S.O.P. #:   600-27

SUBJECT: ELECTRONIC PATIENT CARE REPORTS

DIVISION: EMERGENCY MEDICAL SERVICES

Objective: To provide all Baltimore County Career and Volunteer EMS Providers guidelines for completing an electronic patient care report (ePCR) using Image*Trend* EMS Service Bridge and Field Bridge. This is in addition to any applicable section of COMAR Title 30.

Section 1:   General Guidelines

A.   An ePCR shall be completed by each transport unit for any response generating an incident number. An ePCR shall be completed by any unit (EMS or Suppression) that provides patient care or obtains a patient refusal. This applies to all units that have personnel with a Maryland EMR certification or higher.

B.   All reports MUST be completed and posted prior to leaving the receiving hospital unless otherwise directed by the District Officer or Dispatch. In all other cases (i.e.: patient refusals, fly-outs, and priority fours), the ePCR MUST be completed within twenty-four (24) hours from the time of dispatch.

C.   All ePCR's must be completed to 100 point validation to include all fields designated in the department's eMEDS Documentation Guidelines. It must be noted that a validity score of 100 points may not represent 100% completion of the ePCR.

D.   All EMS Transport Units shall use the Field Bridge as their primary reporting mechanism for eMEDS. This includes obtaining patient refusals.

E.   All non-transport untis shall use the Service Bridge on the station computer as their primary reporting mechanism (i.e., patient assists, refusals, priority fours, etc.). Paper patient refusal forms are reserved for non-transport units.

F.   Medic unit personnel will add the on-duty shift's crew and synchronize the Field Bridge software at the beginning of each shift.

G.   Corrections made to the ePCR must be done within twenty-four (24) hours using the Service Bridge. After twenty-four (24) hours an addendum must be attached to the report.

H.   The EMS provider in charge of the unit shall ensure the accurate and timely completion of the ePCR report.

    1.   Providers that have submitted an ePCR for a given incident will check the eMEDS inbox on a daily basis to comply with QA/QI requirements mandated by State regulations.

Section 2:   Operational Policy

A.   The Image*Trend* Field Bridge ePCR shall be the complete and accurate record for all calls made by the ALS/BLS transport unit.

B.   The ALS/BLS provider in charge of a unit is responsible for ensuring that all incidents handled during their shift which require an ePCR are documented and complete within twenty-four (24) hours.

    1.   Reports posted from the FIELD bridge will be assigned the status of 'Requires Review' automatically by the software upon posting. Any corrections made to a report once posted from Field Bridge will need to be done on the Service Bridge.

2.   Reports posted from the SERVICE bridge will be assigned the status of 'Requires Review' automatically by the software once completed by the EMS provider.

3.   Report access for field providers will be locked after forty-eight (48) hours. After that timeframe, only the EMS Lieutenant responsible for that unit will be able to make changes.

C.   EMS providers named on the ePCR are EQUALLY responsible for reviewing the report on the Service Bridge to ensure that all reports for their shift were posted and match the information entered on the field bridge. In the event a discrepancy is discovered during the 24-hour window, corrections can be made directly in the Service Bridge.

D.   The EMS provider shall complete and provide the MIEMSS approved 'Short Form Patient Information Sheet' to the receiving hospital upon transfer of care. This report must be filled out completely using the fields given. The printed ePCR report may be left in lieu of the MIEMSS approve Short Form.

E.   Paper versions of the ePCR may only be printed for an approved use (i.e., investigations, quality improvement, training, hospital use, etc.) Any documentation containing any patient information must be handled and disposed of in a HIPAA compliant manner.

Section 3:   Care and Use of the Panasonic Toughbook CF-19 (CF-19)

A.   The CF-19 will be kept in the medic unit docking station at all times when not in use.

B.   A daily inspection of the CF-19 will be conducted by the crew assigned to that unit by 0730 and 1730 respectively, or at any change of personnel.

1.   The primary care provider will log into the Image*Trend* EMS Field Bridge system and add the assigned crew members, ensure the proper unit number with shift, and sync the CF19 to the Service Bridge.

2.   Any damage, failure of operation, failure of components (including wireless components, charging capabilities, docking issues, or MiFi hotspot issues) will be reported immediately to the Officer in Charge and the EMS District Officer. Any problems that cannot be resolved by the provider and/or District Officer will need to be addressed by the radio shop.

C.   Both the attendant and the driver of the EMS unit are equally responsible for the maintenance and the security of the CF-19 while they are assigned to the unit.

