



**2024 Republican National Convention (RNC)
Communication and Data Reporting
Procedures
Wisconsin Department of Health Services
Office of Preparedness and Emergency
Healthcare**

Table of Contents

Introduction	3
Overview	3
EMResource	3
Wisconsin RNC Data Collection	3
Illinois RNC Data Collection	4
Event Reporting	5
What to Monitor	5
Summary Dashboard	6
Hospital Participation	7
Communication	7
Wisconsin Redundant Communication.....	7
Illinois Redundant Communication.....	7
Facility Action Items	7
Wisconsin Contact Information	7
Illinois Contact Information	8
EMTrack Patient Tracking	8
Healthcare Partner Participation	8
Training & Exercising	8
Support During the RNC	9
Resources	9
Wisconsin Hospital Capability Definitions	10
Illinois Hospital Capability Definitions	12
Chicago Hospital Capability Definitions	15
Wisconsin Immediate Bed Availability (IBA) Definitions	19
Illinois Resource Availability Definitions	20
Chicago Resource Availability Definitions	22
Appendix A: Hospitals Involved in Event Polling.....	25

Introduction

The city of Milwaukee will host the 2024 Republican National Convention (RNC) from July 15–18, 2024. Healthcare partners are asked to utilize EMResource and EMTrack system platforms along with Wisconsin’s Interoperable System for Communications (WISCOM) to communicate and report data in preparation for the RNC. EMResource is an emergency preparedness data system used to track critical infrastructure on a local, regional, and statewide level. EMTrack is a tool that facilitates patient tracking from an initial encounter through the health care system. Through the system platforms, health care facilities, public health, emergency management, and first responders can receive alerts, report hospital capabilities and track patients. Additionally, the WISCOM system serves as a means of redundant communication for Wisconsin hospitals.

Overview

During the 2024 RNC, The Wisconsin Department of Health Services (DHS) will closely monitor twice-daily bed count reporting from pre-identified Wisconsin hospitals. These twice-daily updates will be made in conjunction with WISCOM radio tests. In addition, should the need arise, hospitals will utilize EMResource to post alerts regarding a mass casualty incident (MCI), immediate bed availability, and any other time-sensitive communications or just in time diagnostic and treatment information to healthcare partners. Data from the twice-daily polls during the RNC operational surveillance period will be extracted from EMResource, analyzed for key health events of interest, and incorporated in situation reports prepared by state, regional, and local epidemiologists. This data will be monitored by emergency management staff throughout the state to inform response activities should an unexpected disaster incident occurs. Lastly, Illinois hospitals will be encouraged to provide twice daily bed reporting, but at minimum will enter data by 10 a.m. daily.

EMResource

Wisconsin RNC Data Collection

Wisconsin hospitals should continue to report the daily capability metrics on their regional view by 9 a.m. and update as needed. Daily capability metrics include the following and can be found in the screenshot below.

- ED
- ED Boarders
- CT
- STEMI (Cath Lab)
- Stroke
- Hospital
- Med/Surg
- ICU
- Pending Post-acute Disch

ED	ED Boarders	ICU	Med/Surg	Hospital	Pending Post-acute Disch	CT	STEMI (Cath Lab)	Stroke
----	-------------	-----	----------	----------	--------------------------	----	------------------	--------

In addition to daily capability data collection, hospitals will participate in event polling. A general announcement event that includes hospitals within the Southeast, South Central, Fox Valley and Northeast regions will be posted to EMResource on July 12, 2024. This event will provide situational awareness of the ongoing event. A bed count event will also be posted to EMResource on July 12, 2024, which will request Southeast, South Central, Fox Valley and Northeast regions to report immediate bed availability. The bed count event will be queried twice daily, by 9 a.m. and 5 p.m. Cadence of reporting is subject to change. The events will be maintained by the Hospital and Healthcare Systems Coordinator at DHS and will remain active through July 19, 2024. Hospitals that do not report will be contacted and asked to update the query. Although

these status types are requested to be submitted at the twice-daily polls, users should update the value to immediate bed availability (IBA) as they occur.

- IBA: ICU
- IBA: Intermediate Care
- IBA: L&D
- IBA: Medical/Surgical
- IBA: Neg Flow Isolation
- IBA: NICU
- IBA: Peds
- IBA: PICU
- IBA: Psych

Illinois RNC Data Collection

Illinois hospitals should continue to report the hospital capabilities on their regional view by 10 a.m. and update as needed. Hospital capability metrics include the following and can be found in the screenshot below.

- ED Status
- Trauma Level
- Stroke Care Designation
- Peds Level
- Perinatal Level
- NDMS

ED Status	Trauma Level	Stroke Care Designation	Peds Level	Perinatal Level
-----------	--------------	-------------------------	------------	-----------------

Note that Chicago metrics vary slightly. Chicago hospitals should continue to report the hospital capabilities on their regional view by 10 a.m. and update as needed. Hospital capability metrics include the following and can be found in the screenshot below.

- Hospital Status
- NEDOCS
- Trauma
- Stroke Center
- STEMI Center
- Peds Level
- Perinatal Level

Hospital Status	Trauma	Stroke Center	Peds Level	Perinatal Level
-----------------	--------	---------------	------------	-----------------

In addition to hospital capability data collection, hospitals will continue to report the "Daily HAVBED Query." Hospitals in Cook, Kane, DuPage, Winnebago, McHenry, and Lake Counties will report "Daily Hospital Resource Availability" data twice daily by 10 a.m. and will be encouraged to provide a second update by 4 p.m. Cadence of reporting is subject to change. The events will be maintained by the Division Chief, Emergency Medical Services and Highway Safety at Illinois Department of Public Health and twice daily reporting is encouraged through July 19, 2024. Hospitals that do not report will be contacted and asked to update the query. Although these status types are requested to be submitted at the twice daily polls, users should update the value to immediate resource availability as they occur.

