Making The Move…
Statewide Resource Database…
or Have You Already Moved?

Objectives

- Describe the prep work needed to make the shift to a single database
- Identify areas that are priorities for making the transition
- Know how to move forward with what you’ve got (or haven’t got)
Reality Check

☐ This is a process.

☐ It’s not a “one and done” type of approach.
  ▪ While there might be components that have a one time action item, rarely is this process ever “the end.”

☐ You can do it!

Collaboration

☐ You may have someone who has been hired/contracted as the head resource database manager (or someone who has been “voluntold”).
  ▪ If not…something to consider

☐ Schedule Regular Meetings.
  ▪ Especially at the beginning of the process
  ▪ Don’t end the meetings after the transition

☐ Workgroups have their time and place. Each workgroup will need to have clear Goals and Objectives.
  ▪ If you are meeting just to meet, what are you accomplishing?
Communication

- Plan for making sure everyone is aware of any decisions being made, action items to accomplish, etc.

- You will no longer in your own silo – be in community 😊

- Don’t suffer in silence if you do not understand something.

Record Maintenance

- **Workgroup?**

- **Record Templates/Standardization**
  - Similar (or same) Services looking parallel
  - Examples: Child Care Services, Mental Health Agencies, WIC

- **Who maintains what?**
  - If it “lives” in your service area, then you maintain it
  - State, Statewide, Nationwide Resources?
  - Avoid duplication
Style Guide

- Workgroup?

- Key fields that may need to be addressed:
  - Agency, Site, Program/Service Names
  - Service Descriptions
  - Eligibility
  - Intake Procedures

- Determine how often this will be reviewed/updated

Inclusion Forms/Annual Review

- Options might include:
  - Single form for all agencies who will be in the database to complete
  - Personalized forms per Center in the statewide database

- Similar process for completing the annual review of all resources in the database
Taxonomy

- **Workgroup?**
- **Getting on the same page:**
  - Before the conversion?
  - After the conversion?
- **Benefits of Regular Quality Audits**
  - Weekly, Monthly, Annual
  - By Service Groups
  - Per Taxonomy Branch
  - By Geographic Area

Example: Taxonomy Customization “Rules”

- Majority rules- the level with the largest number of postings “wins.”
- In the instance where the level four and level five postings are evenly distributed, the posting would move up to level 4.
- Postings at level three can only remain at level three if there were no postings to any lower level. If there were postings at level four or below the postings at level 3 must move down unless stated otherwise by the Resource Managers Workgroup.
- All future postings where a level has not been determined should be posted at a level 4.
Taxonomy Quality Audit

- **Double Indexing**
  - Avoid redundancy

- **Checking “Approved” Levels**
  - Based on the agreed upon customization

- **Verifying Correct Posting**
  - Making sure it’s the most appropriate term
  - Seeing if all I&R Centers are consistent

### Taxonomy Approved Levels Example

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Code</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Services</td>
<td>10-1500</td>
<td>4</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>10-1500000</td>
<td>4</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>10-15000000</td>
<td>2</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>10-1700</td>
<td>2</td>
</tr>
<tr>
<td>Intensive Care</td>
<td>10-5300</td>
<td>0</td>
</tr>
<tr>
<td>Critical Care Units</td>
<td>10-33001500</td>
<td>1</td>
</tr>
<tr>
<td>General Intensive Care</td>
<td>10-33002500</td>
<td>11</td>
</tr>
<tr>
<td>Neonatal Intensive Care</td>
<td>10-33006000</td>
<td>0</td>
</tr>
<tr>
<td>Pediatric Intensive Care</td>
<td>10-33006100</td>
<td>0</td>
</tr>
<tr>
<td>Respiratory Intensive Care</td>
<td>10-33007000</td>
<td>0</td>
</tr>
<tr>
<td>Critical Intensive Care</td>
<td>10-33008000</td>
<td>2</td>
</tr>
<tr>
<td>Paramedics/EMT Services</td>
<td>10-64000</td>
<td>135</td>
</tr>
<tr>
<td>Trauma Care</td>
<td>10-8650</td>
<td>5</td>
</tr>
<tr>
<td>Trauma Centers</td>
<td>10-8500</td>
<td>4</td>
</tr>
<tr>
<td>Twenty-Four Hour Medical Observation Programs</td>
<td>10-8620</td>
<td>0</td>
</tr>
</tbody>
</table>

Pink rows indicate: “This is not an approved level; don’t post to it or you will be double indexed.”

So the 4 services posted to LD-1500 would need to move down to an appropriate Level 5.
Inclusion Exclusion Criteria

- **Workgroup?**

- **Options might include:**
  - Starting from a center's existing Criteria
  - Starting from scratch
  - Will you customize anything per center?

Training Consistency

- **Training Manuals**
  - Resource Database Managers
  - I&R Specialists

- **New Staff vs. Existing Staff**

- When changes are made, how is that conveyed?
Discussion

- Benefits
- What Worked
- What Didn’t Work

Thanks for coming!

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