# Appendix B.13.2 Essential Elements of Information

## 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/Google Forms/Coalition Website-chat | 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/MNTrac | As requested by HMAC | Fax, ARMER |
|  | H.3 | **Facility Status** | Availability of offered services | RHPC | Compact Hospitals | MNTrac/Google Forms/Coalition Website | Daily or as established by the HMAC | Fax, ARMER |
|  | H.4 | **Facility Status** | Status of infrastructure/facility systems. | HMAC Healthcare Representative | Affected Hospital | MNTrac/Google Forms/Coalition Website | 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/Google Forms/MNTrac/Website  | 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 | MNTrac/Google Forms/Coalition Website-chat | 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 | MNTrac/Google Forms/Coalition Website-chat | 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/MNTrac/Google Forms/Coalition Website-chat | As requested by the HMAC | Phone, Fax, ARMER, MNTrac Coordination Room |
|  | H.7 | **Resource Status** | Pharmaceutical supply needs. | HMAC Healthcare Representative | Compact Hospitals | Email/ MNTrac/Google Forms/Coalition Website-chat | 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/ MNTrac/Google Forms/Coalition Website-chat | 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/ MNTrac/Google Forms/Coalition Website-chat | 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/MNTrac command center/website chat | 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/MNTrac command center/website chat | 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/Google Forms | Daily or as established by the HMAC | Phone, Fax, Email |
|  | LTC.2 | **Facility Status** | Status of infrastructure/facility systems. | RHPC | Affected LTC Facility | Email/MNTrac command center/website chat | 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 |