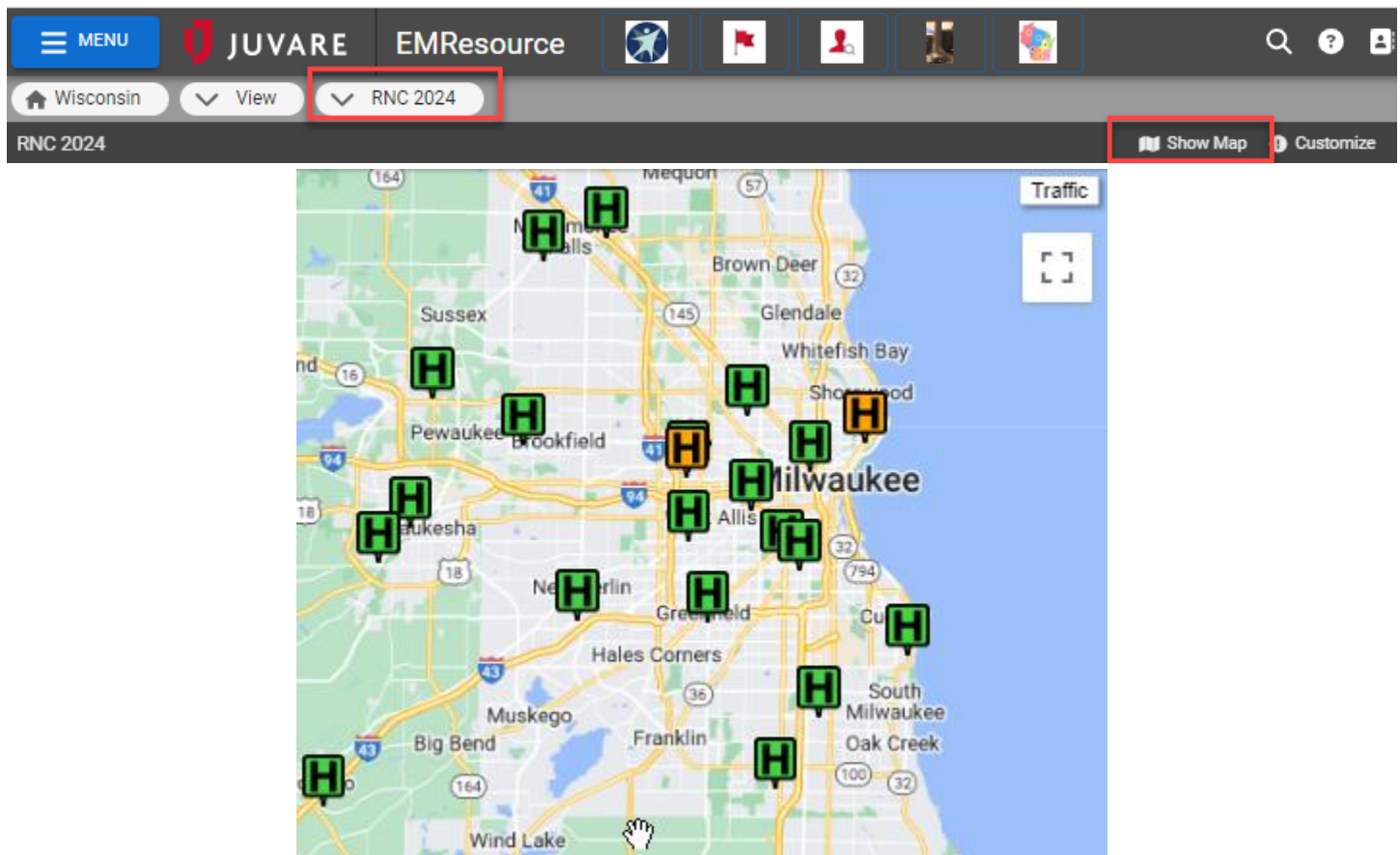
- Adult ICU
- ED Boarders
- Vents
- Blood Supply 0-Neg
- Decon Throughput
- Med/Surg
- Burn
- PICU
- Peds
- Psych
- ED
- AIIR
- NICU
- Other Staffed
- OR

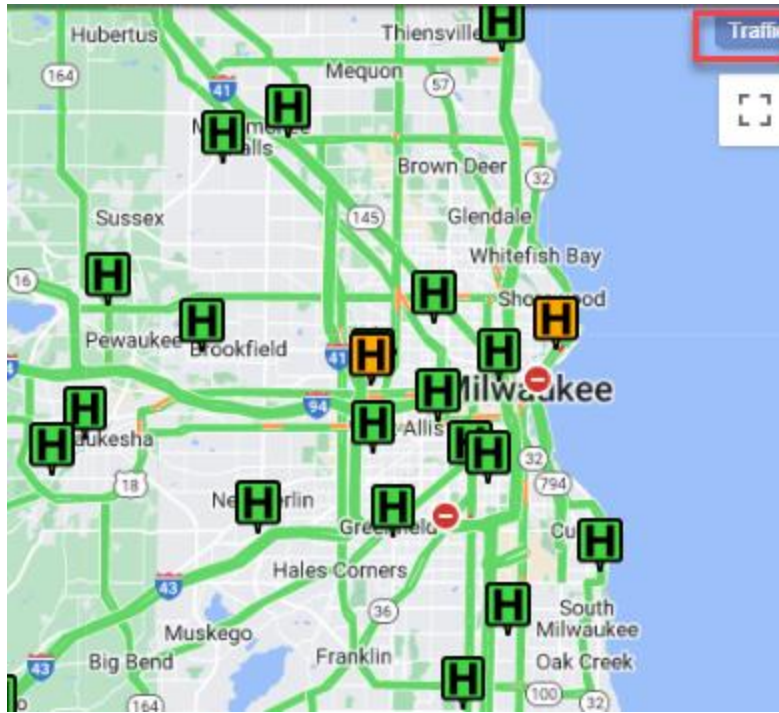
Event Reporting

The RNC process does not change the standard procedures for posting other time sensitive event notifications within EMResource. If the need to establish a mass casualty incident, bed count, or general announcement event arises, that event should be reported through a separate event posting. Bed counts in response to a separate event, such as an MCI post, will need to be submitted as they would be for any other EMResource incident. In short, should something occur that requires a notification to be sent out, post an event as you would any other day.

What to Monitor

Hospitals are encouraged to monitor capabilities reported on region views along with data reported in the bed query. Additionally, an "RNC 2024" view is available which includes hospitals from Wisconsin and Illinois and data reported for Emergency Department (ED) status, the number of patients boarding in the ED, and the hospital designated trauma level. The RNC view can be displayed in a table or Google map format. The map feature displays a "H" that represents the hospital ED status. For Wisconsin hospitals, a **green "H"** indicates the ED is open, an **orange "H"** indicates the ED is at peak census, a **red "H"** indicates the ED is on bypass, and a white "H" with a **black** outline indicates the facility does not have an ED. Illinois facilities have one exception in that their hospitals without emergency departments will show a **purple "H"**. Select the "Traffic" button in the upper right corner of the map to see real time traffic flow.

