



# CoSD EMS LEMSIS ELITE

Initial LEMSIS Agency Provider Training



# GOALS AND OBJECTIVES

## **LEMSIS Agency Provider/User will be....**

- Able to understand how LEMSIS License Management System (LMS) works with LEMSIS Elite
- Able to understand the difference between LEMSIS Elite and LEMSIS Elite Field
- Able to understand how to document the PCR in the most efficient manner
- Able to understand the PCR is dynamic, for example fields will appear or disappear depending on the call situation
- Able to understand call flow begins in the field:
  - CAD Incident Number required
  - Early Base Hospital contact is more important than ever because the CAD incident number prompts the MICN to generate the Base Hospital Record (BHR)(per S-415)



# TERMINOLOGY

- **NEMSIS** - **N**ational **E**mergency **M**edical **S**ervices **I**nformation **S**ystem. NEMSIS is the national repository for EMS data
- **CEMSIS** - **C**alifornia **E**mergency **M**edical **S**ervices **I**nformation **S**ystem
- **CoSD LEMSIS** - **C**ounty of **S**an **D**iego **L**ocal **E**mergency **M**edical **S**ervices **I**nformation **S**ystem
- **LEMSIS LMS** – **L**icense **M**anagement **S**ystem (also referred to as LEMSIS Licensing Portal)
- **LEMSIS ELITE** - CoSD LEMSIS prehospital documentation module
  - **BHR** - **B**ase **H**ospital **R**ecord used for MICN documentation
  - **PCR** - **P**rehospital **C**are **R**ecord used for field/medic documentation
  - **Elite Web** - Arm of Elite for Agency Administration Management and Reporting
  - **Elite Field** - Arm of Elite in which PCR are documented from the field personnel
    - **Transfers** - The process of electronically moving records from one provider to another
      - **Upload** – Transferring the PCR to the Base Hospital and other provider involved in call
      - **Download** - Importing an uploaded PCR sent by another agency/unit on scene
  - **Posting** – Process to save the PCR to the server



# GENERAL INFORMATION

**LEMSIS LMS** – License Management System (also referred to as the LEMSIS Licensing Portal)

- Information related to personnel and your agency is managed in LMS which syncs with Elite

## **LEMSIS Elite**

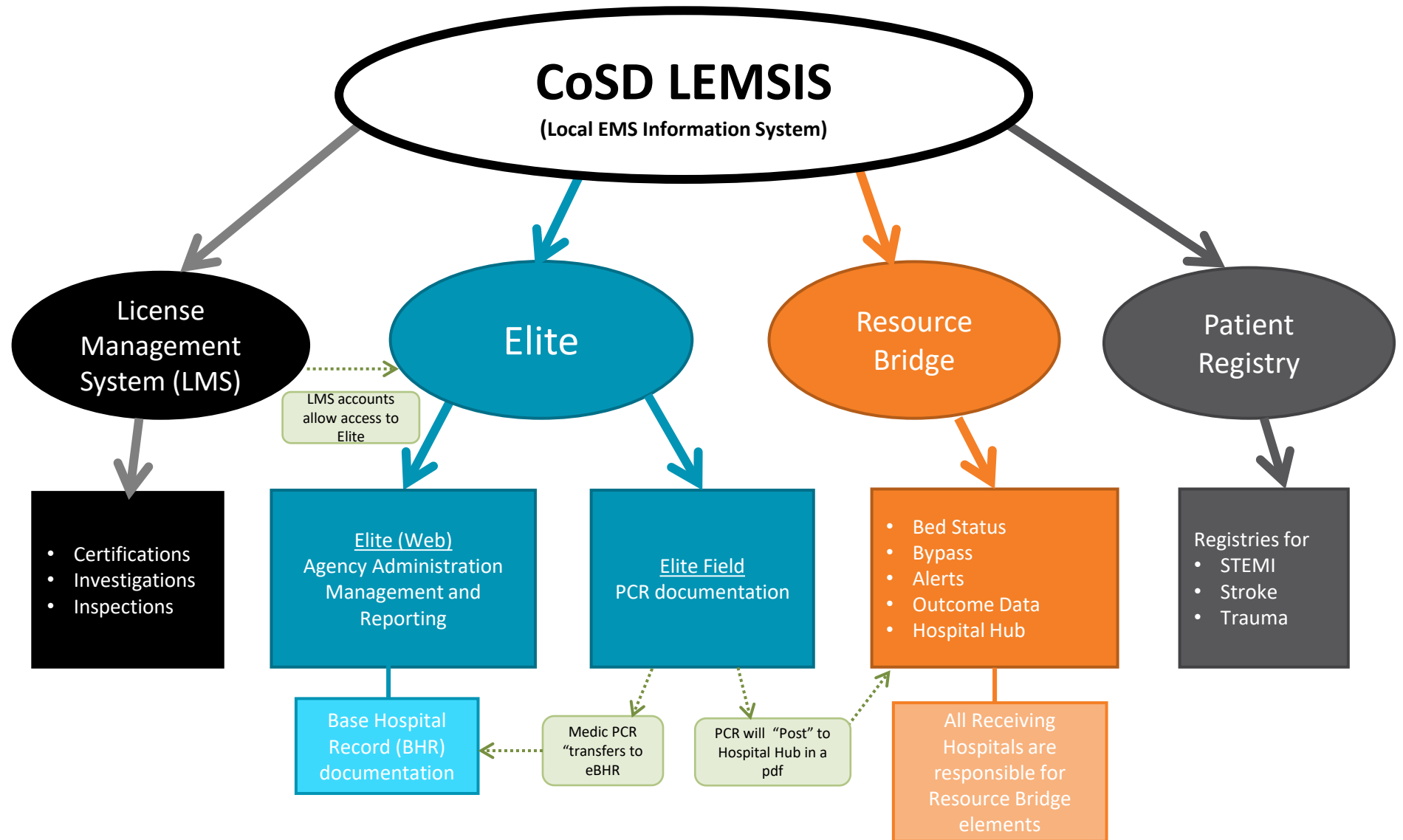
- CoSD LEMSIS Elite is the module with a dynamic data collection tool
- Today is the Initial training; future trainings will be made available as the new functions are implemented and feedback is received
- **AB 1129** – State mandate for agencies to submit NEMSIS, CEMSIS and LEMSIS compliant data in real time to the LEMSA

**General patient care documentation policies for all prehospital can be found in:**

- S-601 Documentation Standards and Transferral of Prehospital Care Record (PCR) Info
- S-602 EMS Provider Data Submission Process
- S-603 System Management and Support During Downtime
- S-415 Base Hospital Contact/Patient Transportation and Report



# OVERVIEW





# LEMSIS ELITE Module

The Prehospital Care Reporting System  
for County of San Diego EMS



# IF YOU CAN'T LOG INTO ELITE FIELD...

**Have you activated your account on the CoSD LEMSIS Licensing Portal? If you can't activate your account:**

- Do you have an email associated with your account? Your agency administrators and supervisors can check

**Are you on your agency's roster?**

- Ensure your agency administrator added you to the agency roster

**Do you have the correct username and password?**

- They are the same as your Licensing Portal username and password
- You can only try your password 20 times. If it doesn't work after 20 tries, your account will be suspended and you won't be able to get into Elite until CoSD EMS staff unlocks your account
- *DO NOT try your password 20 times.* Click the Forgot Password link, find the message sent to the email address in your account, and click the link to reset your password. The new password will also update in the Licensing Portal so you always have the same password for both systems



# IF YOU'VE LOGGED IN AND CAN'T GET TO THE PCR...

- Do you have a certification with CoSD EMS? If you are on your agency's roster, but your CoSD LEMSIS Licensing Portal (LMS) application has not been issued, you will not be able to access the ePCR
- Is your certification number (P-number, E-number) in your Licensing Portal account? If there is no certification number, you will not be able to access the ePCR
- Is your certification expired? If it's expired, your agency administrator may have removed your access temporarily



# LEMSIS ELITE FIELD > PARAMEDIC INTERNS

- Per Policy P-302
- In order for a paramedic intern to have access to ALS treatments when documenting in Elite they must:
  - Complete the *Other Healthcare Provider* application on the LEMSIS Licensing Portal, including:
    - Selecting “Paramedic Intern” as their level
    - Providing the name of the agency they will be interning with
- If the intern is not already on the agencies roster, they will need to be claimed by the Agency Admin

