



EMS Bulletin

May 2018

All About eMEDS

To start off, the current eMEDs Image Trend Software we currently use to complete our reports will soon be no more. Everyone has a mandatory Target Solutions Training for the new program called Elite. If you want to become even more familiar with it beyond the training on TS, you can login to Field Bridge and will see the link and login information for the Elite demo account on the right side. This will allow you to create fake reports and figure out how the new system works. Finally, soon after this new program rolls out, we will have Lt. Archer, the eMEDs compliance officer for PGFD, come out and do a documentation presentation. This will again layout expectations and point out little nuances we have to pay attention to.

The good news is this new program should be a lot easier to use than the current one!

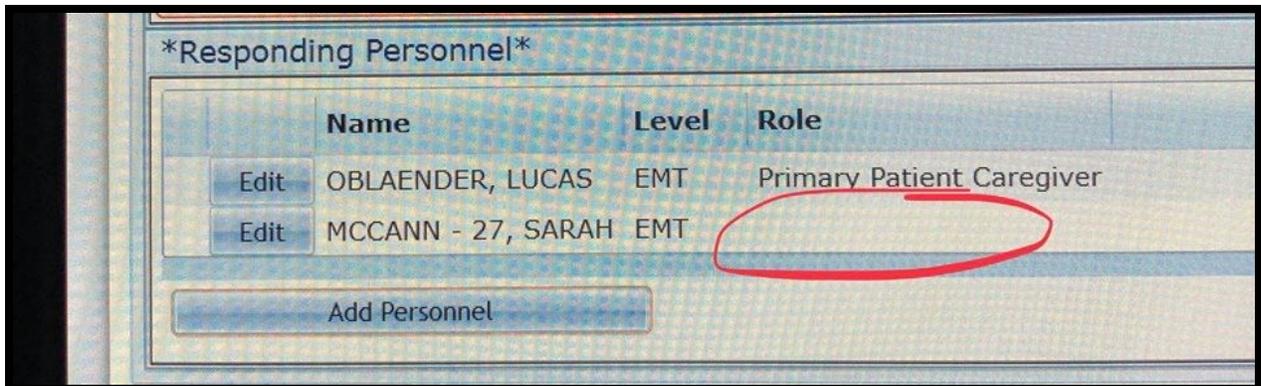
eMEDs Tips, Tricks, and Guidelines

-Make sure you do not accidentally click on the wrong incident when opening an eMED. If you do and fill out all of the tabs with information from a different call you will end up with two missing eMEDs as the one you opened will not have the right info and the one who's information you put in will still be entirely incomplete. If this happens to you a quick fix is going to the Incident Info tab and changing the Incident numbers to correspond to the correct information.

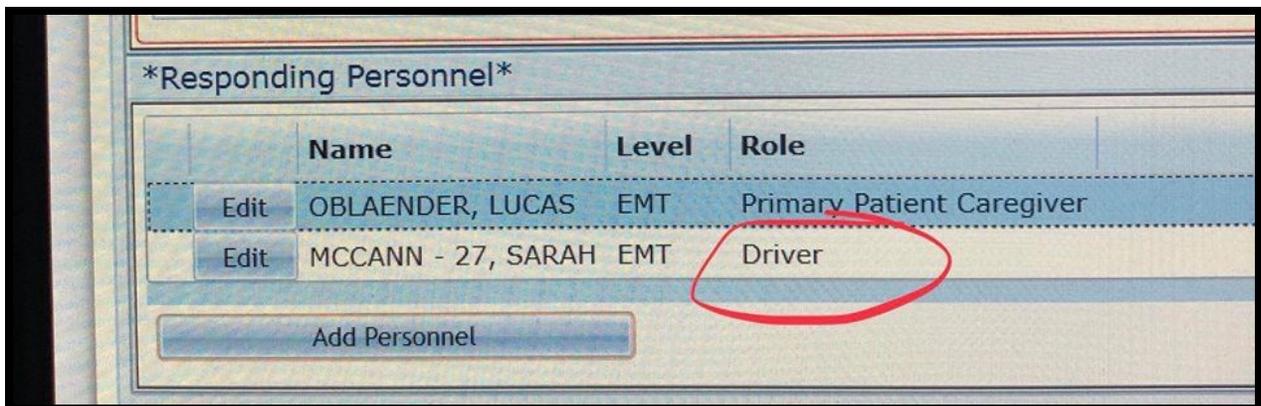
Ex: I need to do eMED 18010100000001 and 18010100000002. I accidentally open 18010100000002 and put all of the information for 01 in there. The 01 eMED will still show up as missing and 02 will be inaccurate. If I go in and click the Incident Info tab, I can change the Incident numbers to reflect which incident they are describing.

If you input the wrong info into a call that you were never on, you have to go back in to the wrong call, delete everything, and reopen the correct one.

-Responding Personnel. When entering the crew for an eMED, there **MUST** be both an assigned Driver and Primary Patient Caregiver. If you don't do this the eMED will not be in compliance.