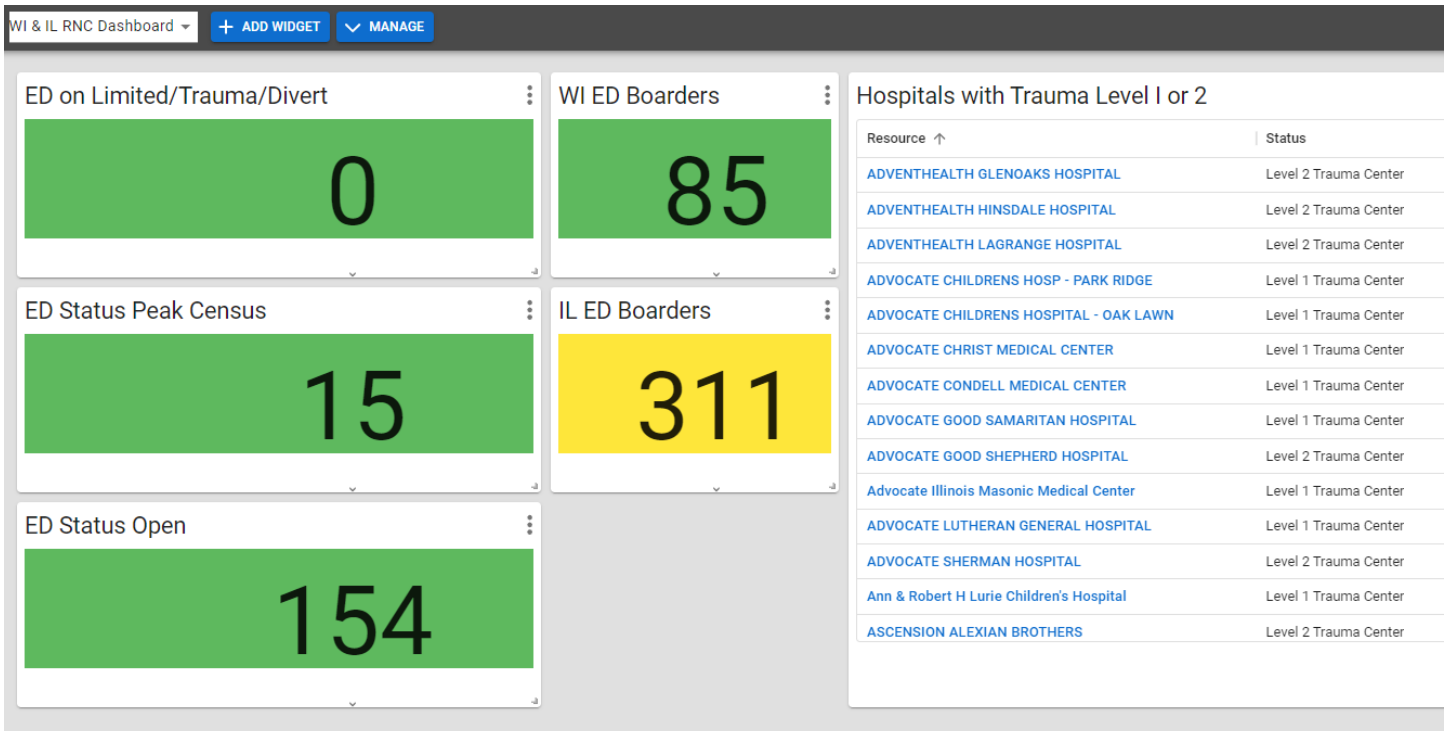




Summary Dashboard

A summary dashboard will be available for regional and state surveillance staff and will include hospital capability metrics from hospitals involved with event reporting. Capability metrics include:

- ED Status (Hospital Status)
- ED Boarders
- Trauma Level



Hospital Participation

For a list of hospitals participating in the event reporting, please reference [Appendix A](#).

Communication

Wisconsin Redundant Communication

EMResource and WISCOM should be used together to ensure there is redundancy in communications. Hospitals need to ensure their WISCOM radios are operational, powered on with the volume up, and on the correct channel. The primary hospital channel assignment for this event will be **HRCRD7 OPEN/CLEAR**. WISCOM radio drills will be conducted twice daily for hospitals in the Southeast region beginning on July 12 through July 19. Hospitals are encouraged to participate in the WISCOM roll call at 9:30 a.m. and 3:30 p.m. A list of channel assignments can be found below.

Hospital Region	WISCOM Channel Assignment
Region 1 (Northwest HERC)	HRCRD1 OPEN
Region 2 (Northcentral HERC)	HRCRD2 OPEN
Region 3 (Northeast HERC)	HRCRD3 OPEN
Region 4 (Southwest HERC)	HRCRD4 OPEN
Region 5 (Southcentral HERC)	HRCRD5 OPEN
Region 6 (Fox Valley HERC)	HRCRD6 OPEN
Region 7 (Southeast HERC)	HRCRD7 OPEN

Illinois Redundant Communication

STARCOM21 should be used to ensure there is redundancy in communications. Hospitals need to ensure their STARCOM21 interoperable communication platform are operational, powered on with the volume up, and on the correct channel. It is important to note that WISCOM and STARCOM21 are not interoperable.

Facility Action Items

Wisconsin Contact Information

To ensure the system is successful and provides timely, accurate data to those using it, the following items need to be addressed prior to the RNC.

1. Facilities need to enter, update, or verify the emergency preparedness contact information listed on the resource detail view page. Navigate to the resource detail view by selecting the "facility name hyperlink" from the default view and confirm the contacts under the "organization" section.

Organization	Status
Emerg Preparedness Contact	John Doe
Emerg Preparedness Email	example@hospital.com
Emerg Preparedness Phone	123-456-7891

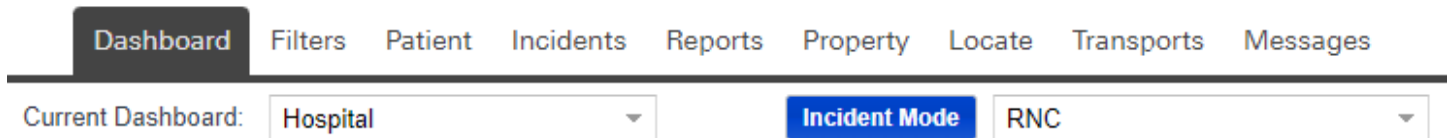
2. Facilities need to enter their backup generators as sub-resources under the resource detail view page.
3. Facilities will need to make sure at least 3 separate emails to 3 separate people receive alerts for MCI, bed count, and general announcement events.

Illinois Contact Information

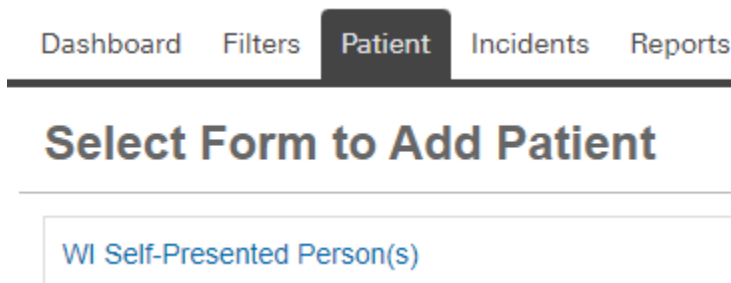
To ensure the system is successful and provides timely, accurate data to those using it, Illinois Department of Public Health will alert hospitals to remind them to update emergency contact information.

