Impact of Electronic Patient Care Reporting on Harrison Fire Department EMS Operations

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CERTIFICATION STATEMENT

I hereby certify that the following statements are true:

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ABSTRACT

This research project was to evaluate the impact electronic patient care reporting has on EMS operations at Harrison Fire Department (HFD). The problem the organization has faced is the use of electronic Emergency Medical Service reporting. Harrison Fire Department may not be utilizing personnel, time, and resources effectively since there is no way to measure the effectiveness of the current system. The purpose of this study was to identify and describe the current methods used by other fire departments to document and report EMS responses, in addition to the current methods used by HFD to document and report EMS responses. Along with personnel communication with professionals from surrounding departments, information was gathered from the Internet and public library. A survey was conducted containing 10 questions was mailed electronically to three hundred twenty five e-mail accounts in the fire service. The data collected was evaluated and used to answer the following research questions:

1. What methods are selected EMS organizations using to document and report responses?
2. What is the current method used by HFD to document and report EMS responses?
3. What are some metrics that could be used by HFD to measure the effectiveness of their EMS documenting and reporting process?

The results indicated there are issues when transitioning from paper reporting to electronic reporting, patient care is not effected by electronic patient care reporting (ePCR) and ePCR would be recommend to other departments.

Although there are negative characteristics with electronic patient care reporting, the positives far exceed the negatives. Therefore, the use of electronic patient care reporting system is recommended as an effective method to document and report EMS incidents for the Harrison Fire Department.

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INTRODUCTION

Statement of the Problem

The problem that this descriptive research addressed was that the use of electronic Emergency Medical Service (EMS) reporting at Harrison Fire Department (HFD) may not be utilizing personnel, time, and resources effectively since there is not a way to measure the effectiveness of the current system.

The paper patient care reporting system has been used by the Harrison Fire Department for many years. Over the years, members became very content in writing their EMS reports. The administration and medical director were able to use the reports for quality assurance purposes. Once the EMS reports where sent to the billing company, the City of Harrison finance director was able to view the income that was being generated from EMS runs.

However, with the changing technology in the field of emergency medical service there was an increasing need to update and revise the reporting system. The Electronic Patient Care Reporting system was introduced to the Harrison Fire Department in 2011. Although this technology was new to HFD, there was no way to demonstrate to the administration, elected officials, and the organization that this system would be cost effective, increase revenue, reduce hospital times, and that the documenting and reporting process would not become inefficient.

Purpose of the Study

The purpose of this research was to identify and describe the current methods used by selected EMS response organizations to document and report EMS responses, the current method used by HFD to document and report EMS response, and some metrics that could be used by HFD to measure the effectiveness of their EMS documenting and reporting process.

Research Questions

The following questions were answered by this descriptive research:

1. What methods are selected EMS organizations using to document and report EMS responses?
2. What is the current method used by HFD to document and report EMS responses?
3. What are some metrics that could be used by HFD to measure the effectiveness of their EMS documenting and reporting process?

BACKGROUND AND SIGNIFICANCE

The City of Harrison is located in southwestern Hamilton County, Ohio. The city is located approximately 30 miles southwest of Cincinnati, Ohio.

Harrison Fire Department provides emergency medical services and fire protection in the City of Harrison and Harrison Township, Ohio. Contractually, the Harrison Fire Department provides the same services in Harrison Township, and Logan Township. The department is only under contract to provide emergency medical services to Kelso Township. Another department in the area provides the fire protection in Kelso Township. See Table 1 (United States Census Bureau, 2010).

Table 1
Summary of Population and Square Mileage for Fire and EMS Coverage

District	Population	Fire	EMS
City of Harrison (OH)	9,897	4.2 mi^2	4.2 mi^2
Harrison Township (OH)	13,934	18.8 mi^2	18.8 mi^2
Town of West Harrison (IN)	289	0.2 mi^2	0.2 mi^2
Harrison Township (IN)	3,204	7.4 mi^2	10.5 mi^2
Kelso Township (IN)	2,341	0 mi^2	2.8 mi^2
Logan Township (IN)	3,541	1.0 mi^2	5.0 mi^2
Total	**33,206**	**30.61 mi^2**	**41.5 mi^2**

Harrison Fire Department currently has 22 full time and 30 part time personnel. All personnel are state certified fire fighters. Of the 52 employees, 40 are Emergency Medical Technicians Paramedic, and the other 12 are Emergency Medical Technicians Basics.

Presently, Harrison Fire Department operates two stations, which are staffed 24 hours a day, 365 days a year. Station 56, located in downtown Harrison, is staffed with six personnel, one Chief, and one administrator. The station is equipped with two medic units, one engine, one rescue truck, one brush truck, one advanced life support first responder unit, and two water rescue boats. Station 57, located just outside of downtown, is staffed with four personnel and is equipped with two medic units, one quint, one engine/tanker, one Hazardous Material trailer, and one emergency medical service trailer. (Harrison Fire Department standard operating guidelines)

According to the City of Harrison finance director, A. Burton, the city financially operates from the city's general fund, tax levy, and contracts from Harrison Township Ohio, Village of West Harrison Indiana, Kelso Township Indiana, Logan Township Indiana. The contracts are negotiated every two to five years A.Burton (personal communication, June 2013).

When community trauma centers started to open, the emergency room physicians began to use the EMS report as a tool to treat the patient. At that time, EMS providers were able to leave a carbon copy of the EMS detail report with the hospital health care team, and bring the original report back to the firehouse as a permanent record. A copy of the report was also sent to the medical director for review of the first responders and emergency medical technicians (EMT's) documentation and treatment. In 2008, a seven-piece, two-sided, carbonless, patient care report was created, along with a six-piece two-sided, carbonless supplemental report (See Appendix A).

After the report is completed, the pink copies are given to the emergency room nurse and the physician to review pre hospital care. The yellow copies of the report are sent to the medical

director for his/her review. The original white copy is brought back to the firehouse, reviewed by the EMS administration, and then filed in the records room. The report also becomes part of the patient's medical record. In addition, the information from the patient care report is entered into a database known as Firehouse Software. This database system allows reports to be generated from the various captured data points, as well as data exported to the billing company. The State of Ohio Division of Emergency Medical Services and the State of Indiana receive exported data from the software.

According to City of Harrison EMS Lieutenant J. Davis (personal communication, July 2013), the traditional paper patient care reporting was an effective system at Harrison Fire Department for many years. EMS Lieutenant J. Davis also stated putting the new system into service and the use of the electronic patient care reporting was going to be a challenge. An anticipated problem was the administration had no way to measure whether it was going to be realistic to use the electronic patient care reporting system. Not knowing how much time and energy was going to be needed to train everyone, and not knowing for sure whether the state EMS reporting process would be affected was a source of concern for the HFD administration. It is important these questions be answered to identify and determine the transition to the electronic patient care reporting was financially realistic for the city and practical for the fire department.

LITERATURE REVIEW

The data collected from EMS agencies measuring operational effectiveness of the electronic patient care reporting provided evidence that there was more than cost to the paper patient care reports (Zoll Data Systems, 2006). The article states that trying to read other people's handwriting, deciphering the patient's demographics, billing information, vitals, procedures and medications on a

paper patient care can be very difficult. Not obtaining this critical information can hinder patient care, reduce revenue, and could expose the EMT to litigation, which can have serious ramifications to the patient, the department and the personal. Accurate documentation from ePCR can be very beneficial to departments. The data collected can provide departments with performance metrics, information about quality of care. Data collected from ePCR can also help justify grants and funding which could expand the department with the purchase of new EMS equipment. However , if the date is not available, the process for transcribing the data from paper reports to electronic reports can be time consuming and often result in unreliable and inaccurate data. (Zoll Data Systems, 2006)

For a research article titled, "Prehospital Patient Care Report Systems: Early Experiences from Emergency Medical Services Agency Leaders" interviews were conducted with 23 EMS leaders about their experience with electronic patient care reporting The results showed the challenges EMS agencies face by adopting the electronic patient care reporting system. (Landman, Lee, Sasson, Van Gelder & Curry, 2012). The potential harm form the extra time needed to complete the ePCR compared to the paper reports increase out of service time while at the hospital. Challenges with technical barriers, department issues, and privacy concerns with the ePCR was identified in the research. An additional concern is the difficulty in funding the program since many states do not provide funding to adopt ePCR. By finding alternative funding sources through state and federal grants, billing companies can decrease the initial cost of the ePCR program. Investing in an information technology staff can prove to have advantages. Such as the ability to produce quality assurance reports, customize the software, and support the users of the software.

Raskin-Zrihen (2012) reported the Vallejo Fire Department in California was transitioning from paper to electronic for medical patient reports. According to the EMS coordinator "We have been working for the past couple years on migrating from the four-copy written reports to an electronic reporting format" (Raskin-Zrihen, 2012). The EMS coordinator also stated that the crews

have been working hard to train themselves and get comfortable with the system. This will be a huge step in providing a higher level of service to our citizens.

The Journal of Emergency Medical Service (Fisher, September 2011), published an article describing how to transition to an electronic patient care records system. The article described how San Diego Fire-Rescue Department (SDFD) developed ways to improve advanced techniques to deliver pre-hospital emergency care. SDFD developed its own ePCR system in 2000 from the original Palm Pilot system. By developing their own system, SDFD was able to make changes to the software at will. The author, Fisher (2011) wrote that a touch screen with large buttons and an interface facilitated rapid entry. The completed ePCR could be sent automatically to the receiving hospital via fax machine or to a secure link that could be accessed only by staff with proper credentials. While SDGD is still using an ePCR system, they have moved away from the Palm Pilot system and are currently using On Scene software. The software is used in conjunction with the Apple I Pad; which is web base software, allowing the user to gather all patient information while connected to the Internet. All records are housed in a secure data server, which serves the needs of all stakeholders, from billing to quality assurance (Fisher, 2011).

Saini, Sandhu, Gori, Orthner (2005), conducted a study to compare paper patient care reporting to electronic patient care reporting. One component of the study was the time taken to enter the data itself, and the accuracy and completeness of the data entered. The study was conducted to compare writing on paper, clicking or typing in ePCR. It measured the time in actually entering data. The accuracy and completeness was compared between the paper patient care report and the ePCR. An expert panel graded the errors. However, the study was limited to measuring how the ePCR affected, positively or negatively the patient care workflow or the EMT's, and the patient outcome.

When discussing guidelines for implementing ePCR, Austin (2012) describes three tips for transitioning to ePCR. The first tip is to recognize not all hardware is equal. Many manufactures

produce hardware for the pre-hospital settings. Although the hardware is considered "rugged" there should be attention to the specifications. Ratings produced by the military agencies provide data on how the device will hold up against water and shock. The second tip is to invest in the expanded warranty options. The warranty will cap repair cost and insure a quick turnaround on the device sent in for service. The final tip suggested by Austin is to consider purchasing certain accessories, such as the accessories to secure the equipment in the apparatus. The author states that The National Fire Protection Association 1917 standard requires that all equipment inside the apparatus be secured. Other items sometimes overlooked are the equipment needed to charge the devices and spare batteries. In addition, most devices use a digital pen or a stylus; replacements should be budgeted for every year. The guidelines will streamline the process and help achieve a smooth migration from paper to ePCR. (Austin, 2012).