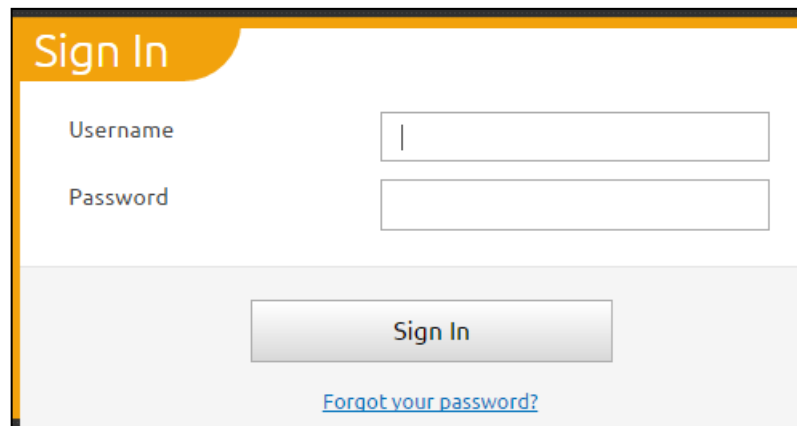


# LEMSIS ELITE > LOGIN

There are separate logins for **Elite (Web)** and **Elite Field** **\*\*Same Username and Password\*\***

**Elite (Web)** is the environment where agency administration, management, and reporting occurs

Web Address:  
<https://cosd.imagetrendelite.com/Elite>



Sign In

Username

Password

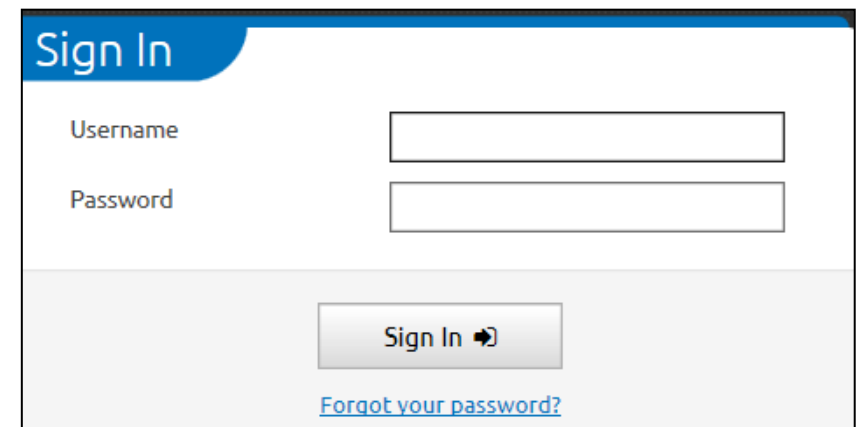
Sign In

[Forgot your password?](#)



**Elite Field** is the environment where field personnel will enter PCRs – this environment will be addressed during this training

Web Address:  
<https://cosd.imagetrendelite.com/Elite/Organizationsdcounty/RunForm/Login>



Sign In

Username

Password

Sign In 📱

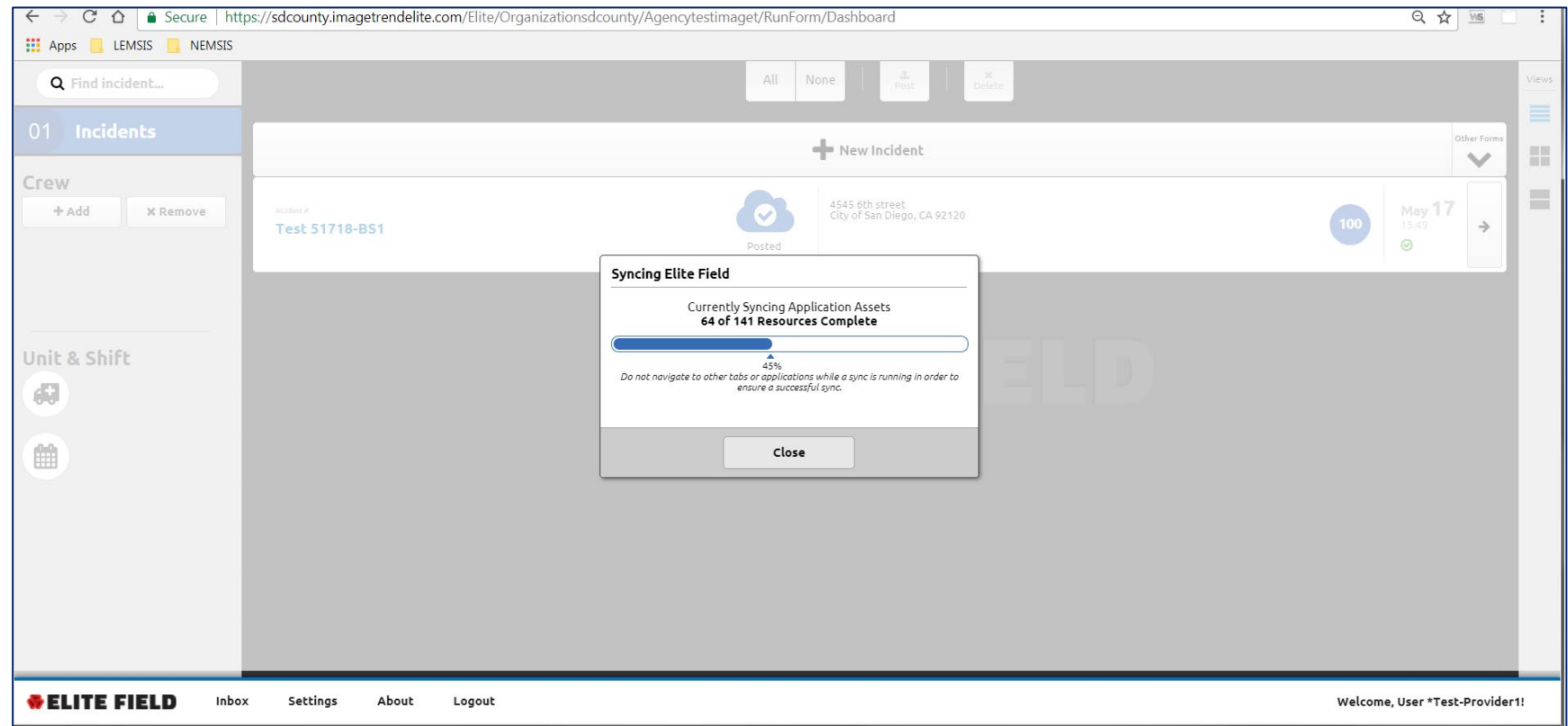
[Forgot your password?](#)

Set up Icon on devices for easy access to Elite Field



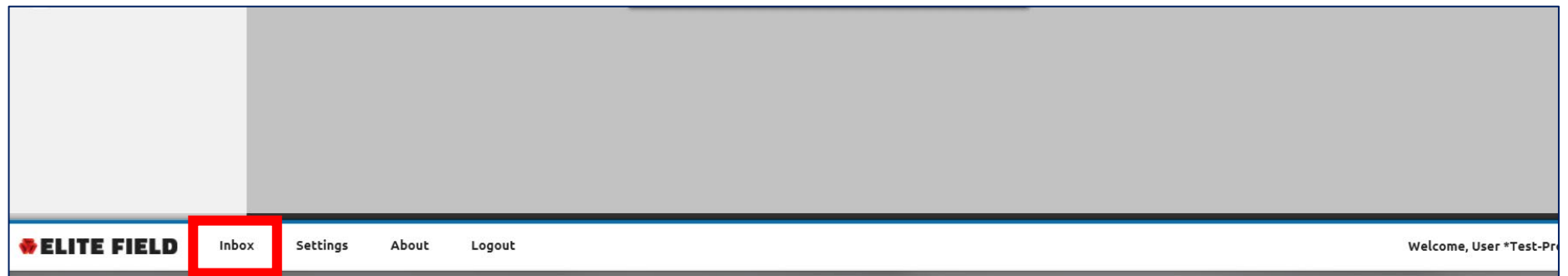
# LEMSIS ELITE FIELD LOGIN > SYNCING

- Syncing automatically occurs when you login to ensure the program is up-to-date
- Generally takes < 2 minutes; depends on the last time the sync was performed



# LEMSIS ELITE FIELD LOGIN > INBOX

- **Inbox** – Internal Email/Messaging feature



- The number of new messages will show
- When connected to the internet, clicking *Inbox* opens the Inbox in a new tab in Elite Web



# DIFFERENCE BETWEEN THE ELITE FIELD AND ELITE PCR VIEWS

Elite Field PCR View – will have a **Post** button and the label “**ELITE FIELD**”

Find field...