EMTrack Patient Tracking

EMTrack will be utilized during the RNC if an incident should occur that requires MCI patient transports to a receiving facility, evacuation of the Fiserv Forum, and family reunification efforts. Two days prior to the official start of the RNC an incident will be created in EMTrack and can be found by selecting "Incident Mode" as shown in the screenshot below.



Hospitals are encouraged to initiate tracking for persons involved in the RNC and self-presenting to the emergency department by selecting the "Patient" tab and selecting the "WI Self-Presented Person(s)" form as shown in the screenshot below.



First responders, hospital receivers, family reunification staff, and emergency management organizations are encouraged to participate in patient tracking.

Chicago hospitals are prepared to utilize EMTrack in the event that a RNC related MCI were to surge into Chicago hospitals. Patient tracking will not be activated in Chicago during the RNC unless indicated.

Healthcare Partner Participation

For a list of hospitals participating in the event reporting, please reference [Appendix A](#).

Training & Exercising

Wisconsin hospitals, EMS, and other healthcare partners can register to attend a communication training session. Training sessions will be in person and include WISCOM, EMResource and EMTrack functionality and use during the RNC. Hospitals can select from the training sessions below:

- April 4, 8 a.m.–3 p.m. at Ascension All Saints Hospital—Surgical Services—Spring Street Campus, 3801 Spring St, Racine, WI 53405, USA
- April 10, 8 a.m.–3 p.m. at the Wisconsin Athletic Club —Fitness Center—WAC Community Conference Room 1
- April 24, 8 a.m.–3 p.m. at the Fond du Lac County Highway Department, 1820 S Hickory St, Fond du Lac, WI 54937, USA

Wisconsin will conduct monthly drills using this data collection beginning May of 2024. Feedback received from partners after these drills will be used to refine the data collection and dissemination methods leading up to the event. These drills will also serve as an opportunity to identify facilities that would benefit from additional training on the EMResource system prior to the RNC.

Support During the RNC

- Katherine Johnson, Hospital and Healthcare Systems Coordinator
 - Katherine.Johnson@dhs.wisconsin.gov
- Healthcare Emergency Readiness Coalition 24/7 hotline
 - 414-278-2007
- DHS Office of Preparedness & Emergency Healthcare 24-Hour Duty Officer
 - 1-800-943-0003
- Illinois Emergency Management Agency 24-hour Response
 - 217-782-7860
- Chicago Department of Public Health
 - Brandon.Paetznick@cityofchicago.org
- Juvare Support: 24/7 contact center
 - support@juvare.com
 - 877-771-0911

Resources

[Wisconsin Healthcare Emergency Readiness Preparedness Regions](#)

[Wisconsin EMResource webpage](#)

[Wisconsin EMTrack webpage](#)

[Illinois Emergency Medical Service Regions](#)

Wisconsin Hospital Capability Definitions

Status Type	Definition	Other Details
ED	Status of ED for accepting ambulance traffic	<ul style="list-style-type: none"> • Open: Open to all ambulance traffic • No ED: No ED at facility • Limited Divert: Specify most appropriate reason—enter details in comment section (no ICU beds available, ED boarders/new admissions pending due to lack of inpatient bed, equipment failure, specialty care limitation, other) • Peak Census: ED at peak bed capacity; Still accepting ambulances—Expect delays and provide details in the comments section. • Bypass: ED is closed to inbound EMS patients. Only to be used when hospital has sustained a major internal emergency (Structural damage, environmental, HAZMAT, Utilities failure, etc.)
ED Boarders	New admissions that are being held in the Emergency Department (or other areas of the hospital) due to lack of an inpatient bed.	
Hospital	Current status of hospital to accept/admit patients; does not reflect ED status	<ul style="list-style-type: none"> • Peak Census: Hospital is at peak bed capacity—Still accepting transfers on a case by case basis—expect delays • Open: Current status of hospital to accept/admit patients; does not reflect ED status • Bypass: Facility has sustained a major internal emergency (Structural damage, environmental, HAZMAT, Utilities failure ETC.) & cannot treat any patients, including self-referrals, by EMS or Interfacility transfers
ICU	Capacity Status for ICU beds. ICU defined as able to manage medically	<ul style="list-style-type: none"> • None: Facility does not have ICU capability

	complex patients including patients on mechanical ventilation	<ul style="list-style-type: none"> • Open: Accepting all ICU patients • Peak Census: ICU beds are near or at capacity and accepting patients on a case by case basis
Med/Surg	Status of Medical/Surgical inpatient bed capacity	<ul style="list-style-type: none"> • Open: Accepting all Medical/Surgical patients • Peak Census: Medical/Surgical beds near or at capacity; and accepting patients on a case-by-case basis • None: Facility does not have inpatient bed capability
Pending Post-acute Disch	The total number of patients that are medically stable for discharge but are unable to leave the hospital due to limited or no bed availability at a skilled nursing facility or other post-acute care facility.	
CT	Current status of your facility's CT scanner available 24/7	<ul style="list-style-type: none"> • Available: CT is available • Not available: CT is temporarily not available • None: Facility does not have a CT scanner
STEMI (Cath Lab)	Status of cardiac catheterization lab capability for emergent intervention	<ul style="list-style-type: none"> • Available: Cath Lab services available • Not available: Cath Lab services are temporarily not available • None: Facility does not have Cath Lab capabilities
Stroke	Status of interventional services for emergent stroke care.	<ul style="list-style-type: none"> • Not Available: Interventional Stroke Services are temporarily not available • Available: Interventional Stroke services are available • None: Facility does not have Interventional Stroke Services

Illinois Hospital Capability Definitions

Status Type	Definition	Other Details
ED Status	Current Capability of the Emergency Department to accept patients.	<ul style="list-style-type: none"> • Open: Neither bypass nor peak census conditions are reported, and the ED is open to ambulance transports. • Bypass: Bypassing of or diversion by an ambulance to a hospital other than the nearest hospital when the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility. • Peak Census: The hospital is operating at capacity. A transition to bypass status is likely but not certain. • No ED: Bypass status is not applicable because this hospital does not have an emergency department. • Bypass Update Alert: Bypass status will expire within one hour. DO NOT SELECT, FOR SYSTEM USE ONLY. • Peak Census Alert: Peak Census status will expire within one hour. DO NOT SELECT, FOR SYSTEM USE ONLY. • Standby: Standby Emergency Department—a classification of a hospital emergency department where at least one of the RNs on duty in the hospital is available for emergency services at all times, and a licensed physician is "on-call" to the emergency department at all times in accordance with Section 250.710 of the Hospital Licensing Requirements. [Ill. Admin.

