



DEPARTMENT OF FIRE AND RESCUE SERVICES

	<h1>GENERAL ORDER</h1> 140.01	
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Originating From	Issue Date	Revision Date	Attachments
Emergency Services Bureau	03/01/1996	05/10/2013	N/A

Subject: Electronic Medical Incident Reporting

Applicability: All Personnel

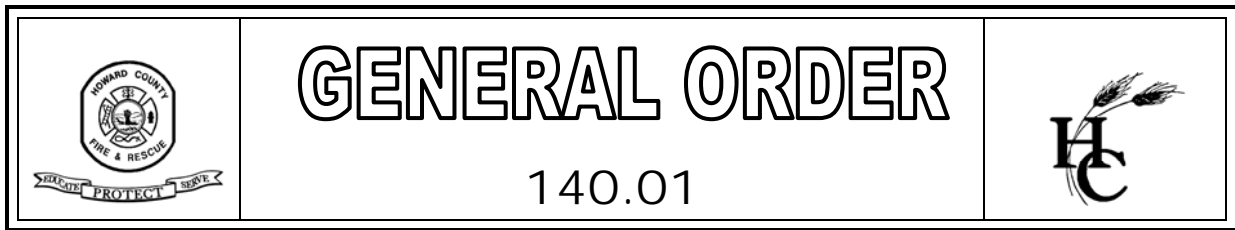
Policy:

The Howard County Department of Fire and Rescue (DFRS) in conjunction with the Maryland Institute for Emergency Medical Services System (MIEMSS) shall maintain an Electronic Medical Incident Report to collect information on assessment of patients and their treatment. Aggregate Data will be used to evaluate the pre-hospital EMS system, be linked with hospital data to assess patient outcome, used to evaluate injury epidemiology, and help in the development of prevention programs. The ePCR shall become part of the patient's hospital medical records.

1. Definitions

- 1.1 eMEDS Electronic Maryland EMS Data System.
- 1.2 ePCR Electronic Patient Care Report.
- 1.3 Service Bridge Desk top version of eMeds.
- 1.4 Field Bridge Portable computer based version of eMeds.
- 1.5 RMS Records Management System.
- 1.6 Patient Individual who presents with an actual or potential injury/medical problem who makes a request for medical assistance.
- 1.7 Patient Refusal Individual who meets requirements to be considered a patient but then refuses any or all Emergency Medical Services.
- 1.8 Citizen Assist Individual who does not present with an actual or potential injury / medical problem, has made no request for medical aid, but requires assistance of a non medical nature.
- 1.9 Assigned Provider A person assigned by the station OIC for each unit, that is responsible for completing all reports for that unit.

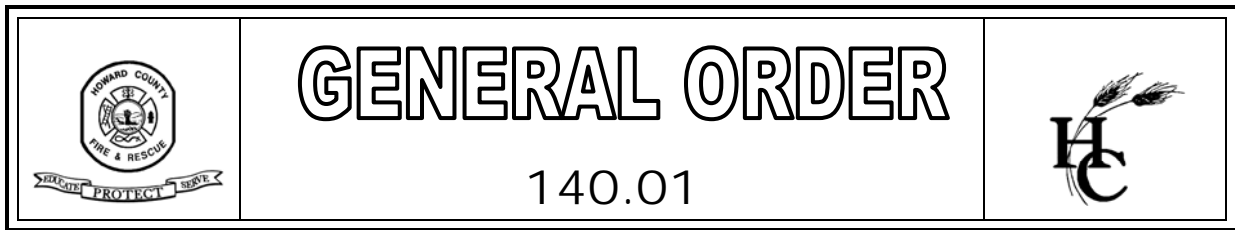
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2. General

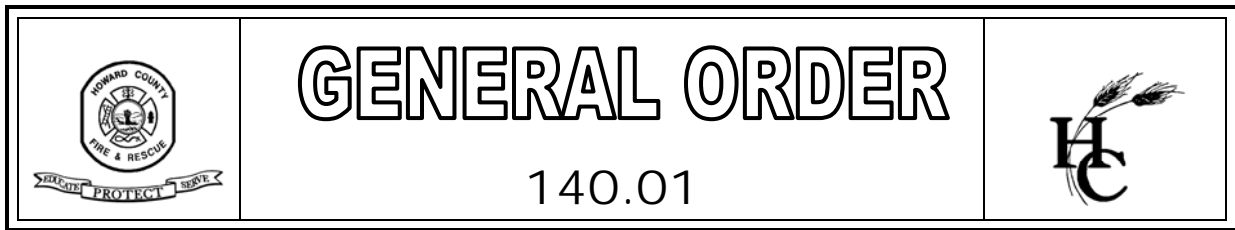
- 2.1 The Emergency Services Bureau EMS Executive Officer, in collaboration with the Medical Director, shall supervise the overall administration of eMEDS.
- 2.1.1 Personnel from Bureau of Logistics Communications, Information, and Technology (CIT) shall assist the EMS Executive Officer and shall be responsible for the software, hardware, and system upgrades as needed.
- 2.1.2 Personnel from CIT will assist the Medical Director and the EMS Executive Officer with retrieval of information needed from eMEDS program.
- 2.2 Data from eMEDS will be used to evaluate system and employee performance, assist in the planning of continuing education programs, and assist in the development of future programs within Howard County.
- 2.3 Only one ePCR shall be completed per patient. The provider on the transport unit who was primarily responsible for patient care will complete the ePCR.
- 2.3.1 Non-EMS responses (box alarms, alarm bells, etc...) will not require an ePCR to be completed unless there's a patient at the scene.
- 2.3.2 An ePCR shall be completed via eMEDS for:
- 2.3.2.1 Each patient examined, treated, transported, or refused services.
 - 2.3.2.2 Each "citizen assist" (request for non medical assistance).
 - 2.3.2.3 Each patient transported from mass gathering area.
 - 2.3.2.4 Each malicious false call (cancelled enroute) for EMS.
 - 2.3.2.5 Each incident when rehab is provided for any uniformed DFRS personnel.
 - 2.3.2.6 For any patient where a DFRS unit is on location within Howard County and the patient is then transported by an out of county unit.
- 2.3.3 All units will continue to complete all required RMS reports.