In May 2013, an Ohio township had adopted a new electronic patient care reporting system. Chief Douglas Witsken, Green Township's Fire and EMS Chief, stated that, "not only do we anticipate providing better service to clients, but also adding the capability to lessen our administration overhead and streamline emergency response process". In addition, Chief Witsken stated, "The department will be able to provide rapid, appropriate and timely response based upon current conditions in the field" (press release, May 7, 2013).

Dr. Kevin Meyer, Harrison Fire Department Medical Director is responsible for quality of care provided by pre-hospital personnel at Harrison Fire Department. He also serves as Medical Director for the emergency department at Mercy Hospital. One of the Standard Operating Guidelines (SOG) is that a copy of the patient care report is left at the receiving hospital. In this discussion, Dr. Meyer agreed with implementing an accurate ePCR system for Harrison Fire Department and stated he would be supportive of the electronic patient care reporting system. (personal communication, July 20, 2013). To execute quality assurance on the completed electronic patient care reports, Dr. Meyer was agreeable to having the requisite software on his computer at work.

On August 19, 2013, Assistant Chief Scott Souders of Green Township Fire and EMS, Hamilton County, Ohio was personally interviewed regarding the department's electronic patient care reporting system. Assistant Chief Souders oversees fire and EMS operations, which includes the electronic patient care reporting system. He stated the department has used the electronic system for approximately three years and have accepted the change to electronic reporting with only minor issues. He stated focused and deliberate training of the use of the reporting system was essential in a smooth transition away from paper reporting to ePCR.

Medicount Management Vice President, T. Newcomb, stated Medicare or Medicaid are not offering any incentives or discounts to the billing companies when submitting claims electronically. While no incentives or discounts are offered now, he does think there are quicker payouts from Medicare and Medicaid when electronic submission of claims. Newcomb stated, "he believes within the next two to three years incentive programs will begin due to extensive changes in the health care environment" (personal communication January 13, 2014).

PROCEDURES

The purpose of this descriptive research was to evaluate the variables and practicality of using the electronic patient care reporting system that is currently being used by the Harrison Fire Department. The research was based on what the administration of HFD expects to achieve with utilizing the reporting system. At the conclusion, specific results of difficulties, satisfaction and experiences with electronic reporting systems used in the emergency medical field.

The development of the research project began with an extensive review of information from the Internet, public library and personal communications with professionals from surrounding departments and communities. This was done to increase the author's knowledge of the subject, and to determine the practicality of the electronic patient care reporting system.

A survey was developed to obtain information on what departments are using electronic patient care reporting and were there any transition issues or difficulties going from written paper format to electronic reporting. Obtaining information on whether departments using electronic reporting are satisfied with the system and whether they would recommend electronic reporting to other departments was vital in the research. This information was used in determining if electronic reporting is effective with the departments who are currently using electronic patient care reporting.

The information collected for the development of the survey questions began with informal interviews with the fire administration on their thoughts and views on electronic reporting. More information was accumulated through personal interviews and questioning our current staff members along with other fire department members. The information collected allowed the author to hear first-hand the personal views and practices of electronic reporting straight from the members. Using the information obtained from the informal interviews and information from questioning and conversation the process for the development of the survey

questions was created.

Once the survey questions were developed, a survey was conducted using Survey Monkey to evaluate the current practices of electronic patient care reporting and its effect on patient care. The survey was distributed electronically on December 17, 2013 to three hundred and twenty five people who are currently in the fire service. Of the three hundred and twenty five electronic mail distributed, seven were found to be duplicated and four were failed to deliver. See appendix B for e-mail distribution list. The survey focused on departments in the Southwest Counties of Ohio. This distribution of the electronic mail was achieved by the contacts in the author's fire department e-mail account. In order to achieve maximum participation in the selected area the survey questions were sent to Fire Chief Rob Hursong, Assistant Chief Michael Rupp, and Assistant Chief Scott Souders. Each chief electronically distributed the survey questions to the contacts in their electronic mail accounts. Separately each chief verified that the contacts in their e-mail accounts are affiliated with the fire service. The object of the survey was to gain specific information about departments and personnel who are using the electronic reporting system and its use. The survey questions listed identify what type of reporting departments are using, and the effectiveness of the electronic reporting process. See appendix C for the list of questions and answers of the survey.

Definition of Terms

Advanced Life Support (ALS): A higher level of emergency medical care, usually provided by EMT-intermediates or paramedics. Typically, ALS includes invasive techniques such as IV therapy, intubation and or drug administration. (Brady, 2011)

Basic Life Support (BLS): The constellation of emergency procedures needed to ensure a person's immediate survival, including cardiopulmonary resuscitation, control of bleeding,

treatment of shock and poisoning, stabilization of injuries and or wounds, and basic first aid. (Brady, 2011)

Emergency Medical Service (E.M.S.): A comprehensive network of personnel, equipment, and resources established for the purpose of delivering aid and emergency medical care to the community (Brady, 2011)

Emergency Medical Technician Basic (E.M.T. – B): a person who holds a certification issued by a state authority to practice and perform emergency services such as: Cardio Pulmonary Resuscitation, basic skills focused on acute management and transport of critical and emergent patients as directed by the State Board of Emergency Medical Services and any other service approved. (Brady, 2011)

Emergency Medical Technician Paramedic (E.M.T. – P): a person who holds a certification issued by a state to practice and perform in emergency services such as Cardio Pulmonary Resuscitation, intravenous therapy, administer drugs as directed by the State Board of Emergency Medical Services and any other service approved. Paramedics provide the highest level of out-of-hospital care. (Brady, 2011)

Electronic Patient Care Reporting (E.P.C.R.): Systems designed for accurate and efficient field data entry. Once completed, and connectivity is made, the data is sent over the internet encrypted and secure to your administration for billing.

Electrocardiogram (ECG or EKG): A diagnostic tool that is routinely used to assess the electrical and muscular functions of the heart. While it is a relatively simple test to perform, the interpretation of the ECG tracing requires significant amounts of training. (Brady, 2011)

Health Insurance Portability and Accountability Act (H.I.P.A.A.): Privacy rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At

the same time, the privacy rule is balanced so that it permits the discloser of health information needed for patient care and other important purpose. (U.S Department of Health and Human Services, 2014)

Limitations of the Study

The limitations of this research included the validation of the quantitative study. Since there was not a true quantitative or qualitative method used in this research, the research questions have not been validated. A pilot study was not conducted on this topic. This study was conducted on electronic patient care reporting within Harrison Fire Department and the current methods other department are using. The research did not investigate the advantages or disadvantages of electronic reporting software or the capabilities of hardware equipment used with electronic reporting systems. The research did not investigate the information systems and databases or what is done with the data that is collected.

RESULTS

A survey questionnaire was electronically mailed (e-mail) out via Survey Monkey to 325 e-mail addresses. Of the 325 emails sent out, 101 or 31% persons responded.

The survey contained 10 questions: Each question provided valuable background information, plus direct information pertaining to the research questions that are being studied. Although some surveyed did not answer (skipped) all of the questions. This was due to the questions not being applicable to the individual taking the survey or the question did not pertain to the indivudal.

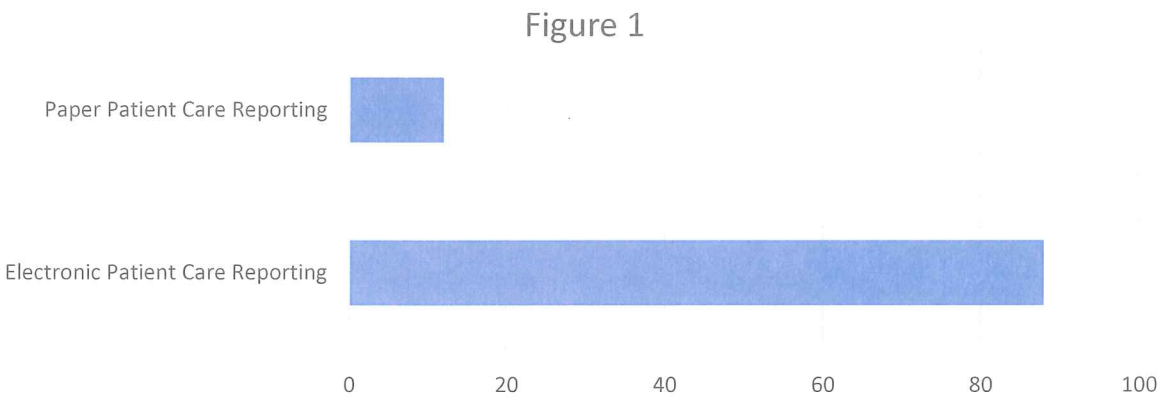
Research Question 1- what method is your department using to document and report EMS responses? (Check only one)

Since electronic patient care reporting systems are becoming more common with in the

fire service, it was important to see those surveyed how many fire departments are using the electronic patient care reporting system and which fire departments are using the traditional paper patient care reports. This question provided that out of 101 surveyed, 88% of fire department are using the electronic patient care reporting while only 12% are using the paper patient care reports. One skipped the question.

Figure 1

Method departments are using for patient care reporting

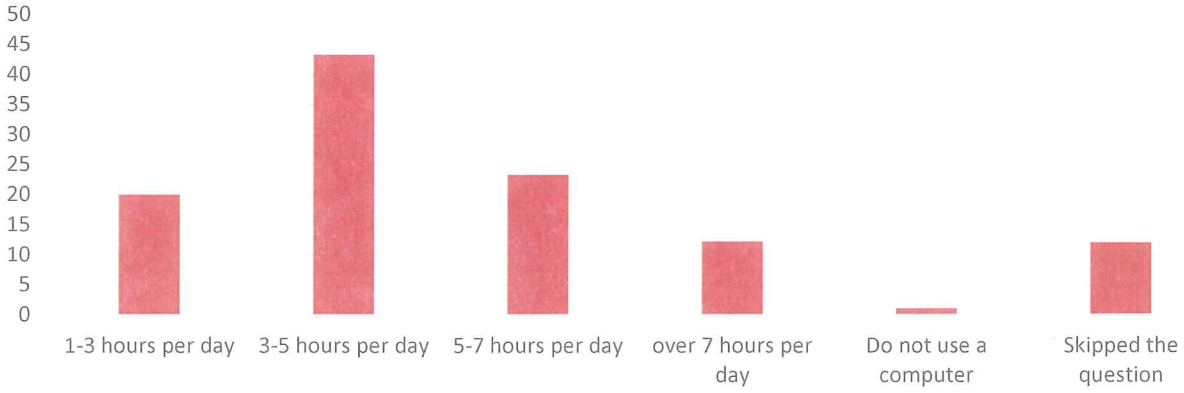


Survey Question 2- select the best answer for how often you use computers for anything. Of the 90 individuals surveyed, 20% spend 1-3 hours a day working on a computer, and 43% spend 3-5 hours per day on a computer. 23% spend 5-7 hours per day on a computer compared to 12% that spend over 7 hours per day on a computer. Only 1% answered they do not use a computer. Twelve skipped this question.

