



Nebraska HAvBED System

Using the Bed Tracking System

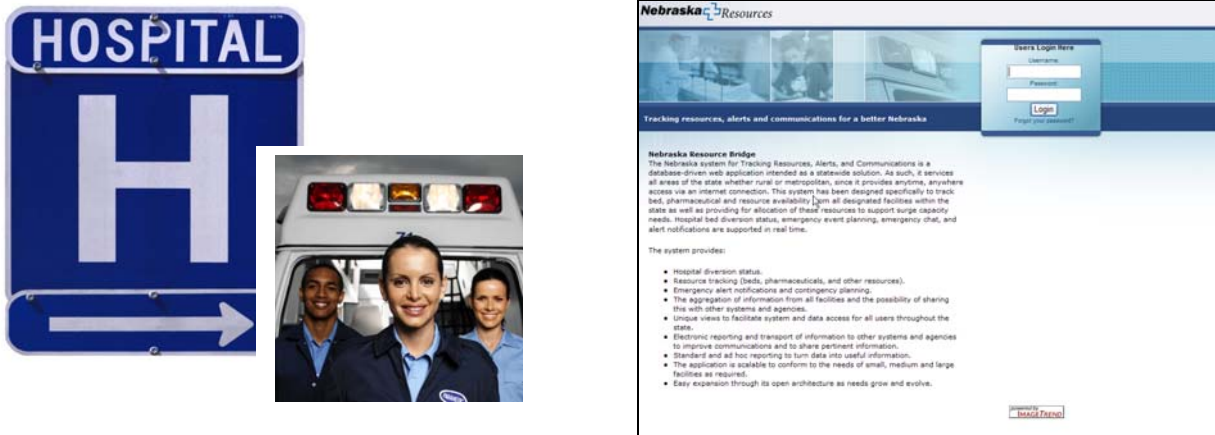
1. Go to the Nebraska Resource Bridge website at: <https://www.nebhospital.com/>
Consider saving the website in your 'Favorites'
2. Log in using your Username and Password in the appropriate fields.
Login levels are predetermined with your assigned names and passwords. Your view of the system will vary depending on your assigned permission level. You will be logged in as a System Administrator, MRS Administrator, Facility User or Read-Only user.
3. Click "Login" or hit Enter
4. For initial set up:
 - a. Click on your name in the upper left corner. It will say "logged in as *your name*"
 - b. Complete the form with your personal information. After entering your email address, click "Verify." The system will send an email message to confirm your email address.
You may return to this page to edit your information at any time.
 - c. When finished with this page, click "Submit."
5. For Facility Set up:
 - a. Click on the Facility Setup tab on the left side of the page
 - b. Enter your facility specific information
 - c. Enter Primary and Secondary Contact information
 - d. Click on "Look up" for location information.
 - e. Bed Information
 - i. Click on the blue button "Beds"
 - ii. Choose the types of beds you will track by checking in the box on the right
 - iii. Enter the numbers of each type of bed in your facility
 - iv. We will not begin pharmaceutical tracking at this time.
 - v. Click "Save" Information can be edited at any time.

6. To add other staff members:

- a. Click on the "Staff" bar on the left side of the page
- b. Enter the staff member's information.
- c. After the email address, click "Verify" The system will send an email message to confirm your email address.
- d. Under Login Information
 - i. Enter their user ID
 - ii. Assign them a temporary password. They will create a new password when they first sign on, just like you did.
 - iii. Choose their permission level.
 - iv. Click "Active" if it is not already marked
 - v. Click "Submit"

7. To update your bed count:

- a. Click on the "Facility Status" bar on the left side of the page
- b. Click on the first blue "Update" bar.
- c. Enter the number of available (staffed) beds in that category.
- d. Repeat the same steps for all of the categories until each one has been updated.
- e. Changes will be automatically saved until the next update



Implementation of the HAvBED System in Nebraska

Background

The healthcare system and its many key components (public and private hospitals, medical supplies & equipment, pharmaceuticals, medical practitioners, healthcare professionals, and support staff) represent one of the most multi-disciplinary information producing and information demanding environments in the world. Hospitals, for example, are well prepared to handle a wide array of diseases and medical events, most of which present in a reasonably structured and somewhat predictable fashion. Hospital organizations are constantly constructing and reusing protocols for injury and disease management and case management in order to facilitate and optimize daily work of hospital personnel. In addition, these protocols help to minimize medical errors and maximize patient throughput. Well-functioning hospitals are, therefore, designed to handle high volumes of elective and emergency admissions and even local small-scale disasters. Hospitals, and the healthcare systems to which they belong, however, are not well prepared to respond to large scale “assaults” (e.g., World Trade Center collapse; Hurricane Katrina; H5N1 avian influenza) which over-tax their resources (i.e., medical, administrative and ancillary personnel, beds, medical supplies & equipment, food, ambulances, etc.).

Many hospitals are fairly adept at scaling up (“flexing up”) for a relatively small and anticipated protracted event (e.g., flu season) and rescheduling a very large and diverse work force. However, with the major reductions in bed numbers in recent years, compounded by the closing of many hospitals, and coupled with the advent of just-in-time purchasing practices intended to lower operating costs, the healthcare system now finds itself unable to quickly identify sources and procure many different resources (people, supplies, food, drugs, etc.) in sufficient quantities needed for response to massive acute or even smaller, prolonged mass casualty events. It is very unlikely that current business practices, directed toward conserving resources, would be significantly changed in order to increase preparedness for what most

hospitals consider a statistically unlikely event such as local terrorist actions or a Category 5 hurricane. One need only look at the examples set by hundreds of hospitals in close proximity to large airports, most of which are totally unprepared for the mass casualties that might be the product of a major airline accident. The practical implication is that the healthcare sector and its hospital systems will be required to create new types of information and information systems that essentially reduce the “cycle time” of ramping up for large scale emergencies.

Surge Capacity

Hospital surge capacity is a significant and critical concern in terms of healthcare planning, preparedness, response, and recovery in mass casualty situations and other public health events. Considerable thought is being applied to surge capacity at the international, national, state, regional, local, and hospital scales as well as within healthcare sector organizations.

One of the Nebraska Department of Health & Human Services - Hospital Preparedness Program responsibilities is Hospital Preparedness, with Hospital Surge Capacity being a critical component. While this is not specifically mentioned in the National Response Plan (NRP, 2003) or the National Incident Management System it is clearly implied in Policy #15 of Homeland Security Presidential Directive 5 (HSPD-5, 2003):

“The Secretary shall develop, submit for review to the Homeland Security Council, and administer a National Incident Management System (NIMS). This system will provide a consistent nationwide approach for Federal, State, and local governments to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, and local capabilities, the NIMS will include a core set of concepts, principles, terminology, and technologies covering the incident command system; multi-agency coordination systems; unified command; training; identification and management of resources (including systems for classifying types of resources); qualifications and certification; and the collection, tracking, and reporting of incident information and incident resources.” (HSPD-5, 2005)

HAvBED System

The Agency for Healthcare Research and Quality efforts to develop evidence-based information aimed at improving the quality of the U.S. health care system is a critical component of the larger initiative of the U.S. Department of Health and Human Services to develop public health programs to combat bioterrorism which easily can be conceived as supporting all-hazards response. Projects and activities comprising AHRQ's comprehensive bioterrorism preparedness portfolio are designed to assess and enhance the interface between the clinical care delivery system and public health infrastructure.

“The goal of HAVBED was to determine the feasibility of bringing together common data elements (and/or easily adapted data elements) from within each of these systems through an interface, after the specific useful data elements and their definitions were identified (including geographic information systems - GIS) and display formats were developed through collaborative input. “

Source: AHRQ 2005

The HAVBED project, completed with funding from AHRQ, examined the effects of regional care models and their impact on resource allocation and capacity in the event of a bioterrorist event, as well as the effect of such an event on hospital and health care systems' costs, outcomes, and staffing. Characteristics of exportable models to regional, state, and local policymakers were identified (AHRQ 2005). HavBED (Hospital Available Beds for Emergencies and Disasters) is an information technology proof-of-concept project to demonstrate a standardized “real-time” hospital bed and resource availability information system that can be used by decision makers, planners and emergency personnel at the local, state, regional and federal levels.

