



Oklahoma State Department of Health  
Creating a State of Health

**EMResource Workgroup Meeting**  
**November 16, 2018**  
**1:30 – 3:30 pm**  
**OSDH Room 1102**

**Meeting called to order:**

The meeting was called to order at 1:30 pm by Marva Williamson.

**Attending Members:**

Joshua Garde, Tulsa Life Flight-Air Methods; Michelle Vega for Paulette Marshall, RMRS Region 1; Eddie Sims, NRHS-EMSSTAT Region 6; Robert Stewart, RMRS MERC Reg. 3; Brian Wilson, OSDH; Jim Koch, Miller EMS Region 1; Rena Scott, Saint Francis Hospital Region 7, Bill Henrion, OSDH; Lori Strider, OSDH; Marva Williamson, OSHD; Linda Dockery, OSDH

**Welcome and Introductions:**

Each attendee introduced themselves and their affiliation.

**Purpose:**

Marva Williamson began by stating the purpose of the EMResource Workgroup. The group is a subcommittee of OTERAC, therefore, the recommendations from this meeting will be forwarded to OTERAC members. The purpose of the meetings is to review the database and recommend updates for maximum clarity and usefulness of the system across the state.

Brian Wilson shared information regarding the results and scope of the “Earth, Wind, and Fire” Disaster Preparedness Exercise that took place in mid-November of 2018.

**Business:**

Marva then asked the group to look over the EMResource Workgroup Statewide Standards and Criteria. There was discussion regarding the perceived reliability of the data posted on EMResource; additional training needs for hospital participants, and how facilities and their leadership should be more aware of how EMResource works.

Bill Henrion guided the group through EMResource: column’s heading, typical use, and led discussion regarding how and what headings should be kept or removed. The discussion can be summarized as follows:

- **Trauma Level:** There was a concern that there are credibility issues with designated levels. For example, OU Medical Center Edmond and all OU sites are listed (according to the License), as Level I, but may not function as a Level I facility. The group discussed whether or not such an issue means the designation should be changed on EMResource, or if the issue lies elsewhere. Several suggestions followed about as to where Trauma Level should be moved to, and the group agreed that Trauma Level should be removed from the columns headings, or moved to a different location.

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- **Hospital Status:**
  - **CT/MRI** listed under Caution is a duplication and the group agreed it should be removed.
  - The system should show availability of Psych patients. There was a suggestion that the number of **Psych** beds available should be added under Caution.
  - **Total Divert** will time-out automatically after one hour. Additional time can be added to divert status. EMSA is the entity that controls time added to divert status. There was also discussion regarding how this area could be improved.
  - There was discussion regarding Trauma Divert under Caution. It is used, but not often.
- **CT Scan:** The group agreed to remove CT Scan because it is duplicated.
- **Neuro:** Discussion was as follows:
  - There was a suggestion that **Neuro** should be changed to **Stroke**. There is proposed legislation in place for stroke and CQI being brought forth by other groups. Changes in the EMResource designation should take those discussions into consideration. OTERAC is aware of the work of other state level groups.
  - **Neuro** should tell users of the capabilities the facility has for stroke patients to be taken care of accordingly.
    - Note: Just because there is a neurologist on site, does not mean the facility can care for a stroke patient properly.
    - Level I and Level II hospitals should have it in their information that they can care for stroke patients properly.
- **Card:** Change **Card** to **STEMI**, however this cannot be added until there are rules in place. Also, have a drop down menu to identify what is needed for a cardio patient. If the heading was changed to STEMI, there would be too much confusion at this point about capabilities.
- **NEDOCS:** There is currently a trial run of NEDOCS at locations in Region 7. Discussion took place regarding if NEDOCS will be a common tool used in the state in the coming years, and if there should be a column for the NEDOCS Score.
- Add **Pediatrics** to the column headings.
- There was a concern about the ability to view the number of columns that are listed on EMResource for some monitors and cell phones.
- There was concern that the interface is not working appropriately, and may show a helicopter is “available at” and then it is not available. If you experience this issue, please contact Bill Henrion at 405-271-4027.
- There was discussion of breaking down the air ambulance coverage into separate regions. Bill Henrion said he would need to go to the developer regarding this discussion.

**Conclusion:**

We will look at the suggestions that took place during this meeting, see what is feasible, and discuss the results at the next meeting.

**Next Meeting:**

January 18, 2019; 1:30 to 3:30 pm; OSDH Room 1102

**2019 Meetings will convene at 1:30 at OSDH on the dates below.**

<b>January 18</b>	<b>July 19</b>
<b>March 15</b>	<b>September 20</b>
<b>May 17</b>	<b>November 15</b>

**Meeting Adjourned:**

3:30 pm