Figure 2

The amount of hours per day individuals use a computer

Figure 2

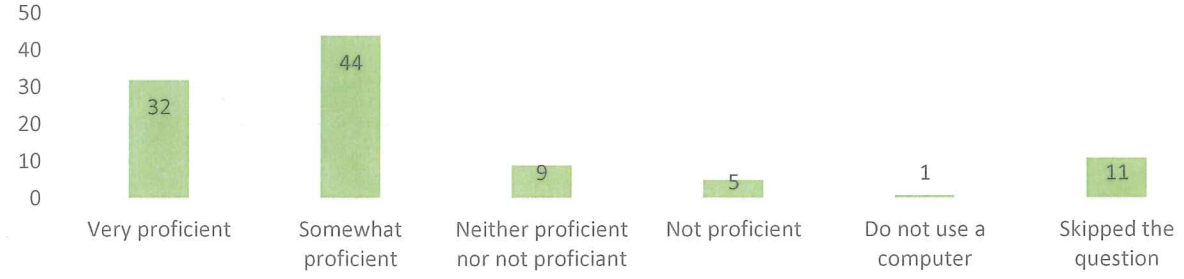


Research Question 3: How would you describe your computer proficiency? It was determined that 23% to 44% seen to be very to somewhat proficient with computer use. While of the 91 surveyed, there are 9% to 5% neither proficient nor not proficient at all. Again, 1% do not use a computer. Eleven skipped this question.

Figure 3

The proficiency of computer use.

Figure 3

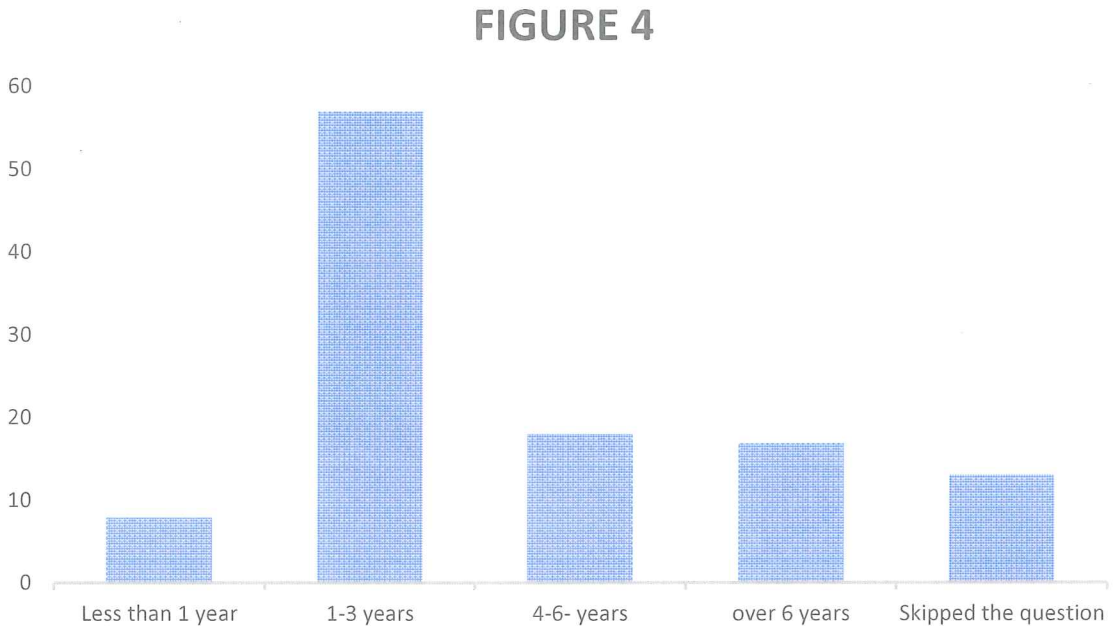


Survey Question 4: How long has the electronic patient care reporting system been implemented in your department? This question was asked to see how long the fire departments

surveyed had been using ePCR. Of the 89 who answered the question, 7% have been using ePCR less than 1 year. Whereas 51% on the departments surveyed have been using ePCR 1 to 3 years. It has been shown that 16% have been using ePCR 4-6 years; however, 15% have been using ePCR over 6 years. Thirteen skipped this question.

Figure 4

Amount of time departments been using ePCR



Survey Question 5: Were there difficulties in the transition process from paper reporting to electronic reporting? This question was to see if there were any difficulties with the transition from paper to electronic reporting. Of the 89 who responded to the question, 68% answered yes there were difficulties in the transition phase, though 21% answered no to having any difficulties. Thirteen skipped this question.

Survey Question 6: Does electronic patient care reporting distract you from providing patient care? Of the 88 respondents, 20% answered yes that ePCR does distract from patient

care. While 68% answered no that ePCR does not distract from patient care. Fourteen shipped the question.

Survey Question 7: What electronic patient care reporting system does your department currently use? Fifteen skipped the question.

Table 5

Electronic patient care reporting systems that departments are currently using

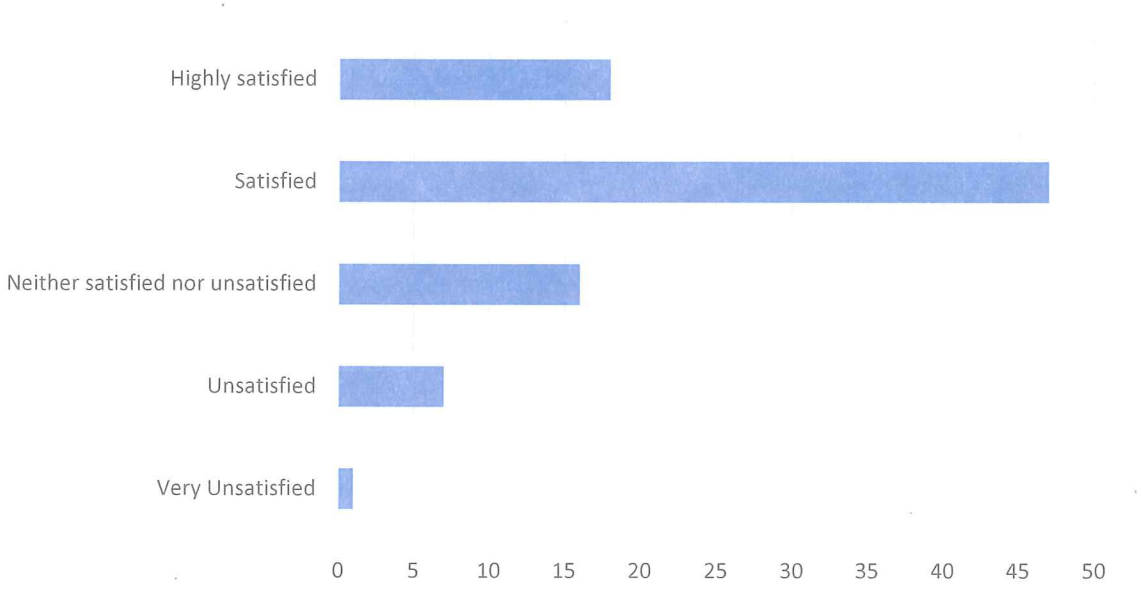
Zoll	10
Fusion	30
Emergency Reporting	3
Safety Pad	22
Other	21
Skipped question	15
Total	101

Survey Question 8: Rate your satisfaction with electronic patient care reporting as it is implemented at your department. This question was to determine how satisfied or unsatisfied the implementation of electronic patient care reporting was within the departments surveyed. Of the 89 who answered the questions, 18 are highly satisfied, while 47 are satisfied. 16 who answered are neither satisfied nor unsatisfied. 7 are unsatisfied with the implementation of ePCR. Only 1 is very unsatisfied. 13 skipped the question.

Figure 6

Satisfaction with ePCR within the department

Figure 6

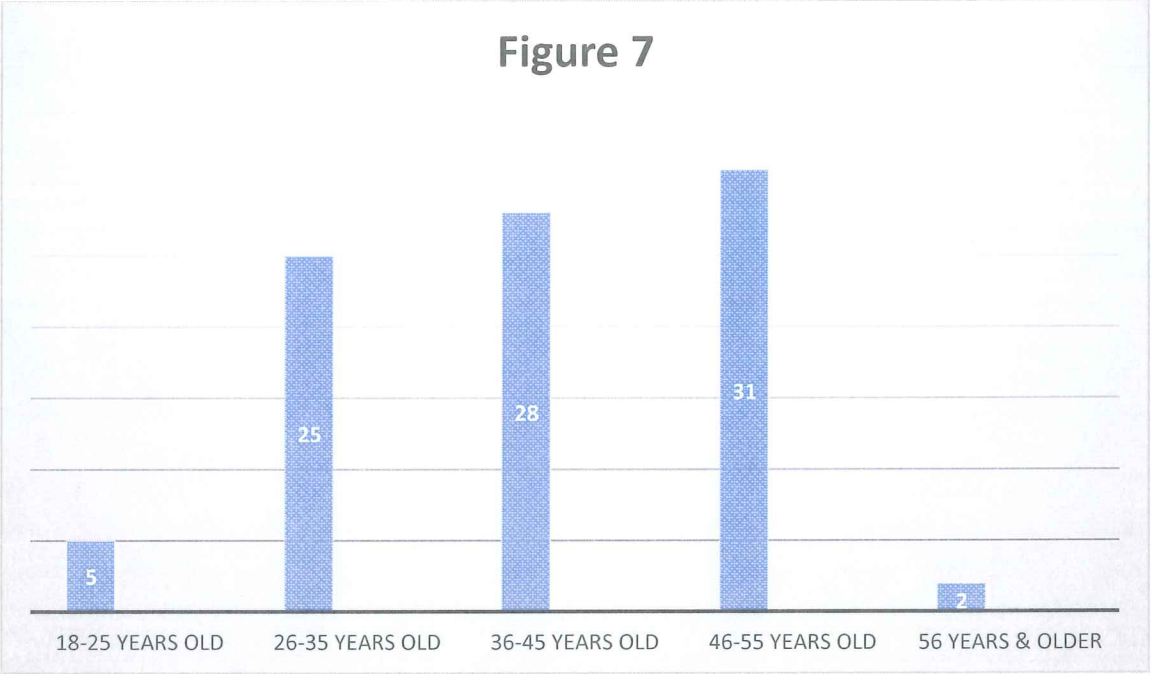


Survey Question 9: Would you recommend electronic patient care reporting to another department? Of the 88 who answered the question, 94% answered, Yes they would recommend electronic patient care reporting to another department. While only 5% answered, NO they would not. 14 Skipped the question.

Survey Question 10: Select the age group that best describes your current age. 91 answered this question, while 10 skipped the questions.

Figure 7

Current age group of individuals answering the question



DISCUSSION

The problem this study investigated was if there was any impact on the EMS operations while using the electronic patient care reporting system. Findings of this research established that the electronic patient care reporting systems were new to the departments surveyed. One survey showed that 51% of the departments have only been using ePCR one to three years. Another survey showed that 87% of the department's survey are using ePCR, while only 12% are still using paper.

Landman et al. (2012) discussed the results from interviews with 23 EMS leaders about their experiences with ePCR. Harrison Fire Department EMS operations has encountered similar issues as the 23 EMS leaders identified. One experience is the technical barrier, a concern from the start of ePCR. The EMS responders are responsible for sending the previous day's EMS details to the billing company wirelessly. If connection to the Internet is hindered, the submission of the EMS reports to the billing company is delayed. More important, if

connectivity is hindered and the reports are not sent coupled with a failure of the computer hard drive, the EMS reports are gone and are not retrievable. At that point, the patient care report would be lost. In the event that a patient care report is lost, the EMS responders would have to attempt to retrieve the report from the receiving hospital.