		Code tit. 77, § 515.100 (2020)]
Trauma Level	Trauma Center Designation	<ul style="list-style-type: none"> • Level I Peds: Level I Pediatric Trauma Center • Level II Peds: Level II Pediatric Trauma Center • None: A hospital that has not been designated a trauma center by the Illinois Department of Public Health. • Level I & Level I Peds: Level I Trauma Center/Level I Pediatric Trauma Center • Level I & Level II Peds: Level I Trauma Center/Level II Pediatric Trauma Center • Level II & Level II Peds: Level II Trauma Center/Level II Pediatric Trauma Center • Level II: Level II Trauma Center • Level I: Level I Trauma Center
Stroke Care Designation	Stroke Care Designation	<ul style="list-style-type: none"> • None: A hospital that has not received a Stroke Care Designation from the Illinois Department of Public Health. • Primary Stroke Center: A hospital that has been certified by an Illinois Department of Public Health-approved, nationally recognized certifying body and designated as such by the Department. • Comprehensive Stroke Ctr: A hospital that has been certified using evidence-based standards from a nationally-recognized certifying body approved by the Illinois Department of Public Health and has been designated as a Comprehensive Stroke Center by the Department. • Acute Stroke-Ready Hosp: A hospital that has been designated by the Illinois Department of Public Health as meeting the criteria for

		providing emergent stroke care.
Peds Level	Pediatric Facility Recognition Level	<ul style="list-style-type: none"> • PCCC: Pediatric Critical Care Center • SEDP: Standby Emergency Department for Pediatrics • EDAP: Emergency Department Approved for Pediatrics • None:
Perinatal Level	Indicates facility's designation for Perinatal Standards of Care by IDPH as outlined in the Illinois Regionalized Perinatal Health Care Code.	<ul style="list-style-type: none"> • Level 0: Indicates a Non-birthing center facility • Level I: Indicates facility has 'General Nursery' capabilities • Level II: Indicates facility has 'Intermediate Care Nursery' capabilities • Level II-E: Level II-Extended—Indicates facility has a Special Care Nursery with extended capabilities • Level III: Indicates facility has Neonatal Intensive Care capabilities
NDMS?	Has a hospital has entered into a Provider Memorandum of Agreement for Definitive Medical Care with the National Disaster Medical System?	<ul style="list-style-type: none"> • No: This is not an NDMS hospital • Yes: This is an NDMS hospital.

Chicago Hospital Capability Definitions

Status Type	Definition	Other Details
Hospital Status	This is the current status of the hospital emergency department.	<ul style="list-style-type: none"> • No ED • Open • Peak Census: The most recent peak census value reported to the Illinois Health Facilities Services and Review Board through its Annual Hospital Questionnaire. When a hospital reports a peak census status a transition to bypass status is likely but not certain. • Bypass: Bypassing of or diversion by an ambulance to a hospital other than the nearest hospital when the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility. ***When going on Bypass, MUST select type of Bypass from options listed below AND provide name of the individual authorizing decision as well as additional details (i.e. no monitored beds available, etc) in the Comments section. • Standby ER: Standby Emergency Department – a classification of a hospital emergency department where at least one of the RNs on duty in the hospital is available for emergency services at all times, and a licensed physician is "on-call" to the emergency department at all times in accordance

		<p>with Section 250.710 of the Hospital Licensing Requirements.</p> <ul style="list-style-type: none"> • Basic: Basic – a classification of a hospital emergency department where at least one physician is available in the emergency department at all times; physician specialists are available in minutes; and ancillary services, including laboratory, x-ray, and pharmacy, are staffed or are "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Requirements. • Open-Resource Limitations: This status indicates that the hospital ED is open; however, there is an equipment-related resource limitation (i.e. CT scanner down), which currently limits the hospital's ability to treat specific patients types as a result. When selecting this status type, the hospital is required to indicate the specific resource limitation in the comments section. For example, "CT scanner is down until further notice.
Trauma	Trauma Center Designation	<ul style="list-style-type: none"> • None: A hospital that has not been designated a trauma center by the Illinois Department of Public Health. • Level II & Level II Peds: Level II Trauma Center/Level II Pediatric Trauma Center • Level II Peds: Level II Pediatric Trauma Center • Level II: Level II Trauma Center • Level I & Level II Peds: Level I Trauma Center/Level II Pediatric Trauma Center • Level I & Level I Peds: Level I Trauma Center/Level I Pediatric Trauma Center

		<ul style="list-style-type: none"> • Level I Peds: Level I Pediatric Trauma • Level I: Level I Trauma Center
Stroke Center	Stroke Care Designation	<ul style="list-style-type: none"> • None: A hospital that has not received a Stroke Care Designation from the Illinois Department of Public Health. • Primary: A hospital that has been certified by an Illinois Department of Public Health-approved, nationally-recognized certifying body and designated as such by the Department. • Comprehensive: A hospital that has been certified using evidence-based standards from a nationally-recognized certifying body approved by the Illinois Department of Public Health and has been designated as a Comprehensive Stroke Center by the Department. • Acute Stroke-Ready Hosp: A hospital that has been designated by the Illinois Department of Public Health as meeting the criteria for providing emergent stroke care.
Peds Level	Pediatric Facility Recognition Level	<ul style="list-style-type: none"> • SEDP: Standby Emergency Department for Pediatrics • PCCC: Pediatric Critical Care Center • None: The hospital is not participating in the Pediatric Facility Recognition program. • EDAP/PCCC: Emergency Department Approved for Pediatrics/Pediatric Critical Care Center • EDAP: Emergency Department Approved for Pediatrics
Perinatal Level	Indicates facility's designation for Perinatal Standards of Care by IDPH as outlined in the Illinois Regionalized Perinatal Health Care Code. Level	<ul style="list-style-type: none"> • Level 0: Indicates a Non-birthing center facility • Level I: Indicates facility has 'General Nursery' capabilities

	designations shown are current as of February 2016.	<ul style="list-style-type: none">• Level II: Indicates facility has 'Intermediate Care Nursery' capabilities• Level II-E: Level II-Extended—Indicates facility has a Special Care Nursery with extended capabilities• Level III: Indicates facility has Neonatal Intensive Care capabilities
--	---	---

Wisconsin Immediate Bed Availability (IBA) Definitions

Note—"0" versus "--":

- "0" indicates that the facility has beds of that type, but no staffed beds of that type are available
- "--" indicates either the facility does not have that bed type OR that bed type has not been updated

Status Type	Definition
IBA: ICU	Number of immediately available staffed adult intensive care unit beds. ICU defined as able to manage medically complex patients including patients on mechanical ventilation.
IBA: Neg Flow Isolation	Immediate bed availability for negative airflow isolation beds.
IBA: Intermediate Care	Number of immediately available staffed beds on units providing care higher than Med/Surg but not the level of ICU. Includes units that may be internally designated as ICU but are unable to care for patients on mechanical ventilation for more than 4 hours.
IBA: Medical/Surgical	Number of immediately available staffed general adult medical/surgical beds.
IBA: PICU	Number of immediately available staffed pediatric intensive care unit beds. ICU defined as able to manage medically complex pediatric patients including pediatric patients on mechanical ventilation.
IBA: Psych	Number of immediately available staffed inpatient beds available for treatment of psychiatric patients.
IBA: Peds	Number of immediately available general pediatric medical beds.
IBA: L&D	Number of immediately available staffed labor and delivery unit beds.
IBA: NICU	Number of immediately available Neonatal ICU beds.

