



Oklahoma State Department of Health
Creating a State of Health

EMResource Workgroup Meeting
September 21, 2018
1:30 – 3:30 pm
OSDH Room 1102

Meeting called to order:

1:30 pm

Attending Members:

Chad Campbell, Air Evac; Doug White, Air Evac; Joshua Garde, Tulsa Life Flight-Air Methods; Paulette Marshall, RMRS Reg. 1; Eddie Sims, NRHS-EMSSTAT; Holli Howard, Mercy OKC; Robert Stewart, RMRS; LaTrina Frazier, OSDH; Brian Wilson, OSDH; LaWanna Halstead, OHA; Jim Koch, Miller EMS; Kari Smoot, SFH; Tela Brown, ISMC; David Davis, Oologah-Taloga EMS; Angie Heigle, IHE; George Benard, St. Anthony; Grace Pelley, OSDH; Rena Scott, Saint Francis Hospital; Molly Crawford, Saint Francis Hospital; Jennifer Bramlett, Mercy OKC.

Overview:

EMResource is a web-based electronic system that allows statewide communication and information exchange through multiple facilities, and provides support during a disaster. The system is funded through Emergency Preparedness Services at OSDH.

Marva Williamson convened the meeting, and after the welcome and introductions established that the EMResource meeting schedule will coordinate with REMSS, which meets the 3rd Friday of every month. Because some of the people attend EMResource Workgroup as well, the EMResource Workgroup will meet every other month beginning November 16. Meeting time is 1:30 pm.

Bill Henrion began by showing the database to work group members, including current layout and headings. Discussion was as follows:

Status types

- There should be a new column for BLS and ALS availability. However adding additional columns do not always add new information
- Peds and OB services should be reporting ongoing availability, even if it is not required by statute.
- REMSS and trailer availability- shown on EMResource- is disaster specific, including trailer deployment, which is available by notifying MERC in all regions.

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- Air Ambulance reporting does not include when they will become available again. Is there a uniform/automatic expectation about length of time for projected return to service after being unavailable?
- The capability of the CADLink connection for air services is directed by each provider.
- Some hospitals may call an ambulance service directly and bypass EMResource due to relationships with providers.
- EMResource provides headings about neurology and cardiac availability, and is equipped to provide details, as the need arises.

Infrastructure

- Problems with CADLink would need to be sent to Bill Henrion to contact the vendor if needed.
- Is data completely viewable on the app on iPhones, or email alerts? (See Lori Strider for assistance).
- Does Juvare have the capability to address phone apps, since much of the process takes place by telephone, e.g., adding an external link for obtaining additional information?

Training

- More training is needed about EMResource along with more frequent updates and data input. [Note: Identify what areas and what functions]
- Specialty types should be updated all at once, instead of one at a time.
- Hospitals should use their respective Region's plan of what to address re: capabilities for time sensitive matters.
- Disaster event queries can be directed to respond through the MERC, including data requests that occur later than initial reporting submissions.

Next Meeting:

November 16, 2018; 1:30 to 3:30 pm; OSDH Room 1102

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

January 18	July 19
March 15	September 20
May 17	November 15

Meeting Adjourned at 3:30 pm.