As the survey results and literature review indicated, the advantages exceed the disadvantages on the impact ePCR has on EMS operations which is consistent at Harrison Fire Department. Advantages of ePCR includes improved accuracy in electronic documentation, a quicker turnaround in the billing process, a reduced time and resources needed to file and store paper reports. Department medical directors are able to access internet based software from any computer to perform quality assurance on the patient care report, and the software has the ability to attach documents and pictures to the report. Disadvantages include difficulty in funding the ePCR program, longer out of service times to complete the report, Internet and wireless barriers, and potential distractions from patient care.

Company officer from Green Township Fire Department Lieutenant, D. Mooney (personal communication, January 2014) has confidence in the ePCR system. The best way the company officers stay proficient with the ePCR system is to train with the software regularly. Having a process in place to obtain vital patient information prior to the arrival of the medic unit. Not only keeps all personnel proficient with the software, but also reduces the on scene time of the medic unit.

Transitioning from paper reporting system to an electronic reporting system will be challenging for the Harrison Fire Department. The best way to navigate through this process is to consistently provide training opportunities on the software. Firefighters and medics have been known to resist change; however, the electronic reporting system will benefit the firefighters to

produce better legible reports, decrease paper usage for the department, increase revenue for the city and most importantly a detail documentation of events for the patients.

RECOMMENDATIONS

In reviewing the results of this research, the Harrison Fire Department will continue to use electronic patient care reporting to document and report EMS details. Significant results of this study show that ePCR is beneficial to the firefighters recording events occurring on an EMS detail without distracting from patient care. The research also helps to identify some efficient ways to make the transition process from paper reporting to ePCR stress-free and keep firefighters and officers proficient with the reporting software.

The author of this study has learned through this research project that training is key in making the transition process flow smoothly. Training on the new software should be mandatory for all members, especially the officers and administration. Since the members of the team will look to the officers for help during this process, the officers need to stay proficient with the software. A recommendation to keep the officers proficient with the software is have them start gathering patient information, such as history and medication, before the medic unit arrives. This process will keep officers skilled with using the software. The process potentially will reduce the on scene time for the medic unit and allow the transporting medic unit back in service sooner.

When purchasing hardware for the ePCR system, it is recommended that research be done to determine which tablet has the best features and capabilities. One recommendation to consider is purchasing the tablet with wireless and internal data package capabilities. Purchasing the tablet with these features will allow the users to record patient information, scene times, crewmembers and information about the incident without losing Internet connection.

During the research and literature review process, the author found there was no information on what metrics fire departments are using to measure the effectiveness of EMS documentation and the reporting process. The only measurement used by Harrison Fire Department to determine the effectiveness of ePCR is the increase in revenue the fire department has seen since transitioning from paper reporting to electronic reporting. A continuous look at what metrics departments are using to measure the effectiveness and the benefits of ePCR.

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APPENDIX A – EMS PATIENT CARE REPORT

Page one, front side, white copy: This page is returned to Harrison Fire Department for filing.

a. Date, incident number, Patient Information: patient name, address, date of birth, social security number, telephone number, race, sex, family physician, patient weigh and whether patient is a resident or non-resident of Harrison Fire Department.

b. Incident Information: Dispatch times for the incident, unit dispatched, what the incident was dispatched as, what unit number of medic unit, mutual aid – given or received, response and transport code, location of the call, receiving hospital, responding district, responding Advanced Life Support unit (ALS).

c. Patient Care Information: Chief complaint, provider impression, past medical history, medications, allergies, vital signs, along with lung sounds pupils and skin condition. Space available to document the Glascow Coma Scale (GCS), any medications given or basic life support (BLS) treatment, or advance life support (ALS) treatment.

d. Space to document any additional units responding, and the EMS crew signatures.

Page two, backside, white copy:

a. Consisted of patients refusing transport signature, EMS crew chief signature, and witness signature, also the signatures for coroner and law enforcement for those patients who are dead on arrival.

b. Look up codes and description for district and race. APGAR scale with description. Sketch of an adult, child and infant identifying the rule of nines.

Page three, front side, yellow copy: carbonless paper with the identical information as the white front sheet. This copy is sent to the Medical Director for quality assurance.

Page four, back sheet, yellow copy: consisted of the description of injuries and illness with codes for reporting to the State of Ohio. The Ohio EMS board sets these descriptions and codes.

Page five, front side, pink copy: carbonless paper with the identical information as the white front sheet. This copy is left with a nurse or doctor at the hospital.

The pink back page is blank.

Page six, a blank white piece of white piece of paper separating the carbonless patient care report and the Insurance Authorization and Privacy Practices Acknowledgement form.

Page seven, white copy: carbonless white Insurance Authorization and Privacy Practices Acknowledgement form. This copy is sent to the billing company.

a. The patient name, date, and insurance authorization acknowledgment

b. Section 1. Patient signature with witness signature

c. Section 2. Legal guarding and power of attorney signature.

d. Section 3. Receiving facility representative signature. Along with the ambulance crew signature.

White copy backside intentionally left blank.

Page eight, front side, yellow copy: carbonless paper with the identical information as the white front sheet. This copy is returned to Harrison Fire Department for filing.

Yellow copy backside intentionally left blank.

Page nine, front side, blue copy: A two-sided blue Health Insurance Portability Accountability Act (HIPPA) form given to every patient.

Page ten, front side, white copy, Supplemental Report. This copy is returned to Harrison Fire Department for filing.

a. Date, Shift, Incident Number
b. Supplemental report: additional space for patient medications, allergies, and space to document all the finding and events that took place with the patient before and after the incident, medical history, medications administered and procedures performed.
c. Crew signature and badge number.

Page 11, backside, white copy,

a. List of common terms used in the EMS field for documenting injuries and illness.
b. List of common abbreviations used in the EMS field for documenting injuries and illness.

Page 12, front side, yellow copy, carbonless paper with the identical information as the white front sheet. This copy is sent to the Medical Director for quality assurance.

Page 13, backside, yellow copy, carbonless paper with the identical information as the white backside sheet.

Page 14, front side, pink copy, carbonless paper with the identical information as the white front sheet. This copy is left with the nurse or doctor at the hospital.

Page 15, backside, pink copy, carbonless paper with the identical information as the white backside sheet.

FIRE·EMS Harrison

200 Harrison Ave.
Harrison, OH 45030
(513) 367-4194

Date: _____ Shift: 1 2 3

Incident #: _____

PATIENT INFORMATION

Name:	Age:	DOB:	SSN#:
Address:	City:	State:	Zip Code:
Telephone #: ☐Home ☐Cell ☐Work ☐None ( )	Race / ethnicity: (See back of White)	Sex: ☐M ☐F	Family Physician:
Weight:	Resident: ☐Y ☐N		

INCIDENT INFORMATION

Dispatched:	Responding:	At Scene:	At Patient:	To Hospital:	At Hospital:	Available:
Dispatched As:	Unit Dispatched:	Squad # 1 2 3 4	Mutual Aid Dept/Unit: ☐Given ☐Rec'd	Response Code: 2 3 Transport Code: 2 3		
Location of Call: ☐OH ☐IN	Receiving Hospital:	Communications: ☐Notification MD ☐Telemetry				
Business Name:	District: (See back of White)	Responding ALS Units:	Transporting ALS Units:			

PATIENT CARE INFORMATION

Chief Complaint:

Provider Impression: (See back) (of Yellow)

Medications:

Allergies: ☐NKDA

☐Additional on Narrative Sheet

Medical History

☐None	☐Heart Disease:
☐Hypertension	☐CVA / TIA:
☐Diabetes	☐Respiratory:
☐Seizures	☐Cancer:
☐Psychological	☐Other:

Time	Blood Pressure	Pulse Rate	Resp. Rate	Oximetry	Temp.	Glucose
				☐RA ☐O_2		
				☐RA ☐O_2		
				☐RA ☐O_2		
				☐RA ☐O_2		
				☐RA ☐O_2		

Lung Sounds

Upper Rt:	Upper Lt:		Lower Rt:	Lower Lt:
☐	☐	Clear	☐	☐
☐	☐	Rales	☐	☐
☐	☐	Rhonchi	☐	☐
☐	☐	Wheezes	☐	☐
☐	☐	Diminished	☐	☐
☐	☐	Absent	☐	☐
☐	☐	Stridor	☐	☐
☐	☐	Labored	☐	☐

Pupils

Rt.	Lt.	
☐	☐	Equal
☐	☐	Reactive
☐	☐	Non-Reactive
☐	☐	Dilated
☐	☐	Constricted
☐	☐	Unequal

Skin

Color: ☐Normal ☐Cyanotic ☐Pale ☐Flushed ☐Jaundice

Condition: ☐Warm ☐Hot ☐Cool/Cold ☐Moist ☐Dry

Capillary Refill

☐ < 2 sec. ☐ > 2 sec.

MEDICATIONS / DEFIBRILLATION / IV FLUIDS / EKG

Time	Med / Defib / Solution / Angio	Dose / Joules	Route	Rhythm	Badge #

Glascow Coma Scale

		Time				
Eyes Open	Spontaneous	4				
	To Verbal Command	3				
	To Pain	2				
	No Response	1				
Verbal Response	Oriented	5				
	Confused	4				
	Inappropriate Words	3				
	Incomprehensible Sounds	2				
	No Response	1				
Motor Response	Obeys Commands	6				
	Localized Pain	5				
	Withdraws	4				
	Abnormal Flexion	3				
	Abnormal Extension	2				
	No Response	1				
Total Score						

Basic Life Support Treatment

☐ Oxygen: @ _____ lpm
☐ Cannula
☐ Non-Rebreather
☐ Other _____
☐ CPAP
☐ Ventilation
☐ BVM @ _____ /min.

☐ Airway Insertion Time: _____
☐ Oral ☐ King
☐ Nasal Size: _____

☐ Intubation Time: _____
ET Tube Size _____ ☐ Intubation Confirmation
☐ Oral ☐ ET CO_2
☐ Nasal ☐ Other _____

☐ CPR Time: _____
☐ By-stander

☐ Bleeding Control
☐ Bandaging
☐ Burn Care
☐ Cold Pack
☐ Heat Pack

☐ Spinal Immobilization Time: _____
☐ C-Collar PMS
☐ CID Before: ☐+ ☐-
☐ Long Backboard After: ☐+ ☐-
☐ Straps

☐ Splinting Time: _____
☐ Board PMS
☐ Traction Before: ☐+ ☐-
☐ Vacuum After: ☐+ ☐-
☐ Other _____

☐ Restraints Time: _____

☐ OB Delivery Time: _____
APGAR: _____ 1 min. _____ 5 min.

