may 2018

Appendix 3.4.2 Essential elements of information

May 2022

Guide to the Essential Elements of Information table:

* Column 1 – Select the EEIs that should be collected for the operating period.
* Column 2 – EEI Number - The reference number assigned to each EEI to be collected.
* Column 3 – Essential Element of Information - The category/functional element of data to be collected.
* Column 4 – Specific Information Required - The question to be answered or data to be provided by organization identified in Column 6.
* Column 5 – Data Collector (s) – Group/individual responsible for obtaining the requested information from the organization in Column 6.
* Column 6 – Data Source(s) - The source used by the data collector. Specify the name of report, providing agency, etc.
* Column 7 – Information Sharing Mechanism - To be completed by Data Collector. Specify how the requested information will be shared.
* Column 8 – Periodicity of providing data.
* Column 9 – Validation Mechanism if data not received through Information Sharing Mechanism.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Applicable EEI (Check) | **EEI #** | **EEI Category** | **Specific Information Required** | **Responsible Data Collector** | **Data Source** | **Information Sharing Mechanism** | **Information Sharing Periodicity** | **Information Validation Mechanism** |
|  | H.1 | **Bed Availability** | Availability for the following:   * Operating Rooms * Critical Care beds * General Med/Surge beds * Specialty Beds   (e.g., Peds, Psych) | RHPC | Hospitals | MNTrac/Survey Monkey | As requested by HMAC | Phone, Fax, ARMER |
|  | H.2 | **ED Availability** | Available for the following types of patients:   * Red/Priority 1/Critical * Yellow/Priority 2/Delayed * Green/Priority 3/ Minimal | RHPC | Hospitals | Phone/Survey Monkey | As requested by HMAC | Fax, ARMER |
|  | H.3 | **Facility Status** | Availability of offered services | RHPC | Compact Hospitals | Phone/Survey Monkey | Daily or as established by the HMAC | Fax, ARMER |
|  | H.4 | **Facility Status** | Status of infrastructure/facility systems. | HMAC Healthcare Representative | Affected Hospital | Phone/Survey Monkey | Daily or as established by the HMAC | Fax, Email, ARMER |
|  | H.5 | **Resource Status** | Clinical/non-clinical staffing needs. | HMAC Healthcare Representative | Affected Hospital | Email/Survey Monkey | Daily or as established by the HMAC | Phone, Fax, ARMER, MNTrac Coordination Room |
|  | H.5.A | **Resource Status** | Clinical/non-clinical staffing availability. | HMAC Healthcare Representative | Compact Hospitals | Email/Survey Monkey | As requested by the HMAC | Phone, Fax, ARMER, MNTrac Coordination Room |
|  | H.6 | **Resource Status** | Patient care/general supply and equipment needs. | HMAC Healthcare Representative | Affected Hospital | Email/Survey Monkey | Daily or as established by the HMAC | Phone, Fax, ARMER, MNTrac Coordination Room |
|  | H.6.A | **Resource Status** | Patient care/general supply and equipment availability. | HMAC Healthcare Representative | Compact Hospitals | Email/Survey Monkey | As requested by the HMAC | Phone, Fax, ARMER, MNTrac Coordination Room |
|  | H.7 | **Resource Status** | Pharmaceutical supply needs. | HMAC Healthcare Representative | Compact Hospitals | Email/Survey Monkey | Daily or as established by the HMAC | Phone, Fax, ARMER, MNTrac Coordination Room |
|  | H.7.A | **Resource Status** | Pharmaceutical supply availability. | HMAC Healthcare Representative | Compact Hospitals | Email/Survey Monkey | As requested by the HMAC | Phone, Fax, ARMER, MNTrac Coordination Room |
|  | H.8 | **Patient Movement** | Patient health status, location, disposition, transfer and transportation status. | HMAC Healthcare Representative | Compact Hospitals | Email/Survey Monkey | Daily or as established by the HMAC | Phone, Fax, ARMER, MNTrac Coordination Room |
|  | H.9 | **Family Care** | Where is the location of the Family Assistance Center/Family Reunification Center? | HMAC Healthcare Representative | Local EOC/EMA or American Red Cross | Email | Once | Phone, Fax, ARMER |
|  | H.10 | **Family Care** | What provisions should be made to accommodate care for victims’ families? | HMAC Healthcare Representative | Local EOC | Email | Daily or as established by the HMAC | Phone, Fax, ARMER |
|  | LTC.1 | **Bed Availability** | Bed availability for the following types: Female – Unsecure; Male – Unsecure; Female – Secure; Male – Secure | RHPC | Skilled Nursing Facilities | MNTrac/Survey Monkey | Daily or as established by the HMAC | Phone, Fax, Email |
|  | LTC.2 | **Facility Status** | Status of infrastructure/facility systems. | RHPC | Affected LTC Facility | Email | Daily or as established by the HMAC | Phone, Fax |
|  | LTC.3 | **Facility Status** | Availability of offered services. | RHPC | LTCs | Email | As requested by the HMAC | Phone, Fax |
|  | LTC.4 | **Resource Status** | Clinical/non-clinical staffing needs. | RHPC | Affected LTC Facility | Email | As requested by the HMAC | Phone, Fax |
|  | LTC.4.A | **Resource Status** | Clinical/non-clinical staffing availability. | RHPC | LTCs | Email | As requested by the HMAC | Phone, Fax |
|  | LTC.5 | **Resource Status** | Supply and equipment needs. | RHPC | Affected LTC Facility | Email | Daily or as established by the HMAC | Phone, Fax |
|  | LTC.5.A | **Resource Status** | Supply and equipment availability. | RHPC | LTCs | Email | As requested by the HMAC | Phone, Fax |
|  | LTC.6 | **Resident Movement** | Resident/client health status, location, disposition, transfer and transportation status. | RHPC | LTCs/Transport Agencies/Local EOC/EMA | Email | Daily or as established by the HMAC | Phone, Fax |
|  | EMS.1 | **Resource Status** | Number of EMS units with personnel not dedicated to the EMS Task Force available by the following types: Basic Life Support; Advanced Life Support | HMAC EMS Representative | EMS Agencies | MNTrac Coordination Room | As requested by the HMAC | Phone, Fax, ARMER |
|  | EMS.2 | **Resource Status** | Number and location of available Task Forces or Strike Teams | HMAC EMS Representative | EMS Agencies/SEOC | MNTrac Coordination Room | As requested by the HMAC | Phone, Fax, ARMER |
|  | EMS.3 | **Patient Movement** | Patient location, health status, transfer and transportation status. | HMAC EMS Representative | EMS Agencies | MNTrac Coordination Room | As requested by the HMAC | Phone, Fax, ARMER |
|  | EMS.4 | **Patient Movement** | Patient Identifiers (e.g., patient name, age) for “critical” patients. | RHPC | EMS Agencies | Phone | All “critical” patient transfers | ARMER |