The HAVBED prototype has demonstrated the feasibility and utility of a system that captures and integrates currently accessible bed availability data from disparate systems in use with hospital and healthcare organizations and across the country and coupling those data with data from organizations that do not currently participate in these systems to produce a large-scale picture of patient bed availability and hospital status across the country. These amalgamated data would be of assistance at a local, regional or national level in dispositioning patients from one (or more) large-scale multi-casualty events from either natural causes or from the use of weapons of mass destruction.

Important recommendations from the HAVBED project are the basis for what is needed in a fully implemented interoperable, multi-scale hospital/healthcare information and decision support system. The system should be scalable so that it meets the needs of individual hospital and healthcare organizations as well as regional, state and National decision makers. Being able to link to existing hospital status and bed capacity reporting systems is considered a critical success factor in assuring system acceptability.

A single system that functions at the individual hospital level as well the National level, and at all scales in between is essential. The concepts and operation of the National system should remain simple and user friendly and incentives for hospital adoption should be developed and implemented. A crisis information management system that is flexible and robust so that it could also be used for daily hospital operations (e.g., patient assignment, bed availability, asset

tracking, equipment status, vehicle assignments, security status, etc.) should find wide acceptability.

Implementation of HAvBED System in Nebraska

Mass casualty and other public health emergencies create a demand for information within hospitals, between hospitals, between hospitals and local incident command centers, and between local, statewide and multi-state incident command centers and agencies. Because of the variety of communications systems utilized by the variety of critical components in preparing for and responding to these events, Interoperability, or the ability of different entities to communicate with each other on demand and in real time is a critical success factor in assuring how well hospital surge capacity can be planned for and responded to.

Linking hospitals in local, statewide and multi-state systems will enable healthcare surge capacity capability to adequately prepare for and respond to mass-casualty events and other regional public health emergencies -- a capability which does not currently exist in the State of Nebraska. The system will be flexible to handle the real-time capacity needs for mass casualty events and other public health emergencies as well as the day-to-day operational aspects of patient management and efficient utilization of hospital resources. The implementation of this system is being undertaken in a response to the following state and federal initiatives:

- Nebraska Pandemic Influenza Plan which outlines the need for a tracking system designed to track availability of hospital beds, critical equipment and other staff.

<http://www.hhs.state.ne.us/pandemic/preparedness.htm>

- Health and Human Services (HHS) Program Priorities - Required Funding Capabilities – Bed Tracking

<http://www.hhs.gov/aspr/oepo/hpp/>

ImageTrend

ImageTrend, Inc. is a provider of customized web-based business solutions. ImageTrend extends business to the web using its product platform of scalable component modules. ImageTrend applications combine business analysis, creative design and database-driven architecture, with sophisticated development standards and best-of-breed technology.

ImageTrend has been involved with the Nebraska EMS community through the development of the eNARSIS – electronic Nebraska Ambulance Rescue Service Information System. The Nebraska Hospital Preparedness Program will be using ImageTrend’s Resource Bridge system that can be accessed on a statewide level from all hospitals, so that in the event of a catastrophe centralized access by all facilities would immediately identify where excess capacity in beds and types exist.

This system allows for bed requisition and a communication to allow for alerting and clear exchange of information.

Bed Tracking Module

The Nebraska Resources Bridge is a database-driven web application intended as a statewide solution. As such, it services all areas of the state whether rural or metropolitan, since it provides anytime, anywhere access via an internet connection. This system has been designed specifically to track bed, pharmaceutical and resource availability from all designated facilities within the state as well as providing for allocation of these resources to support surge capacity needs. Hospital bed diversion status, emergency event planning, emergency chat, and alert notifications are supported in real time.

The system allows for inter-facility notification of mass casualty incidents and notification of alerts and hospital diversion status during an incident. Resource requests and resource matching can occur on-line during an incident. In addition, tracking of available beds automates the process for obtaining National Disaster Medical System bed counts requested by the Department of Homeland Security.

Real time communication through emergency chat and on-line conferencing will assist in improving collaboration and response times during an incident, bringing the appropriate partners (e.g., hospitals, EMS, local public health, and emergency management) together. The system provides:

- Hospital diversion status.
- Resource tracking (beds, pharmaceuticals, and other resources).
- Emergency alert notifications and contingency planning.
- The aggregation of information from all facilities and the possibility of sharing this with other systems and agencies.
- Unique views to facilitate system and data access for all users throughout the state.
- Electronic reporting and transport of information to other systems and agencies to improve communications and to share pertinent information.
- Standard and ad hoc reporting to turn data into useful information.
- The application is scalable to conform to the needs of small, medium and large facilities as required.
- Easy expansion through its open architecture as needs grow and evolve.

What is the role of Nebraska Hospital Preparedness Program?

The Nebraska Department of Health and Human Services will administer and maintain the Nebraska Resource Bridge, providing support to Nebraska hospitals. Implementation of the system will begin in September 2008 and will continue until all hospitals are trained on and using the system.

Who can I contact for more information?

Please contact the following staff persons for more information:

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Nebraska Resource Bridge Overview

The Nebraska Resource Bridge is a collaborative browser-based system that enables real-time access to emergency related logistics. It is used for hospital bed and resource allocation in situations ranging from day-to-day resource management to large-scale crisis management. Special resource requests include various things such as specific medical supplies and specialized physicians and staff.

Nebraska Resources

Users Login Here
 Username:

 Password:

[Forgot your password?](#)

Tracking resources, alerts and communications for a better Nebraska

Nebraska Resource Bridge
 The Nebraska system for Tracking Resources, Alerts, and Communications is a database-driven web application intended as a statewide solution. As such, it services all areas of the state whether rural or metropolitan, since it provides anytime, anywhere access via an internet connection. This system has been designed specifically to track bed, pharmaceutical and resource availability from all designated facilities within the state as well as providing for allocation of these resources to support surge capacity needs. Hospital bed diversion status, emergency event planning, emergency chat, and alert notifications are supported in real time.

The system provides:

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- The application is scalable to conform to the needs of small, medium and large facilities as required.
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The Resource Bridge Application

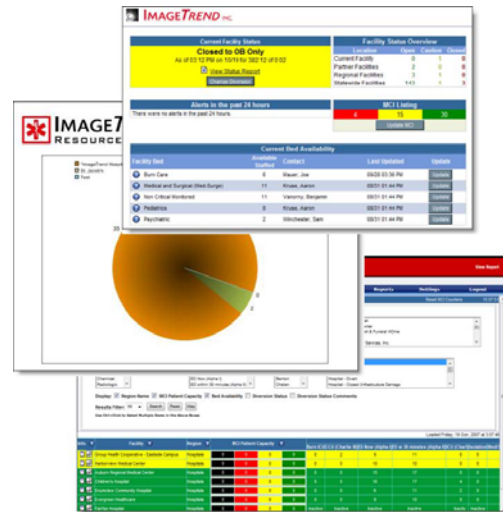
The basis of this resource allocation system is a database driven application that records all statistics relating to beds by category, type and status along with hospital demographics. The monitoring of this system allows for comprehensive reporting, allocation and sharing of available beds within a region of any size from city, county, state or federal levels.

Individual views provide hospital summaries, geographical information and more. Real-time search capabilities provide immediate status information and assignment possibilities. Through an alert notification capability, users are made immediately aware of potential allocation requirements and can assess the immediate availability.

The intuitive Web-based interface of this system provides easy accessibility for various users, varying from government agencies to hospital administrators. Rights and permissions are assigned to maintain the integrity of the system.

Statewide Management Console

The Nebraska Resource Bridge Statewide Management Console enables the State of Nebraska an aggregate view of all participating facilities. The basis of this resource allocation system is a database driven application that records all statistics relating to beds by category, type and status along with hospital demographics. The monitoring of this system allows for comprehensive reporting, allocation and sharing of available beds within a region of any size from city, county, state, or federal levels.



Facility Management Dashboard

The Facility Management Dashboard is the primary input tool that enables facilities to provide data on available resources. Individual views provide hospital summaries, geographical information, and more. Real-time search capabilities provide immediate status information and assignment possibilities.