Advanced Life Support Treatment

☐ Cardiac Monitor
☐ 3-Lead ☐ 12-Lead
☐ Defibrillation

☐ IV Access By: _____
☐ Successful ☐ Unsuccessful
Number of Attempts _____

☐ Chest Decompression Time: _____
☐ Right ☐ Left By: _____

☐ External Pacer
Output _____ Rate _____
☐ Synchronized Cardioversion

☐ Intraosseous Infusion By: _____
Number of Attempts _____

☐ Quik Trach
Time: _____ By: _____

Accident Type: ☐ Head-on ☐ Rollover ☐ Side Impact

Vehicle Found: ☐ Upright ☐ Inverted ☐ On Side

Safety Equipment: ☐ None ☐ Helmet ☐ Shoulder/Lap ☐ Lap ☐ Airbag

Patient Location: ☐ Driver ☐ Passenger ☐ Front ☐ Rear

☐ Extrication _____ mins.
Time: _____ By: _____

Additional Units

Unit:	Eng.	OIC	Unit:	Eng	OIC
	FF	FF		FF	FF
Unit:	Eng	OIC	Unit:	Eng	OIC
	FF	FF		FF	FF

EMS Crew

Driver: ☐EMT-B/I ☐EMT-P	Badge #:	☐EMT-B/I ☐EMT-P ☐Transport	Badge #:
☐EMT-B/I ☐EMT-P ☐Transport	Badge #:	☐EMT-B/I ☐EMT-P ☐Transport	Badge #:

I. D.O.A.

AUTHORITIES NOTIFIED BY _____ TIME _____ A.M. P.M.

RELEASED BY _____ TIME _____ A.M. P.M.

PRONOUNCED DEAD BY _____ M.D. TIME _____ A.M. P.M.

II. REFUSAL OF CARE

I, _____, ACKNOWLEDGE THAT THE HARRISON FIRE DEPARTMENT PERSONNEL HAVE RECOMMENDED THAT I BE TRANSPORTED TO THE HOSPITAL BY AMBULANCE FOR CERTAIN MEDICAL TREATMENT, BUT I HAVE NEVERTHELESS REFUSED THEIR RECOMMENDATIONS. THE CONSEQUENCES OF MY REFUSAL HAVE BEEN FULLY EXPLAINED TO ME.

Victim's signature _____

Crew chief's signature _____

Witness signature _____

Victim would not sign refusal form _____ Reason _____

01	White, Non-Hispanic
02	White, Hispanic
03	Black, Non-Hispanic
04	Black, Hispanic
05	American Indian
06	Asian/Pacific Islander
07	Other
99	Unknown

DISTRICT LOOK-UPS

OHIO		INDIANA	
C6	City of Harrison 56	WH	West Harrison
C7	City of Harrison 57	HT	Harrison Township
H6	Harrison Township 56	LT	Logan Township
H7	Harrison Township 57	KI	Kelso Township

MA - Mutual Aid

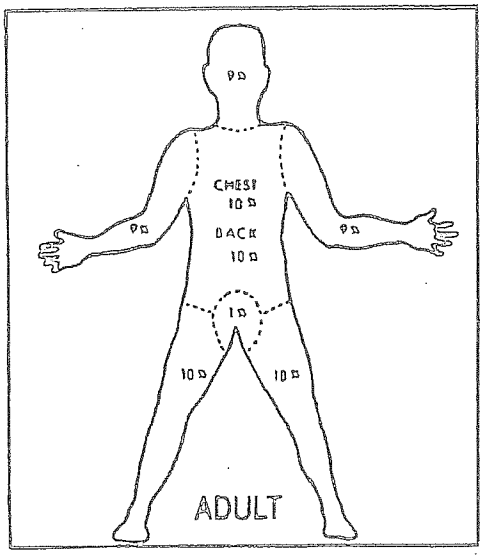
APGAR SCALE

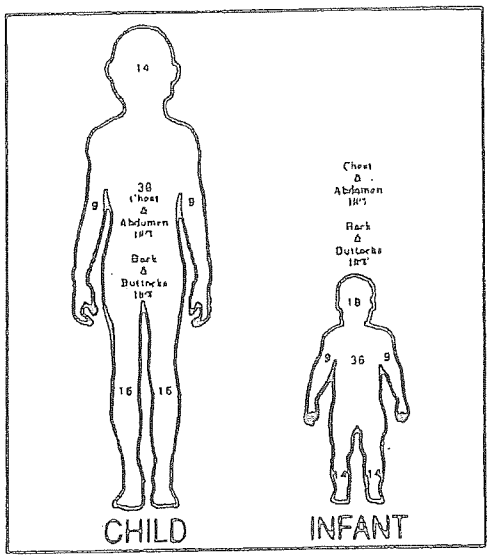
	1 Minute	5 Minutes
HEART RATE		
RESPIRATORY EFFORT		
MUSCLE TONE		
REFLEX IRRITABILITY		
COLOR		
TOTAL		

KEY

	0 Points	1 Point	2 Points
HEART RATE	Absent	<100	>100
RESPIRATORY EFFORT	Absent	Weak cry	Strong cry
MUSCLE TONE	Flaccid	Some flexion	Active motion
REFLEX IRRITABILITY (stimulate feet)	No response	Some motion	Vigorous cry
COLOR	Blue pale	Body: pink Ext: blue	Fully pink

- Infants with scores of 7 - 10 usually require supportive care only;
- Scores of 4 - 6 indicate moderate depression;
- Infants with scores < 4 require aggressive resuscitation.





Page 3 (yellow)

FIRE·EMS Harrison

200 Harrison Ave.
Harrison, OH 45030
(513) 367-4194

Date: _____ Shift: 1 2 3

Incident #: _____

PATIENT INFORMATION

Name:	Age:	DOB:	SSN#:
Address:	City:	State:	Zip Code:
Telephone #: ☐Home ☐Cell ☐Work ☐None ( )	Race / ethnicity: (See back of White)	Sex: ☐M ☐F	Family Physician:
Weight:	Resident: ☐Y ☐N		

INCIDENT INFORMATION

Dispatched:	Responding:	At Scene:	At Patient:	To Hospital:	At Hospital:	Available:
Dispatched As:	Unit Dispatched:	Squad # 1 2 3 4	Mutual Aid Dept/Unit: ☐Given ☐Rec'd	Response Code: 2 3 Transport Code: 2 3		
Location of Call: ☐OH ☐IN	Receiving Hospital:	Communications: ☐Notification MD ☐Telemetry				
Business Name:	District: (See back of White)	Responding ALS Units:	Transporting ALS Units:			

PATIENT CARE INFORMATION

Chief Complaint:

Provider Impression: (See back) (of Yellow)

Medications:

Allergies: ☐NKDA

☐Additional on Narrative Sheet

Medical History

☐None	☐Heart Disease:
☐Hypertension	☐CVA / TIA:
☐Diabetes	☐Respiratory:
☐Seizures	☐Cancer:
☐Psychological	☐Other:

Time	Blood Pressure	Pulse Rate	Resp. Rate	Oximetry	Temp.	Glucose
				☐RA ☐O_2		
				☐RA ☐O_2		
				☐RA ☐O_2		
				☐RA ☐O_2		
				☐RA ☐O_2		

Lung Sounds

Upper Rt. Lt.		Lower Rt. Lt.
☐☐	Clear	☐☐
☐☐	Rales	☐☐
☐☐	Rhonci	☐☐
☐☐	Wheezes	☐☐
☐☐	Diminished	☐☐
☐☐	Absent	☐☐
☐☐	Stridor	☐☐
☐☐	Labored	☐☐

Pupils

Rt. Lt.
☐☐ Equal
☐☐ Reactive
☐☐ Non-Reactive
☐☐ Dilated
☐☐ Constricted
☐☐ Unequal

Skin

Color: ☐Normal ☐Cyanotic ☐Pale ☐Flushed ☐Jaundice

Condition: ☐Warm ☐Hot ☐Cool/Cold ☐Moist ☐Dry

Capillary Refill

☐ < 2 sec. ☐ > 2 sec.

Medications / Defibrillation / IV Fluids / EKG

Time	Med / Defib / Solution / Angio	Dose / Joules	Route	Rhythm	Badge #

Glascow Coma Scale

		Time					
Eyes Open	Spontaneous	4					
	To Verbal Command	3					
	To Pain	2					
	No Response	1					
Verbal Response	Oriented	5					
	Confused	4					
	Inappropriate Words	3					
	Incomprehensible Sounds	2					
	No Response	1					
Motor Response	Obeys Commands	6					
	Localized Pain	5					
	Withdraws	4					
	Abnormal Flexion	3					
	Abnormal Extension	2					
	No Response	1					
Total Score							

Basic Life Support Treatment

☐ Oxygen: @ _____ lpm
☐ Cannula
☐ Non-Rebreather
☐ Other _____
☐ CPAP
☐ Ventilation
☐ BVM @ _____ /min.

☐ Airway Insertion Time: _____
☐ Oral ☐ King
☐ Nasal Size: _____

☐ Intubation Time: _____
ET Tube Size _____ ☐ Intubation Confirmation
☐ Oral ☐ ET CO_2
☐ Nasal ☐ Other _____

☐ CPR Time: _____
☐ By-stander

☐ Bleeding Control
☐ Bandaging
☐ Burn Care
☐ Cold Pack
☐ Heat Pack

☐ Spinal Immobilization Time: _____
☐ C-Collar PMS
☐ CID Before: ☐+ ☐-
☐ Long Backboard After: ☐+ ☐-
☐ Straps

☐ Splinting Time: _____
☐ Board PMS
☐ Traction Before: ☐+ ☐-
☐ Vacuum After: ☐+ ☐-
☐ Other _____

☐ Restraints Time: _____

☐ OB Delivery Time: _____
APGAR: _____ 1 min. _____ 5 min.

Advanced Life Support Treatment

☐ Cardiac Monitor
☐ 3-Lead ☐ 12-Lead
☐ Defibrillation

☐ IV Access By: _____
☐ Successful ☐ Unsuccessful
Number of Attempts _____

☐ Chest Decompression Time: _____
☐ Right ☐ Left By: _____

☐ External Pacer
Output _____ Rate _____
☐ Synchronized Cardioversion

☐ Intraosseous Infusion By: _____
Number of Attempts _____

☐ Quik Trach
Time: _____ By: _____

Accident Type:
☐ Head-on
☐ Rollover
☐ Side Impact

Vehicle Found:
☐ Upright
☐ Inverted
☐ On Side

Safety Equipment:
☐ None ☐ Helmet
☐ Shoulder/Lap ☐ Lap
☐ Airbag

Patient Location:
☐ Driver ☐ Passenger ☐ Front ☐ Rear

☐ Extrication _____ mins.
Time: _____ By: _____

Additional Units

Unit:	Eng	OIC	Unit:	Eng	OIC
	FF	FF		FF	FF
Unit:	Eng	OIC	Unit:	Eng	OIC
	FF	FF		FF	FF

EMS Crew

Driver: ☐EMT-B/I ☐EMT-P	Badge #:	☐EMT-B/I ☐EMT-P ☐Transport	Badge #:
☐EMT-B/I ☐EMT-P ☐Transport	Badge #:	☐EMT-B/I ☐EMT-P ☐Transport	Badge #:

Page 4 (Yellow)