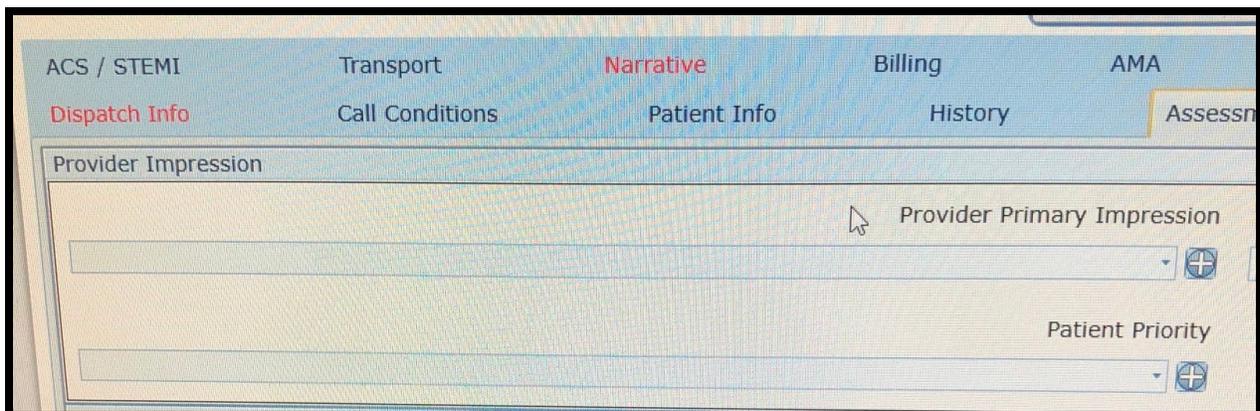
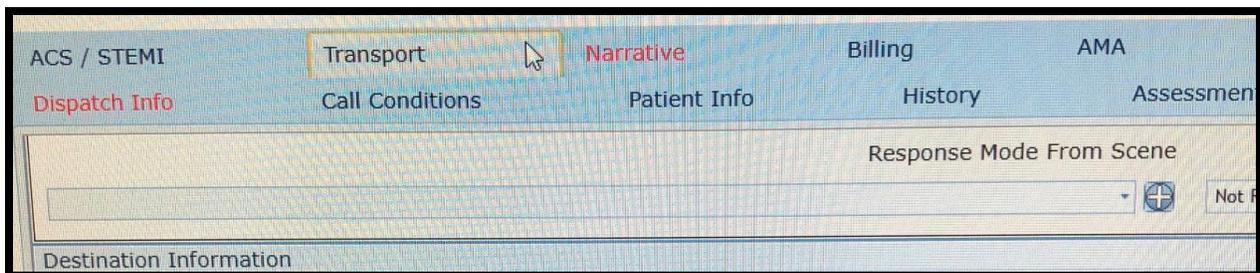


VS.



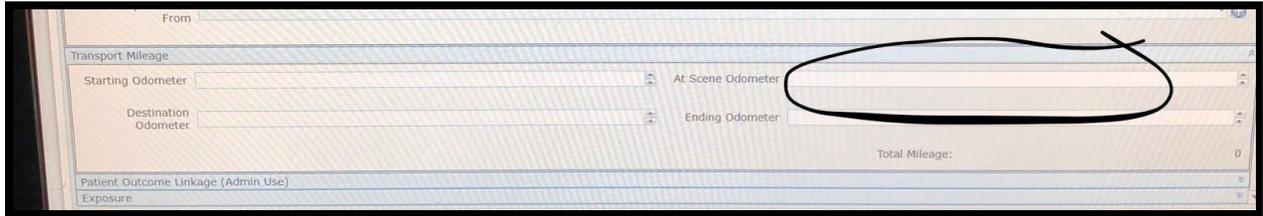
-**SSN.** Leave it blank if you don't know it. Don't put zeroes, don't put 9's. Leave it blank. It's not vital information so it won't be incomplete if the person can't give you their SSN. That being said like all other non-vital info, still do your best to get it.

-**Patient Priority and Response Mode From Scene.** Please make sure these all match up with what Communications is told about the transport. If you go Priority 2 and it is in the notes for the call, the eMED should reflect that. So if your patient isn't really a Priority 2 patient then bite the bullet and go Priority 3 instead.



-**Vitals.** 2 sets on every transport.

-**Transport Mileage.** Put a 0 into At Scene Odometer and it will autofill the rest.



The image shows a screenshot of a software interface for recording transport mileage. The interface includes several input fields: 'Starting Odometer', 'Destination Odometer', 'At Scene Odometer', and 'Ending Odometer'. A black circle is drawn around the 'At Scene Odometer' field, with an arrow pointing to it from the right. Below these fields, there is a 'Total Mileage:' field which currently displays '0'. The interface also has a 'From' field at the top and a 'Patient Outcome Linkage (Admin Use)' section at the bottom.

- **Narrative.** There is no need to attempt to use complicated medical terminology in your narrative. As long as your information is conveyed clearly and nothing important is left out you don't have to worry about what verbage you use. Additionally, our ambulance M Number is 31727. Please make sure that is what you put and not something else.

-**Medic Upgrades.** If a patient is transported in our unit with a Medic crew on board do as complete of an eMED as possible. The Medic crews will tell you that you only have to do an Operational Support eMED and while this is technically true, if you do a complete eMED (2 sets of vitals included) it will allow us to collect billing money from the call.

-**eMED completion.** Per General Order 05-01, eMEDs should be completed **PRIOR** to leaving the hospital and going back in service. Our ambulance tends to run a lot of calls and get picked up for calls very soon after leaving the hospital. If your eMED is still at 70% completion and you pick up another call, they can easily compound and you will have a backlog of unfinished reports. If the county is on the Limited EMS Resources Plan: Level II, you are to leave the hospital as soon as you transfer patient care and complete your eMED en route to the station or at the station. While we are on LERP2 a lot, if you have the chance to complete your eMED before leaving the hospital please do so, it will make it easier on you and ensure that your report has the most accurate information possible.