Save Post Print PDF CAD EKG Transfers Close

**ELITE FIELD**

**MPI**

**MPI Fields**

**HOME**

**RUN INFO**

**PT. INFO / HX**

**ASSESS/INTERVENTION**

**MPI Fields**

Incident Number:

Number of Patients at Scene:

Single Multiple None

Mass Casualty Incident:

No Yes

Elite Web PCR View – will NOT have a Post button and the “ELITE FIELD” label

Apps LEMSIS LEMSIS Elite Login (...)

Find field...

Save Print PDF CAD EKG Transfers Messages Close

**MPI**

**MPI Fields**

**HOME**

**RUN INFO**

**PT. INFO / HX**

**ASSESS/INTERVENTION**

**MPI Fields**

Incident Number:

Number of Patients at Scene:

Single Multiple N

Mass Casualty Incident:

No Yes

Add Patient To Incident

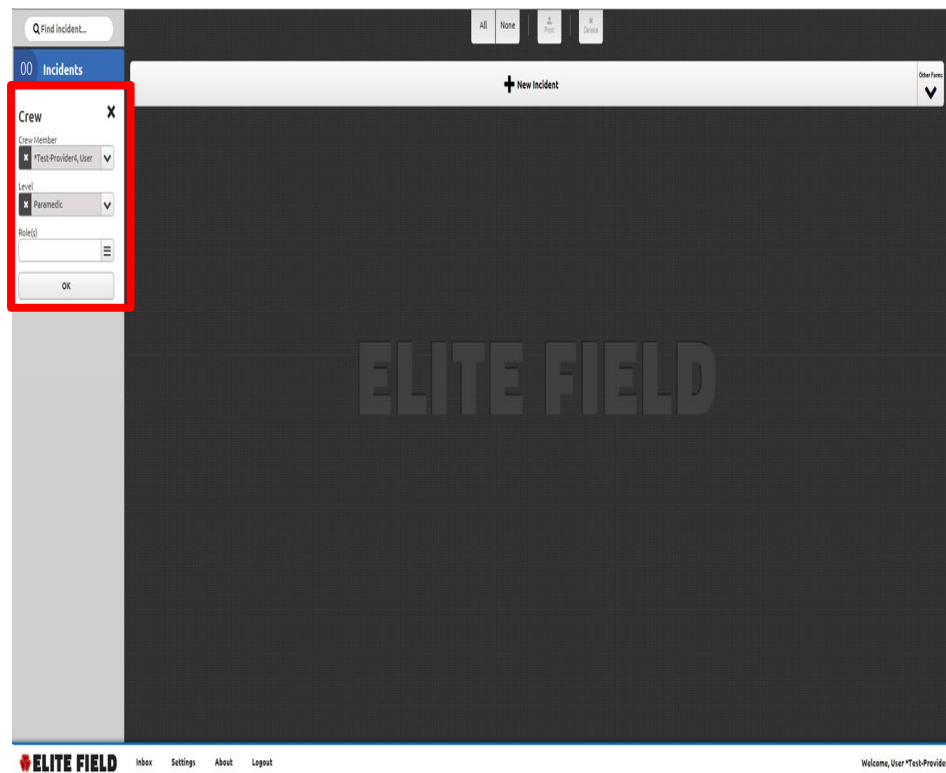


# LEMSIS ELITE FIELD > SETTING UP CREW/UNIT

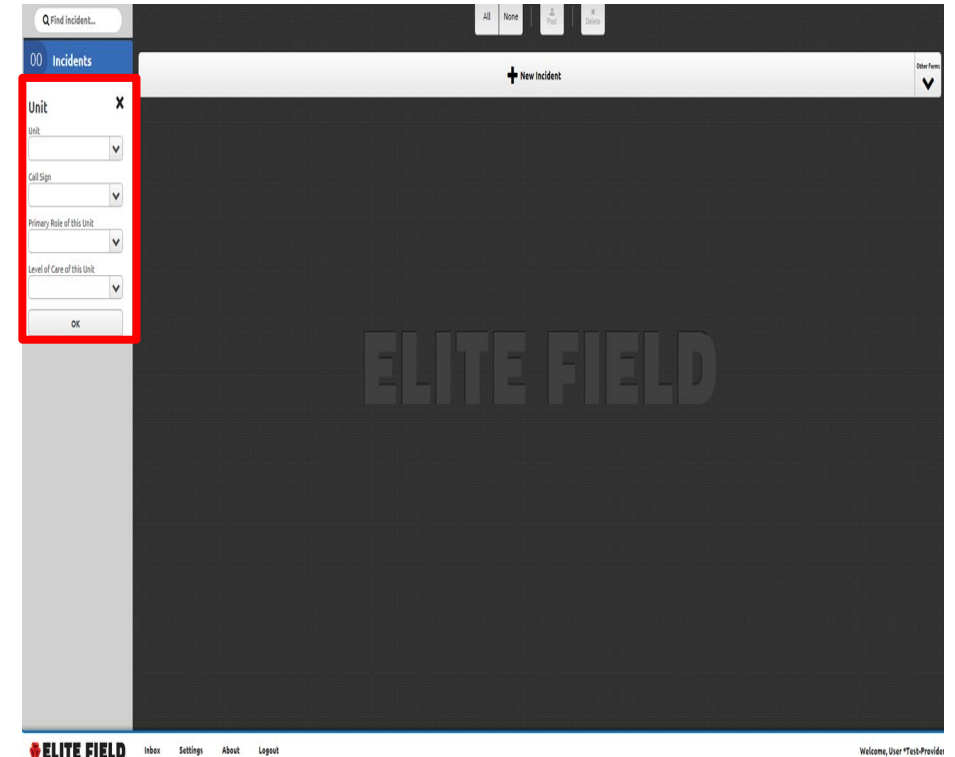
Select for each Crew:

- Name
- Level
- Role for the shift
  - Crew marked “Primary Care Giver” will auto populate as performing assessments and treatment

Select your assigned Unit and Call Sign  
(for some agencies they are the same)



