

ePCR Workgroup 08/19

August 19, 2021

ATTENDEES

Nick Ritchey - REMSA, Evelyn Pham - REMSA, Leslie Duke - REMSA, Lisa Madrid – REMSA, Sean Hakam – REMSA, Stephani Harrington – REMSA, Bryan Hanley – REMSA, Scott Philippbar – Cal Fire, Noelle Toering – Riverside City Fire, Andrew McGee – Cal Fire, Daniel Martinez – Mission Ambulance, Melissa Schmidt – Hemet Fire, Jennifer Justin Vondriska – Cathedral City Fire, Richard Blumel – AMR, Donald Beresford – Soboba Fire, Holly Anderson – Cal Fire, Mike Chidester – Soboba Fire, Jennifer Antonucci – Murrieta 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 foreseeable future. All meetings will also be recorded.

II. +EMS Project

- +EMS project has been running through its grant period for the past 14 months
- We've met all of our metrics, except for alert, which involves changing the way we contact our hospitals, which we are not looking to change at the moment
- Outcome data has been received, however not at the same level of detail as the patient registry
- Funding sources
 - The State has not confirmed they will continue to fund the project, therefore there is not an identified funding structure now
 - As much as REMSA would like to continue with the project, at the lemsa level, we do not have the budget for this, a new funding source is needed
- Fall Updates PUC
 - A training video on the explanation of the +EMS project and the SAFR model will be included in Fall PUC

III. NEMSIS 3.5 Updates

- Dataset Upgrades
 - Data set has to change in order to be compliant with NEMSIS 3.5
 - List of values will change
 - In the next 2 weeks, they will test this update before the approval to migrate over to 3.5
 - It will be a 1.5 – 2 year transition
 - Will apply to the new ePCR forms to this transition
- NEMSIS Data Standard Updates
 - ¾ done with NEMSIS 3.4, but will take the extra step with NEMSIS 3.5 so it is a clean slate going forward
- New ePCR Discussion
 - With all this change, we will have to change our ePCR

- Since we originally hinged all of our pathways off the field edisposition, NEMSIS 3.5 breaks this field from 1 into 4-5 fields.
- REMSA's plan is to create a skeleton framework for the ePCR, and retire a lot of the fields that we do not use
- Schematron for REMSIS
 - To collate data from different systems (3rd party systems) as clean as possible, the schematron will aide in correcting these errors
 - The schematrons puts in place will stop CEMSIS from fails in sending data over

IV. Identified Issues and System Updates

- Zoll Import defects
 - AMR 2 opened tickets while transitioning to Zoll
 - More of a gap in the coding when importing Zoll Files
 - Sync cardioversion if seen on a patient, on Zoll will probably come out as defibrillation
 - Nick will send a notice once this is resolved
 - Once in a while, errors appear where vital signs are not completely imported into the system, this issue will be addressed by ImageTrend
- Waveform Capnography as itVitals
 - Developed a procedure that has the description of the waveform types
 - Those fields are not a procedure, it should be a vital sign, and be part of the vital sign snapshot
 - A request has been made with ImageTrend to change this
- SIRF Panel being custom developed into dataset itFields
 - In preparation with NEMSIS 3.5, when the new ePCR is developed, we will push forward the supplemental questions into the library, so 3rd party users can access it
 - The form will be able to be transferred via the library
- 21.08.1 Version Updates
 - New datasets
- CQI Review Bucket Update
 - We will have this fixed, where multiple agencies will not show up as duplicates
 - Will be resolved with the new update in 21.08.1
 - When clicking on print, the ePCR will not show the CQI portion
 - Incident status and reviewer status will see – needs crew attention for CQI, and a notice will be sent out
 - REMSA asked the ePCR workgroup if it will be OK to turn this notification on as a default for all providers. Provider administrators can choose to go in to turn it off, but for now, it will be defaulted
 - The ePCR workgroup agreed to turn on this default requirement
- Checklists functionality updates
 - Under the checklist manager, there is a functionality coded upgrade that will allow users to select/set to answer all yes/no or zeros etc. to auto populate (for example while using equipment checks out of the day)
 - Only available in Elite web for now, not on Elite field

New requested Items

V. Change Requests

- Receiving Center Contact Time moved to different panel (Complete)
- RODA and Opiate Focused Questions

- Intervention piece, leave behind naloxone
 - Free naloxone to providers and facilities who sign up to distribute naloxone
 - A training video will also be included in Fall PUC regarding leave behind naloxone
 - A documentation piece will be added to the ePCR panel under opiates once this is implemented in the coming weeks

VI. Round Table

- Leslie Duke noted the changes in documenting aspirin administration made back in May and also discussed in Spring PUC has shown and improvement in the percentages of documentation
 - Another measure she would like to see the system improve on is documentation of glucose, we know the providers are checking for glucose, but the documentation may not always be placed in the appropriate section
- Lisa Madrid noted that in the October CQILT meeting, REMSA will go over data from 2020
 - CORE Measures also looks at the importance of documentation in the proper place
- Cal Fire followed up on their request for defects they see in the duplication of crew members
 - This defect is scheduled to be fixed at the 21.01 update, if any changes to this, Nick will contact Cal Fire directly
- Cal Fire noted they are almost done with enabling the tablet cameras and expect it to be complete by the end of this month
- Cathedral City asked for permission to change organizational control permissions within users of their own agency, Nick responded yes, user Admins have the rights to control other users in peer review

Next meeting: Thursday September 16th, 2021 via Microsoft TEAMS at 1:00 p.m.