Through an alert notification capability users are made immediately aware of potential allocation requirements and can assess the immediate availability.

The Resource Bridge system provides:

- Hospital diversion status.
- Emergency resource tracking (i.e. bed classification, availability and searches; facility pharmaceutical tracking).
- Emergency alert notifications and contingency planning.
- The aggregation of information from all facilities and the possibility of sharing this with other systems and agencies.
- Electronic reporting and transport of information to other systems and agencies to improve communications and to share pertinent information.
- A scalable application to conform to the needs of small, medium and large facilities as required.
- Easy expansion through its open architecture as needs grow and evolve.
- A comprehensive list of emergency contacts.

System Requirements:

Internet Browser Requirements

- Microsoft Internet Explorer 5.0 and above or web browsers using Mozilla 4.0 and above.
- JavaScript enabled
- Flash (recommended)

Introduction

All facilities in the state will have access to the Nebraska Resource Bridge to record or view diversion status, as well as bed and resource availabilities throughout the state. Centralized data recording provides the ability to maintain a resource management system and provide reporting on the state, regional and local levels.

Login

To log in, open the Nebraska Resource Bridge website address at www._____

The login page will appear with the login box in the upper right corner of the page (Figure 2.1). Enter the assigned Username and Password in the appropriate fields, then click the *Login* button or press the *Enter* key on the keyboard. This program is enabled with *Login Levels* to ensure only the authorized personnel gains access to secure documents.

Permissions and Views

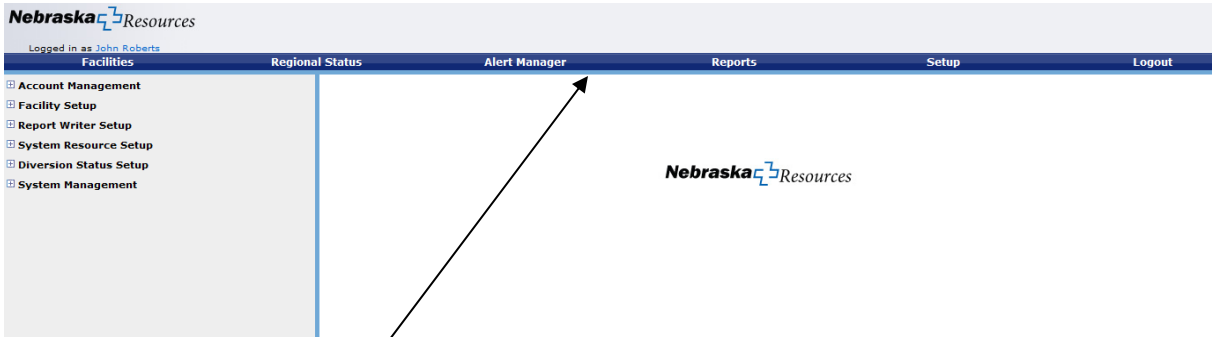
The Nebraska Resource Bridge is set up to allow different views of the system based on permission rights which are pre-determined by the Nebraska Department of Health and Human Services. Each user is individually recognized by their login information. The most common views are for the System Administrator, the Regional Medical Response System Administrator, the Facility Administrator, the Facility User and the Read-Only system user.

Figure 2.1



Using Resource Bridge

When users log in to the Nebraska Resource Bridge, their view will vary depending on their assigned permission level. The view below is an example of the basic screen the first time they login to the Resource Bridge:



Administrative Toolbar

Once the user is logged into the system, they will be granted access to the application levels and data to which they are authorized. The toolbar at the top of the page and the left menu will allow the user to navigate throughout the Resource Bridge.

- **Facilities** provides a comprehensive list of all facilities within the system. Within that list, users can click on each facility to view and/or edit their *Facility Summary*, *Staff*, and *Facility Setup* information.
- **Regional Status** allows the user to view and/or edit the status of all facilities within the state.
- **Alert Manager** makes it possible for administrators to publish alerts and other notifications within the system of emergencies. These emergencies are readily identifiable, and are seen in the notification bar on the top of the screen. Emergency manager allows users to create emergency contingency plans.
- **Reports** allow users to create and view reports based on user-defined criteria.
- **Settings** permits administrators to key system settings and define access levels for users.
- **Logout** will log the user out of the application.

My Profile

In the upper left corner of the page below the Nebraska Resources logo, it will say logged in as and the user’s name.



To edit the users specific profile information, click on the user’s name. the user will be taken to a form where they can edit the information specific to their profile.

Name	
First Name	John * Middle Name
Last Name	Roberts *
Staff Information	
Position	Start Date
Contact Information	
Street Address	
City	State Nebraska
Postal Code	
Home Phone	
Work Phone	
Cell Phone	Cell Phone Provider Verify
Pager	Pager Provider Verify
Fax	
E-mail	jroberts@mwhc-inc.com * Verify
Login Information	
User ID	jroberts
Password (min. 5 characters)	Update password
Permission Group	NE DHHS System Administrator
Staff/Volunteer	Staff
Select Roles	ImageTrend Staff West Metro Admin
Account Status	
Current Status	<input checked="" type="radio"/> Active <input type="radio"/> Inactive (NOTE: Only system administrators can reactivate staff)
Partner Channels	Partner Channel has not been set up for the facility the user is associated with.
Notification Settings	
Messaging and Acknowledgements	Modify
Play Audible Alerts	<input checked="" type="checkbox"/>

Submit Delete

* Required Fields

Please note - Access Based on Permissions *Invisible*:

Users with *Invisible* rights will not be able to see or work with the selected feature or tab. Some features in this section may not be visible to some users. *Read*: Users with *Read* rights can view information included under this tab or in this feature but can make no changes. *Change*: Users with *Change* rights can edit existing information for this feature or update statuses or resource counts, but cannot add new records or delete existing ones. *Add*: Users with *Add* rights can create new records for a feature (e.g., create a new staff user account). *Delete*: Users with *Delete* rights can remove records from a feature (e.g., remove the record for a pharmaceutical that no longer needs to be tracked). This option should be used with caution as removing a record often make any data still within the system that is associated with that record indecipherable. *All Rights*: Users can change records in the feature in any way allowed by the system.

Facilities

Click *Facilities* in the blue toolbar at the top of the page to view all facilities in the state by location. Each region of the state can be individually selected, allowing a list of the hospitals within that region to cascade below. From that list, each hospital can be clicked on to view and/or edit detailed demographics and location information. Clicking on a facility name will enable three folders to be displayed: *Facility Summary*, *Staff* and *Facility Setup*. These folders contain the specific demographics, personalized information and editing options for each hospital.

It is possible for additional folders to be added for easy access by adjusting the system settings. However, the following three folders are the default folders that are displayed. The *Facility Summary* folder contains the user's *Current Facility Status*, the *Facility Status Overview*, the *Mass Casualty Incident* (MCI) count and the *Current Bed Availability*. The *Staff* folder displays a table of facility staff with their contact information. Here, staff member information can be viewed and/or edited and new staff members can be added. The *Facility Setup* folder features detailed information about the user's facility. This is where the information can be edited or additional information can be added.

Facility Summary

Clicking on the *Facility Summary* folder under the designated facility will display the *Current Facility Status*, the *Facility Status Overview* and the *Mass Casualty Incident* (MCI) count. The *Current Facility Status* shows whether or not the hospital is currently open or closed and the time of the most recent update. The user with the correct permissions may also view and edit a status report. The *Facility Status Overview* gives the user a table of which hospitals in the area are operating, and the diversion status of certain hospitals. This allows users to efficiently make crucial decisions when needed. The *Mass Casualty Incident* (MCI) count is also listed on the page, listing how many open spaces the facility has. MCI is groups into three categories. The red color represents the number of beds available to deal with the most critically injured patients.

The yellow color represents the number of beds available to treat patients with moderate injuries. The green color represents the number of beds available to treat patients with minor injuries. The MCI may be edited, saved and updated whenever needed. To edit, click the *Edit* button. Type the number of each type of patient that has been received and click *Save*. The Current Bed Availability shows the number of beds open for each type, (e.g., Burn, CCU, ER, ICU, Isolation, OR, Peds, PICU/NICU, SICU, Surg).

