

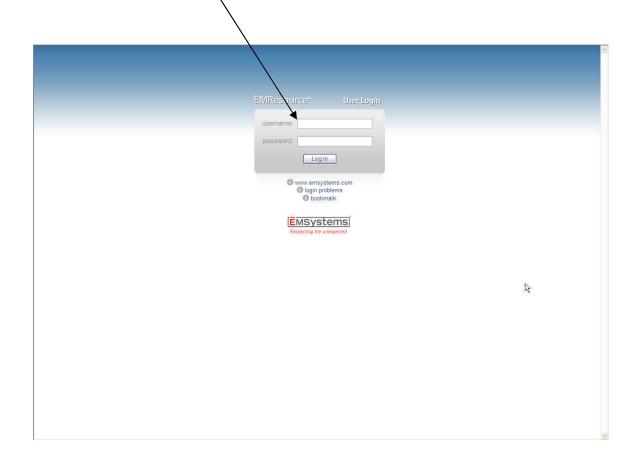
EMResource Long Term Care Bed and Equipment Availability Quick User Guide

# STEP 1 Go To:

https://emresource.emsystem.com/

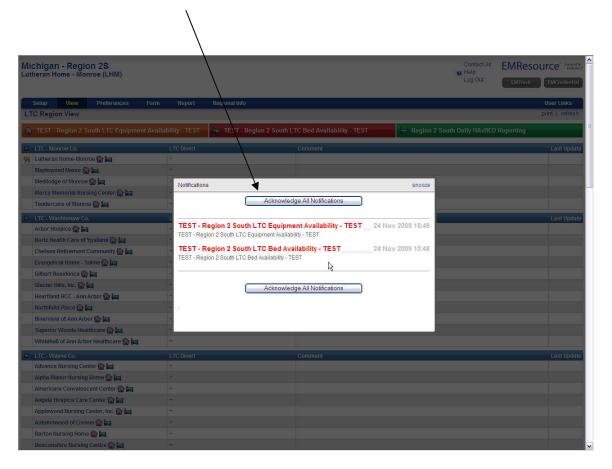
## STEP 2

Input your USERNAME and PASSWORD in the designated fields and click Log In



STEP 3 Click on Acknowledge All Notifications to continue.

If this option is unavailable or information is not provided, skip STEP 3.



STEP 4 Click on Region 2 South LTC Bed Availability banner.



### LTC Bed Availability Categories and Definitions

Note: If your facility does not have one or more of the below capabilities just enter "0," do not leave field blank.

### NUMBER OF REGULAR BEDS - FEMALE

The total number of regular (not specialty) beds available in your facility.

### NUMBER OF REGULAR BEDS - MALE

The total number of regular (not specialty) beds available in your facility.

### NUMBER OF ISOLATION BEDS - FEMALE

This will be the total number of private or empty rooms that are available as isolation rooms, include any negative pressure rooms at your facility.

### NUMBER OF ISOLATION BEDS - MALE

This will be the total number of private or empty rooms that are available as isolation rooms, include any negative pressure rooms at your facility.

### NUMBER OF LOCKED UNIT BEDS - FEMALE

If your facility has a locked unit or a unit that could be locked, list the total number of available beds on that unit.

### NUMBER OF LOCKED UNIT BEDS - MALE

If your facility has a locked unit or a unit that could be locked, list the total number of available beds on that unit.

### NUMBER OF VENTILATOR BEDS - FEMALE

If your facility has ventilator beds, indicate the total number of beds available. If you do not have the capability of caring for ventilator patients just enter 0.

### NUMBER OF VENTILATOR BEDS - MALE

If your facility has ventilator beds, indicate the total number of beds available. If you do not have the capability of caring for ventilator patients just enter 0.

### NUMBER OF DIALYSIS BEDS - FEMALE

Number of dialysis beds you have available. If you do not have the equipment to do dialysis put 0.

### NUMBER OF DIALYSIS BEDS - MALE

Number of dialysis beds you have available. If you do not have the equipment to do dialysis put 0.

### NUMBER OF BARIATRIC BEDS - FEMALE

Number of bariatric beds (beds that can hold patients over 300 pounds) that you have available.

### NUMBER OF BARIATRIC BEDS - MALE

Number of bariatric beds (beds that can hold patients over 300 pounds) that you have available.

### NUMBER OF VIRTUAL BEDS

Number of beds you could possibly fit in your facility, include beds in storage. This must be beds that you not only have space for but actually have extra beds. You would include the total number of all male and female beds.

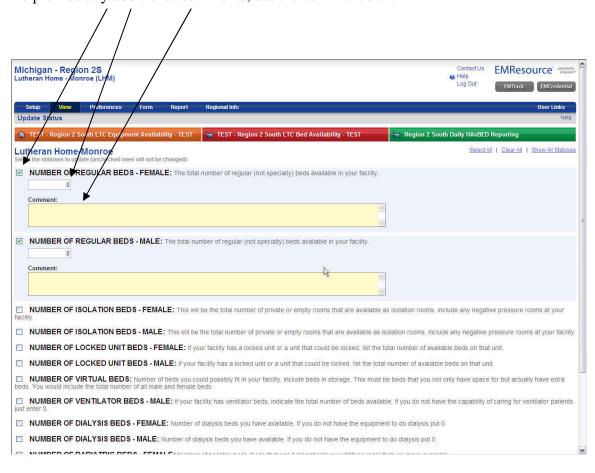
STEP 5 Click on key to access data form.



# <u>STEP 6</u>

Click on box to the left on the category field to input data.