Illinois Resource Availability Definitions

Status Type	Definition
Adult ICU	Adult ICU Total number of available inpatient adult intensive care/critical care beds that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer; this can include critically ill patients or those requiring mechanical ventilation.
Med/Surg	Total number of available medical/surgical care beds that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer. Also thought of as "ward beds." These may or may not include cardiac telemetry capability.
Burn	Total number of available inpatient burn intensive care/critical care beds that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer. This can include critically ill patients or those requiring mechanical ventilation. May be approved by the American Burn Association or self-designated. These beds are not to be included in other ICU bed counts.
PICU	Total number of inpatient pediatric intensive care unit (PICU) that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer. This is similar to adult ICU beds but for patients 17 years old and younger and can include critically ill patients or those requiring mechanical ventilation.
Peds	Total number of inpatient pediatric beds (Non-PICU) that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer. These are medical/surgical beds for usually for patients 17 years old and younger.
Psych	Total number of staffed psychiatric beds that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer within a closed/locked psychiatric unit. R11: The total number of staffed psychiatric beds a hospital attests to be able to staff and are currently vacant for patient use within a closed/locked psychiatric unit.
ED	Total number of staffed emergency department (ED) beds currently vacant and available for patient use.
AIIR (This is called NegFlow in R11)	A single-occupancy patient care space designed to isolate airborne pathogens to a safe containment area; commonly called a negative pressure room. Enter the total number of available (open) AIIR beds in the hospital at the time of reporting. A bed can be both an ED, Med/Surg, or Critical Care bed and an AIIR bed. These beds should be counted as one or the other but not both to avoid double counting.

NICU	Total number of staffed intensive care unit beds that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer for high risk neonates in a hospital that has received Level III perinatal center designation by the Illinois Department of Public Health (as outlined in Illinois Administrative Code Part 640—Regionalized Perinatal Healthcare Code).
Other Staffed	Total of all inpatient beds not accounted for elsewhere that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer.
OR	Total number of fully staffed and equipped operating rooms currently vacant and available for use. R11: Operating rooms which are equipped, staffed, and could be made available for patient care in a short period of time.
ED Boarders	indicate the number of boarded patients in the ED at the time of reporting. A boarded patient is defined as a patient who remains in the Emergency Department after the patient has been admitted or placed into observation status at the facility but has not been transferred to an inpatient or observation unit.
Vents	The total number of mechanical ventilators available for use at the time the data is collected, including anesthesia machines and portable/transport ventilators. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways. This is regardless of the ability to staff this asset.
Blood Supply: O-Neg	Total units of O-Negative blood on hand.
Decon Throughput	The estimated number of adult ambulatory patients the facility is expected to be able to decontaminate per hour. R11: The number of patients facility can decontaminate every hour.

Chicago Resource Availability Definitions

Status Type	Definition
ED Boarders	Enter the number of boarded patients in the ED at the time of reporting. A boarded patient is defined as a patient who remains in the Emergency Department after the patient has been admitted or placed into observation status at the facility but has not been transferred to an inpatient or observation unit. Hospitals without an ED should disregard this one.
Bed Availability: Adult ICU	Total number of available inpatient adult intensive care/critical care beds that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer; this can include critically ill patients or those requiring mechanical ventilation.
Bed Availability: Burns	Total number of available inpatient burn intensive care/critical care beds that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer. This can include critically ill patients or those requiring mechanical ventilation. May be approved by the American Burn Association or self-designated. These beds are not to be included in other ICU bed counts.
Bed Availability: Med/Surg	Total number of available medical/surgical care beds that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer. Also thought of as "ward beds". These may or may not include cardiac telemetry capability.
Bed Availability: NegFlow	A single-occupancy patient care space designed to isolate airborne pathogens to a safe containment area; commonly called a negative pressure room. Enter the total number of available (open) AIIR beds in the hospital at the time of reporting. A bed can be both an ED, Med/Surg, or Critical Care bed and an AIIR bed. These beds should be counted as one or the other but not both to avoid double counting.
Bed Availability: NICU	Total number of staffed intensive care unit beds that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer for high risk neonates in a hospital that has received Level III perinatal center designation by the Illinois Department of Public Health (as outlined in Illinois Administrative Code Part 640—Regionalized Perinatal Healthcare Code).
Bed Availability: OR	Availability of operating rooms which are equipped, staffed, and could be made available for patient care in a short period of time.
Bed Availability: Other	Total of all inpatient beds not accounted for elsewhere that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer.

Bed Availability: Peds	Total number of inpatient pediatric beds (Non-PICU) that are not currently in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer. These are medical/surgical beds for usually for patients 17 years old and younger.
Bed Availability: Psych	The total number of staffed psychiatric beds a hospital attests to be able to staff and are currently vacant for patient use within a closed/locked psychiatric unit.
Ventilators: Available	The total number of mechanical ventilators available for use at the time the data is collected, including anesthesia machines and portable/transport ventilators. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways. This is regardless of the ability to staff this asset.
Ventilators: Capacity	The total number of mechanical ventilators available for use or in use at the time the data is collected, including anesthesia machines and portable/transport ventilators. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways. This is regardless of the ability to staff this asset.
Bed Capacity: Adult ICU	Total number of available inpatient adult intensive care/critical care beds that are currently in use OR not in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer; this can include critically ill patients or those requiring mechanical ventilation.
Bed Capacity: ED	Number of licensed ED beds
Bed Capacity: NICU	Total number of staffed intensive care unit beds that are currently in use OR not in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer for high risk neonates in a hospital that has received Level III perinatal center designation by the Illinois Department of Public Health (as outlined in Illinois Administrative Code Part 640— Regionalized Perinatal Healthcare Code).
Bed Capacity: Other	Total of all inpatient beds not accounted for elsewhere that are currently in use OR not in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer.
Bed Capacity: Psychiatric	Total number of staffed psychiatric beds that are currently in use OR not in use, which a hospital attests to being able to staff for patient use within 4 hours at the time of reporting for patients admitted for 23 hours or longer within a closed/locked psychiatric unit.