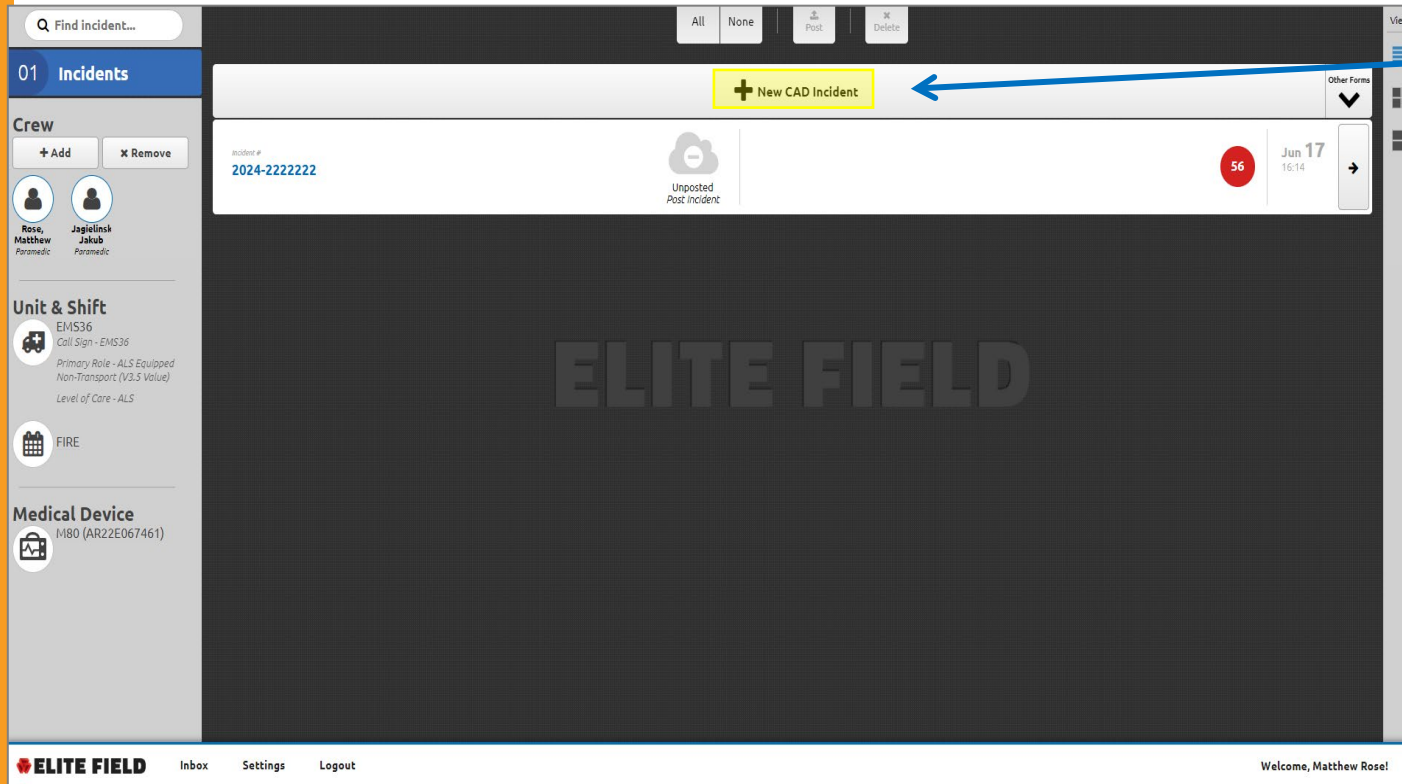
The screenshot shows the LEMSIS ELITE FIELD interface with a 'Crew' selection dialog box open. The dialog box has a title bar 'Crew' with a close button 'X'. It contains three dropdown menus: 'Crew Member' (selected: \*Test-Provider, User), 'Level' (selected: Paramedic), and 'Role(s)' (empty). An 'OK' button is at the bottom. The background interface shows a search bar, a 'New Incident' button, and a large 'ELITE FIELD' watermark. The footer includes the LEMSIS logo, navigation links (Inbox, Settings, About, Logout), and the text 'Welcome, User \*Test-Provider!'.



The screenshot shows the LEMSIS ELITE FIELD interface with a 'Unit' selection dialog box open. The dialog box has a title bar 'Unit' with a close button 'X'. It contains four dropdown menus: 'Unit' (empty), 'Call Sign' (empty), 'Primary Role of this Unit' (empty), and 'Level of Care of this Unit' (empty). An 'OK' button is at the bottom. The background interface shows a search bar, a 'New Incident' button, and a large 'ELITE FIELD' watermark. The footer includes the LEMSIS logo, navigation links (Inbox, Settings, About, Logout), and the text 'Welcome, User \*Test-Provider!'.



# LEMSIS ELITE FIELD > CREATING A NEW INCIDENT



Create a run through the  
“+ New CAD Incident”  
Bar at top of page

ONE PCR required per Agency

Example Situations:

- CVFD 1st Responder to CVFD Ambulance

In the situation when transferring patient to a different agency there will be 2 PCRs (one per Agency):

- CVFD 1st Responder to AMR Ambulance

Note : A line listing of existing PCRs is found here



# LEMSIS ELITE FIELD > INITIAL VIEW OF A NEW PCR

Find field...

**MPI**

**MPI Fields**

**HOME**

**RUN INFO**

**PT. INFO / HX**

**ASSESS/INTERVENTION**

**TRANSPORT**

**BILLING**

SIGN/AMA/CNTRL SUB

REQ REPORTING

SUPPLEMENTAL Qs

FIRE

**MPI Fields**

Incident Number: Incident#-20191005-TEST-PCR-000808

Number of Patients at Scene: Single Multiple None

Mass Casualty Incident: No Yes

Is this a Fireline Paramedic Incident?: No Yes

Add Patient To Incident

Patient Number:

Age:

Age Units: Years Months Days

No Patient Name Entered | Incident # Incident#-20191005-TEST-PCR-000808

46 Validation

Status: In Progress

Note: The PCR appearance may vary depending on the device, browser, and/or zoom setting



# LEMSIS ELITE FIELD > MAIN AREAS OF A PCR (TOP)

Main Menu in Elite Field - Save, Post, View/Print in pdf, CAD, EKG, Transfers, Close (Note: The Post button is only seen in Elite Field not Elite (Web))

Search Bar

The screenshot displays the LEMSIS ELITE FIELD interface. At the top, a search bar is labeled 'Find Field...'. Below it, a main menu is visible with sections: HOME, Fields To Transfer (to Tr Unit/BH), RUN INFO, PT. INFO / HX, ASSESS/INTERVENTION, BILLING, SIGN/AMA/CNTRL SUB, REQ REPORTING, and SUPPLEMENTAL Qs. The 'Fields To Transfer (to Tr Unit/BH)' section is expanded, showing options for Number of Patients at Scene (Single, Multiple, None), Incident Number, First EMS Unit Arriving on Scene, Unit Notified by Dispatch Date/Time, and Arrived at Patient Date/Time. The bottom of the screen shows a status bar with 'No Patient Name Entered', a validation number '58', a menu icon, and a status dropdown set to 'In Progress'.

Section  
& Panels

Times, Mileage,  
Situation Tools,  
JotPad, & Power  
tools

Documentation Area



# LEMSIS ELITE FIELD > MAIN AREAS OF A PCR (BOTTOM)

The screenshot shows the bottom section of the LEMSIS ELITE interface. It includes a header with 'SUPPLEMENTAL QS' and 'FIRE' dropdowns. Below this is a patient information bar with a yellow border containing a person icon, the text 'No Patient Name Entered', and the incident number 'Incident # Incident#-20191005-TEST-PCR-000808'. To the right of this bar is a validation score of '46' in a red box, followed by a green-bordered 'Menu' button. Further right is a status dropdown menu with a pink border, currently showing 'In Progress'.

Patient's Name and  
Incident Number

Validation  
Score








PCR  
Menu

PCR Status  
Menu

This screenshot shows the dropdown menu for the PCR Status. The menu is open, displaying a list of status options: 'Exported to Billing', 'Finalized', 'In Progress', 'Medical Director Review', 'Need Crew Attention', 'Ready for Billing', 'Requires Review', 'Reviewed', and 'PCR Created in Error (PCRs to be deleted)'. Below the list is a search bar labeled 'Find value...'. At the bottom of the menu is a status dropdown with a pink border, currently showing 'In Progress'.



# LEMSIS ELITE FIELD > BUTTONS ON A PCR

	Add an item (crew member, exam, intervention)
	Closes the current screen/panel; removes an entry
	Next to search bar, Click to open drop down
	Opens a list panel on the left margin grouped in categories per list type.
	Click to select a Null Value “Non-Reported”, “Not Applicable”, “Not Reported”, “Unable to Obtain”, etc.
	Exclamation marks warn of required input
	Clock - Use to auto fill the current date/time



# LEMSIS ELITE FIELD > BASIC FIELD NAVIGATION

Each format has advantages for efficient documentation

**Search** - Use if you know exactly what you are looking for

**Dropdown** – Use for smaller list (such as selecting a Base Hospital)

**Side Panel** - opens list on the left side

- Can be sorted by category, alphabetically, or searched (entering partial info will bring up all options including what you entered)
- Use for larger list – medical history, meds and allergies

The screenshot shows a user interface with a search bar at the top labeled "Find Value...". Below the search bar is a list of four items, each with a black square containing a white 'X' on the left and text on the right. The items are: "Infectious - Pneumonia Viral", "Essential (primary) hypertension HTN", "Abuse - Alcohol Dependence", and "Endocrine - Diabetes Type II". To the right of the search bar are three icons: a hamburger menu (three horizontal lines), a list icon (three horizontal lines with dots), and a minus sign icon (a circle with a horizontal line).

**Null value** – will bring up null options such as Not Reported, etc.

The screenshot shows a grid of seven buttons for null values. The buttons are arranged in three rows: the first row has "N/A, Not Listed (Use Other)", "Not Recorded", and "Not Reporting"; the second row has "None Reported", "Refused", and "Unable to Complete"; the third row has "Unresponsive".

