Emergency Management Department

ePCR Workgroup 07/25

July 25, 2021

ATTENDEES

Nick Ritchey - REMSA, Evelyn Pham - REMSA, Leslie Duke - REMSA, Lisa Madrid – REMSA, Sean Hakam – REMSA, Catherine Farrokhi – REMSA, Stephani Harrington – REMSA, Bryan Hanley – REMSA, Christopher Linke - AMR, , Scott Philippbar – Cal Fire, Noelle, , Andrew McGee – Cal Fire, Daniel Martinez – Mission Ambulance, Melissa Schmidt – Hemet Fire, Jennifer Justin Vondriska – Cathedral City Fire, Roger Salmo – Soboba Fire, Joe Contreras – Calvary Ambulance

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

- File/reconcile update
    - Directly communicating with 9 hospitals
    - Paramedic is arriving at the hospital, taking MRN from face sheet, then transcribing that in the ePCR, the ePCR requires it, and it becomes visible if the facility can receive that information, the system will then package it up into a PDF file, then sends it over through the health information exchange (HIE) into the electronic health record of that patient. Vice versa, when the hospital inputs data in, a reconcile message will be sent back to the field and provide outcome data
    - Since Reconcile has been enabled,
        - Outcome data has been coming in 79% of the time
        - Discharge date and time coming in 90% of the time
- QR Code scanning for RUHS/LLUMC-M
    - Full stop on hospital connections since too many misreads have been plummeting the system (too many numbers/digits entered in)
    - A new workflow has been created to mitigate this issue
        - QR code is displayed on the hospital face sheet registration, or on patient wristband
        - Medics can now scan them, instead of manually entering in the numbers
        - Right now, the successful/ acceptance rate of 65% of the time for file for HIE, SAFR file scanning

III. ImageTrend Defect's and Updates

- Zoll incomplete imports (request for more incidents)
    - Missed 2 instances from Cal Fire
    - Couldn't find any root causes of this
    - Please provide incident # in cases like this, so Nick can run an analysis on these
    - Cat City, issues with Zoll attachments not posting from the field

- Follow up with Cathedral City
- Duplication of crew members is still an ongoing issue with Cal Fire

IV. Change Request's

- Justin Vondriska, Cathedral City, request for change in the ePCR to combine BH contact time, and receiving hospital contact time to the same page/panel instead of on different pages for better workflow
    - Create another box for all contact times under Hospital Contact
    - Destination where is says contact time, move to Hospital Contact
    - Both contact times are different fields and are required by the State
    - Motion approved by ePCR group to move the contact times to the same page/panel

New requested Items

VI. Roundtable

- Cal Fire
    - for future agenda item, regarding Nemsis 3.5 possibly new disposition, as far as transferring between agencies, documentation
    - +EMS merging of data, the downloading was overriding any information we have in there before and blanking it back out
- Overdoes data available on SCOPE, SCOPE data is updated at the beginning of every month, for additional questions, please contact Stephani Harrington
- Destination Panel, used to be defaulted to yes, to notify crew of outcome data, but now it is defaulted where the crew can choose, so they don't get overloaded with outcome data
- Import of records
- Schematron for REMSIS
- Updated admin policies
- NEMSIS 3.5 is on the horizon, ImageTrend is ready, but the State is not ready to receive information from NEMSIS 3.5 yet
    - We will have to redesign our ePCR to meet the NEMSIS 3.5 requirements, especially the disposition panel
- Title 22 was changed in February 2020, the health and safety code documentation and completion of:
    - We now have to take steps to follow these nemsis guidelines
    - Required data elements that we need to submit and also require providers to follow and utilize a ePCR format for their data collection standards
    - Policy 7701, new policy 7703 will be introduced in the Fall that will address the new health and safety code more clearly

- Action items from CQILT
    - Traumatic cardiac arrests
        - Lack of injury fields also has been generating blanks/NR, along with medics not completing the injury fields properly
        - Starting tonight at midnight, moving forward, the EMS panels that have traumatic injury, a validation rule will be required to put in information if answered yes

Next meeting: Thursday August 19th, 2021 via Microsoft TEAMS at 1:00 p.m.