Contact information may also be viewed under *Current Facility Status* by clicking on *View Status Report*. Information for the Current Bed Availability can be edited by clicking on the *Edit* button. After the appropriate information is entered, the user may click *OK* to save, or *Cancel* to stop the editing process.

Resources (Implementation at a later date)

System users can submit current counts for facility resources. To change the current count, click *Update*. Use the provided fields to enter the current number of resources and your name as the contact entering the information. When finished, click *Save*.

Pharmaceuticals (Implementation at a later date)

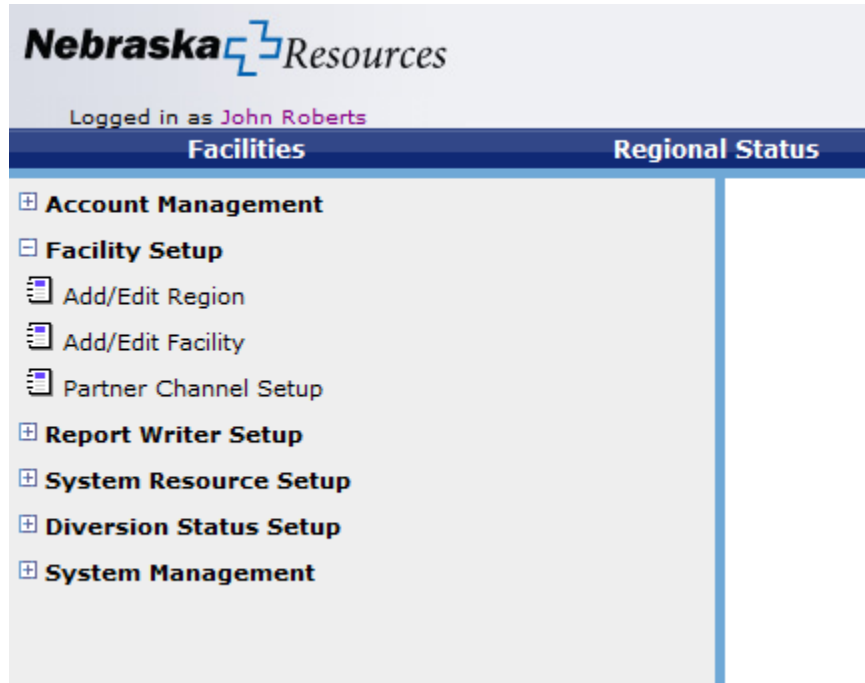
System users can submit current counts for pharmaceuticals. To change the current count, click *Update*. Use the provided fields to enter the current amount of a pharmaceutical and the amount generally used each day. When finished, click *Save*.

Staff (Implementation at a later date)

The *Staff* tab opens to display information about current facility staff members. Each staff member who has access to the Resource Bridge should have a profile created in the system. This profile can keep track of contact employment and contact information, notification settings and associations with facilities and partner facilities.

1. From the top toolbar, click *My Facility*.
2. From the left menu, click *Staff*. The *View Staff Info* page appears, with a list of all staff members in the system.
3. To view a particular staff member's profile, click the hyperlinked name.
4. To edit a staff member's profile, with the profile open, use the provided fields to change any desired information and click *Submit*.
5. To remove a staff member's profile, with the profile open, click *Delete*.
6. To add a staff profile,
 - a. From the list of staff members, click *Add Staff Member*.
 - b. Using the provided fields, enter information for the profile.
 - c. Click *Submit*.

Facility Setup



The *Facility Setup* tab features information about the user's hospital. If the user wishes to edit the information, it may be edited by using the provided fields and clicking *Submit*.

Edit Service	
Region	Region 1
Agency ID	H000106
Facility Name	Alegent Health-Lakeside Hospital *
NDMS	<input checked="" type="radio"/> Yes <input type="radio"/> No
Facility Type	Hospital
Active	<input checked="" type="radio"/> Yes <input type="radio"/> No
Demo	<input type="radio"/> Yes <input checked="" type="radio"/> No
Emergency Service Levels	
Category	<input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Biologic <input checked="" type="checkbox"/> Chemical <input checked="" type="checkbox"/> Radiologic <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Burns
Trauma Level	<input checked="" type="radio"/> Level 1 <input type="radio"/> Level 2 <input type="radio"/> Level 3 <input type="radio"/> Level 4
Display Status	<input type="checkbox"/> Beds <input type="checkbox"/> Diversion <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Resources
MCI Capacity	
Red	0
Yellow	0
Green	0
Address	
Address	16901 Lakeside Hills Ct
City	Omaha
County	
State	Nebraska
Postal Code	68130
Primary Contact Information	
Phone	402-717-8000
Toll Free	
Fax	
Email	
Secondary Contact Information	
Phone	
Toll Free	
Fax	
Email	
Location Information	

The second part of the facility Setup form makes it possible to edit the diversion information, quick links, bed information, resources and pharmaceuticals. To edit these fields, click on the blue buttons. Make desired changes to update the information. After making all desired changes, click the save button.

Diversion Information	
Diversion Status Time	Edit
Minimum time open after any closing event.	<input type="text" value="240"/> Minutes
QuickLinks	
Facility QuickLinks	QuickLinks
Bed Information	
Setup Facility Beds	Beds
Resources and Pharmaceuticals	
Setup Facility Resources	Resources
Setup Facility Pharmaceuticals	Pharmaceuticals
Hospital Survey Information	
Update Facility Survey Values	Update

[Submit](#) [Cancel](#)

Below is the screen to enter the bed types and numbers for your facility.

Setup Facility Beds		
Bed Type	Total	Active
Adult Intensive Care (ICU/CC)	<input type="text" value="0"/>	<input type="checkbox"/>
Burn or Burn ICU (SBN)	<input type="text" value="0"/>	<input type="checkbox"/>
Emergency Department	<input type="text" value="0"/>	<input type="checkbox"/>
Medical/Surgical (MM-SS)	<input type="text"/>	<input type="checkbox"/>
Negative Pressure/Isolation	<input type="text" value="0"/>	<input type="checkbox"/>
Operating Rooms	<input type="text" value="0"/>	<input type="checkbox"/>
Pediatric ICU	<input type="text" value="0"/>	<input type="checkbox"/>
Pediatrics (MC)	<input type="text"/>	<input type="checkbox"/>
Psychiatric (MP)	<input type="text" value="6"/>	<input checked="" type="checkbox"/>

[Save](#) [Cancel](#)

System Resource Setup: Bed Types

The Resource Bridge can categorize available beds by type, ensuring that facilities have enough staff and space in the correct units to care for patients. Administrators can set up the types of beds that will be available through the system. From the *Settings* page, in the left menu, click *System Resource Setup* and *Bed Types*. To edit the name, description or status of a bed type, click its name. Use the provided fields to make any changes to the name or description, and select the correct status. (Active bed types will allow facilities to use this bed type, while inactive bed types will not be available through the system but the Resource Bridge will keep their information.) When finished, to keep the changes, click *Save*.

To create a new type of bed, from below the list of bed types, click *New Bed Type*. Use the provided fields to enter a name, description and status for the bed type and click *Save*.

Diversion Information	
Diversion Status Time	<input type="button" value="Edit"/>
Minimum time open after any closing event.	<input type="text" value="240"/> Minutes
QuickLinks	
Facility QuickLinks	<input type="button" value="QuickLinks"/>
Bed Information	
Setup Facility Beds	<input type="button" value="Beds"/>
Resources and Pharmaceuticals	
Setup Facility Resources	<input type="button" value="Resources"/>
Setup Facility Pharmaceuticals	<input type="button" value="Pharmaceuticals"/>
Hospital Survey Information	
Update Facility Survey Values	<input type="button" value="Update"/>

System Resource Setup: Pharmaceutical Categories

Pharmaceuticals that may be tracked on the Resource Bridge system can be organized by category. To make these categories most useful and relevant, administrators can create them through the *Setup* section so they best fit the needs of the organization. From the *Settings* page, in the left menu, click *System Resource Setup* and *Pharmaceutical Categories*. To edit the name, description or status of a category, click its name. Use the provided fields to make any changes and click *Save*. To create a new category, below the list of categories, click *New Category*. Use the provided fields to enter a name, description and status for the category and click *Save*.