Note: "N/A, Not Listed (Use Other)" is only used if you're unable to find what you are looking for and need to enter it in a text field




# LEMSIS ELITE FIELD > BASIC FUNCTIONS OF A PCR

## Sections & Panels

- Top to bottom
- Change Red to Blue

The screenshot displays the LEMSIS ELITE FIELD interface. On the left is a sidebar with a list of sections and panels. The top section is 'HOME', followed by 'Fields To Transfer (to Tr Unit/BH)', 'RUN INFO', 'PT. INFO / HX', 'ASSESS/INTERVENTION', 'TRANSPORT', 'BILLING', 'SIGN/AMA/CNTRL SUB', 'REQ REPORTING', 'SUPPLEMENTAL Qs', and 'FIRE'. The main area is titled 'Fields To Transfer (to Tr Unit/BH)' and contains various input fields for patient and incident information. A red arrow points from the 'Fields To Transfer' section in the sidebar to the main form area. Another red arrow points to the 'Age' field, which has a red border and a red exclamation mark icon. A third red arrow points to the 'Status' dropdown menu at the bottom right, which is currently set to 'In Progress'.

## Documentation Area

- Fields with 
  - Turn Sections and Panels from Red to Blue
  - Increase Validation Score – 100 is required for record to upload to the State

## All Tools

- Made to help with efficient documentation



# LEMSIS ELITE FIELD > DYNAMIC FEATURES

- **Fields that are repeated on the PCR only need to be completed in one location, others will autofill**
  - i.e. - *Patient Name* is located on both “Fields to Transfer” and “Patient Information” panels; it only needs to be entered in once
- **Dynamic nature of the PCR**
  - Sections, Panels and Fields will appear or disappear based on situations and documentation
    - MPI Section
    - Trauma, STEMI, Stroke, and Cardiac Arrest Panels
    - Pregnancy related Fields



# DOCUMENTING IN A PCR > HOME SECTION

*Home > Fields to Transfer (to Tr Unit/BH)* Panel is intended as a one-page area for the minimum amount of information to transfer the PCR

## **Working top to bottom:**

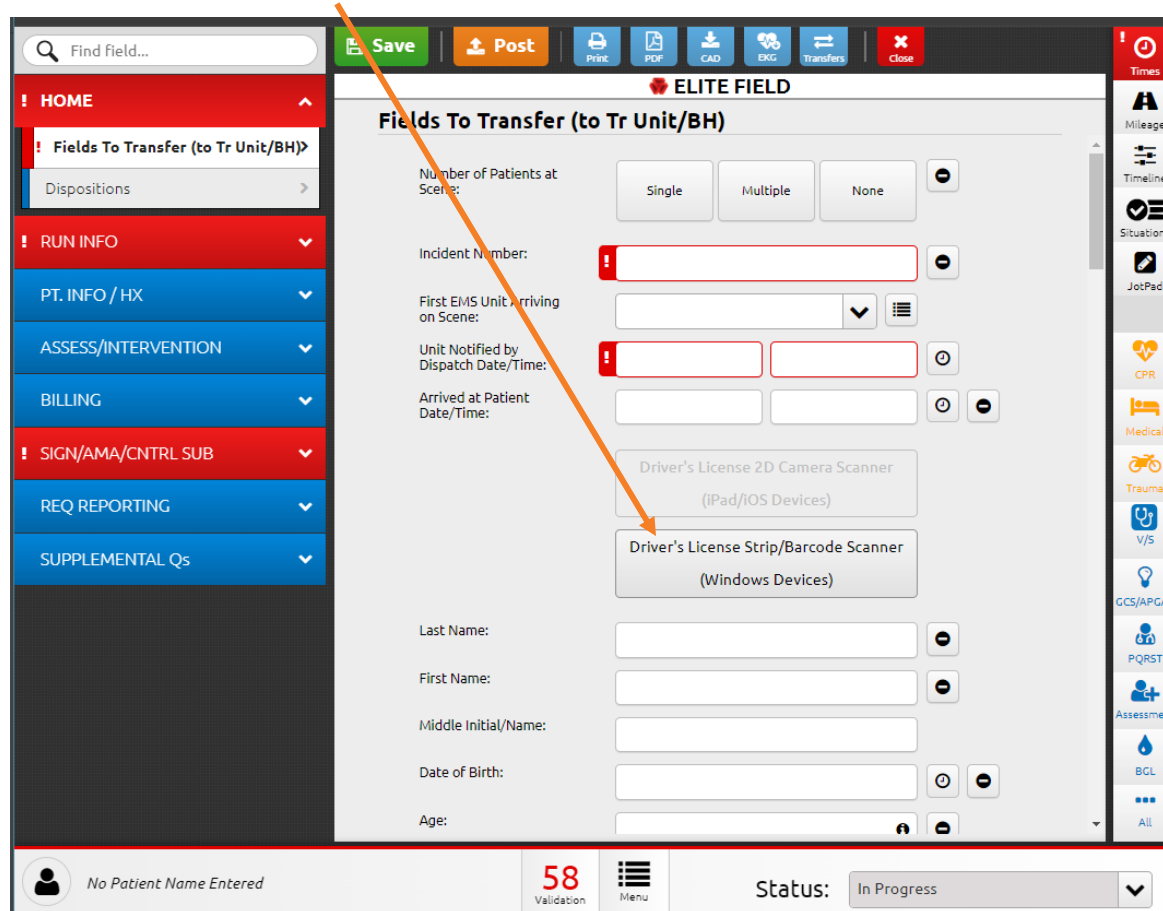
*Home Section > Fields to Transfer (to TR Unit/BH)* Panel

- Complete Home pane to facilitate transfer of PCR to TR Unit/BH
- Complete Power Tools for Vitals, GCS, and PQRST
- Once complete, transfer (upload) PCR



# HOME SECTION > DRIVER LICENSE SCANNER

**Drivers License Scanner button(s) are located  
at the top of the Home panel**



The screenshot displays the ELITE FIELD software interface. On the left is a sidebar menu with the following items: HOME (highlighted in red), Fields To Transfer (to Tr Unit/BH) (highlighted in red), Dispositions, RUN INFO, PT. INFO / HX, ASSESS/INTERVENTION, BILLING, SIGN/AMA/CNTRL SUB, REQ REPORTING, and SUPPLEMENTAL Qs. The main area is titled "Fields To Transfer (to Tr Unit/BH)" and contains several input fields: "Number of Patients at Scene:" with buttons for Single, Multiple, and None; "Incident Number:" with a text input field; "First EMS Unit Arriving on Scene:" with a dropdown menu; "Unit Notified by Dispatch Date/Time:" with two text input fields; "Arrived at Patient Date/Time:" with two text input fields; "Driver's License 2D Camera Scanner (iPad/iOS Devices)" (highlighted with an orange arrow); "Driver's License Strip/Barcode Scanner (Windows Devices)" (highlighted with an orange arrow); "Last Name:" with a text input field; "First Name:" with a text input field; "Middle Initial/Name:" with a text input field; "Date of Birth:" with a text input field; and "Age:" with a text input field. At the bottom of the interface, there is a status bar showing "No Patient Name Entered", a validation count of "58", a menu icon, and a status dropdown set to "In Progress".



# DOCUMENTING IN A PCR > REPEAT PATIENT

## Repeat Patients on the *Fields to Transfer* panel

- After entering basic demographic data select button or notice bar at top indicating how many matching patients
- Choose correct patient from *Repeat Patient Search* result box
- Repeat Patient Undo Button
  - Removes patient information that was incorrectly downloaded
  - Select the *Find a Repeat Patient Button* again
  - Select the *Remove Patient From Incident* button
  - This removes all downloaded data except First and Last Name

Find Field...

