HC Standard: *Reporting Bed Availability*

1. Access the web link for HC Standard at https://hc.ndhealth.gov

2. Enter the facility username and password

3. Hold the cursor over 'Workspaces' along the top of the screen – Scroll to find facility name or type in facility name to narrow the search

4. Under 'Matrices' click on 'Facility Bed Availability – "Your Facility Name" '

5. Click on the pencil icon 🖉 on the left to edit your data

6. Complete the bed tables as requested in the alert

   a. If the data has not changed click on the clock icon 🕑 to automatically update the date and time for that particular data point
      - Vacant/ Available Beds
      - Total Licensed Beds
      - Beds for Pre-placement
      - Skilled Nursing Males Beds Available
      - Skilled Nursing Females Beds Available
      - Skilled Nursing Beds Males or Female Available
      - Skilled Nursing Dementia/Secured Unit Beds Available
      - Skilled Nursing Bariatrics Beds Available
      - Basic Care Males Beds Available
      - Basic Care Females Beds Available
      - Basic Care Female or Males Beds Available
      - Basic Care Dementia/Secured Unit Beds Available
      - Assisted Living Units Available

7. Click 'Save' in the upper right hand corner

8. Once the data has been saved, click on the ⚙ symbol in the upper right hand corner and select 'Logout'

The response goal is for data to be entered within 60 minutes of notification. Please assure that your facility has a sufficient number of staff trained and designated to successfully enter data within the 60 minute time frame – 24/7/365.

> **Record your HC Standard User Name:**_____ **Password**_____

HC Standard: *Patient Tracking – Mobile Application*

The Department of Health Hospital Preparedness Program offers a mobile application to assist in Patient Tracking.

Refer to the NDLTCA website:
HC Standard

HC Standard App Instruction Manual
HC Standard App Installation Questions & Answers
www.ndltca.org/emergency-preparedness/planning-1/

For assistance please email: Dawn Lehrmann at dlehrmann@nd.gov or Ryan Dreher at rdreher@nd.gov, or call 701-328-2270.

HC Standard Spreadsheet Information

Patient ID	Last Name	First Name	Age	Allergies	Care Level
BR449	Smith	Joe	84	NKA	Skilled Nursing Care
BR550	Smith	Anna	82	NKA	Skilled Nursing Care

Grayed or colored block indicates it's a drop down field

Patient ID – Number from either the Facility Evacuation Tag (SN) or the Trak Band Tag (BC/AL)

Last Name, First Name, **Age** – self explanatory

Allergies – If it's a severe allergy, it is a good idea to enter. You may also send a document type of your choosing with a list of resident's allergies/meds, and it can be uploaded. If your lists are extensive, you may opt to only put together this information during an actual evacuation. It would be wise to have this list prepared for ease of access.

Care Level – This is a drop down list. Please choose the facility type: Skilled Nursing, Basic Care, Assisted Living.

   • ***Hint*** you do not to repeat for every resident. Copy and paste for the remainder of the document.

CPAP	Gender	Diabetic	Weight	Dialysis	Division	Elopement Risk
	Male	TRUE	185		New Salem - Elm Crest Manor	
	Female		150		New Salem - Elm Crest Manor	TRUE

CPAP – **Gender** – **Diabetic** – All drop down – self explanatory

Dialysis – Drop down – self explanatory

Division – Please choose your facility from the drop down box.

   • This indicates **WHERE the resident is departing from** during an evacuation and **will change if a resident is moved multiple times**

Elopement Risk – Drop down answer. If '*True*', be sure and indicate.

Floor/Number/Unit	Head Injury	Hospice	Incident	Infection/Colonization MRSA	Home Facility (List)
Room 12					New Salem - Elm Crest Manor
Room 12					New Salem - Elm Crest Manor

Floor/Number/Unit – Resident's room number. This would be the number you enter in the comments section on your evacuation tag.

Head Injury - **Hospice** – Leave blank if answer is no.

Incident – Leave blank. This will be given at the time of the event.

Infection/Colonization MRSA – Drop down – self explanatory

Home Facility (List) – Drop down – Please choose your facility. If there are multiple transfers of residents, **we need to know where to bring them home.** This does NOT change unless by request of family/resident.

Jurisdiction/Unit	Infection/Colonization VRE	Medications	IV	Position	Bariatric	Medical
		insulin				
		Namenda				

Jurisdiction/Unit – Leave blank. This information is for transportation team.

Infection/Colonization VRE – Drop down – self explanatory

Medications – If the list isn't too long, enter meds. You may send another document with resident's meds/allergies, and that information can be uploaded into your file for emergent use.

IV – Drop down list – self explanatory

Position – Leave blank. This information is for transportation purposes.

Medical – Hearing Aids, dentures, etc.

Amputation	Medical Problems	Mobility Adjuncts	Oxygen Dependency	Oxygen L/M	Patient Movement Status
TRUE		Wheelchair			Pending
	Dementia	Ambulatory			Pending

Amputation – Drop down – self explanatory

Medical Problems – Dementia, Heart Condition, COPD, etc.

Mobility Adjuncts – Drop down – How does your resident get around? Choose the answer that best describes.

Oxygen Dependency – Drop down – self explanatory

Oxygen L/P – Self explanatory

Patient Movement Status – Drop down – **choose** *'Pending.'* All residents, when entered into system, are automatically noted as *'Pending.'* This will change to *'Active'* if they are being transported and to 'Complete' once arrived at destination.

Phone	Spouse in facility	Transport	Ventilator	Address	City	State	Zip
701-843-7!	TRUE			100 Elm A'	New Sale	ND	58563
701-843-7!	TRUE			102 Elm A'	New Sale	ND	58563

Phone – Facility phone number. **Please put it in once and copy and paste for the rest of the document.**

Spouse in Facility – Drop down – self explanatory

Transport – Leave blank. For evacuation purposes.

Ventilator – Drop down – self explanatory

Address/City/State/Zip – Your facility. **Please put in once and copy and paste for the remainder of the document.**

For security purposes, please send an email to dlehrmann@nd.gov or rdreher@nd.gov and request the secure file link, you'll then receive the link by email and be able to send your resident data securely to be uploaded in your workspace in HC Standard.

For further assistance, contact the Department of Health at (701) 328-0707, or the NDLTCA office at (701) 222-0660.

NOTES

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