Decon Throughput	The number of patients facility can decontaminate every hour.
Blood Supply: O-	Supply of O- blood

Appendix A: Hospitals Involved in Event Polling

Wisconsin Hospital Name	Region	County
Aurora BayCare Medical Center	Region 3 NE Hospitals	Brown
Aurora Medical Center—Bay Area (BAMC)	Region 3 NE Hospitals	Marinette
Aurora Medical Center—Manitowoc County	Region 3 NE Hospitals	Manitowoc
Bellin Health Oconto Hospital	Region 3 NE Hospitals	Oconto
Bellin Memorial Hospital	Region 3 NE Hospitals	Brown
Door County Medical Center	Region 3 NE Hospitals	Door
Holy Family Memorial Hospital	Region 3 NE Hospitals	Manitowoc
St. Clare Memorial Hospital-Oconto Falls	Region 3 NE Hospitals	Oconto
St. Mary's Med Ctr—Green Bay	Region 3 NE Hospitals	Brown
St. Vincent Hospital	Region 3 NE Hospitals	Brown
Aspirus Divine Savior Healthcare	Region 5 SC Hospitals	Columbia
Beloit Memorial Hospital	Region 5 SC Hospitals	Rock
Edgerton Hospital and Health Services	Region 5 SC Hospitals	Rock
Fort Memorial Hospital	Region 5 SC Hospitals	Jefferson
Grant Regional Health Center	Region 5 SC Hospitals	Grant
Gundersen Boscobel Area Hospital	Region 5 SC Hospitals	Grant
Gundersen Moundview Hospital & Clinics	Region 5 SC Hospitals	Adams
Marshfield Medical Center-Beaver Dam	Region 5 SC Hospitals	Dodge
Memorial Hospital of Lafayette County	Region 5 SC Hospitals	Lafayette
Mercyhealth Hosp. & Med Ctr—Walworth	Region 5 SC Hospitals	Walworth
Mercyhealth Hosp. & Trauma Ctr—JVL	Region 5 SC Hospitals	Rock
Meriter Hospital	Region 5 SC Hospitals	Dane
Mile Bluff Medical Center	Region 5 SC Hospitals	Juneau
Monroe Hospital	Region 5 SC Hospitals	Green
Prairie Ridge Health (Columbus)	Region 5 SC Hospitals	Columbia
Reedsburg Area Medical Center	Region 5 SC Hospitals	Sauk
Richland Hospital	Region 5 SC Hospitals	Richland
Sauk Prairie Hospital	Region 5 SC Hospitals	Sauk
Southwest Health	Region 5 SC Hospitals	Grant
St. Clare Hospital—Baraboo	Region 5 SC Hospitals	Sauk
St. Mary's—Janesville	Region 5 SC Hospitals	Rock
St. Mary's—Madison	Region 5 SC Hospitals	Dane
Stoughton Hospital	Region 5 SC Hospitals	Dane
Upland Hills Health	Region 5 SC Hospitals	Iowa
UW Health—AmFam Children's Hospital	Region 5 SC Hospitals	Dane
UW Health—East Madison Hospital	Region 5 SC Hospitals	Dane
UW Health—University Hospital	Region 5 SC Hospitals	Dane
Watertown Regional Medical Center	Region 5 SC Hospitals	Dodge
Waupun Memorial Hospital	Region 5 SC Hospitals	Dodge
William S. Middleton Mem Vet Hosp	Region 5 SC Hospitals	Dane
Ascension Calumet Hospital	Region 6 FV Hospitals	Calumet
Ascension Mercy Oshkosh	Region 6 FV Hospitals	Winnebago
Ascension St. Elizabeth Appleton	Region 6 FV Hospitals	Outagamie

Aurora Medical Center—Oshkosh	Region 6 FV Hospitals	Winnebago
Children's Hospital of WI—Fox Valley	Region 6 FV Hospitals	Winnebago
Ripon Community Hospital—SSM	Region 6 FV Hospitals	Fond du Lac
ThedaCare Med Center—Appleton	Region 6 FV Hospitals	Outagamie
ThedaCare Med Center—Berlin	Region 6 FV Hospitals	Green Lake
ThedaCare Med Center—Neenah	Region 6 FV Hospitals	Winnebago
ThedaCare Med Center—New London	Region 6 FV Hospitals	Outagamie
ThedaCare Med Center—Shawano	Region 6 FV Hospitals	Shawano
ThedaCare Med Center—Waupaca	Region 6 FV Hospitals	Waupaca
ThedaCare Med Center—Wild Rose	Region 6 FV Hospitals	Waushara
ThedaCare Orthopedic Spine & Pain	Region 6 FV Hospitals	Outagamie
Ascension All Saints Hospitals Spring St	Region 7 SE Hospitals	Racine
Ascension Columbia St. Mary's Milwaukee	Region 7 SE Hospitals	Milwaukee
Ascension Columbia St. Mary's Ozaukee	Region 7 SE Hospitals	Ozaukee
Ascension Elmbrook Hospital Campus	Region 7 SE Hospitals	Waukesha
Ascension Franklin Campus	Region 7 SE Hospitals	Milwaukee
Ascension St Francis Hospital	Region 7 SE Hospitals	Milwaukee
Ascension St Joseph Campus Milwaukee	Region 7 SE Hospitals	Milwaukee
Ascension WI Hospital- Greenfield	Region 7 SE Hospitals	Milwaukee
Ascension WI Hospital- Menomonee Falls	Region 7 SE Hospitals	Waukesha
Ascension WI Hospital- Waukesha	Region 7 SE Hospitals	Waukesha
Aurora Health Care-St Luke's Medical Ctr	Region 7 SE Hospitals	Milwaukee
Aurora Health Care-St Lukes S Shore Hosp	Region 7 SE Hospitals	Milwaukee
Aurora Lakeland Medical Center	Region 7 SE Hospitals	Walworth
Aurora Medical Center—Grafton	Region 7 SE Hospitals	Ozaukee
Aurora Medical Center—Kenosha	Region 7 SE Hospitals	Kenosha
Aurora Medical Center—Mount Pleasant	Region 7 SE Hospitals	Racine
Aurora Medical Center Burlington	Region 7 SE Hospitals	Racine
Aurora Medical Center Sheboygan County	Region 7 SE Hospitals	Sheboygan
Aurora Medical Center Summit	Region 7 SE Hospitals	Waukesha
Aurora Medical Center- Washington County	Region 7 SE Hospitals	Washington
Aurora Sinai Medical Center	Region 7 SE Hospitals	Milwaukee
Aurora West Allis Medical Center	Region 7 SE Hospitals	Milwaukee
Children's Wisconsin—Milwaukee	Region 7 SE Hospitals	Milwaukee
Clement J. Zablocki VA Medical Center	Region 7 SE Hospitals	Milwaukee
Froedtert Community Hospital Mequon	Region 7 SE Hospitals	Ozaukee
Froedtert Community Hospital New Berlin	Region 7 SE Hospitals	Waukesha
Froedtert Community Hospital Oak Creek	Region 7 SE Hospitals	Milwaukee
Froedtert Community Hospital Pewaukee	Region 7 SE Hospitals	Waukesha
Froedtert Kenosha Center (Urgent Care)	Region 7 SE Hospitals	Kenosha
Froedtert Memorial Lutheran Hospital	Region 7 SE Hospitals	Milwaukee
Froedtert Men Falls Hos- Froedtert & MCW	Region 7 SE Hospitals	Waukesha
Froedtert Pleasant Prairie Hospital	Region 7 SE Hospitals	Kenosha
Froedtert West Bend Hosp—Froed&MCW	Region 7 SE Hospitals	Washington
Pro Health Care Mukwonago	Region 7 SE Hospitals	Waukesha
Pro Health Care Oconomowoc Memorial	Region 7 SE Hospitals	Waukesha