Save

Fields to Transfer (to Tr Unit/BH)

Incident Number: 20201019 TEST PCR 000988

First EMT Unit Arriving on Scene: None

Unit Notified by Dispatch Date/Time: [Date/Time]

Arrived at Patient Date/Time: [Date/Time]

Driver's License 2D Camera Scanner (iPad/iOS Devices)

Driver's License 2D Barcode Scanner (Windows Devices)

Last Name: Sinoe

First Name: [Text]

Middle Initial/Name: [Text]

Date of Birth: [Date]

Age: [Text]

Age Units: Years Months Days

Gender: Female Male Other

Estimated Body Weight: [Text] lbs

Find a Repeat Patient Button

Repeat Patient Search

First Name: John

Last Name: doe

DOB (Must complete all three fields): MM DD YYYY

Gender: [Dropdown]

SSN (Exact): [Text]

SSN (Last 4): [Text]

Address: [Text]

Apt #: [Text]

Postal code: [Text]

City: [Text]

State: [Dropdown]

Repeat Patients (0)

San Diego to SDHC SAFR (Search) (0)

Order By: First Name Ascending

Remove Patient From Incident



# DOCUMENTING IN A PCR > POWER TOOLS

- A shortcut to document data that is often entered multiple times - Vitals, Meds, Procedures
- Use when directed by the labels on PCR to facilitate efficient documentation
  - Take notice of labels on PCR that direct next steps:
    - To enter Primary Assessment use *Prim/PQRST Power Tool* not the *Add* button
    - To enter Secondary Assessment use *Assessment Power Tool* not the *Add* button

The screenshot displays the 'Assessment' section of a PCR system. On the left is a red sidebar with navigation options: HOME, RUN INFO, PT. INFO / HX, ASSESS/INTERVENTION (expanded), TRANSPORT, and BILLING. Under ASSESS/INTERVENTION, there are links for CC/PI/P&P, Assessment (highlighted), Interventions, and Narrative. The main area shows assessment questions with buttons for 'No', 'Yes', and 'BLS Responder N/A'. Two boxes are highlighted: a pink box for 'USE PRIM/PQRST POWER TOOL - Primary Assessment (Vitals, GCS, APGAR, PQRST)' and a green box for 'USE ASSESSMENT POWER TOOL - Secondary Assessment'. Arrows point from these boxes to the 'Prim/PQRST' and 'Assessment' icons in the right-hand toolbar.

Note : Documenting in Power Tools auto-populates the corresponding fields on the Sections and Panels



# DOCUMENTING IN A PCR > PRIM/PQRST POWER TOOL

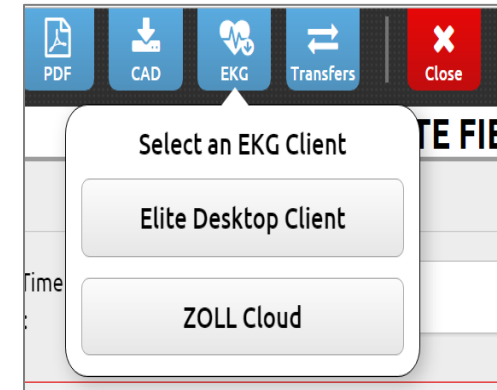
The screenshot displays the PRIM/PQRST Power Tool interface for documenting patient vital signs. At the top, there are buttons for 'OK', 'Cancel', and 'Delete'. Below this, the 'Primary' section includes a 'Crew Member' dropdown, 'Date' and 'Time' input fields, and a 'Prior to Arrival' section with 'No' and 'Yes' buttons. The 'SBP (Systolic Blood Pressure)' and 'DBP (Diastolic Blood Pressure)' fields are visible, with a red exclamation mark icon next to the SBP field. Below the blood pressure fields, there is a 'Method of Blood Pressure Measurement' section with buttons for 'Cuff-Automated', 'Cuff-Manual Auscultated', 'Cuff-Manual Palpated Only', 'Doppler', 'Venous Line', and 'Arterial Line'. A search bar for 'Search Method of Blood Pressure' is also present. The 'Pulse/Heart Rate' section features a 'Pulse/Heart Rate' input field, a 'Pulse Quality' section with buttons for 'Normal', 'Absent', 'Bounding', 'Rapid', 'Slow', and 'Weak', and a search bar for 'Search Pulse Quality'. At the bottom, the 'Method of Heart Rate Measurement' section includes buttons for 'Palpated', 'Electronic Monitor - Cardiac', 'Electronic Monitor - Pulse Oximeter', 'Electronic Monitor (Other)', 'Doppler', and 'Auscultated', along with a search bar for 'Search Method of Heart Rate Meas'. Each section also includes a 'Favorites' button and a list of letters (A-D, E-H, I-L, M-N, O-P, Q-T, U-Z, #) for quick navigation.

Note: Menus with the *More* button will expand to show more options



# DOCUMENTING IN A PCR > VITALS

- **Importing EKG monitor data**
  - Easiest and most accurate way to document vitals
  - Enters imported data into the Prim/PQRST Power Tool/Vitals Section
- **NOT Importing EKG monitor data**
  - Manually enter into the Prim/PQRST Power Tool/Vitals Section



**One complete set of vitals is required before transferring to Base Hospital – manually entered**





# Uploading V/S and treatment from Zoll monitor

## Events on monitor upload as case file.

- Need to “Close case” prior to upload (automatically closes case if monitor was turned off)
- Can upload multiple case files into one PCR
- All but snapshot will create the corresponding event in ePCR (will need details completed after downloading)

## Things that trigger an event to be created that populates ePCR

- **Any electricity use:** Will create treatment event
- **Blood pressure reading:** Will bring over **all** V/S at the time the BP is captured and create Assessment in ePCR  
(Can delete or modify in ePCR if inaccurate)



**Snapshot:** Good for SVT conversion captures 24 seconds (12 proceeding and 12 following pressing button)  
(You can hit it as many times as needed)

 **Use Snapshot for capturing **ETCO2** for each required marker (prior/post intubation and at transfer of care)** 

- **12 lead:** Save a viewable high quality 12 lead that transfers with report
- **Code markers:** EPI, Amio, IV, IO, ETI, KING, ASA, NTG, Fen, Atro

\*Can use as a placeholder, example: If selected codemarker “FEN” when Narcan was given, it will timestamp and create medication event you can correct in ePCR after download.

# DOCUMENTING IN A PCR > ASSESSMENT POWER TOOL

## Assessment Power Tool

1. Always start with selecting the *All Normal* button (so all areas turn blue)
2. Then select all applicable Abnormal findings (area turns green)
3. Then select detailed findings (turns green)
4. Detail dropdown button allows for enhanced description of each area

The screenshot shows the 'Assessments Power Tool' interface. At the top, there's a header with 'Assessments Power Tool', 'Crew Member' (Rose, Matthew), 'Date' (4/12/2017), and 'Time' (13:49). Below the header, there are buttons for '+ Add New', 'All Normals' (highlighted with a pink box), 'Delete', 'Cancel', and 'OK'. The main area is a grid of body parts: Skin, Mental Status, Neurological, Head, Face, Eye, Neck, Shoulder, Chest/Lungs (highlighted with a green box), Heart, Abdomen, Pelvis, Hip, Upper Leg, Knee, Lower Leg, Ankle, Foot, Upper Arm, Elbow, Forearm, Wrist, Hand, and Back/Spine. To the right of the grid, there's a 'Chest/Lungs' section with 'Normal' and 'Not Done' buttons. Below this, there's a 'Selected: Abrasion, Contusion, Pain' section. A dropdown menu labeled 'Details' (highlighted with a blue box) is visible. The bottom of the interface has buttons for 'Select All', 'NP Tag Mode', and 'Clear NP Tags'. A sidebar on the right contains various icons for different assessment types like 'Primary', 'Assessment', 'PQRST', 'Adv Airway', 'IV/IO', 'Meds', 'Devices', 'Spine/Spinal', and 'Otr Proc'.



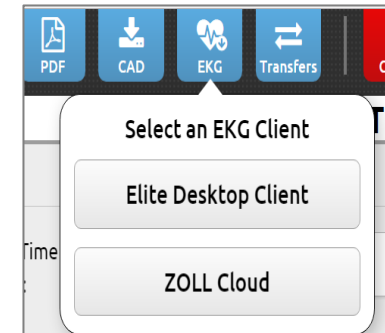
# DOCUMENTING IN A PCR > VITALS

## To document Vitals:

- Manually enter the Primary Power Tool



- If agency has an integrated EKG monitor data can be imported via the EKG button



## One complete set of vitals is required:

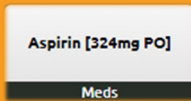
- Before transferring to Base Hospital
- To satisfy the validation rules



# Documenting in a PCR > Situation Tools

The Situation tools will default everything to what is considered normal for the medication or procedure.

Example:



Defaults all the following fields:

- The Crew Member
- Current Time
- Medication Given
- Dosage to 324
- Dosage units to mg
- Route to Oral
- Successful
- No complications
- Standing Order

- Always Review your documentation for accuracy, If anything is different or incorrect modified as needed.
- When using code markers on Monitor ensure you are not doubling up on treatments.