To provide any additional comments, use the comment box.



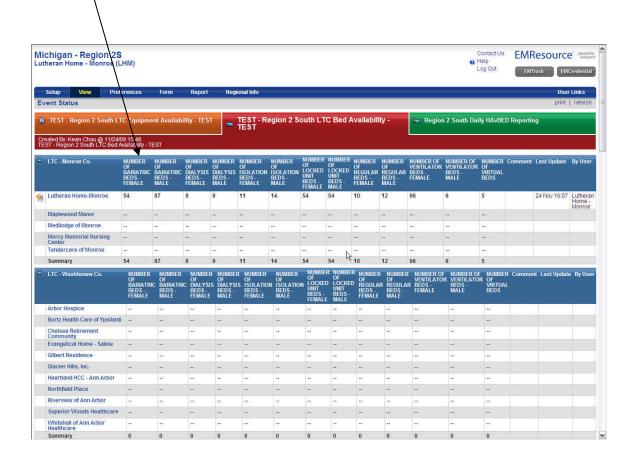
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	NUMBER OF DIALYSIS BEDS - FEMALE: Number of dialysis beds you have available. If you do not have the equipment to do dialysis put 0.	<u> </u>
	8	
	Comment:	
V	NUMBER OF DIALYSIS BEDS - MALE: Number of dialysis beds you have available. If you do not have the equipment to do dialysis put 0.	
	9	
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7	NUMBER OF BARIATRIC BEDS - FEMALE: Number of bariatric beds (beds that can hold patients over 300 pounds) that you have available.	
_	54	
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] atie	NUMBER OF VENTILATOR BEDS - FEMALE: If your facility has ventilator beds, indicate the total number of beds available. If you do not have the capability of caents just enter 0.  96	aring for ventilator
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STEP 7
Remember to click on SAVE when data input and comments are completed.

Exilare to SAVE will not contain a vour information.

**Failure** to SAVE will not capture your information.

<u>STEP 8</u> Verify data was saved and data input is correct.



STEP 9 Click on Region 2 South LTC Equipment Availability banner.



### LTC Equipment Availability Categories and Definitions

Note: Make sure your number reflects items not already in use.

### **O2 CONCENTRATORS**

Enter the total number of Oxygen Concentrators you have available (not already being used).

### **VENTILATORS**

Enter the total number of Ventilators you have available (not already being used).

### **SUCTION MACHINES**

Enter the total number of Suction Machines you have available (not already being used).

### **IV PUMPS**

Enter the total number of IV Pumps you have available (not already being used).

### FEEDING TUBE PUMPS

Enter the total number of Feeding Tube Pumps you have available (not already being used).

### **RESTRAINTS**

Enter the total number of Restraints you have available (not already being used).

### NUMBER OF EMERGENCY POWER OUTLETS

Enter the number of outlets in your facility that are on emergency power (not currently in use).

### RESPIRATORY SUPPLIES

Answer yes or no to the availability of extra respiratory supplies.

### DIABETIC SUPPLIES

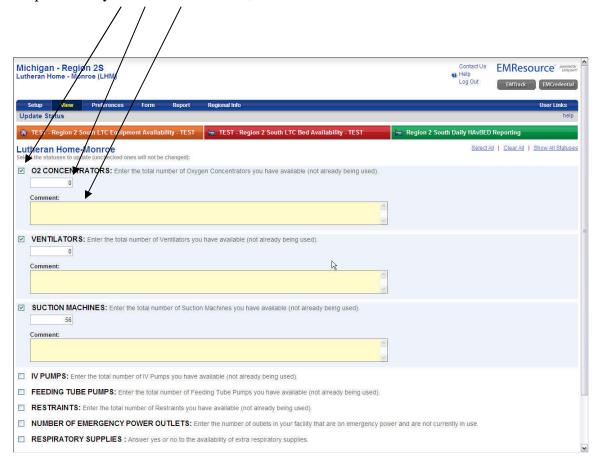
Answer yes or no to the availability of extra diabetic supplies.

<u>STEP 10</u> Click on key to access data form.



STEP 11 Click on box to the left of the category field to input data.

To provide any additional comments, use the comment box.



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	RESTRAINTS: Enter the total number of Restraints you have available (not already being used).	
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~	DIABETIC SUPPLIES: Answer yes or no to the availability of extra diabetic supplies.	
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STEP 12
Remember to click on SAVE when data input and comments are completed.

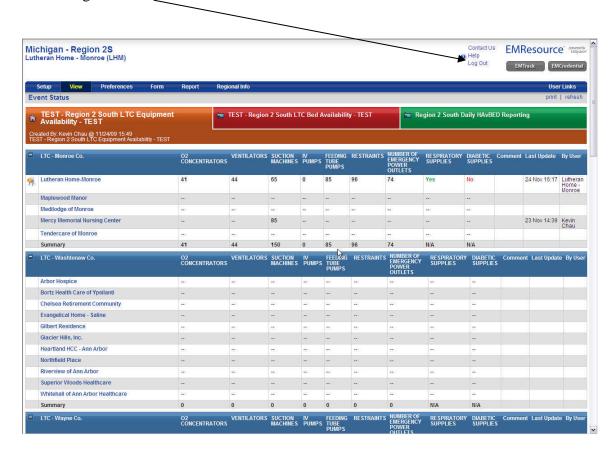
Failure to SAVE will not capture your information.

<u>STEP 13</u> Verify data was saved and data input is correct.



### **STEP 14**

Select Log Out to exit EMResource.



For support, please contact:

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