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- 2.4 If no transport occurs, the first suppression unit is responsible for completing the ePCR.
- 2.5 eMEDS reports are legal and confidential medical documents. DFRS personnel are obligated to fill out the ePCR completely and accurately as possible. The provider signing the report shall be held accountable for the proper and accurate completion of the ePCR.
- 2.5.1 The provider accountable for patient care shall be responsible for signing the report.
- 2.6 Transfer of medical documents:
- 2.6.1 All priority 1 patients will have an ePCR completed prior to leaving the receiving facility.
- 2.6.2 Priority 2 and 3 patients a short form (DFRS STAT Pad) can be signed and left if you are needed for an additional call.
- 2.6.3 Hospitals that participate in eMEDS:
- 2.6.3.1 The MIEMSS “Short Form” (DFRS STAT Pad) may be completed, signed, and left at the hospital as part of the patient transfer records if the ePCR can’t be completed and left at the hospital.
- 2.6.3.2 For calls in which a “Short Form” (DFRS STAT Pad) are left, at the first opportunity, an ePCR shall be completed and posted. As required by Maryland Law the ePCR must be received by the receiving facility within 24 hours. The hospital can then view and print the ePCR from the eMEDS dashboard.
- 2.6.3.3 All calls will then be posted to the receiving hospital dashboard.
- 2.6.4 Hospitals not participating with eMEDS.
- 2.6.4.1 A MIEMSS “Short Form” (DFRS STAT Pad) will be completed, signed, and left at the hospital as part of the patient transfer record.

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2.6.4.2 For calls in which a “Short Form” (DFRS STAT Pad) are left, at first opportunity, an ePCR shall be completed and, faxed or dropped off, to the receiving facility. As required by Maryland Law the ePCR must be received by the receiving facility within 24 hours.

2.6.4.3 Any call in which a short form was left the provider must fax a copy of the report to the receiving hospital.

3. Field Bridge Access

3.1 Double click on Icon and log into Field Bridge with MIEMSS provider number and your individual password.

3.2 Each morning, after logging in, the program needs to be synced so that all downloads can be updated. This shall occur daily by the provider assigned to unit.

3.3 Enter Dashboard and complete all fields related to the crew of the day.

3.4 For each call, create a new incident and proceed to complete all required fields.

3.5 Sync information from CAD.

3.6 Post report to MIEMSS database.

4. Service Bridge Access

4.1 Log into eMEDS web site @ www.mdmeds.com

4.2 Log In:

4.2.1 Click on incidents.

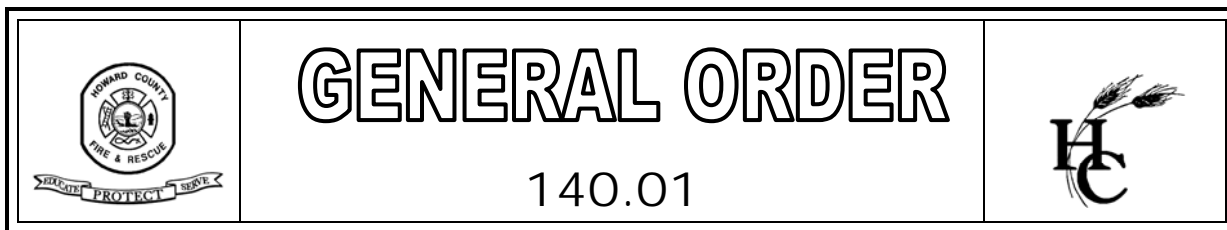
4.2.2 Add run.

4.2.3 Click eMEDS from CAD.

4.2.4 Open report for address in which call was located and complete entire report.

4.2.5 When finished your ePCR click on “mark run as complete”.

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5. Verification

5.1 Each morning prior to the completion of the shift, the assigned provider shall verify all eMEDS reports are completed for their shift.

5.1.1 Access Service Bridge and run a query confirming all eMEDS reports are completed.

5.1.2 Once confirmed the query shall then be cut and pasted into an e-mail to the station OIC to confirm completion.

5.1.3 Station OIC's shall then keep this e-mail for verification for a minimum 30 days.

5.2 All calls in which a refusal was completed by a fire suppression apparatus or any non-EMS unit, the Officer in Charge shall forward to ESB, EMS Operation Captain.

5.3 Any crew that places an EMS unit in service during a partial period of the day shall run the query of all calls and confirm that all reports are completed at the end of their shift. This query should then be e-mailed to the station OIC so that completion can be confirmed.

5.3.1 The same shall apply for special events. The crews shall confirm that all calls are complete and forward information to the event OIC. The OIC should then forward to ESB, EMS Operations Captain.

6. Quality Assurance:

6.1 Quality assurance will be handled on a daily basis by personnel assigned to the MDO office.

6.2 For Quality Assurance, all Advanced Airway QA forms will be collected by the MDO and forwarded to ESB, EMS operations Captain.

Approved:



John S. Butler
Deputy Fire Chief