Diversion Status Setup

The *Diversion Status Setup* option allows the user to edit their facility's status and alert other facilities and administration of unexpected closings to areas of the facility or to the entire facility. In case of an emergency, facilities are able to notify those around themselves. Each status has particular settings to allow system users to know the status of a facility at a glance. These settings include color coding and alert noises. To edit a particular diversion status, click the corresponding *Edit* link. Use the provided fields to edit the status and click the *Save* link. To create a new status, click *Add Diversion Status*. From the row of blank fields that appears at the bottom of the list, enter the information for the new status. When finished, to keep the new status, click the *Save* link.

System Management: Alert Setup

Administrators can create and configure categories for alerts. This can allow system users to identify how critical an alert is or what action needs to be taken nearly immediately, without needing to read the entire text of the alert. To work with alert types, from the *Settings* page, in the left menu, click *System Management* and *Alert Setup*.

To change the settings of the alert type, click the corresponding *Edit* button. This allows you to change the category of the alert type (e.g., emergency, testing, survey), whether a bed count is required upon receipt of this type of alert, the color and icon coding, the sound played when alerts are received, and whether this alert type is active in the system. When finished, to keep the changes, click *OK*. To return to the list of alert types without saving click *Cancel*. To delete an alert type, from the list, click *Edit*. At the bottom of the resulting page, click *Delete*. To create a new type of alert, from the list of alert types, click *Add Alert*. Using the provided fields, create the description and configuration of the alert type. All alerts assigned to this type will use the settings created here. When finished, to keep the new alert type, click *OK*. To return to the list of existing alert types without saving, click *Cancel*.

System Management: System Setup

System Setup allows administrators to choose which features they would like included on Resource Bridge, and to configure the system for maximum facility closings. From the *Settings* page, in the left menu, click *System Management* and *System Setup*. Using the provided fields, select what options should be displayed and set how the system should react when the maximum number of facilities declares themselves closed. When finished, click *Save Setup*.

System Management: QuickLinks Setup

Administrators can set up links to commonly used websites, which will appear on the dashboard (if users have installed the dashboard). From the *Settings* menu, click *System Management* and *QuickLinks Setup*. To edit a currently existing link, click the corresponding *Edit* button. Use the provided fields to change the link information and to keep the information, click *Save*. To close the editable record without saving, click *Cancel*. To add a new link to the dashboard, from the list of records, click *New Link*. Using the row of blank fields that appears at the bottom of the table, enter

information about the new link. To add the link, click *Save*. To close the new record without keeping the new link, click *Cancel*.

Logout

Clicking the *Logout* button in the application toolbar will automatically log the user out of the application. A notification screen arises to inform the user that they have been logged out of Resource Bridge. The user can click the hyperlink below the notification to return to the Resource Bridge home page.

Diversion Information	
Diversion Status Time	Edit
Minimum time open after any closing event.	<input type="text" value="240"/> Minutes
QuickLinks	
Facility QuickLinks	QuickLinks
Bed Information	
Setup Facility Beds	Beds
Resources and Pharmaceuticals	
Setup Facility Resources	Resources
Setup Facility Pharmaceuticals	Pharmaceuticals
Hospital Survey Information	
Update Facility Survey Values	Update

[Submit](#) [Cancel](#)

Alert Manager (Optional)

The Alert Manager allows administrators to send out notifications to all units using the Resource Bridge, which will appear on the users' screens when the application is opened. Alerts can also be sent to specified facilities and users by email, pager or cell phone, will appear in a banner at the top of the Resource Bridge screen, and can require acknowledgement that a user has read the alert upon sign in. To access the list of alerts, from the top blue toolbar, click *Alert Manager*.

Viewing and Editing Alerts

Full alerts are accessible from the *Alert Manager* page. This page allows user to view a complete list of all current and past alerts saved in the system. Alerts can also be edited from this list. Alerts with red X icons beside them have been marked as complete and are no longer a concern to the Resource Bridge users, while alerts with a green check mark icon are currently active and require action and acknowledgement by users. To view or edit a particular alert, from the list, click the alert. When editing an alert, be sure to include any vital information in the *Reason For Update* text box. This information will be sent to any alert recipients as an update to the alert. When finished with any edits, to save the changes and send the update, click *Submit*. To view a report with an overview of a particular alert, from the list of alerts, click the corresponding *Report* icon . This report will contain information about the alert's initial posting and any updates, the facilities to which it was sent and the users who received and/or acknowledged the alert. This report will refresh approximately every minute to reflect new information.

To view alerts in the banner at the top of the screen, from the banner, click *View Report*. If more than one alert is issued, *Previous* and *Next* buttons will appear to scroll through the alerts.

Acknowledging Alerts

When alerts are sent over the Resource Bridge, email, cell phone or pager, recipients of the alert must acknowledge that they have received and read that alert the first time they log in to the Resource Bridge after the alert has been issued.

1. Log in to the Resource Bridge. The *Alert Acknowledgement* page appears, displaying a list of all unacknowledged alerts.
2. To mark an alert as received, click the corresponding *Acknowledge* icon . NOTE: All alerts that are not acknowledged in this window will appear in pop up windows requesting acknowledgement as you work in the Resource Bridge.
3. To begin working with the Resource Bridge, click *Continue to Resource Bridge*. If some alerts have not been acknowledged, the *Popup Alert* window appears. If more than one alert has not been acknowledged, multiple alert pop up windows appear.
4. Click the first alert.
5. In the *User ID* text box, type your username.
6. In the *Password* text box, type your password.
7. To send a message that you received notification of this alert, click *Acknowledge*.
8. Repeat steps 2–5 until all alerts have been acknowledged.

Creating Alerts

To initiate a new alert, from the list of alerts, click *Create New Alert*. In the *Issue Alert* section, use the provided fields to select basic information about the alert. In order for the alert to be displayed on the Resource Bridge outside of the Alert Manager list of alerts, be sure to set the status to *Active*.

To add a file that will be attached to the alert, from the *Attach File* section, click *Add File*. Click the *Browse...* button that appears and navigate to and select the file to be attached. To remove a file, click the corresponding *Remove* link. To select the facilities that will receive the alert, in the *Facility Selection* section, select the checkboxes for those facilities, regions or groups. Selecting a region or group will select all facilities within that category. To find facilities within a certain distance of an incident, in the *Select all facilities within* text box, type the number of miles away, and in the *miles of* text box type the location. Click *Lookup* to automatically select all facilities within that range. If bed count updates are needed for particular types of beds, in the *Request Bed Counts* and *request MCI Bed Counts* sections, select the type(s) of bed counts that are being required of the facilities receiving the alert.

In the *Short Description* section, type a title for the alert. This will appear on the alert banner and the alert notices. In the *Full Description* section, type additional information to appear in email notices and any reports.

To complete the alert, click *Submit*.

Setting up Alert Notifications

System users can set up their profile to receive important alerts to their cell phone, pager or by email. These settings can be configured based on the type of notification, including alerts about facility diversions for specific regions or facilities, emergency or survey alerts, and notifications about Command Center invitations and updates.

1. From the upper left corner of the screen, below the logo, click the user's name. OR From the *Settings* tab, under *Account Management* and *System Administrative Users*, click the desired user's name. The user profile appears.
2. From the *Notification Settings* section, click *Modify*. The *Notification Settings* window appears.
3. To set options for facility diversion notifications,
 - a. Select the *Facility Diversion* tab.
 - b. To select a type of notification for an entire region, select the corresponding checkbox.
 - c. To select a type of notification for specific facilities, click the *Expand* icon for a region and select the corresponding checkboxes for each desired facility.
4. To set options for receiving alert notifications,
 - a. Select the *Alert* tab.

- b. To select a type of notification for an entire category of alert (e.g., emergency alerts), select the corresponding checkbox.
- c. To select a type of notification for a particular type of alert (e.g., emergency alerts issued by a particular hospital), click the *Expand* icon for a category and select the corresponding checkboxes for each desired alert type.
- 5. To set options for receiving notifications about the Command Center,
 - a. Select the *Command Center* tab.
 - b. Select the checkboxes corresponding to the types of notifications to be sent.
- 6. When finished, to save the changes to user profile, click *Submit*.
- 7. To close the window, click *Close*.
- 8. In the user profile, click *Submit*.