A screenshot of the 'Medical Situation Tool' interface. The interface is divided into several sections: 'Airway', 'IV Access', and 'Medication'. Each section contains a grid of buttons for different medical procedures and medications. The 'Airway' section includes buttons for N/C [2LPM O2], N/C [6LPM O2], Nebulizer [6LPM O2], Nebulizer [10LPM O2], NRB [15LPM O2], BVM [15LPM O2], CPAP [10cmH2O O2], OPA, NPA, and Suction. The 'IV Access' section includes buttons for IV 14G, IV 16G, IV 18G, IV 20G, IV 22G, IV 24G, Saline Lock, NS [TKO/KVO], and IV [Unsuccessful]. The 'Medication' section includes buttons for NS Bolus [250ml IV], NS Bolus [500ml IV], Acetaminophen [1000mg IV], Activated Charcoal [50gm PO], Adenosine [6mg IV], Adenosine [12mg IV], Albuterol [6ml INH], Amiodarone [150mg/100ml IV], and Aspirin [324mg PO]. On the right side of the interface is a vertical toolbar with icons for various medical functions: Times, Mileage, Timeline, Situations, JotPad, CPR, Medical, Trauma, V/S, GCS/APGAR, PQRST, Assessment, BGL, Adv Airway, Confirm, IV/IO, Meds, Spine/Splint, Otr Proc, and Devices. A yellow box labeled 'Situation Tools' is positioned to the right of the toolbar, with a bracket indicating it encompasses the CPR, Medical, Trauma, V/S, GCS/APGAR, PQRST, Assessment, BGL, Adv Airway, Confirm, IV/IO, Meds, Spine/Splint, Otr Proc, and Devices icons.

## DOCUMENTING IN A PCR > INTERVENTIONS

1. If your agency has monitor integration, you are able to document using **code markers**;
  - Add Medications, IV Placement, Advanced Airway, etc. - depending on the options available on your EKG monitor
  - Still required to complete details if imported - example dose, route, etc.
2. Use the Situation and Power Tools to manually document interventions.



# V3.5 DISPOSITION FIELD CHANGES

The major change in V3.5 revolves around the Disposition Field(s):

- V3.4 had one field
  - ✓ Incident/Patient Disposition
- V3.5 has five fields that capture this data (separating out the information in the current field)
  - ✓ This Unit's Disposition
  - ✓ This Unit's Patient Evaluation/Care Disposition
  - ✓ This Unit's Crew Disposition
  - ✓ This Unit's Transport Disposition
  - ✓ Reason for Refusal/Release Disposition

Field Name	Field Value
This Unit's Disposition	Patient Contact Made
	Canceled Prior to Arrival at Scene
	Canceled on Scene, No Patient Contact
	Cancelled on Scene, No Patient Found
	Non-Patient (i.e. Lift Assist, Organ Transport)
This Unit's Patient Evaluation/Care Disposition	Patient Evaluated and Care Provided
	Patient Evaluated and Refused Care
	Patient Evaluated, No Care Required
	Patient Refused Evaluation and/or Care
	Support Services Provided
	Not Applicable
	Not Recorded
This Unit's Crew Disposition	Initiated and Continued Primary Care
	Initiated Primary Care and Transferred to Another EMS Crew
	Provided Care Supporting Primary EMS Crew
	Assumed Primary Care from Another EMS Crew
	Incident Support Services Provided
	Back in Service, No Care or Support Services Required
	Back in Service, Care or Support Services Refused
	Not Applicable
	Not Recorded
This Unit's Transport Disposition	Transport by This EMS Unit (This Crew Only)
	Transport by This EMS Unit, with a Member of Another Crew
	Transport by Another EMS Unit
	Transport by Another EMS Unit, with a Member of This Crew
	Patient Refused Transport
	Non-Patient Transport
	No Transport
	Not Applicable
	Not Recorded
Reason for Refusal/Release Disposition	Against Medical Advice
	Released Per Protocol
	Released to Law Enforcement
	Other, Not Listed (i.e. Elopement)



# DOCUMENTING IN A PCR > PRESET VALUES

**Dispositions**

Transport Dispositions:

Transport Patient

Transport After Receiving Care From First Responder

Transport With First Responder As Primary Care Provider

Transport to Landing Zone

Ride in With Transporting Unit

Transfer Care To Transporting Unit

Non-Transport Dispositions:

AMA / Refusal

Treat No Transport, AMA

Pronouncement [No Resuscitation Attempted]

Pronouncement [Resuscitation Attempted]

Lift Assist, Non-Patient

Cancelled Dispositions:

Cancelled Prior to Arrival at Scene

Cancelled on Scene, No Patient Contact

Cancelled on Scene, No Patient Found

Transport

Non-Transport

Options are designed so you are only able to see appropriate values based off the "Primary Role of the Unit" field.



# DOCUMENTING IN A PCR > PRESET VALUES

For the given situation it will fill out the several fields listed as appropriate, showing the current Value and the new value for after you hit apply.

These values do not lock and are always able to be changed as required.

Ride in With Transporting Unit

**Apply New Values?**

1 - 10 of 13

Field Name	Current Value	New Value
Patient Evaluation/Care	Support Services Provided	Patient Evaluated, No Care Required
Reason for Refusal/Release	Against Medical Advice	Other, Not Listed (i.e. Eloped)
Transport Disposition	Patient Refused Transport	No Transport
Response Mode to Scene	Emergent (Immediate Response)	Emergent (Immediate Response)
Type of Service Requested	911 Response (Scene)	911 Response (Scene)
Unit Disposition	Patient Contact Made	Patient Contact Made
Additional Transport Mode Descriptors	<blank>	<blank>
Crew Disposition	<blank>	Back in Service, No Care or Support Services Required
Destination/Transferred To, Name	<blank>	<blank>
EMS Transport Method	<blank>	<blank>

Apply Changes Cancel



# EXAMPLE DISPOSITION SITUATIONS

## Treated and Transported by This Unit

This Unit's Disposition:	<div>Patient Contact Made</div> <div>Cancelled Prior to Arrival at Scene</div> <div>Cancelled on Scene, No Patient Contact</div> <div>Cancelled on Scene, No Patient Found</div> <div>Non-Patient (i.e. Lift Assist, Organ Transport)</div>
This Unit's Patient Evaluation/Care Disposition:	<div>Patient Evaluated and Care Provided</div> <div>Patient Evaluated and Refused Care</div> <div>Patient Evaluated, No Care Required</div> <div>Patient Refused Evaluation and/or Care</div> <div>Support Services Provided</div>
This Unit's Crew Disposition:	<div>Initiated and Continued Primary Care</div>
This Unit's Transport Disposition:	<div>Transport by This EMS Unit (This Crew Only)</div>
Reason for Refusal or Release Disposition:	<div>Against Medical Advice</div> <div>Released Per Protocol</div> <div>Released to Law Enforcement</div> <div>Other, Not Listed (i.e. Elopel)</div>



# EXAMPLE DISPOSITION SITUATIONS

First Responder Transfers Care to Another Agency/Unit to Transport – ALS or BLS

**Response Information**

This Unit's Disposition:

Patient Contact Made	Cancelled Prior to Arrival at Scene	Cancelled on Scene, No Patient Contact
Cancelled on Scene, No Patient Found	Non-Patient (i.e. Lift Assist, Organ Transport)	

This Unit's Patient Evaluation/Care Disposition:

Patient Evaluated and Care Provided	Patient Evaluated and Refused Care	Patient Evaluated, No Care Required	⊖
Patient Refused Evaluation and/or Care	Support Services Provided		

This Unit's Crew Disposition:

✕ Initiated Primary Care and Transferred to Another EMS Crew	▼	☰	⊖
--	---	---	---

What Level of Care/Service was this Pt Transferred To?:

ALS	BLS
-----	-----

This Unit's Transport Disposition:

✕ Transport by Another EMS Unit	▼	☰	⊖
---------------------------------	---	---	---



