

Introduction

Due to the number of Medium Impact changes, an associated file has been created for the National Definition of Fields.

Continuous improvement is a cornerstone of Vermont EMS. The State EMS Office looks to elevate the EMS profession, and support agencies as they protect the communities they serve. This document will discuss the changes that providers may encounter infrequently or only when a situation requires information that may not pertain to most electronic patient care reports.

Navigating this File

The details in this file are listed in the order that most providers would encounter them on the run form as they create the electronic patient care report (ePCR).

Items in this color:

- are existing fields that will continue to be active; or
- are new fields taking the place of disabled fields; or
- are the new names for fields that have been re-labeled.

Items in this color:

- have been disabled (the majority of these have new fields that will replace the previous item); or
- have been renamed, and this is the old name.

Providers can test the changes within the NEMSIS 3.5 Demo Environment. Credentials for this are as listed below.

Website:

<https://www.sirenems.com/Elite/Organizationvermont/>

Username: Sandbox22

Password: VTEMS22

The Vermont Office of EMS looks forward to continuing to work with our stakeholders in the EMS community with our ongoing goal of improving the quality of our data collection.

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| Date/Time Patient Care was Transferred to Hospital | | |
|--|--|------------------------|
| Change Type New Field. | Location Run Form/Incident Record > Times. | Required No. |

Additional Details:

Day/Time Patient Care was Transferred to Hospital is a new, optional field. It is *highly* likely that national regulations will have this field become mandatory in the future—with no option to select Not Applicable or Not Recorded. This field has been added into the run form so that providers can prepare.

| Dispatch Reason | | |
|-------------------------------------|--|-------------------------|
| Change Type New Response. | Location Run Form/Incident Record > Dispatch > Dispatch Information. | Required Yes. |

Additional Details:

This field has had additional response enabled. “Dizziness” can now be selected as an option.

| Capability of Unit | | |
|-------------------------------------|---|-------------------------|
| Change Type New Response. | Location Run Form/Incident Record > Response > Responding Unit. | Required Yes. |

Additional Details:

This field has had additional responses enabled. See the following for the updated information:

| Previous Response | New Response |
|-------------------------|---------------------------|
| First Response | First Response (BLS) |
| First Response | First Response (ALS) |
| Ambulance (BLS) | Ambulance (BLS) |
| Ambulance (ALS) | Ambulance (ALS) |
| Critical Care Ambulance | Ambulance (Critical Care) |

| Previous Response | New Response |
|---|------------------------------|
| Call Turn Over / Mutual Aid | Call Turn Over / Mutual Aid* |
| Intercept | Intercept (ALS) |
| | Air Transport (Helicopter) |
| | Community Paramedicine |
| *This is only visible after selecting “Click Here If The Call Was Transferred to Mutual Aid”. | |

| Other Agencies on Scene | | |
|-------------------------------------|---|------------------------|
| Change Type New Response. | Location Run Form/Incident Record > Response > Scene. | Required No. |

Additional Details:

“Vermont State Police, Berlin” has been added as an option.

| Number of Patients or Potential Patients Contacted by This EMS Unit | | |
|--|---|------------------------|
| Change Type New Field. | Location Run Form/Incident Record > Response > Situation. | Required No. |

Additional Details:

This optional field has been added to help clarify the number of patients. This field should be used in conjunction with Number of Patients Treated by This EMS Unit (new field) and Number of Patients Transported in this EMS Unit.

Note(s):

This field will only show if the Number of Patients at Scene is “Multiple”.

| Number of Patients Treated by This EMS Unit | | |
|--|---|------------------------|
| Change Type New Field. | Location Run Form/Incident Record > Response > Situation. | Required No. |

Additional Details:

This optional field has been added to help clarify the number of patients. This field should be used in conjunction with Number of Patients or Potential Patients Contacted by This EMS Unit (new field) and Number of Patients Transported in this EMS Unit.

Note(s):

This field will only show if the Number of Patients at Scene is “Multiple”.

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| Initial Patient Acuity | | |
|-------------------------------------|---|-------------------------|
| Change Type New Location. | Location Run Form/Incident Record > Response > Situation. | Required Yes. |

Additional Details:

The field has been moved to be more in line with how a stereotypical incident progresses.

| Final Patient Acuity | | |
|-------------------------------------|--|-------------------------|
| Change Type New Location. | Location <ul style="list-style-type: none"> • Run Form/Incident Record > Response > Situation (new). • Run Form/Incident Record > Patient Condition > Assessment. • Run Form/Incident Record > Transport > Transport Status and Priority. | Required Yes. |

Additional Details:

The field has been added to the new location to be more in line with how a stereotypical incident progresses.