Pro Health Care Waukesha Memorial	Region 7 SE Hospitals	Waukesha
St. Agnes Hospital	Region 7 SE Hospitals	Fond du Lac
St. Nicholas Hospital	Region 7 SE Hospitals	Sheboygan

Illinois Hospital Name	Region	County
Advocate Illinois Masonic Medical Center	Chicago (IL Region 11)	Cook
Advocate Trinity Hospital	Chicago (IL Region 11)	Cook
Ann & Robert H Lurie Children's Hospital	Chicago (IL Region 11)	Cook
Ascension Resurrection	Chicago (IL Region 11)	Cook
Ascension St. Joseph—Chicago	Chicago (IL Region 11)	Cook
Ascension St. Mary—Chicago	Chicago (IL Region 11)	Cook
Comer Children's Hospital	Chicago (IL Region 11)	Cook
Community First Medical Center	Chicago (IL Region 11)	Cook
Holy Cross Hospital	Chicago (IL Region 11)	Cook
Humboldt Park Health	Chicago (IL Region 11)	Cook
Insight Hospital and Medical Center	Chicago (IL Region 11)	Cook
Jackson Park Hospital & Medical Center	Chicago (IL Region 11)	Cook
John H. Stroger Jr. Hospital Cook County	Chicago (IL Region 11)	Cook
Loretto Hospital	Chicago (IL Region 11)	Cook
Mount Sinai Hospital	Chicago (IL Region 11)	Cook
Northwestern Memorial Hospital	Chicago (IL Region 11)	Cook
Provident Hospital/Cook County	Chicago (IL Region 11)	Cook
Roseland Community Hospital	Chicago (IL Region 11)	Cook
Rush University Medical Center	Chicago (IL Region 11)	Cook
Saint Anthony Hospital	Chicago (IL Region 11)	Cook
Saint Bernard Hospital	Chicago (IL Region 11)	Cook
South Shore Hospital	Chicago (IL Region 11)	Cook
Swedish Hospital	Chicago (IL Region 11)	Cook
Thorek Memorial Hospital	Chicago (IL Region 11)	Cook
Thorek Memorial Hospital—Andersonville	Chicago (IL Region 11)	Cook
UI Health	Chicago (IL Region 11)	Cook
University of Chicago Medical Center	Chicago (IL Region 11)	Cook
Weiss Memorial Hospital	Chicago (IL Region 11)	Cook
Javon Bea Hospital: Riverside Campus	Illinois Region 1	Winnebago
Javon Bea Hospital: Rockton Ave. Campus	Illinois Region 1	Winnebago
Mercy Harvard Hospital	Illinois Region 1	McHenry
OSF St. Anthony Medical Center	Illinois Region 1	Winnebago
Swedish American Hospital	Illinois Region 1	Winnebago
Swedish American Med Ctr Belvidere	Illinois Region 1	Winnebago
Advocate Condell Medical Center	Illinois Region 10	Lake
Ascension St. Francis—Evanston	Illinois Region 10	Cook
Endeavor Evanston Hospital	Illinois Region 10	Cook
Endeavor Glenbrook Hospital	Illinois Region 10	Cook
Endeavor Highland Park Hospital	Illinois Region 10	Lake

Endeavor Skokie Hospital	Illinois Region 10	Cook
Northwestern Medicine Lake Forest Hosp.	Illinois Region 10	Lake
Vista Medical Center East	Illinois Region 10	Lake
Advocate Childrens Hospital—Oak Lawn	Illinois Region 7	Cook
Advocate Christ Medical Center	Illinois Region 7	Cook
Advocate South Suburban Hospital	Illinois Region 7	Cook
Franciscan Health—Olympia Fields	Illinois Region 7	Cook
Ingalls Memorial Hospital	Illinois Region 7	Cook
Northwestern Medicine Palos Hospital	Illinois Region 7	Cook
OSF Little Company of Mary Medical Ctr	Illinois Region 7	Cook
Adventhealth Glenoaks Hospital	Illinois Region 8	DuPage
Adventhealth Hinsdale Hospital	Illinois Region 8	DuPage
Adventhealth Lagrange Hospital	Illinois Region 8	DuPage
Advocate Good Samaritan Hospital	Illinois Region 8	DuPage
Edward-Elmhurst Health: Edward Hospital	Illinois Region 8	DuPage
Edward-Elmhurst Hlth: Elmhurst Hospital	Illinois Region 8	DuPage
Gottlieb Memorial Hospital	Illinois Region 8	Cook
Loyola University Medical Center	Illinois Region 8	Cook
Macneal Hospital	Illinois Region 8	Cook
NW Medicine Central DuPage Hospital	Illinois Region 8	DuPage
Riveredge Hospital	Illinois Region 8	Cook
RML Specialty Hospital—Hinsdale	Illinois Region 8	Cook
Rush Oak Park Hospital	Illinois Region 8	Cook
West Suburban Medical Center	Illinois Region 8	Cook
Advocate Childrens Hosp—Park Ridge	Illinois Region 9	Cook
Advocate Good Shepherd Hospital	Illinois Region 9	Lake
Advocate Lutheran General Hospital	Illinois Region 9	Cook
Advocate Sherman Hospital	Illinois Region 9	Kane
Ascension Alexian Brothers	Illinois Region 9	Cook
Ascension Mercy—Aurora	Illinois Region 9	Kane
Ascension St. Alexius	Illinois Region 9	Cook
Ascension St. Joseph—Elgin	Illinois Region 9	Kane
MercyHealth Hospital—Crystal Lake	Illinois Region 9	McHenry
Northwest Community Hospital	Illinois Region 9	Cook
Northwestern Medicine Delnor Hospital	Illinois Region 9	Kane
Northwestern Medicine Huntley Hospital	Illinois Region 9	McHenry
Northwestern Medicine McHenry Hospital	Illinois Region 9	McHenry
Northwestern Medicine Woodstock Hospital	Illinois Region 9	McHenry
Rush Copley Medical Center	Illinois Region 9	Kane