Emergency Management Department

ePCR Workgroup 05/20

May 20, 2021

ATTENDEES

Nick Ritchey - REMSA, Evelyn Pham - REMSA, Leslie Duke - REMSA, Lisa Madrid – REMSA, Sean Hakam – REMSA, Catherine Farrokhi – REMSA, Stephanie Harrington – REMSA, Bryan Hanley – REMSA, Henry Olson – REMSA, Christopher Linke - AMR, Holly Anderson – Cal Fire, Ricky Harvey – Cal Fire, Scott Philippbar – Cal Fire, Noelle Toering – Riverside City Fire, Melissa Schmidt – Hemet Fire, Donald Beresford – Soboba Fire, Justin Vanderhulst – Pechanga Fire, Mike Chidester – Soboba Fire, Justin Vondriska – Cathedral City Fire

Agenda

I. Call to Order/Introductions

- Any action items presented here, REMSA will accept as approval of the group who attend the meeting
- Meetings will be held via Microsoft TEAMS for the for seeable future. All meetings will also be recorded.

II. +EMS Project

- +EMS Project will conclude at the end of October 2021, however, our intention is to continue on with this
- POLST Search functionality is live! And has been successful with search and alerts
    - Cal Fire, AMR, and participating hospitals that are participating with health information exchange through Manifest Medix can access and query through this
    - It will ping the central registry and if there is a patient match, it will pull the POLST form and notify the provider to review the attached ePCR
    - Opportunity of field providers to search Health information exchange through manifest medics endpoint for more information
    - We are the first County is CA to do this. It is very new, but will have lots of plans for it to be better built
- File/reconcile beginning soon
    - Transporting agencies that are part of the project will be able to push their ePCRs directly onto the electronic health record of the patient at the hospital
        - This benefits the hospital so they do not need to log into Hospital Hub to get face sheets etc.
    - TenetHealth Care are the farther along with this and will most likely be able to turn this function on in about 1-2 weeks.
    - This benefits both ends as once patient has been discharged, transferred, outcome data collected and will be sent back
- Working on Education Module
    - Education Module for SAFR
        - Education model will be provided and show how to document, reconcile etc.

III. ImageTrend Defect's and Updates

- Barcode Scanner functionality

- Barcode scanner functionality has been a challenge. On the hospital side, all barcodes received from the hospital do not necessarily contain special information on them. They are either used for medical record or account number, but does not include/embed patient name, etc.
- REMSA will continue looking at other possibilities for this

- iTDisposition.017 Report Writer
  - field that they document, front incident panel, is not showing up in report writer consistently, which causes a problem for Base Hospital MICN records, since they use this field to track who is contacting the BH. It is however, showing properly on the incident list.
  - REMSA will continue working on this
- Dispatch Complaint in CAD Download in 21.05.1
  - Update scheduled to June 7th
  - Major update for this is the DL CAD incident, to include complaint reported by dispatch that will be mapped over by EMD

IV. Change Request's

- Aspirin Documentation
  - CEMSIS and CORE Measures look at aspirin administration and we are in the low 30% for documentation for aspirin
    - However, our field providers are administering them appropriately, but not documenting them appropriately
  - REMSA is proposing a closed call validation rule to be applied for aspirin administration to aide in better documentation
  - The workgroup provided suggestions to add contingency if cpap is a procedure, then aspirin will be nulled
    - In addition, along the way after the rule has been added, if providers notice any other contingencies that could be added, to please let REMSA know
  - The ePCR workgroup approves to institute this rule to be added, to go live on May 25th, 2021
- eResponse.09-11 requested change for CEMSIS
  - Reports pulled from eResponse.09, eResponse10, eResponse11, shows that we are not in compliance with CEMSIS standards as we are missing the impediments for response scene and transport
  - REMSA suggested to add validation rules to these 3 fields to require providers to answer these
  - The workgroup suggested to default impediments to none, unless there was an excessive scene time, then the provider can go back in and change the impediment
  - Another suggestion was to review the validation rules for excessive time differences, for example: 45-minutes scene time, or 1-hour transport, if any of these conditions exist, then it will be required to fill out the impediment
    - REMSA will follow up to see if the mapping is available for the next update
- eSituation.18 Not Value Change
  - Last Known Well (LKW) time
  - There are currently two not values available (not recorded and not applicable)
  - REMSA proposed for these two values to be changed into one value named: unable to complete
    - Unable to complete will clarify to mean, if the provider was unable to obtain a LKW or if the patient is unconscious etc.
    - The only options would be to either enter a time stamp, or unable to complete
  - The workgroup approves this change, and will go live on May 25th, 2021
- Demonstration and Request of Base Hospital CQI
  - Read access for CQI tools for CQI reviews of high risk/low frequency calls for base hospital review
  - The workgroup decided that this conversation would be better suited for CQI coordinators to discuss first and tabled this topic to another meeting after the CQI reps have met

- Validation rule to increase compliance of Base Hospital Documentation
    - REMSA suggested to add a validation rule to Increase performance of documenting base hospital contact time and receiving hospital contact time
    - BH contact time must be the same as the receiving contact time (if the destination is a BH)
    - The workgroup agreed to this change
- Stroke System Activation Time Stamp Validation Rule
    - Not active yet, will ait to change next month after next meeting so not to change too much at once
    - If mLAPSS is positive, and the patient goes to a stroke center, the stroke activation will also be check off
    - It will red flag the provider to enter a stroke system activation timestamp
    - The state treats them as separate time stamps
    - The workgroup agreed to this change
- Re-arranging the list of 17 hospitals
    - REMSA proposed to rearrange the list of the 17 hospitals so that facilities that are near each other geographically, or have similar names are not next to each other, to avoid providers selecting them by mistake

V. Round Table

- Legacy Data Updates
    - Should be coming through soon, more information will be announced once available
- System Out of County Acknowledgement and Expired Credential Lock
    - Most EMTs get their license through our agency/County, however we do not have operation controls to prevent out of county licensed EMTs from accessing our accounts once they leave
    - This is a systemic issue and to make our system more secure, REMSA will be turning on a function, that is the state license is expired in the system, it will deny them access and will not make their name available on the crew list
    - The system lock will start in July
    - A mass notification will be sent out to all providers to give them an opportunity to login and update the out of county EMT cert in preparation for this
    - This also covers the CCT acknowledgements and well are nurse, etc.

New requested Items

VI. Roundtable

- Lisa Madrid noted that they are reviewing Narcan given by public safety, and reminded providers to document if Narcan was given by a public safety personnel, as they are still part of first responders providing patient care

Next meeting: Thursday June 17th , 2021 via Microsoft TEAMS at 1:00 p.m.