Note(s)

ImageTrend functionality dictates that if a field has six or fewer possible responses, the choices will show as buttons. If a field has seven or more possible responses, the choices will show as a drop-down menu. As Final Patient Acuity will now have seven possible responses, the results will show as a drop down due to system limitations. At this time, possible responses for Initial Patient Acuity will continue to show as buttons.

| Patient Race | | |
|------------------------------------|---|-------------------------|
| Change Type New Response | Location Run Form/Incident Record > Patient > Patient Info. | Required Yes. |

Additional Details:

“Middle Eastern or North African” has been added as an option.

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Note(s):

As a reminder, the patient's race and gender should be defined by the patient.

| | | |
|---|---|------------------------|
| Patient Is Homeless Alternate Home Residence | | |
| Change Type New Field. | Location Run Form/Incident Record > Patient > Patient Address. | Required No. |

Additional Details:

A preset value has been added to the run form, so that if a provider selects the button “Patient Is Homeless”, information will auto-populate. When the button is selected, two fields will fill in with information:

1. The patient's home address will state “Homeless”; and
2. The previously hidden field of Alternate Home Residence will display with “Homeless” selected.

If the patient is listed as being Homeless, the home city, state and zip code will not be required, however it is still recommended that these fields be collected and documented if at all applicable or possible.

Before

Patient's Home Address:

Patient's Home Address Line 2:

Patient's Home ZIP Code:

Patient Address Favorite Postal Code:

Patient's Home City:

Patient's Home State:

Patient's Home County:

Patient's Home Country:

After

Alternate Home Residence:

Patient's Home Address:

Patient's Home Address Line 2:

Patient's Home ZIP Code:

Patient Address Favorite Postal Code:

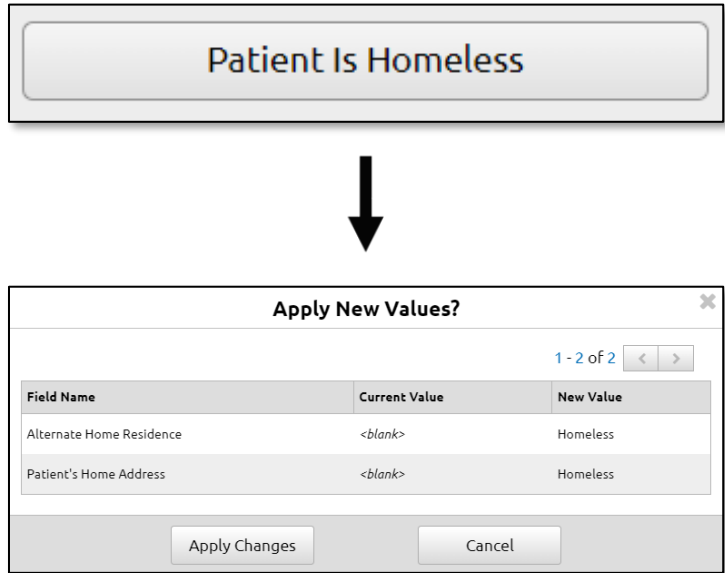
Patient's Home City:

Patient's Home State:

Patient's Home County:

Patient's Home Country:

- To utilize the Homeless option:
1. Go to Patient Info > Patient Address
 2. Click "Patient Is Homeless"
 3. Click "Apply changes"
 4. (Optional) Enter City, State and Zip Code, if information is available.



| | | |
|-------------------------------------|---|-------------------------|
| Primary Symptom | | |
| Other Associated Symptoms | | |
| Change Type New Response. | Location Run Form/Incident Record > Patient Condition > Assessment. | Required Yes. |

Additional Details:

“Other / No Other Appropriate Choice” has been added as a possible selection for the Primary and Other Symptoms.

| | | |
|-------------------------------------|---|-------------------------|
| Working Diagnosis | | |
| Other Diagnoses | | |
| Change Type New Response. | Location Run Form/Incident Record > Patient Condition > Assessment. | Required Yes. |

Additional Details:

The following have been added as possible selections for the Working and Other Diagnosis:

1. Other / No Other Appropriate Choice
2. Exhaustion due to excessive exertion

| | | |
|--|---|---------------------------------------|
| Signs of Suspected Alcohol/Drug Use | | Dictated by National Requirements. |
| Change Type Response Replaced. | Location Run Form/Incident Record > Patient Condition > Assessment. | Required Yes. |

Additional Details:

National regulations have determined that “Smell of Alcohol on Breath” should be disabled, with “Physical Exam Indicates Suspected Alcohol or Drug Use” being enabled as a replacement field.

| | | |
|--|---|---------------------------------------|
| Who First Initiated CPR | | Dictated by National Requirements. |
| Previous: Who Provided CPR Prior to EMS Arrival | | |
| Change Type Field Replaced. | Location Run Form/Incident Record > Patient Condition > Cardiac Arrest. | Required Yes. |

