email records.
- At least 75% of EMS agencies monitor EMResource for status changes via active monitoring or status change notifications. Tracked annually via regional survey.

B. Hospitals

TSA-E uses the following Performance Metrics and Indicators to measure individual healthcare facility EMResource utilization success.

- Hospital updates its Hospital Intake Status at least once every 24 hours 80% of the time. Tracked monthly using EMResource reports.
- Hospital updates its NEDOCS at least once every 6 hours. Tracked monthly using EMResource reports.
- Hospital updates its Psych ED Holds status at least once every 6 hours. Tracked monthly using EMResource reports.
- Facility updates its available bed numbers at least once every 24 hours. Tracked monthly using EMResource reports.
- Facility has at least one person with EMResource access on-site 80% of the time. Tracked annually via regional survey.

C. EMS

TSA-E uses the following Performance Metrics and Indicators to measure individual EMS Agency EMResource utilization success.

- EMS Agency monitors EMResource for status changes via active monitoring or status change notifications. Tracked annually via regional survey.
- EMS Agency has at least one person with EMResource access on-shift 80% of the time. Tracked annually using regional survey.

VII. 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.

VIII. Additional Views

A. Clinical Views

- TSA-E: Pediatric
  - Shows all *County – Hospitals* and *County – Special Facilities* Resource Types
  - Shows the following status types:
    - Hospital Intake Status
    - Transfer Line
    - IBA: Pedi Monitored
    - IBA: Pedi Non Monitored
    - IBA: PICU Monitored
    - IBA: PICU Non Monitored
    - Pedi Only Vents
- TSA-E: Perinatal
  - Shows all *County – Hospitals* and *County – Special Facilities* Resource Types.
  - Shows the following status types:
    - Hospital Intake Status
    - DSHS Maternal Designation
    - OB Transfer Line
    - Service: OB Transport
    - Status: OB/L&D
    - IBA: OB Antepartum
    - IBA: OB L&D
    - IBA: OB Recovery and Postpartum
    - DSHS Neonatal Designation
    - NICU Transfer Line
    - Service: Neonatal Transport
    - Status: NICU
    - Status: ECMO
    - Status: Therapeutic Hypothermia
    - IBA: NICU Monitored
    - IBA: NICU Non Monitored
- TSA-E: Psych
  - Shows all *County – Hospitals* and *County – Special Facilities* Resource Types with licensed psych beds.
  - Shows the following status types:
    - Hospital Intake Status
    - Psych ED Holds
    - Psych: Pediatric
    - Psych: Adolescent
    - Psych: Adult
    - Psych: Adolescent Chem. Dep.
    - Psych: Adult Chem. Dep.

- Psych: Child Male (<=12)
- Psych: Child Female (<=12)
- Psych: Ado Male (13-17)
- Psych: Ado Female (13-17)
- Psych: Adult Male (>=18)
- Psych: Adult Female (>=18)
- Psych: Older Adult Male
- Psych: Older Adult Female
- Psych: Chem Dep Male
- Psych: Chem Dep Female
- Psych: Total Beds
- TSA-E: Stroke
  - Shows all *County – Hospitals* and *County – Special Facilities* Resource Types.
  - Shows the following status types:
    - Hospital Intake Status
    - NEDOCS
    - DSHS Stroke Designation
    - Status: Stroke General Service
    - Status: Stroke NeuroIR
    - Status: Stroke NeuroSurg
- TSA-E: Trauma
  - Shows all *County – Hospitals* and *County – Special Facilities* Resource Types.
  - Shows the following status types:
    - Hospital Intake Status
    - NEDOCS
    - DSHS Trauma Designation
    - Transfer Line
    - Status: Anti-Venom
    - Status: Burn
    - Status: Hyperbaric Chamber
    - Status: ICU
    - Status: OR
    - Status: Oral/Maxillofacial
    - Status: Replant
    - Status: Hand
    - Status: ECMO
    - Status: SAFE-Ready
    - Status: Therapeutic Hypothermia

B. Zone Views
- Z8 – Dallas
- Z7 – Tarrant
- Z6 – Erath Hood Johnson S-vell

- Z5 – Collin, Hunt, Rockwall
- Z4 – Ellis, Kaufman, Navarro
- Z3 – Parker, Palo Pinto
- Z2 – Denton, Wise
- Z1 – Cooke, Fannin, Grayson
- All zone views will contain the *County – Hospitals*, *County – Special Facilities*, *County – EMS Agencies*, and *County – FROs* located within the identified zone.
- Individual zones will eventually have the opportunity to customize their specific zone view. Currently, all zone views have the same status types:
    - Facility Type
    - Hospital Intake Status
    - NEDOCS
    - IBA: Emergency Dept
    - Psych ED Holds
    - Psych: Total Beds
    - Transfer Line
    - MCI Green
    - MCI Red
    - MCI Yellow

C. Disaster Views

- TSA-E: Bed Availability
    - Shows all *County – Hospitals* and *County – Special Facilities* Resource Types
    - Shows the following status types:
        - IBA: MedSurg Monitored
        - IBA: MedSurg Non Monitored
        - IBA: Pedi Monitored
        - IBA: Pedi Non Monitored
        - IBA: Adult ICU Monitored
        - IBA: Adult ICU Non Monitored
        - IBA: PICU Monitored
        - IBA: PICU Non Monitored
        - IBA: NICU Monitored
        - IBA: NICU Non Monitored
        - IBA: Burn Monitored
        - IBA: Burn Non Monitored
        - IBA: Neg Pressure ER Beds
        - IBA: Neg Pressure Inpatient Beds
        - IBA: Emergency Dept
        - IBA: Operating Rooms
        - IBA: OB Antepartum
        - IBA: OB L&D
        - IBA: OB Recovery and Postpartum

- Adult & Pedi Vents
- Adult Only Vents
- Pedi Only Vents
- TSA-E: Facility EM
  - Shows all *County – Hospitals* and *County – Special Facilities* Resource Types
  - Shows the following status types:
    - Hospital Intake Status
    - Command Center Activation Status
    - Critical Utilities Availability
- TSA-E: MCI Beds
  - Shows all *County – Hospitals* and *County – Special Facilities* Resource Types
  - Shows the following status types:
    - MCI Green
    - MCI Yellow
    - MCI Red
    - MCI Gray
    - MCI Black
    - DSHS Trauma Designation
    - Hospital Intake Status

D. Resource Type Views
- TSA-E: EMS Agencies
- TSA-E: FROs
- TSA-E: LTC Facilities
- TSA-E: Specialty Facilities

E. Position-Specific Views
- EMS/ED (Default View for ED Staff and EMS users)
  - Hospital Intake Status
  - NEDOCS
  - Psych ED Holds
  - Status: Trauma
  - DSHS Trauma Designation
  - DSHS Stroke Designation
  - Status: 24/7 STEMI
  - Status: OB/L&D
  - Status: SAFE-Ready
  - MCI: Green, Yellow, Red, Black
  - Helipad
- Transfer Centers (Default View for Transfer Center users)
  - Statuses to be determined