D.   Personnel are to use the CF-19 for the ePCR and official business only.

E.   The attendant and the driver are EQUALLY responsible for the cleanliness and care of the CF19.

1.   The device shall be kept clean by using only manufacture approved cleaning solutions (i.e., supply-issued disinfecting wipes and alcohol preps).

2.   The approved cleaning solution shall be sprayed onto a cleaning cloth that will then be applied to the tablet. *Under no circumstances will the approved cleaning solution be sprayed directly onto the tablet.*

3.   The tablet may also be cleaned utilizing alcohol preps and/or cotton swabs dipped into alcohol.

4.   These devices will be kept clean of all foreign matter and in proper working order with no defects. The CF-19 is "toughened for field use", but is not indestructible! Crews MUST be cognizant not to place the CF-19 in a situation that will result in unnecessary damage. Examples include but are not limited to: under the head of the stretcher, on the back step of the unit, and in the roadway.

F.   Providers may be held accountable for damage to the CF-19 when it is determined to have been the direct result of neglect, abuse, and/or failure to comply with the SOP's or Rules and Regulations of the Baltimore County Fire Department.

G. The EMS District Officer will issue a loaner unit in the event that a CF-19 is damaged beyond the functioning or in need of repair.

    1. A Form 58 which describes in detail how the unit was damaged, the circumstance of malfunction, the time frame the issue occurred, and/or any steps taken to mitigate the problem shall be included with any unit which must be exchanged out.

Section 4:   Guidelines for Documentation and Tab Completion of the ePCR

NOTE: The ePCR provides a permanent record of a given incident. It is both a medical and legal document and its importance is second only to patient care. It is the intent of this section to make sure the EMS provider has the means to complete an accurate, concise and legible account of events.

A. The provider SHALL use appropriate medical terminology, language, abbreviations and symbols for documentation and completion of the ePCR.

B. Any medical related incident that has the potential to warrant medical treatment at a definitive care facility must include an additional narrative.

    1. The additional narrative, at a minimum, will document the subjective and objective findings of an incident that are not included in the appropriate drop down tabs elsewhere in the ePCR.
    2. Plan or treatment of the patient(s) that cannot be included in a specific drop down tab (e.g., "patient left the hospital prior to admission or being seen") shall also be included in the additional narrative.

C. Any call where patient contact or civilian interaction occurred at the request of someone contacting 911 must include a narrative or description of events. Posting a narrative that contains blanks, errors, or is otherwise incomplete shall be considered a violation of this SOP.

D. All applicable drop down boxes will be utilized when completing an ePCR.

E. Any RED tab must include the information necessary to fulfill the requirements of that field.

F. Information provided by CAD will be entered after the incident has been downloaded into the CF-19.

Section 5:   Guidelines for Importing Data into the ePCR

A. Anytime the Physio-Control Lifepak 15 (monitor) is used on a patient, the data should be imported into the ePCR. This will include vital signs, the ECG, and events entered into the monitor.

B. All data imported into the ePCR is to be verified or edited to assure completeness and accuracy.

C. The procedure for importing data can be found in Appendix A.

Section 6:   District Officer Duties and Responsibilities

A. The EMS District Officer will have the ability to conduct the following functions within eMEDS:

    1. Re-set user passwords
    2. Send and receive QA/QI notes
    3. Post reports
    4. Delete reports
        a. Providers will email or notify the DO of reports that are duplicates requiring deletion.
        b. These reports are to be marked "Marked for Deletion" in the Service Bridge by the EMS DO.
        c. All reports that are "Marked for Deletion" will be deleted on a monthly basis.

5.   View user accounts and information.

B.   EMS District Officers are responsible for reviewing all ePCRs associated with incidents for completeness and protocol compliance. The EMS Do's will review reports originating their first and second day work from 0001 – 2400 hours. The EMS DO will be required to review, at a minimum, all reports generated for priority 1 and 2 patients, all patient refusals, and all incidents where medications were administered.

1.   The goal of reviewing reports is to ensure that an ePCR accompanies each incident, to ensure all of the data collected is complete and accurate, and to provide feedback to the provider regarding their report.
2.   In order to view data that has been imported from the LP 15, the EMS DO must open the PDF report, then select "Prehospital Care Report with Wavestrips" to see the report with the EKG's attached.
3.   The full refusal form, including the answers to the questions on the form, is available by opening the PDF report then selecting the "Maryland AMA Sheet" report.
4.   The report will be changed to "Reviewed" upon review of the EMS DO.
5.   A QA/QI note will be generated if necessary to address any concerns or incompleteness. If the DO receives a report that does not belong to their unit, the report should be reviewed and a reminder sent to the crew of the correct procedure.
6.   The review will include, at a minimum, evaluation of:
   a.   Correct times for vitals, treatments and procedures.
   b.   Form completeness/all appropriate data fields filled in.
   c.   Use of proper terminology, absent of inappropriate abbreviations.
   d.   Interpretive findings (diagnostic skills).
   e.   Adherence to operational procedures and policies.
   f.   Valid, complete narratives and medical assessments.
   g.   Proper signatures with names typed in.
   h.   Adherence to treatment protocols.