	Data Items:
	Description ICD-9
	OK On Arrival
001	NCFC (No Cause For Concern)
002	DOA
	General Illness
101	Cold/Flu Symptoms 487.1
102	Diarrhea
103	Dizziness/Vertigo
104	Epistaxis (Nosebleed),
105	(General) Aches, Pains, Soreness
106	Headache, Minor/Moderate
107	Nausea/Vomiting
108	Syncope/Fainting
109	Fever
	Allergic Reaction
201	Minor/Moderate Reactions Local
202	Respiratory Involvement
203	Anaphylactic Shock
	Cardiovascular/Circulatory
301	Angina Pectoris
302	Aortic Aneurysm
303	Congestive Heart Failure
304	Dysrhythmia (Not MI Related)
305	Hypertension
306	Hypotension
307	Myocardial Infarction
308	Unconscious, Unknown Etiology
309	Chest Pain/Discomfort
	Cerebral/Neurovascular
401	CVA/Stroke
402	TIA
403	Numbness/Tingling (Parasthesia)
404	Paralysis (Loss Of Motion, Unknown origin)
405	Seizure/Convulsions (Febrile)
406	Seizure/Convulsions (Unknown origin)
407	Seizures (Epileptic by history)
408	Altered Level of Consciousness
	OB/Gynecology
501	Abnormal Delivery
502	Normal Delivery (Single)
503	Abnormal Delivery (Multiple)
504	Stillborn
505	Obstetrics/ Gynecology
506	Abortion/Miscarriage
507	Ectopic Pregnancy
508	False Labor
509	Vaginal Hemorrhage (Not Birth Related)
	Cancer
601	Cancer, Other
	Digestive
701	Abdominal Pain, Minor
702	Abdominal Pain, Severe (Unknown Orgin)
703	Appendicitis
704	Food Poisoning
705	Lower G.I. Bleeding
706	Upper G.I. Bleeding
	Emotional/Mental/Psychogenic
801	Alcohol Related
802	Drug Induced Emotional
803	Abuse/Dependency
804	Drug Overdose
805	Depression
806	Anxiety
807	Suicide Attempt (Not DOA)
808	Psychiatric Disorder
809	Behavioral Disorder
	Genitourinary
901	Hematuria (Blood In Urine)
902	Renal Calculi (Kidney Stones)
903	Renal Failure
	Hematologic (Blood/Bleeding)
1001	Hemophilia
1002	Sickel Cell Anemia
	Infectious Disease
1101	AIDS
1102	Hepatitis
1103	Meningitis
1104	Tuberculosis
	Metabolic
1201	Dehydration
1202	Hyperglycermia
1203	Hypoglycermia (Non-Diabetic)
1204	Hypoglycemia (Diabetic)
	Musculoskeletal
1301	Chronic Back Pain
1302	General Musculoskeletal Pain
1303	Dislocations
1304	Fractures
1305	Sprains/Strains
	Respiratory
1401	Acute Pulmonary Edema
1402	Asthma
1403	COPD (Emphysema, Etc)
1404	Croup
1405	Epiglottitis
1406	Hemothorax (Non-Traumatic)
1407	Pneumothorax (Spontaneous)
1408	Pulmonary Embolus
1409	Respiratory Distress
1410	Respiratory Distress, Acute
1411	Tracheotomy Complications
1412	Smoke Inhalation
1413	Airway Obstruction/Choking
1414	Respiratory Arrest
	Environmental
1501	Frostbite
1502	Exposure
1503	Heat Cramps
1504	Heat Exhaustion
1505	Heat Stroke
1506	Hypothermia
1507	Lightening Strikes
	Injuries
1601	Abrasions, Scrapes, Scratches
1602	Amputations
1603	Blast Injury
1604	Burns, Minor/Moderate
1605	Bums, Severe
1606	Spinal injury
1607	Concussion and/or Loss of Consciousness
1608	Contusions/Bruises
1609	Electrical Shock, Minor/Moderate
1610	Hemothorax (traumatic)
1611	Lacerations/Avulsions/ Punctures
1612	Multiple Minor Injuries
1613	Near Drowning
1614	Pneumothorax (Traumatic)
1615	Alleged Sexual Assault/Rape
1616	Tension Pneumothorax (Traumatic)
1617	Trauma, Multiple
1699	Other Injuries not Listed
	Poisoning
1701	Ingestion
1702	Inhalation
1703	Stings/Venomous Bites
	Arrest
1801	Cardiac Arrest
1802	Drowning Associated Arrest
1803	Electrocution/Lightning Strike
1804	Human Violence (Shooting, Strangulation)
1805	Sudden Infant Death Syndrome (SIDS)
1806	Apparent Suicide
1899	Other or Unknown
	Other Illness Not Defined On Above Categories
9999	Other

Page 5 (Pink)

FIRE·EMS Harrison

200 Harrison Ave.
Harrison, OH 45030
(513) 367-4194

Date: _____ Shift: 1 2 3

Incident #: _____

PATIENT INFORMATION

Name:	Age:	DOB:	SSN#:
Address:	City:	State:	Zip Code:
Telephone #: ☐Home ☐Cell ☐Work ☐None ( )	Race / ethnicity: (See back of White)	Sex: ☐M ☐F	Family Physician:
Weight:	Resident: ☐Y ☐N		

INCIDENT INFORMATION

Dispatched:	Responding:	At Scene:	At Patient:	To Hospital:	At Hospital:	Available:
Dispatched As:	Unit Dispatched:	Squad # 1 2 3 4	Mutual Aid Dept/Unit: ☐Given ☐Rec'd	Response Code: 2 3 Transport Code: 2 3		
Location of Call: ☐OH ☐IN	Receiving Hospital:	Communications: ☐Notification MD ☐Telemetry				
Business Name:	District: (See back of White)	Responding ALS Units:	Transporting ALS Units:			

PATIENT CARE INFORMATION

Chief Complaint:

Provider Impression: (See back of Yellow)

Medications:

Allergies: ☐NKDA

☐Additional on Narrative Sheet

Medical History

☐None	☐Heart Disease:
☐Hypertension	☐CVA / TIA:
☐Diabetes	☐Respiratory:
☐Seizures	☐Cancer:
☐Psychological	☐Other:

Time	Blood Pressure	Pulse Rate	Resp. Rate	Oximetry	Temp.	Glucose
				☐RA ☐O_2		
				☐RA ☐O_2		
				☐RA ☐O_2		
				☐RA ☐O_2		
				☐RA ☐O_2		

Lung Sounds

Upper Rt. Lt.		Lower Rt. Lt.
☐ ☐	Clear	☐ ☐
☐ ☐	Rales	☐ ☐
☐ ☐	Rhonci	☐ ☐
☐ ☐	Wheezes	☐ ☐
☐ ☐	Diminshed	☐ ☐
☐ ☐	Absent	☐ ☐
☐ ☐	Stridor	☐ ☐
☐ ☐	Labored	☐ ☐

Pupils

Rt.	Lt.	
☐	☐	Equal
☐	☐	Reactive
☐	☐	Non-Reactive
☐	☐	Dilated
☐	☐	Constricted
☐	☐	Unequal

Skin

Color	Condition
☐Normal	☐Warm
☐Cyanotic	☐Hot
☐Pale	☐Cool/Cold
☐Flushed	☐Moist
☐Jaundice	☐Dry

Capillary Refill

☐ < 2 sec. ☐ > 2 sec.

Medications / Defibrillation / IV Fluids / EKG

Time	Med / Defib / Solution / Angio	Dose / Joules	Route	Rhythm	Badge #

Glascow Coma Scale

		Time				
Eyes Open	Spontaneous	4				
	To Verbal Command	3				
	To Pain	2				
	No Response	1				
Verbal Response	Oriented	5				
	Confused	4				
	Inappropriate Words	3				
	Incomprehensible Sounds	2				
	No Response	1				
Motor Response	Obeys Commands	6				
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	Withdraws	4				
	Abnormal Flexion	3				
	Abnormal Extension	2				
	No Response	1				
Total Score						

Basic Life Support Treatment

☐ Oxygen: @ _____ lpm
☐ Cannula
☐ Non-Rebreather
☐ Other _____
☐ CPAP
☐ Ventilation
☐ BVM @ _____ /min.

☐ Airway Insertion Time: _____
☐ Oral ☐ King
☐ Nasal Size: _____

☐ Intubation Time: _____
ET Tube Size _____ ☐ Intubation Confirmation
☐ Oral ☐ $ET CO_2$
☐ Nasal ☐ Other _____

☐ CPR Time: _____
☐ By-stander

☐ Bleeding Control
☐ Bandaging
☐ Burn Care
☐ Cold Pack
☐ Heat Pack

☐ Spinal Immobilization Time: _____
☐ C-Collar PMS
☐ CID Before: ☐ + ☐ -
☐ Long Backboard After: ☐ + ☐ -
☐ Straps

☐ Splinting Time: _____
☐ Board PMS
☐ Traction Before: ☐ + ☐ -
☐ Vacuum After: ☐ + ☐ -
☐ Other _____

☐ Restraints Time: _____

☐ OB Delivery Time: _____
APGAR: _____ 1 min. _____ 5 min.

Advanced Life Support Treatment

☐ Cardiac Monitor
☐ 3-Lead ☐ 12-Lead
☐ Defibrillation

☐ IV Access By: _____
☐ Successful ☐ Unsuccessful
Number of Attempts _____

☐ Chest Decompression Time: _____
☐ Right ☐ Left By: _____

☐ External Pacer
Output _____ Rate _____
☐ Synchronized Cardioversion

☐ Intraosseous Infusion By: _____
Number of Attempts _____

☐ Quik Trach
Time: _____ By: _____

Accident Type:
☐ Head-on
☐ Rollover
☐ Side Impact

Vehicle Found:
☐ Upright
☐ Inverted
☐ On Side

Safety Equipment:
☐ None ☐ Helmet
☐ Shoulder/Lap ☐ Lap
☐ Airbag

Patient Location:
☐ Driver ☐ Passenger ☐ Front ☐ Rear

☐ Extrication _____ mins.
Time: _____ By: _____

Additional Units

Unit:	Eng	OIC	Unit:	Eng	OIC
	FF	FF		FF	FF
Unit:	Eng	OIC	Unit:	Eng	OIC
	FF	FF		FF	FF

EMS Crew

Driver: ☐EMT-B/I ☐EMT-P ☐Transport	Badge #:	☐EMT-B/I ☐EMT-P ☐Transport	Badge #:
☐EMT-B/I ☐EMT-P ☐Transport	Badge #:	☐EMT-B/I ☐EMT-P ☐Transport	Badge #:

Page 6 (Blank)

Insurance Authorization & Privacy Practices Acknowledgement Form

Patient Name: _____ Date: _____

Insurance Authorization: I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to Harrison Fire Department for any services provided to me by Harrison Fire Department now or in the future. I understand that I am financially responsible for the services provided to me by Harrison Fire Department, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to Harrison Fire Department any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to Harrison Fire Department. I authorize Harrison Fire Department to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to Harrison Fire Department and its billing agents, and/or the Centers for Medicare and Medicaid Services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me Harrison Fire Department, now or in the future. A copy of this form is as valid as an original.

Privacy Practices Acknowledgment: By signing below, I acknowledge that I have received Harrison Fire Department's Notice of Privacy Practices.

SIGNATURE SECTION:

One of the following three sections MUST be completed.

SECTION I – PATIENT SIGNATURE

The patient must sign here unless the patient is physically or mentally incapable of signing.

X _____
Patient Signature

X _____
Witness Signature

_____
Witness Printed Name

If patient is physically or mentally incapable of signing, Section II must be completed.

SECTION II – AUTHORIZED REPRESENTATIVE SIGNATURE

Complete this section **only** if patient is physically or mentally incapable of signing or is a minor.

Reason the patient is physically or mentally incapable of signing:

_____

Authorized representatives include **only** the following individuals (check one):

☐ Patient's Legal Guardian ☐ Patient's Health Care Power of Attorney

I am signing on behalf of the patient. I recognize that signing on behalf of the patient is not an acceptance of financial responsibility for the services rendered.