Regional Status

The *Regional Status* page has been designed to be used keyboard-free. Only a mouse is needed to input the necessary information. The top section of the window allows the user to select criteria for which records they want to see, while the bottom section of the window displays information about all records matching the criteria.

Access Based on Permissions *Invisible*: Users with *Invisible* rights will not be able to see or work with the *Regional Status* tab. *Read*: Users with *Read* rights can view statuses and search for facilities. *Change*: Users with *Change* rights can edit statuses for their hospital. *Add*: Users with *Add* rights gain no additional abilities. *Delete*: Users with *Delete* rights gain no additional abilities. *All Rights*: Users gain no additional abilities.

The screenshot shows the 'Regional Status' application interface. It features several filter sections: 'Regions' (All Regions, Demo, Ambulatory Care Facilities, Call Centers, Funeral Homes), 'Facilities within' (30 miles of, City or Zip Code), 'Trauma Level' (All Levels, Level 1, Level 2, Level 3, Level 4), 'Facilities' (ImageTrend Hospital, St. Ann Medical Center, Acacia Memorial Park & Funeral Home, American Memorial, American Memorial Services, Inc.), 'Category' (All Categories, Trauma, Biologic, Chemical, Radiologic), 'Bed Type' (All Types, Burn ICU, CCU (Charlie III), ED Now (Alpha I), ED within 30 minutes (Alpha II)), 'County' (All Counties, Adams, Asotin, Benton, Chelan), and 'Diversion Status' (All Status, Hospital - Open, Hospital - Busy, Hospital - Divert, Hospital - Closed (Infrastructure Damage)).

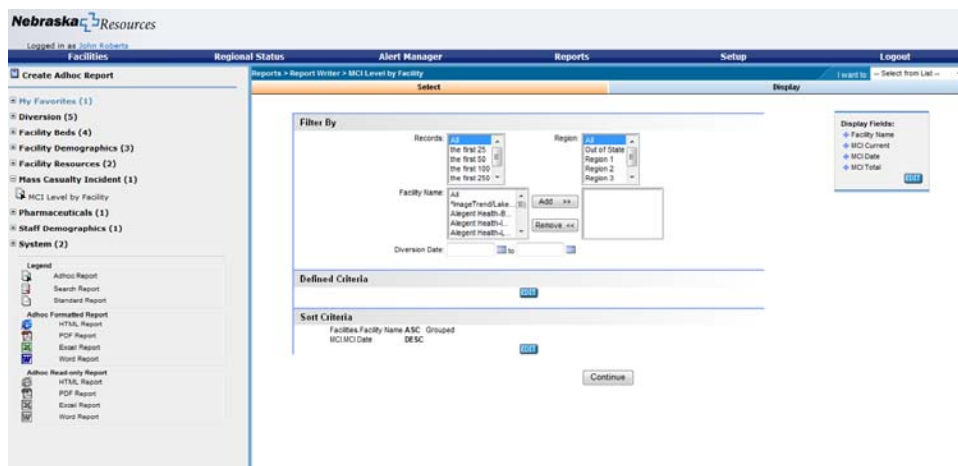
Below the filters, there are checkboxes for 'Display' (Region Name, MCI Patient Capacity, Bed Availability, Diversion Status, Diversion Status Comments) and a 'Results Filter' set to 50. Search, Reset, and Map buttons are also present.

Info	Facility	Region	MCI Patient Capacity				Burn ICU	CCU (Charlie III)	ED Now (Alpha I)	ED wit
	Group Health Cooperative - Eastside Campus	Hospitals	0	0	0	0	0	2	9	
	Harborview Medical Center	Hospitals	0	0	0	0	0	0	10	
	Auburn Regional Medical Center	Hospitals	0	0	0	0	0	0	15	
	Children's Hospital	Hospitals	0	0	0	0	0	0	16	

The *Regional Status* page is designed to give an overview of facilities and their diversion status. It also allows dispatchers and administrators to efficiently update diversion status and MCI numbers. The search function may be used to search for facilities either within a certain region or category or within a number of miles or within a certain zip code. Based on permissions, other options will be available for search terms. Users may also set a filter to limit the number of results. The *Diversion*

Status Display allows the user to view facility results on one page. To execute a search, enter the proper information in the searchable fields and click *Search*. To display all results again, click the *Reset* button. This will restart the *Regional Status* page and allow the user to define new search criteria. The *Regional Status* page uses icons and color coding to help users interpret the results more quickly and easily. Results will be color coded based on diversion status and availability. To receive reports about each facility’s status, click the corresponding *Facility Status Report* and *Beds Availability Report* icons.

The *Facility Status Report* is a quick reference to the staff, volunteers and hospital capabilities (MCI count, beds). The information may be printed for easy reference by clicking on the *Print* icon located at the top right of the page. Click a facility’s name to display the Facility Status report for that facility.



Each facility listed is color coded based on their diversion status, which indicates the current status of the facility. The *Info* icon allows users to view status reports, contacts reports, bed availability and directions to the facility.

	Hennepin County Medical Center	Full Closed	1/21/3/2005 05:00 PM
	Children's Hospital - Minneapo...	Closed to ED, Closed to Trauma	1/21/3/2005 05:00 PM
	Albert Lea Medical Center	Closed to Trauma	1/21/3/2005 04:41 PM
	Abbott Northwestern Hospital - ...	Closed to Trauma, Open to ED	1/21/3/2005 03:30 PM
	ImageTrend Hospital	OB Only - Delivery Closed	1/21/3/2005 02:50 PM
	Albany Area Hospital	Forced Open	1/21/3/2005 03:30 PM

To change the diversion status of a facility, click on the current status on scroll to the desired status. Options for diversion status are shown below in a grid below the list of facilities. Each record will display a time that the facility’s status was last updated on the system. Bed counts are displayed both by types of beds and by Mass Casualty Incident (MCI) ratings. MCI is groups into three categories. The red color represents the number of beds available to deal with the most critically injured patients. The yellow color represents the number of beds available to treat patients with moderate injuries. The green color represents the number of beds available to treat patients with minor injuries.



The MCI may be edited, saved and updated whenever needed. To change the Mass Casualty Incident counts, click on the current MCI numbers. Click the (minus) or (plus) icons until the number of patients in each category that has been received is displayed. When finished, click *Save*. To exit the toolbar, click *Cancel*.



Types of Reports

The ReportWriter provides several different types of reports for differing needs. Each report listed in the left menu will display an icon to indicate which type of report it is. *Ad Hoc Reports* While some ad hoc reports have a default setup of fields to display in a particular order, ad hoc reports can be entirely customized. Users can change which fields display, define additional criteria for each of those fields (e.g., display only records within a certain postal code) and change the order in which records appear. In addition, users can create ad hoc reports completely on their own with no pre-defined fields or setup. *Standard Reports* Standard reports are pre-created with all fields and display options defined for the user. Within the fields, users can define additional criteria (e.g., requesting information about a particular unit or type of service). These reports provide fewer configuration options and allow a ready-made report for common data requests. *Charts* Rather than the standard list format followed by most reports, charts display the requested data visually (e.g., in a pie chart or a bar graph). Standard charts are created in the same way as standard reports.

Requesting Standard Reports and Charts

While several standard reports are available from the *My Facility* section, many additional reports can be found in the ReportWriter. These reports have pre-defined fields, although users can further define the criteria for each of those fields. For example, if the staff field is set to display, users can display data only for a particular staff member.

1. From the top toolbar, click *Reports*. The *ReportWriter* page appears.
2. To find the report, from the left menu, click the plus sign to the right of the report's category. A list of reports and charts in that category appears.
3. To begin report or chart creation, click the name of the desired report or chart.
NOTE: All standard reports will display the *Standard Report* icon . Charts will display the *Chart* icon .
4. Using the provided fields, select any further defining criteria for each field.
5. Click *Continue*. The report or chart appears.

Additional Standard Report Options

Standard reports allow users to view a summary of information about the report, print the report, or add the report to a *Favorites* category for quick access.

Report Information Summary

Users can view a summary of information about the selected report, including data about the number of times the report has been used, its category and the dates it was created and modified. This information can be viewed at any time in working with a standard report.