Additional Details:

Due to national regulations, Who Provided CPR Prior to EMS Arrival has been disabled, with Who First Initiated CPR enabled to replace the field.

| | | |
|--|---|---------------------------------------|
| Who First Applied the AED Who First Defibrillated the Patient | | Dictated by National Requirements. |
| Previous: Who Used AED Prior to EMS Arrival | | |
| Type of Change Field Replaced. | Location Run Form/Incident Record > Patient Condition > Cardiac Arrest. | Required Yes. |

Additional Details:

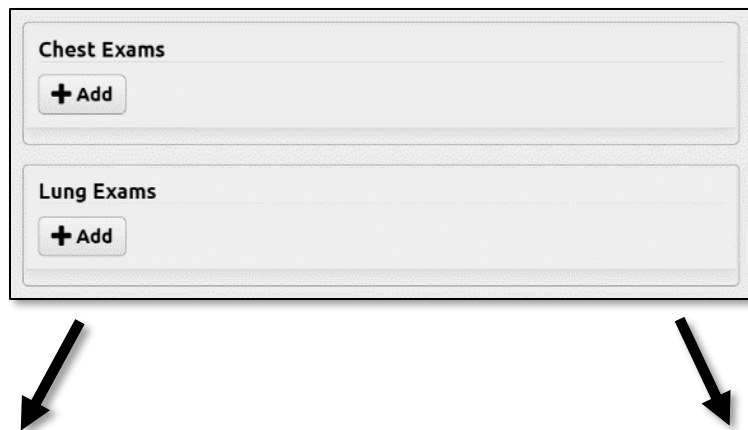
Due to national regulations, Who Used AED Prior to EMS Arrival has been disabled, with two fields enabled to replace it:

- Who First Applied the AED
- Who First Defibrillated the Patient.

| | | |
|--|---|---------------------------------------|
| Chest Assessment Finding Location Chest Assessment Lung Assessment Finding Location Lung Assessment | | Dictated by National Requirements. |
| Previous: Chest/Lungs Exam | | |
| Change Type Field Replaced. | Location Run Form/Incident Record > Provider Action > Exam > Assessment . | Required No. |

Additional Details:

Due to national regulations, the chest and lung assessments have been separated and now display independent of one another.



Chest Exam

Chest Assessment Finding Location:

Chest Assessment:

Lung Exam

Lung Assessment Finding Location:

Lung Assessment:

| Opioid Screening Question for Naloxone Leave Behind Kits* | | |
|---|---|--|
| Type of Change New Field. | Location* Run Form/Incident Record > Provider Action > Treatment. | Required* No. This will flag as recommended. |
| *As of 10/3/2022 details regarding this change are being evaluated by the Vermont Office of EMS and the information listed in this file is subject to change. Providers will be updated as information becomes available. | | |

Additional Details:

The protocol for Naloxone Leave Behind Opioid Overdose Rescue Program (8.11) states that after identifying an at-risk individual, an opioid screening test should be completed with the following question:

In the past year, have you used substances or prescription medications for non-medical or recreational reasons?

This question has been added to the incident record as part of the Naloxone Leave Behind Kit protocol.

Note(s):

The information in this file is accurate as of 10/3/2022. Details regarding this field are subject to change as the Vermont Office of EMS continues to evaluate the protocol and how to move forward with supporting our community partners.

This change has been implemented as part of the protocol update.

If the Naloxone Leave Behind protocol was utilized, please complete the following 4 questions

Document the at-risk person's response to this question: In the past year, have you used substances or prescription medications for non medical or recreational reasons?:

If an At-Risk Person was identified, was a Naloxone Leave Behind kit left with a person on scene?:

Number of Leave Behind Kits distributed at scene:

If a Naloxone Leave Behind kit was offered but not left behind, please document why:

The Naloxone Leave Behind protocol should be reviewed if a potentially at-risk person is identified.

A kit should be offered to any at-risk person who refuses transport, patients who use Naloxone on scene, family/friends/bystanders who may be in a position to help in an overdose situation.

If a kit is offered, document the number of kits left behind or why a kit was not left behind.

| Provider Care Signature | | |
|--|---|------------------------|
| Change Type Location Disabled. | Location <ul style="list-style-type: none"> • Previous: Run Form/Incident Record > Narrative > Provider Care Signature. • Previous: Run Form/Incident Record > Signatures > Signatures > Signatures. • Current: Run Form/Incident Record > Signatures > Signatures > Signatures. | Required No. |

Additional Details:

The signature information under the Narrative tab was listed as a duplicate of an alternate location. To minimize the length of the run form, this duplicate location has been disabled.

For any questions, please contact:
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