Emergency Management Department

ePCR Workgroup 03/18

March 18, 2021

ATTENDEES

Nick Ritchey - REMSA, Evelyn Pham - REMSA, Patrice Shepherd - REMSA, Leslie Duke - REMSA, Lisa Madrid – REMSA, Sean Hakam – REMSA, Catherine Farrokhi – REMSA, Stephanie Harrington – REMSA, Christopher Linke - AMR, Holly Anderson – Cal Fire, Daniel Martinez – Mission Ambulance, Richard Blumel – AMR, Ricky Harvey – Cal Fire, Scott Philippbar – Cal Fire, Jennifer Antonucci – Murrieta Fire, Noelle Toering – Riverside City Fire, Melissa Schmidt – Hemet 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. Data Surveillance Methods and Reports

- Review of methods and tools
    - ImageTrend gives us the ability to export data for state submissions and compliance, in addition we can also export data from FIrstWatch, in which we use for data analysis etc.
    - FirstWatch data is exported automatically every 7-11 minutes, and we create triggers for surveillance through key word searches
    - One of our triggers for surveillance is for opioid overdoses
- RODA (Riverside Overdose Data Action) Opiate Overdoes report discussion
    - The RODA project is spear headed by the County of Riverside Public Health and REMSA staff
    - The grant emerged pre-pandemic to target an initiative for counties that are highly impacted by opioid overdoses and to work on a plan for prevention methods
    - The annual RODA report was reviewed
        - The RODA report was created to understand the impacts of suspected overdoses and to describe the level/severity of those cases
        - Criteria used is data taken from FirstWatch with overdose trigger, and generated about 3,454 unique ePCRs in 2020
        - The report included breakdowns of age, gender, demographic, dispositions, where the overdose happened, and which type of drug used. Most overdoses fell between the ages of 25-44 years old
            - Naloxone effectiveness was reviewed more in depth to gage if the patient improved after given naloxone or no change
        - Standard deviation lines were discussed to gage where we are at in the surveillance records, there was a small spike in the summer of 2020, but none of them went over the three standard deviation thresholds
    - Preliminary conclusion and next steps

        - Overall drop in patient records and responses that happened across the board in EMS due to the pandemic
        - Impact of psychosocial factors that are also a result of the pandemic, what we can see is:
            - It is verifying, detecting increase in the number of deaths and overdoses
            - You have less patients, but the type of patients and type of impact, we are seeing are unusual
            - Verifying the fact that the county has a substantial issue with opioid overdoses
            - Are there resources that we could provide to help manage these types of patients
                - From a community side that is impactful enough
                - On the EMS side, are we documenting this as accurately as possible, to get the correct data, is there anymore that needs to be done? Or just move on to the community side, of sending out resources
            - What is apparent with this data, is the patient interface with the 9-1-1 system prior to expiring
                - The death review team that is part of this grant, reviews those cases
                - Opportunities for us to create interventional marks that will reach out to the public
                - For now, there is no workflow changes to the EMS side
    - The RODA report will go out as an annual report

III. +EMS Project

- Updates on metrics for SAFR
    - Search and alert up and running, alert is not working
        - Search, 70-80% has been using it, and is working great so far
    - Training/education will be provided for filling out the incident panel before validation rules are turned on
- Demonstrate File/Reconciliation as well as reference document
    - Nick demonstrated documenting information into the facesheet, adding hospital medical record and account number, will help automatically send the whole package for the facility
    - Helper text added to the facesheet guide
    - Facesheets are for billing purposes, benefits to integrate our system together with hospital and EMS, patient outcome will also be sent out
    - Education module will be sent out when ready

IV. ImageTrend's Defects and Updates

- Defect with itExam.098 External Bleeding. (Only one instance found, will resolve with 21.03.1)
    - Documentation error in the field side, and has mostly been entered into the narrative
    - Added a field to capture this element in the injury panel
    - Resolved
- Report Writer Defects
    - itDisposition017 transfer rig number
        - Being worked on, and will report back when done
- CQI Reviewer Column defect
    - Related to AMR ticket, doesn't correctly report the correct # of people reviewing cases
    - Being worked and will report back when done

V. Change Requests

- Continue to support Fire Departments transitioning NFIRS and other functions into Elite
    - REMSA supports this as long as it does not mess with the epcr
- CAD changes for 3 providers
    - Cathedral City, Palm Springs and Hemet Fire
    - No impact on the system
- eDispatch.01 Complaint reported crosswalk
    - Pending request
    - Work order for ImageTrend is to create a crosswalk between the two, a comprehensive crosswalk
    - Will provide update when completed
- Element discussion for method of vocal cord visualization (Add a check box? Option?)
    - In regard to video laryngoscope, and referencing the discussion at PMAC
    - A lot more providers are starting to carry video laryngoscope, (which is allowed) but they are now wondering, do we need to carry both?
    - Tackling the documentation side, on the method of what we use to visualize the vocal cord
    - Discussion, if we allow carriers in the future for providers to choose
        - What was the actual method used to visualize the vocal cord
        - Should we add a custom element to properly capture and document the visualization type to avoid gap in documentation
        - Cal Fire supports adding in additional documentation elements if this would allow providers to have a choice in which they carry in the future
        - Adding the element will give us data to provide evidence support in the future
        - Suggestion to add dual step verification (method of visualization)
        - Plan is to add the elements to collect for a few months of data
        - Nick will work on looking into adding this element to close the gap in documentation

New requested Items

VI. Roundtable

- Legacy Data Updates
    - Still waiting on Stryker to repair the data bridge
- CCT tools available for agencies to use
    - Available to any provider who wants to participate
- LMS Recertification notices will increase to be consistent with surrounding counties
    - FYI, REMSA is increasing our LMS recertification notices to now notice the provider, 6 months, 3 months, 30 days, 15 days, and 24 hours before your EMT renewal accreditation expires
- Scott asked if the COVID travel screening could be removed?
    - CA as a State has not removed it as a required element for CEMSIS
    - REMSA has removed the validation rules for requirement to fill it out, but the questionnaire has to remain on our platform
    - Scott has seen a few incidents that still requires him to fill it out, and will email Nick the incident # to take a look into those cases
- Lisa reminded the group to fill out the video laryngoscope survey that was sent out last week

Next meeting: Thursday, April 15th , 2021 via Microsoft TEAMS at 1:00 p.m.