1. From the top toolbar, click *Reports*.
2. To find the report, from the left menu, click the plus sign to the right of the report's category. A list of reports in that category appears.
3. Click the name of the desired report.
4. In the upper right corner, from the *I want to* drop down menu, select *View Report Summary*.
5. When finished, to display the report again, from the *I want to* drop down menu, select *Display Report*.

Printing Reports

Reports can be printed for later reference.

1. Run a standard report. From the upper right corner, click *Print This Report* . The *Print* dialog box appears.
2. In the *Print* dialog box, specify all desired print settings and click *Print*. The report is printed.

Adding Favorite Reports

The ReportWriter provides a *My Favorites* category that can be configured for each user. Users may add reports to this category for easy access. Reports added to *My Favorites* will also remain in their original categories.

1. From the top toolbar, click *Reports*.
2. To find the report, from the left menu, click the plus sign to the right of the report's category. A list of reports in that category appears.
3. Click the name of the desired report.
4. From the upper right corner, click *Save to My Favorites* . A confirmation dialog box appears.
5. To add the report to the *My Favorites* category, click *OK*.

Editing Report Permissions

Administrators can specify which permission groups can access and alter the selected report. Selecting a checkbox for a particular group will allow them access to that option from the *I want to* menu.

1. From the top toolbar, click *Reports*.
2. To find the report for which to set permissions, click the plus sign to the right of the report's category. A list of reports in that category appears.
3. Click the name of the desired report.
4. From the *I want to* drop down menu, select *Edit Report Permissions*. The *Report Permissions*

table appears.

5. From the table, for the appropriate permission group, select the appropriate checkbox. NOTE: To enable a permission group to work with the option, a check mark should appear in the checkbox.
 - Display: Sets whether the permission group can view the report.
 - Permission: Sets whether the permission group can set permissions for this report.

Working with Ad Hoc Reports

Ad hoc reports allow the user to completely define the report. Some ad hoc reports are provided with the system, with common options already set. These reports can be used as a starting point for the user's reports, although the user can change and customize any preset options. Users can also create ad hoc reports from scratch. Both ways of creating reports provide the same options, but pre-created ad hoc reports do not require the user to complete all options. Beginning a New Ad Hoc Report

1. From the top toolbar, click *Reports*.
2. From the left menu, click *Create Adhoc Report*.
3. From the *Please select a category to report on* drop down menu, select the category in which the report should appear.
4. Click *Continue*.
5. From the tables containing each field, select the corresponding checkbox for each field to be included on the report and click *Continue*.
6. On the *Edit Field Property* page, enter all desired information and click *Continue*. NOTE: For more information about the options on this page, please refer to *Customizing Ad Hoc Reports*.
7. To edit a particular category, click the corresponding *Edit* button. OR From the *I want to* drop down menu, select the desired option. NOTE: For more information about each of the options, please refer to *Customizing Ad Hoc Reports*.
8. To display the report, click *Continue*. OR From the top of the page, click *Display*.

Beginning a Pre-Defined Ad Hoc Report

1. From the top toolbar, click *Reports*.
2. To find the report, from the left menu, click the plus sign to the right of the report's category. A list of reports in that category appears.
3. Click the name of the desired report.
4. To edit a particular category, click the corresponding *Edit* button. OR From the *I want to* drop down menu, select the desired option. NOTE: For more information about each of the options, please refer to *Customizing Ad Hoc Reports*.
5. To display the report, click *Continue*. OR From the top of the page, click *Display*.

Customizing Ad Hoc Reports

Ad hoc reports allow the user to define what information is displayed and how. These options remain the same no matter which method of created an ad hoc report is used, but are accessed in different ways. *Define Data Set* Allows the user to define what fields will appear in the report. The fields need to be set in order to set any additional options for the report, since the further options refer to the selected fields.

Edit Field Property On this page, users can set the display order of fields, select numeric fields to

display average and/or sum, determine the alignment of the field display and pre-define a date range for date fields.

Order: Determine the order of the fields using numbers. You may use decimal point numbers as well as whole numbers. (Example: The field with order number 0.15 will display after the field with order number 0.1 but before the field with order number 1). Numbers can be in non-sequential order, but cannot be duplicated.

NOTE: If you no longer wish to display a field, type the number 0. Do not leave the field empty.

Sum: Report will display the sum amount of the chosen field.

Average: Report will display the average amount of the chosen field.

Field Names: List of the field names that have been chosen to be displayed on the report.

Alignment: Define the alignment for the column display (only apply to column report).

Range: Determine the range of days for the date field, such as *Today*, *Today minus 7 days*, etc. and the first day of the week, of the month, of the quarter and of the year, etc.

Edit Report Layout

The report style editor gives users the ability to customize the look of the report, allowing users to choose various layouts, custom headers, and different report formats.

Title: Enter what you would like to have the report named.

Layout: Either column or list layout can be chosen.

Format: The choices of HTML, PDF, CSV, Excel and Word formats can be selected for the report.

Header: Choose from *None* (No header to be displayed on the report), a list of previously defined and saved headers, or add in a new header.

Footer: Choose from *None* (No footer to be displayed on the report), a list of previously defined and saved footers, or add in a new footer.

NOTE: Default values for *Header Color*, *Header Text Color*, *Header 2 Color*, *Header 2 Text Color*, *Border*, *Border Color*, *Font Size*, *Font Face*, *Text Color*, *Row Color*, and *Alt Row Color* are provided. The

user may click on the coloring block to select a different color or type in the color code directly. *Schedule Reports* Administrators can set up the system so that particular reports are updated and sent to themselves or other system users periodically.

- ☐ Schedule: Set how often the reports should be updated and sent.
- ☐ Start Date: Set the day on which reports should first automatically be sent.
- ☐ Time: Set the time at which reports should be sent.
- ☐ Email to Subscriber: Set whether the reports should be sent to other users and to which users.

Edit Report Permissions Administrators can specify which permission groups can access and alter the selected report. Selecting a checkbox for a particular group will allow them access to that option from the *I want to* menu.

- ☐ Data: Sets whether the permission group has access to the *Define Data Set* option.
- ☐ Property: Sets whether the permission group has access to the *Edit Field Property* option.
- ☐ Select: Sets whether the permission group will be able to change filtering options, defined criteria and sort criteria.
- ☐ Layout: Sets whether the permission group has access to the *Edit Report Layout* option.
- ☐ Display: Sets whether the permission group can view the report.
- ☐ Schedule: Sets whether the permission group has access to the *Schedule Reports* option.
- ☐ Permission: Sets whether the permission group has access to the *Edit Report Permissions* option.

APPENDIX A



HAvBED Required Bed Types & Definitions

BED TYPES:

- Adult Intensive Care Unit (ICU)
- Medical and Surgical (Med/Surge)
- Burn Care
- Pediatric ICU
- Pediatrics
- Psychiatric
- Negative Pressure Isolation
- Emergency Department — static number, not entered daily
- Operating Room— static number, not entered daily

DEFINITIONS:

Adult Intensive Care (ICU): Can support critically ill/injured patients, including ventilator support.

Medical/Surgical: Also thought of as “Ward” beds. This includes Labor and Delivery beds.

Burn or Burn ICU: Either approved by the American Burn Association or self-designated (These beds should not be included in other ICU bed counts.)

Pediatric ICU: The same as adult ICU, but for patients 17 years and younger. This does not include NICU or nursery beds.

Pediatrics: Ward medical/surgical beds for patients 17 and younger. This does not include NICU or nursery beds.

Psychiatric: Ward beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter.

Negative Pressure/Isolation: Beds provided with negative airflow, providing respiratory isolation. Note: This does not include contingency isolation rooms — inpatient functional isolation rooms only.

Operating Rooms: An operating room that is equipped and staffed and could be made available for patient care in a short period. This is a static number and will only be required to be entered in as survey data on a periodic basis.

Emergency Department: An emergency room that is equipped and staffed and could be made available for patient care in a short period. This is a static number and will only be required to be entered in as survey data on a periodic basis.

ADDITIONAL DEFINITIONS:

Licensed Beds: The maximum number of beds for which a hospital holds a license to operate. Many hospitals do not operate all of the beds for which they are licensed.

