

Digitizing EMS Documentation

Goal: To create a better solution that will *work smarter* within the current EMS system to replace the traditional Patient Care Report (PCR)



The Good Ol' NY PCR

- Current version of NY State PCR
- Keeps a record of patient care that goes into patients file
- Is laid out in a way that facilitates the input of information in an ideal situation
- Creates 3 carbon copies (Agency, Research, Hospital)
- It has its limitations

Press Down Firmly. You're Making 3 Copies. USE BALL POINT PEN ONLY.

AGENCY NAME: X-XXXXXXX MILEAGE: CALL REC'D: []

LOCATION CODE: [] ENROUTE: []

AT SCENE: []

FROM SCENE: []

AT DESTINATION: []

IN SERVICE: []

IN QUARTERS: []

Call Received as:
 EMERGENCY
 NON EMERGENCY
 STANDBY

CHIEF COMPLAINT: [] SUBJECTIVE ASSESSMENT: []

PRESENTING PROBLEM

Allergic Reaction Incontinence/Inseps Shock Major Trauma DISEASE

Syncope Seizure Head Injury Trauma-Blunt Burns

Stroke/CVA Behavioral Disorder Spinal Injury Trauma-Penetrating Environmental

Artery Obstruction General Illness/Malaise Substance Abuse (Potential) Fracture/Dislocation Soft Tissue Injury Heat

Respiratory Arrest Respiratory Distress Poisoning (Accidental) Amputation Hemorrhage/Spontaneous Cold

Cardiac Arrest (Potential) Diabetic Issues (Potential) Other Obvious Death

PAST MEDICAL HISTORY

V	T	A	L	S	I	G	N	S
None	Stroke	Diabetes	Cardiac	Asthma	Other (List)	None	None	None

OBJECTIVE PHYSICAL ASSESSMENT

TIME	RESP	PULSE	B.P.	GLUCOSE	GCS	R	L	SKIN	STATUS
	Rate: []	Rate: []	[]/[]	[]	[]	[]	[]	[]	[]

COMMENTS

TREATMENT GIVEN (FILL IN CIRCLE)

Moved to ambulance on stretcher/backboard IV Established Fluid [] Cth. Gauge []

Moved to ambulance Mask Inhaled @ Time []

Airways Cleared Spinal Immobilization Neck and Back

Oral / Nasal Airway Limb Immobilized by [] Fixation [] Traction

Esophageal Disruptor Airway/Esophageal Gastric Tube Airway (EGA/EGTA) Head or (Cold) Applied

Endotracheal Tube (ETT) [] L.P.M. Method [] Vomiting Induced @ Time [] Method []

Suction Used Restraints Applied, Type []

Artificial Ventilation Method C.P.R. in progress on arrival by: Citizen PO/FO/Other First Responder Other Baby Delivered @ Time [] In County []

C.P.R. Started @ Time [] Time from Arrest [] Minutes Alive Stillborn Male Female

EKG Monitored (Attach Tracing) (Rhythmic) [] Transported in Trendelenburg position

Defibrillation/Cardioversion No. Times [] Manual Semi-automatic Other Transported with head elevated

DISPOSITION (See tag) **DISP. CODE** [] **CONTINUATION FORM USED** []

BY CHARGE	DRIVERS NAME	NAME	NAME
<input type="checkbox"/> EMT <input type="checkbox"/> S.A.M.T. # []	<input type="checkbox"/> EMT <input type="checkbox"/> S.A.M.T. # []	<input type="checkbox"/> EMT <input type="checkbox"/> S.A.M.T. # []	<input type="checkbox"/> EMT <input type="checkbox"/> S.A.M.T. # []

AGENCY COPY RESEARCH COPY HOSPITAL PATIENT RECORD COPY

Where Paper Fails

- ◆ It isn't smart
 - ◆ Information has to be gathered manually and entered into the form or attached
 - ◆ Has no error checking
- ◆ Limited by the user
 - ◆ User has to write legibly and correctly
 - ◆ User can forget items
 - ◆ Pieces can get lost or damaged