X _____ _____
Representative Signature Printed Name of Representative

SECTION III - EMERGENCIES ONLY - AMBULANCE CREW AND FACILITY REPRESENTATIVE SIGNATURES

Complete this section **only** for emergency ambulance transports, if patient was physically or mentally incapable of signing,

A. Ambulance Crew Member Statement (must be completed by crew member at time of transport)

My signature below indicates that, at the time of service, the patient named above was physically or mentally incapable of signing..

Reason pt incapable of signing: _____

Name and Location of Receiving Facility: _____ Time at Receiving Facility: _____

X _____ _____
Signature of Crewmember Printed Name of Crewmember

B. Receiving Facility Representative Signature

The above-named patient was received by this facility at the date and time indicated above.

X _____ _____
Signature of Receiving Facility Representative Printed Name and Title of Receiving Facility Representative

C. Secondary Documentation

If no facility representative signature is obtained, the ambulance crew should attempt to obtain one or more of the following forms of documentation from the receiving facility that indicates that the patient was transported to that facility by ambulance on the date and time indicated above. The release of this information by the hospital to the ambulance service is expressly permitted by §164.506(c) of HIPAA.

☐ Patient Care Report (signed by representative of facility)
☐ Patient Medical Record
☐ Facility Face Sheet/Admissions Record
☐ Hospital Log or Other Similar Facility Record

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☐ Facility Face Sheet/Admissions Record
☐ Hospital Log or Other Similar Facility Record

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice please contact our privacy officer. *Harrison Fire Department Division of EMS. 513-367-3710.*

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control certain confidential health care information about you, known as Protected Health Information or PHI. Examples of PHI include demographic information, physical or mental health or condition, and related health care services.

We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at the time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail.

Uses and Disclosure of PHI
We may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples for our uses of your PHI include:

For Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel. It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

Payment: Your PHI will be used, as needed, to obtain payment for the services we have provided to you. Activities may include determining your eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, organizing your PHI and submitting bills to insurance companies, and collection of outstanding accounts.

Health Care Operations: This includes quality assurance activities, employee review activities, training, and creating and conducting business reviews. We may share your PHI with third party "business associates" that perform various activities for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of you PHI, we will have a written contract that contains terms that will protect your privacy.

Fundraising: We may contact you when we are in the process of raising funds for our company.

We are permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

Required By Law: We may use or disclose your protected health information to the extent that the law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, track products; to enable product recalls; to make repairs or replacements or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board, which reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Page 10 (White)

FIRE·EMS Harrison

200 Harrison Ave.
Harrison, OH 45030
(513) 367-4194

Date: _____ Shift: 1 2 3

Incident #: _____

Patient Name:	DOB:	Age:

SUPPLEMENTAL REPORT

C - Chief Complaint
Hx – History
A – Assessment
Rx – Treatment
T – Response to Rx and Transport

Medications:

Allergies:

NARRATIVE

Condition of Patient upon Hospital Arrival:
☐ Improved ☐ Worsened ☐ Did Not Change ☐ N/A

EMS CREW

Driver: ☐EMT-B/I ☐EMT-P	Badge #:	☐EMT-B/I ☐EMT-P ☐Transport	Badge #:
☐EMT-B/I ☐EMT-P ☐Transport	Badge #:	☐EMT-B/I ☐EMT-P ☐Transport	Badge #:

White – Harrison Fire Dept. Yellow – Medical Director Pink – Hospital

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Page 11 (white)

COMMON TERMS

A

ABDOMEN
ABRASION
ABSCESS
AMNIOTIC SAC
AMPUTATION
ANAPHYLACTIC
ANEMIA
ANEURYSM
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ANOXIA
AORTIC
APNEA
APPENDICITIS
ARRHYTHMIA
ARTHRITIS
ASPHYXIA
ASTHMA
ASPIRATION
ATRIAL
AVULSION
AXILLARY

B

BELLIGERENT
BENIGN
BILE
BRACHIAL
BRONCHITIS
BURSITIS

C

CAPILLARY
CAROTID
CEPHALIC
CEREBRAL
CERVIX
CESAREAN
CHRONIC
CIRRHOSIS
COLOSTOMY
COLLAPSE
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CONGENITAL
CONJUNCTIVA
CONSCIOUS
CONTUSION
COSTAL
CYANOTIC

D

DELIRIUM
DETERIORATE
DIAPHORETIC
DIAPHRAGM
DIARRHEA
DIASTOLIC

E

ECTOPIC
EDEMA
EMBOLISM
EPIGLOTTITIS
ESOPHAGEAL
EMPHYSEMA

F

FECES
FEMORAL
FETUS
FIBRILLATION
FLAIL

G

GANGRENE
GLAUCOMA
GRAND MAL

H

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HEMORRHAGE
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I

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COMMON ABBREVIATIONS

Abd.	Abdomen
Ant.	Anterior
c̄	With
Ca	Cancer
CC	Chief Complaint
CHF	Congestive Heart Failure
c/o	Complaining Of
COPD	Chronic Obstructive Pulmonary Disease
CVA	Cerebrovascular Accident
DC	Discontinue
Dx	Diagnosis
Fx	Fracture
G.I.	Gastrointestinal
gtt.	Drops
GSW	Gunshot Wound
HTN.	Hypertension
H.X.	History
I.V.	Intravenous
Lt.	Left
L.O.C.	Loss of Consciousness
MI	Myocardial Infarction
NKA	No Known Allergies
PERL	Pupils Equal Reactive to Light
P.I.D.	Pelvic Inflammatory Disease
Pt	Patient
Post.	Posterior
q.d.	Every Day
q.h.	Every Hour
q.i.d.	4 Times Daily
Rt.	Right
RX	Prescription
s̄	Without
S.O.B.	Shortness of Breath
WNL	Within Normal Limits

Page 12 (Yellow)

FIRE·EMS Harrison

200 Harrison Ave.
Harrison, OH 45030
(513) 367-4194

Date: _____ Shift: 1 2 3

Incident #: _____

Patient Name:	DOB:	Age:

SUPPLEMENTAL REPORT

C - Chief Complaint
Hx – History
A – Assessment
Rx – Treatment
T – Response to Rx and Transport

Medications:

Allergies:

NARRATIVE

Condition of Patient upon Hospital Arrival:
☐ Improved ☐ Worsened ☐ Did Not Change ☐ N/A

EMS CREW

Driver: ☐EMT-B/I ☐EMT-P	Badge #:	☐EMT-B/I ☐EMT-P ☐Transport	Badge #:
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White – Harrison Fire Dept. Yellow – Medical Director Pink – Hospital

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BRONCHITIS
BURSITIS

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CAROTID
CEPHALIC
CEREBRAL
CERVIX
CESAREAN
CHRONIC
CIRRHOSIS
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COLLAPSE
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DIAPHORETIC
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FEMORAL
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FIBRILLATION
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Post.	Posterior
q.d.	Every Day
q.h.	Every Hour
q.i.d.	4 Times Daily
Rt.	Right
RX	Prescription
$\bar{s}$	Without
S.O.B.	Shortness of Breath
WNL	Within Normal Limits

Print

Subject: FW: Electronic Patient Care Reporting

From: Souders, Scott (ssouders@greentwp.org)

To: FD@greentwp.org;

Cc: djn052@yahoo.com;

Date: Friday, December 13, 2013 4:21 PM

Please consider responding to this brief survey for Capt. Nusekabel. He is looking for input to construct a research project from users of electronic reporting systems.

From: Doug Nusekabel [mailto:djn052@yahoo.com]
Sent: Friday, December 13, 2013 3:44 PM
To: John Brabson; Jon Buesing; Greg Chetwood; Kevin Cochran; Steve Conn; Jim Davis; Kevin Draper; Tony Egner; ericweil@ymail.com; Nick Gemmell; Ronnie Getz; Pat Gunn; Jeff Halusek; Steve Hamon; Aaron Hopkins; Rob Hursong; Robbie Hursong; Dave Kelly; Cam Kugler; Aaron Leffingwell; Jim Limerick; Steve May; Bruce Metzler; Dr.Kevin Meyer; Jessica Moening; Darrin Mooney; John Morris; Matt Nichlos; Dave Oettel; Steve Placke; Reardon, Amamda; Mike Rimroth; Justin Schwarberg; Adam Smith; Jim Steinriede; Matt Stelle; Jacob Stenger; Rob Stockmeier; Paul Weber; Cle Weitzel; Chris Wesseler; Windor, Scott; daric.hamon@gmail.com; dhelcher@harrisonohio.gov; hautman_Mer@yahoo.com; steve.ober@miamitownship.org; mike.wells@miamitownship.org; corey.offill@miamitownship.org; dhardwick@harrisonohio.gov; eobrien@harrisonohio.gov; firstin273@zoomtown.com; jpayne@harrisonohio.gov; kking@andersontownship.org; michael.lotz2@gmail.com; mmontique@fuse.net; nhoffman@harrisonohio.gov; ssallee33@aol.com; Souders, Scott; coharra@harrisonohio.gov; wrhursong@harrisonohio.gov; dscamp@fuse.net
Subject: Electronic Patient Care Reporting

As a student of the Ohio Fire Chiefs Association Ohio Fire Executive Program, I am conducting a survey to obtain the information needed to complete my research paper on electronic patient care reporting.

I ask that you answer the following questions to the best of your ability. If you could please complete the survey by December 20, 2013. I appreciate your time assisting me with my research. Please click on the link to continue to the survey. https://www.surveymonkey.com/s/QKN9JS5.

When forwarding my survey out to your department please Cc my email address djn052@yahoo.com, so I have an accountability of the number of emails sent out.

Respectfully yours,

Douglas J. Nusekabel
Captain - EMS Division
Harrison Fire Department
200 Harrison Ave., Harrison, OH 45030
Station: (513)367-3710
Cell: (513)200-1179

Subject: FW: FW: Electronic Patient Care Reporting (OFE Research Survey)

From: Rob Hursong (wrhursong@harrisonohio.gov)

To: djn052@yahoo.com;