Physically Available Beds: Beds that are licensed, physically set up, and available for use. These are beds regularly maintained in the hospital for the use of patients, which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available.

Staffed Beds: Beds that are licensed and physically available for which staff is on hand to attend to the patient who occupies the bed. Staffed beds include those that are occupied and those that are vacant.

Unstaffed Beds: Beds that are licensed and physically available and have no current staff on hand to attend to a patient who would occupy the bed.

Occupied Beds: Beds that are licensed, physically available, staffed, and occupied by a patient.

Vacant/Available Beds: Beds that are vacant and to which patients can be transported immediately. These must include supporting space, equipment, medical material, ancillary and support services, and staff to operate under normal circumstances. These beds are licensed, physically available, and have staff on hand to attend to the patient who occupies the bed.

APPENDIX B



Permission Levels

NE DHHS System Administrator — The system administrator has full control of the NEBRASKA Resources system and access to all data. They can send alerts out on the system.

NE DHHS State Administrator — The various NEBRASKA Resources state administrators have access to all hospital data statewide with the ability to change the information. They cannot send alerts out on the system.

NE DHHS State User — This permission level has access to all NEBRASKA Resources hospital data statewide, but they do not have the ability to modify this data. This is a read-only permission level.

Medical Response Systems (MMRS and MRS Regions) Users — Each of the 7 MRS regions EOCs have this permission level. (Rural MRS regions will have flexibility in designation of EOC location) They can see all hospital data for hospitals in their region. They also have the ability to send out alerts on the NEBRASKA Resources system. They can view diversion and bed data. They can run reports, but they cannot alter bed data.

Regional MRS Coordinators Users - The regional medical response system coordinators can access all NEBRASKA Resources information for the hospitals in their region, but they cannot send out alerts on the system.

Hospital Facility Administrator — A facility administrator is a hospital user that has full access to their hospital's data. They can create and inactive staff accounts. They can also access and modify their hospital's contact information. There should be at least two NEBRASKA Resources facility administrators per hospital.

Hospital Facility User — The majority of NEBRASKA Resources users have this permission level. They have the ability to change their hospital's diversion status and update their facility's bed capacity. However, they cannot create staff account or access reports.

Read Only — The read only permission level can read data on NEBRASKA Resources but does not have the ability to alter any information. This permission level could be used for hospitals, dispatch centers, and ambulance services.

APPENDIX C

NEBRASKAResources & Data Policy

A. *Public Data:* (Public data means government data that are accessible to the public) Generally, records belonging to the state or in the custody of the state, are public records and accessible to the public in accord with the Public Records Statutes, Neb. Rev. Stat. §§ 84-712 through 84-712.09.

- *Hospital Diversion Status Data* - All Hospital Diversion Status Data are public data. The **NEBRASKA**Resources read-only site depicting regional hospital diversion statuses are public data and may be displayed in hospital emergency rooms and ambulance bays.
- *Bed Capacity Data* - Regional and statewide bed capacity data are public data. Individual hospital bed capacity data will be protected within the system through permission levels. The **NEBRASKA**Resources system has been safeguarded so that specific hospital information will not be identified within the system by individual hospital. Requests for statewide bed capacity reports will be handled according to the **NEBRASKA**Resources data request and release process.
- *Additional Resources* - Information pertaining to **NEBRASKA**Resources listed as individual resources, (pharmaceuticals, ventilators, PPE, decontamination equipment, etc.) by individual hospitals are public data. Individual hospital bed capacity data will be protected within the system through permission levels. The **NEBRASKA**Resources system has been safeguarded so that specific hospital information will not be identified within the system by individual hospital.

B. *Non-Public Data:*

- All **NEBRASKA**Resources users application and contact information is private. These data may only be released upon approval of NE DHHS and by consent of the data subject.
- Non-public data will be used by NE DHHS and others with a need to know to plan for and respond to emergency events.

C. *Data Privacy Procedures:*

Nebraska Public Records Statutes provide an exception to the general rule that records (data/information) belonging to the state are public records and accessible to the public. Neb. Rev. Stat. § 84-712.05 (3) states that:

Trade secrets, academic and scientific research work which is in progress and unpublished, and other proprietary or commercial information which if released would give advantage to business competitors and serve no public purpose.

Hospitals may identify data in advance as falling under this exception and may submit a justification for such classification. For any subsequent public records request received by the department pertaining to such records, the department will respond that the information has been identified by the submitting hospital as falling under Neb. Rev. Stat. § 84-712.05 (3) and will cite that section as the basis for denying the request.

The department will make every effort to notify the hospital that a public records request has been made for information submitted by the hospital. Any justification submitted by the hospital may be used by the department in support of its records denial and the hospital may be called upon to support the department in subsequent proceedings to withhold the information under the Public Records Statutes.

*D. Electronic Access to **NEBRASKAResources**:*

Agencies or partners requesting remote electronic access to **NEBRASKAResources** will be granted in accordance the **NEBRASKAResources** Application and Agreement forms. No other application forms or requests for access will be accepted. Applications must be complete and Access Agreements signed before being considered by NE DHHS.

E. Requests for Data:

The request is forwarded to the **NEBRASKAResources** Project Manager. If the request is for public data, it will be compiled in report form and released by the **NEBRASKAResources** Project Manager. For nonpublic data, the request will go to NE DHHS for approval and release to ensure compliance with state statutes.

F. Charges for Data and Electronic Data Access:

The NE DHHS may charge for data requests to recover the costs to retrieve that data and mailing (postage) the requested data.

Use of **NEBRASKAResources** During Drills/Exercises

A. **NEBRASKAResources** Live Site - The live **NEBRASKAResources** site may be used by facilities/agencies for drills and/or exercises if the following criteria are met:

- The drill/exercise involves multiple hospitals and/or agencies
- All alerts sent out via **NEBRASKAResources** live site during a drill/exercise must be prefaced with “This is a drill,” or similar language.
- Agencies/hospitals wishing to use **NEBRASKAResources** for drills/exercises must request permission from NE DHHS ten (10) days in advance of the drill.

B. **NEBRASKAResources** Demo Site - The **NEBRASKAResources** demo site may be used by a hospital/agency for drills and/or exercises if the following criteria are met:

- The drill or exercise is being conducted internally by a hospital or agency
- The hospital or agency desiring to use the demo site for internal drill/exercise
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IV. **NEBRASKAResources** Bed Tracking

A. Bed Tracking:

Hospitals are requested to update the bed types on the **NEBRASKAResources** upon request of either the regional medical response system or NE DHHS. It is recommended that hospitals interact with **NEBRASKAResources** on a regular basis in order to have a greater chance of remembering their passwords and knowing how to navigate and use the system during a disaster.

B. NDMS Bed Counts:

All NDMS hospitals in Nebraska will respond to both NDMS scheduled and NDMS unscheduled bed counts:

- a. Scheduled NDMS Bed Counts - Hospitals will ensure that their bed data has been updated on the **NEBRASKAResources** system within the previous 24 hours for all NDMS scheduled bed counts.
- b. Unscheduled NDMS Bed Counts — Hospitals will update their bed capacity on the **NEBRASKAResources** system promptly after an unscheduled NDMS bed count request has been initiated.

V. Hospital Resources

All Hospitals have the option to track resources on **NEBRASKAResources**. Resource information is integral to regional planning and is essential to NE DHHS having reliable data to provide to the Federal Department of Health and Human Services (HHS) in justification for grant funding. NE DHHS will develop and maintain the master list for resources being tracked.

A. Hospital Resource Recommendations:

- Each hospital should update their resources at least two (2) times per year to assist in meeting the HHS — Hospital Preparedness Program grant requirements.
- During a large scale event, NE DHHS may request hospitals to update all, or part, of their resource data.

VI. **NEBRASKAResources** Test Alerts

Every MRS region should conduct a quarterly test alert on **NEBRASKAResources**. Test alerts should be utilized to record and monitor hospital response times and compliance. It is for the region to determine when during the month the alert should be conducted as well as the length of time the alert is to remain active on **NEBRASKAResources**.

The NE DHHS will conduct one statewide test alert per year. Alert results will be compiled and distributed to all MRS regions statewide.