The Push for ePCRs

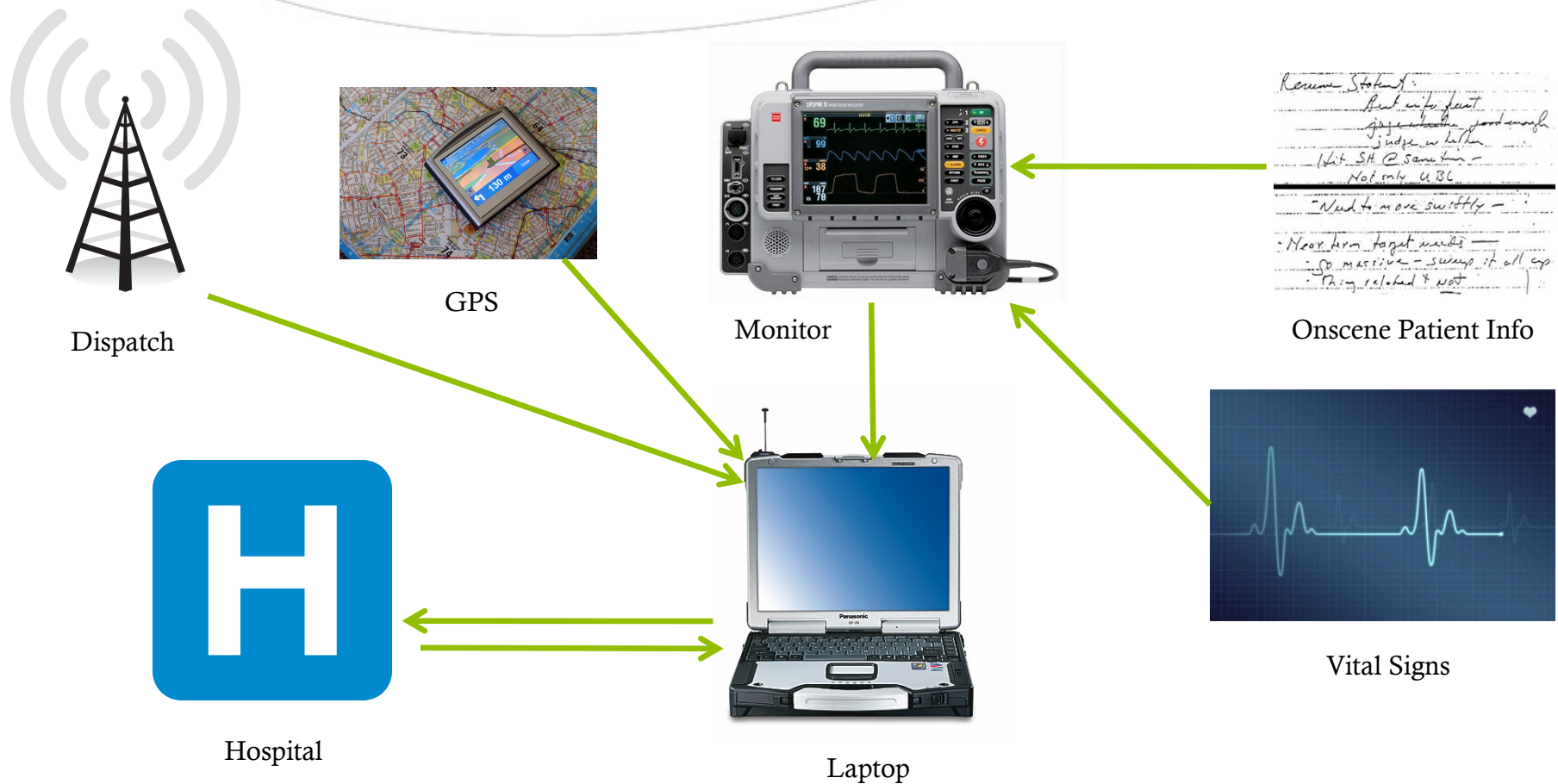
- ◆ NY State wants to digitize PCRs
LESS PAPERWORK
- ◆ Many companies scrambled to replace paper
- ◆ Result = Cumbersome,
Frustrating to use computer
programs that don't integrate
with current system
- ◆ Lots of paperwork still required
NOT WHAT NY WANTS



Improve the flow of Data

- ◆ Reduce repetition, by having elements pass on data automatically to next step
- ◆ Gather data smartly
 - ◆ Much of this data already exists in a digital form
 - ◆ Transmission of information is already available yet under utilized
 - ◆ New eLicenses could have patient medical records incorporated
- ◆ Utilize existing equipment when convenient
 - ◆ Monitor Vs. Laptop while treating a patient
 - ◆ Monitor already has data implementation integrated, user interface is lacking (typing a term paper using an xbox 360 controller)

Integrate!!!



Back In Service

- ◆ Gather data in field using monitor
 - ◆ Get data during call
 - ◆ Transmit data to hospital
 - ◆ Transmit data to laptop
- ◆ Input narrative at hospital with laptop
 - ◆ X-Check data with hospital records from previous visits
 - ◆ Automatically obtain insurance information from hospital
- ◆ Crew will be able to return to service much faster
 - ◆ Makes crews happier!



Time is Money... or Lives

- ◆ Improving data flow will reduce load on EMS crews
 - ◆ Better Pt care
 - ◆ Crew will be able to turn over accurate information immediately on arrival at hospital
 - ◆ Reduce reliance on memory or guesswork
- ◆ A Dr. at your side
 - ◆ Potential to teleconference with an MD
 - ◆ MD could have real time information and make more informed decisions affecting patient care



Information Saves Lives

Better situational awareness is key to saving lives, by improving the flow of information we can ensure that the EMS crews and ultimately the hospital are receiving the most up to date and accurate information possible, so lives can be saved effectively.