Date: Tuesday, December 17, 2013 1:35 PM

FYI start counting

From: Mike Rupp [mailto:MikeR@forestpark.org]
Sent: Tuesday, December 17, 2013 1:28 PM
To: Brian Blum; Richard Wallace; Mark Ober; Paul Cunningham; Tom Riemar; Tom Driggers; deerfieldemt0095@aol.com; Richard Robinson; Phillip Clark; Cathy Marksteiner; Dan Ficke; Tom Camp; Chris Theders; Greg Preece; Rick Brown; Mike Ramm; Dan Alig; Tom Hoffman; Jason Weghorn; Ken Crank; Bob Klien; Steve Dawson; Mark Mercer; Joe Schutte; Mark Stagge; Paul Wright; Tom Wolf; Jeff Klein; Mike Beers; Andy Mason; Jeffery Leaming; Ben Casteel; Linda King-Edrington; Paul Gallo; Jim Edrington; Trish Brooks; Terri Adams; Anson Turley; Cedric Robinson; Duane Herth; Ed Dadosky; Fred Prather; Grant Light; Kevin McCullen; Mathew Flagler; Richard Braun; Roy Winston; Sherman Smith; Tom Lakamp; Joyce Vossmeyer; Richard Cruse; Mark Wolf; Steve Botts; Thomas Snively; John Detherage; John Mackey; Kevin Willman; Ralph Hammonds; Terry Dubois; Steve Agenbroad; Mike Jones; Jim Lyle; Jim Lyle; Alan Walls; Bradley Miller; Bruce Smith; Chris Ruwe; Chuck Palm; Frank Cook; Greg Brown; Grant Burns; Jim Bowman; Joe Silvati; Michael Bumpus; Mike Reenan; Mark Walsh; Randy Ellert; Rick Niehaus; Roger Sauerwein; Steve Conn; Caroline Allen; Jennifer Snyder; Bernie Becker; Doug Wehmeyer; Jerry Gooden; Patrick Strausbaugh; Chris Eisele; Doug Campbell; Jesse Moore; Matt Bishop; Scott Vinel; Bill Zoz; Paul Holman; Denny Meador; Donald Newman; Ed Rauen; rhealy@dpsjfd.org; Susan Browning; Mike Ludwick; Michael Hauck; Don Bennett; Matt Schumann; Timothy Thomas; Doug Cincurak; Andy Kalb; Alfie Jones; Austin Luken; Amos Johnson; Anthony Robertson; Aaron Schlueter; Aaron Turner; Andrew Wickerham; Anthony Wright; Ben Brinck; Ben Kutcher; Benjamin Reese; Brian Reining; Brendon Arrick; Bruce Ehas; Brian Wilson; Chris Arnold; Carol Hayes; Colin Bogart; Christopher Eisenecker; Chris Handley; Chris Hunt; Craig Niehaus; Chadd Webb; Darrell Brewer; Dan Copeland; Elton Britton; Eric Moncrief; Jason Geiser; Jason Becker; Justin Bell; Jason Brockhoff; Jermaine Hill; Jim Klems; Jim Smith; Jason Koeninger; Jeff Love; Joseph Meister; Jerry Mills; Kristina Bodley Bodley; Kevin Martin; Kevin Mullins; Kyle Simpson; Lawrence White; Leonard Brooks; Maurice Byrd; Melody Meadows; Mark Flagler; Mark Giffin; Mike Rupp; Matt Stelle; Matthew Todd; Nicholas Nolan; Ryan Haines; Steve Coley; Scott Brown; Steve Grau; Steve Kathmann; Tom Jackson; Tony Leidenbor; Tony Spaeth; William Batton; William Black; Jonathan Westendorf; John Daly; Bruce Downard; Greg Ballman; Tom Benjiman; Larry Cardwell; John Maggard; Luke Frey; Dan Mitsch; Ryan Collins; Steven Scherpenberg; Tom Hilvert; William Driscoll; Tony Spaeth; Ockie Hoffman; Dave Hoffman; Kevin Hardwick; B J Jetter; Billy Goldfetter; Chris Schneider; Craig Bryan; Eric Rupp; Brandon Saylor; Jeremy Waldorff; Kelan Wilson; Bill Quinn; Tim Stephens; Steve Pegram; Jim Whitworth; Doug Witsken; Mike Nie; Richard Bell; Scott Souders; Barry Webb; Barry Lusby; Brian MacMurdo; Charles Noble; Dave Geis; Mike Snowden; Swawn Cruse; Dennis Helcher; Greg Chetwood; Rob Hursong; Mark Ashworth; Kurt Goodman; Matt Neu; Kyle Singleton; Mike Caster; David Robinson; Walt Cook; Chris Schumacher; Thomas Breyer; Michael Hannigan; Paul Stumpf; Terry Ramsey; James Benjamin; Richard Hines; Aaron Bosco; John Cooper; Mark Baird; Mark Flanigan; Phil Nausel; Heath Smedley; Tim Newcomb; Bob Sandhas; Steve Ober; Brian Gulat; Harold Thiele; John Dold; Daniel Mack; Mory Fuhrmann; Steve Ashbrock; Mel Pomfrey; Clarence Smith; John Centers; Richard Mascarella; Dave Moore; Lisa Reeves; Ben Degenhardt; Steve Lawson; Tom Doerger; Kim Fladung; Kenneth Hickey; Brian Fels; Ed Vonlehmden; Patrick Seyfried; Paul McMullen; Ron Wallace; Steven Rump; Evan Schumann; Bradley George; Rick Carson; Mark Fyffe; Kevin Kaiser; Todd Owens; April Jefferson; Steve Miller; Joey Rockey; Andy Knapp; Otto Huber; Tom Turner; Craig Hauke; Dan Schroyer; Mike Hoffman; Dan Vanderman; Kevin Richards; Mark Thurman; Rick Browe; Rob Leininger; Randy Miller; Rober Sarvis; Tom Wallace; Joann Zimmerman; Randy Pavlak; Deb Walker; Perry Gerome; Robert Penny; Andy Mitten; Pam Erpenbeck; Christopher Boehringer; Anthony Kramer; Janice Evans; Steven Ward; Larry Bennett; Don Locasto; Gary Auffart; Jeff Jackson; Stan Deimling; Chad Follick; Kim Hannahan; Kate Redden; Doug Kill; Jim Neidhard; Paul Scherer; Michael Douglas; Mark Mays; Randel Hanifen; Steve Kelly; Tony Goller; Jim Davis; Scott Schorsch; Keith Knisley; Tom Beaty; Steve Kimple; Adam Morath; Donnie Swaine; Jeff Bartlett; Andy Robben; Will Eastwood; Dave Smile; David Glassmeyer; Jerry Kirker;

Doug Day; Tim Feichtner; Dennis Schneider; Hank Gibson; Rob Starrett; Dr. Jason MCMullan; Karen Sapp; Timmy McCaughey; Mark Martin; Joe Jones; Scott Sessions; Steve Ward; Doug Eikens; Chuck Stenger; Tony Poll; Jeff Travers; Jeffery Unger
Subject: Fwd: FW: Electronic Patient Care Reporting (OFE Research Survey)

Please see attached from our friends at the Harrison FD (Hamilton County)

Michael L. Rupp, OFE, NREMT-P
Assistant Fire Chief
Forest Park Fire Department
1201 West Kemper Road
Forest Park, Ohio 45240
miker@forestpark.org
Phone 513-595-5273
Fax 513-595-5280
Cell 513-615-6766
www.forestpark.org

"When your team is winning, be ready to be tough, because winning can make you soft. On the other hand, when your team is losing, stick by them. Keep believing"
- Bo Schembechler

Chief Rupp –

Would you mind sending this out for Captain Nusekabel? This survey is part of his applied research paper for the OFE program.

Thanks,

Chief Hursong

From: Doug Nusekabel [mailto:djn052@yahoo.com]
Sent: Friday, December 13, 2013 3:44 PM
To: John Brabson; Jon Buesing; Greg Chetwood; Kevin Cochran; Steve Conn; Jim Davis; Kevin Draper; Tony Egner; ericweil@ymail.com; Nick Gemmell; Ronnie Getz; Pat Gunn; Jeff Halusek; Steve Hamon; Aaron Hopkins; Rob Hursong; Robbie Hursong; Dave Kelly; Cam Kugler; Aaron Leffingwell; Jim Limerick; Steve May; Bruce Metzler; Dr.Kevin Meyer; Jessica Moening; Darrin Mooney; John Morris; Matt Nichlos; Dave Oettel; Steve Placke; Reardon, Amamda; Mike Rimroth; Justin Schwarberg; Adam Smith; Jim Steinriede; Matt Stelle; Jacob Stenger; Rob Stockmeier; Paul Weber; Cle Weitzel; Chris Wesseler; Windor, Scott; daric.hamon@gmail.com; Dennis Helcher; hautman_Mer@yahoo.com; steve.ober@miamitownship.org; mike.wells@miamitownship.org; corey.offill@miamitownship.org; Drew Hardwick; Eric OBrien; firstin273@zoomtown.com; Justin Payne; kking@andersontownship.org; michael.lotz2@gmail.com; mmontique@fuse.net; Nate Hoffman; ssallee33@aol.com; ssouders@greentwp.org; Chris Oharra; Rob Hursong; dscamp@fuse.net
Subject: Electronic Patient Care Reporting

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When forwarding my survey out to your department please Cc my email address djn052@yahoo.com, so I have an accountability of the number of emails sent out.

Respectfully yours,

Douglas J. Nusekabel
Captain - EMS Division
Harrison Fire Department
200 Harrison Ave., Harrison, OH 45030
Station: (513)367-3710
Cell: (513)200-1179

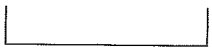
Subject: FW: Applied Research Assistance needed

From: Rob Hursong (wrhursong@harrisonohio.gov)

To: djn052@yahoo.com;

Date: Tuesday, December 17, 2013 2:00 PM

From: messages-noreply@bounce.linkedin.com [mailto:messages-noreply@bounce.linkedin.com] **On Behalf Of** Rob Hursong, NREMT-P, OFE via LinkedIn
Sent: Tuesday, December 17, 2013 1:33 PM
To: Rob Hursong
Cc: Brian Nicholson; Steve Pegram; Thomas Wagner, OFE; Porter "Chip" Welch; Michael A. Washington; Jeff Young; Brian Morefield; Jerrod Vanlandingham, MBA
Subject: Applied Research Assistance needed



Rob Hursong, NREMT-P, OFE
Fire Chief at Harrison Fire Department

As a student of the Ohio Fire Chiefs Association Ohio Fire Executive Program, I am conducting a survey to obtain the information needed to complete my research paper on electronic patient care reporting.

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https://www.surveymonkey.com/s/QKN9JS5.

When forwarding my survey out to your department please Cc my

email address djn052@yahoo.com, so I have an accountability of the number of emails sent out.

Respectfully yours,

Douglas J. Nusekabel
Captain - EMS Division
Harrison Fire Department
200 Harrison Ave., Harrison, OH 45030
Station: (513)367-3710
Cell: (513)200-1179

Reply to Rob

TIP You can respond to this message by replying to this email

APPENDIX C – QUESTIONS FROM SURVEY

Question 1. What method is your department using to document and report EMS responses? (check only one)

a. Paper patient care reporting

b. Electronic patient care reporting

Question 2. Select the best answer for how often you use computers for anything?

a. 1-3 hours per day

b. 3-5 hours per day

c. 5-7 hours per day

d. Over 7 hours per day

e. Do not use a computer

Question 3. How would you describe your computer proficiency?

a. Very proficient

b. Somewhat proficient

c. Neither proficient nor not proficient

d. Not proficient

e. Do not use a computer

Question 4. How long has the electronic patient care reporting (ePCR) system been implemented in your department?

a. Less than 1 year

b. 1-3 years

c. 4-6 years

d. Over 6 years

Question 5. Were there difficulties in the transition process from paper reporting to electronic reporting?

a. Yes

b. No

Question 6. Does electronic patient care reporting (ePCR) distract you from providing patient care?

a. Yes

b. No

Question 7. What electronic patient care reporting (ePCR) system does your department currently use?

a. Zoll

b. Fusion

c. Emergency Reporting

d. Safety Pad

e. Other_____

Question 8. Rate your satisfaction with electronic patient care reporting (ePCR) as it is implemented at your department.

a. Highly satisfied

b. Satisfied

c. Neither satisfied nor unsatisfied

d. Unsatisfied

e. Very unsatisfied

Question 9. Would you recommend electronic patient care reporting (ePCR) to another department?

a. Yes

b. No

Question10. Select the age group that best describes your current age.

a. 18-25 years old

b. 26-35 years old

c. 36-45 years old

d. 46-55 years old

e. 56 years old and older