C.   CAD Reconciliation

1.   The EMS DO's are responsible for verifying the completion of ePCRs by producing a CAD reconciliation report by 0900 hours every Tuesday. The CAD reconciliation report will be emailed to the station account or volunteer representative and liaison. It will be the station officer's responsibility to ensure that crews complete and post any incomplete reports on the CAD reconciliation report.
   a.   The CAD reconciliation report can be accessed under "Report Writer 2.0" in eMEDS.
   b.   Select "Baltimore County Fire Department" in the service area.
   c.   Select the specific unit(s).
   d.   Next to the Missing CAD/EMS/Both selection, click the bubble next to "Missing CAD".
   e.   Click SEARCH. This will generate a report showing calls that have not been completed. Click "Print Report".
   f.   All CAD reconciliation reports will be saved to a PDF file and emailed to the station account or volunteer representative and liaison.
2.   The volunteer liaison will be sent a copy of the CAD reconciliation report when emailing it to the volunteer station. Each volunteer station EMS Officer is responsible to make sure that their respective EMS District Officer is aware of this information.

D.   Quality improvement and field EMS Officers will be responsible for identifying problems. It is the responsibility of the field EMS Officers to identify issues and provide remediation to individual field providers who demonstrate room for improvement.

E. The EMS District Officer is responsible for ensuring completion and the review of reports under their command. The ePCR incident number is the number that will be generated from the CAD.

1. Any problems, concerns, or comments regarding a report will be addressed and sent as a QA/QI note to the appropriate provider(s). Significant or continual issues with documentation and/or care will be forwarded to the provider's District Officer, Shift Commander, and the EMS Office.
2. Any discrepancy documented on an ePCR inconsistent with the Maryland Medical Protocols, departmental policies, or SOP's will be addressed accordingly by the EMS District Officer responsible for that unit.
3. Once a report has been reviewed by the respective EMS District Officer, the status will be changed to 'Reviewed'.

APPENDIX A

Sending Bluetooth information from the monitor to eMEDS

On the Laptop:
Start a new eMEDS report and SAVE the report

Click on the "EKG Import" power tool in the upper left hand corner of the report.
A window will open, Click on "Load from Device".

You will now see a window with a box that says, "Previous". (Should you get a screen asking you to select your device, click on "LIfepak12/15" and then click "Next").

Push the options button.

Turn the speed dial to "Archives", Push the dial in to (Select).
Scroll to yes (Select) and enter "Pt. Archives".

Highlight "Send Data" (Select).

Scroll to "Patient" (Select), Scroll to the specific case you wish to import (Select).

Look at the "Connection" box, if it says, "Not Connected" you will need to follow steps 11-15 below. If you see your laptop listed in the connection box, skip to step #16.

Scroll to connection, (Select).

Click on "Connect", scroll to "Find Devices" (Select). The LP15 will search for Bluetooth devices, when your computer appears, click the dial twice.

The connect screen will reappear, scroll to your computer, i.e.: FDM### and click on it. Should the laptop ask for a Passcode, please enter "0000".

The LP 15 should say "Connected to FDM###", Click on "Previous Page".

Click on "Send". The monitor will print a "Transmit Complete" strip when done.

On the laptop:
You will see a green bar show up on the laptop screen and "0/0 transmitted" will appear on the monitor.

Once complete, the laptop message will return to a screen with a listing of cases that have been downloaded.

Click on the timestamp that matches your patient.

Click "Import" and it will load into the report.

Check and edit data, as needed.

Helpful Hints:

Follow the above directions in order.

You MUST save the report before using the EKG Import function

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You MUST be on the EKG Import screen that has the "Previous" box on it before connecting to the LP15.

If you are having trouble connecting, try moving to a different area, i.e.: walk out of the hospital into your medic unit.

Assure the site on the LP15 is set to "CODESTAT".

If the LP15 does not find your laptop, assure discovery is turned "on", on the laptop.

Contact your District EMS Lieutenant for assistance.