# EXAMPLE DISPOSITION SITUATIONS

AMA

This Unit's Disposition:	<div>Patient Contact Made</div>	<div>Cancelled Prior to Arrival at Scene</div>	<div>Cancelled on Scene, No Patient Contact</div>
	<div>Cancelled on Scene, No Patient Found</div>	<div>Non-Patient (i.e. Lift Assist, Organ Transport)</div>	
This Unit's Patient Evaluation/Care Disposition:	<div>Patient Evaluated and Care Provided</div>	<div>Patient Evaluated and Refused Care</div>	<div>Patient Evaluated, No Care Required</div>
	<div>Patient Refused Evaluation and/or Care</div>	<div>Support Services Provided</div>	
This Unit's Crew Disposition:	<div>Back in Service, Care or Support Services Refused</div>		
This Unit's Transport Disposition:	<div>Patient Refused Transport</div>		
Reason for Refusal or Release Disposition:	<div>Against Medical Advice</div>	<div>Released Per Protocol</div>	<div>Released to Law Enforcement</div>



# EXAMPLE DISPOSITION SITUATIONS

## BLS Unit's PCR when Transporting a BLS Downgrade

This Unit's Disposition:

Patient Contact Made	Cancelled Prior to Arrival at Scene	Cancelled on Scene, No Patient Contact
Cancelled on Scene, No Patient Found	Non-Patient (i.e. Lift Assist, Organ Transport)	

This Unit's Patient Evaluation/Care Disposition:

Patient Evaluated and Care Provided	Patient Evaluated and Refused Care	Patient Evaluated, No Care Required	⊖
Patient Refused Evaluation and/or Care	Support Services Provided		

This Unit's Crew Disposition:

✕	Assumed Primary Care from Another EMS Crew	▼	☰	⊖
---	--	---	---	---

What Level of Care/Service was this Pt Assumed From?

+ Add

What Level of Care/Service was this Pt Assumed From?	✕
What Level of Care/Service was this Pt Assumed From?: ALS	

This Unit's Transport Disposition:

✕	Transport by This EMS Unit (This Crew Only)	▼	☰	⊖
---	---	---	---	---



# EXAMPLE DISPOSITION SITUATIONS

## Assisting Primary EMS Crew

This Unit's Disposition:

Patient Contact Made	Cancelled Prior to Arrival at Scene	Cancelled on Scene, No Patient Contact
Cancelled on Scene, No Patient Found	Non-Patient (i.e. Lift Assist, Organ Transport)	

This Unit's Patient Evaluation/Care Disposition:

Patient Evaluated and Care Provided	Patient Evaluated and Refused Care	Patient Evaluated, No Care Required	⊖
Patient Refused Evaluation and/or Care	Support Services Provided		

This Unit's Crew Disposition:

✕ Incident Support Services Provided	▼	☰	⊖
--------------------------------------	---	---	---

This Unit's Transport Disposition:

✕ Transport by Another EMS Unit	▼	☰	⊖
---------------------------------	---	---	---

Reason for Refusal or Release Disposition:

Against Medical Advice	Released Per Protocol	Released to Law Enforcement
Other, Not Listed (i.e. Eloped)		

This Unit's Transport Disposition field can be completed with other options – *Transported by Another EMS Unit* will be the most common



# EXAMPLE DISPOSITION SITUATIONS

First Responder/Engine's PCR -  
Medic from Engine Transports/Rides in Another Other  
Unit's/Agency's Ambulance

This Unit's Disposition:	<div>Patient Contact Made</div>	<div>Cancelled Prior to Arrival at Scene</div>	<div>Cancelled on Scene, No Patient Contact</div>
	<div>Cancelled on Scene, No Patient Found</div>	<div>Non-Patient (i.e. Lift Assist, Organ Transport)</div>	
This Unit's Patient Evaluation/Care Disposition:	<div>Patient Evaluated and Care Provided</div>	<div>Patient Evaluated and Refused Care</div>	<div>Patient Evaluated, No Care Required</div>
	<div>Patient Refused Evaluation and/or Care</div>	<div>Support Services Provided</div>	
This Unit's Crew Disposition:	<div>Initiated and Continued Primary Care</div>		
This Unit's Transport Disposition:	<div>Transport by Another EMS Unit, with a Member of This Crew</div>		



# EXAMPLE DISPOSITION SITUATIONS

## Transporting Unit's PCR when a Member of Another Agency/Unit Rides Along

This Unit's Disposition:	<div>Patient Contact Made</div> <div>Cancelled Prior to Arrival at Scene</div> <div>Cancelled on Scene, No Patient Contact</div> <div>Cancelled on Scene, No Patient Found</div> <div>Non-Patient (i.e. Lift Assist, Organ Transport)</div>
This Unit's Patient Evaluation/Care Disposition:	<div>Patient Evaluated and Care Provided</div> <div>Patient Evaluated and Refused Care</div> <div>Patient Evaluated, No Care Required</div> <div>Patient Refused Evaluation and/or Care</div> <div>Support Services Provided</div>
This Unit's Crew Disposition:	<div>Provided Care Supporting Primary EMS Crew</div>
This Unit's Transport Disposition:	<div>Transport by This EMS Unit, with a Member of Another Crew</div>



# EXAMPLE DISPOSITION SITUATIONS

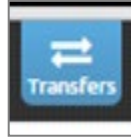
## Lift Assist

This Unit's Disposition:	<div>Patient Contact Made</div> <div>Cancelled Prior to Arrival at Scene</div> <div>Cancelled on Scene, No Patient Contact</div> <div>Cancelled on Scene, No Patient Found</div> <div><b>Non-Patient (i.e. Lift Assist, Organ Transport)</b></div>
This Unit's Patient Evaluation/Care Disposition:	<div>Patient Evaluated and Care Provided</div> <div>Patient Evaluated and Refused Care</div> <div>Patient Evaluated, No Care Required</div> <div>Patient Refused Evaluation and/or Care</div> <div><b>Support Services Provided</b></div>
This Unit's Crew Disposition:	<div>✕ Incident Support Services Provided</div> <div>⌵</div> <div>☰</div> <div>⦿</div>
This Unit's Transport Disposition:	<div>✕ No Transport</div> <div>⌵</div> <div>☰</div> <div>⦿</div>
Reason for Refusal or Release Disposition:	<div>Against Medical Advice</div> <div>Released Per Protocol</div> <div>Released to Law Enforcement</div> <div>Other, Not Listed (i.e. Eloped)</div>



# TRANSFERS > UPLOAD

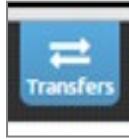
## Upload



- **Private BLS Agencies**
  - Only Upload (to BH) when making Base contact (per S-415)
- **ALS Agencies and Public BLS Agencies**
  - Upload (to BH) when making Base Hospital contact (per S-415)
  - Upload to Transporting Agency/Unit when transferring care
- Upload the PCR **one time only** during the incident for each intended destination.
  - Select BH or Agency uploading to which allows them to download PCR



# TRANSFERS > DOWNLOAD



## Download

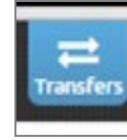
- **Download** the PCR that was uploaded to you by another Agency on scene
- Units will only **Download** if there is a transfer of care by an ALS Engine or ALS transporting unit to the transporting unit
- Download is only available from Agencies that use LEMSIS Elite



# ELITE FIELD > TRANSFERS

## Upload Transfer

You must upload to the correct Agency/Unit for them to be able to access the file



## Download Transfer

Download data from server into your PCR

The screenshot shows the 'Fields To Transfer to BH' screen in the ELITE FIELD application. An 'Upload Transfer' dialog box is open, prompting the user to select a transfer agency and unit. The dialog includes fields for 'Transfer to Agency' (set to 'Current Agency') and 'Transfer to Unit' (set to 'M80/M80'). It also asks, 'Would you like to remove this incident from this Elite Field device after transferring?' with options 'Yes, Transfer and Remove', 'No, Transfer and Keep', and 'Cancel'. Below the dialog, there are fields for 'Arrived at Patient Date/Time', 'Last Name', 'Gender' (with icons for Female, Male, and Other), 'Estimated Body Weight' (in lbs and kg), and 'Length Based Tape Measure'.

The screenshot shows the 'Fields To Transfer to BH' screen in the ELITE FIELD application. A 'Download Transfer' dialog box is open, displaying a table of transfer data. The dialog includes fields for 'Unit Notified Date' (01/11/2017 to 04/12/2017), 'Unit' (All), and 'Call Sign' (All). It also has a 'Search All Columns' field and a 'Refresh List' button. The table shows the following data:

Transfer To Call Sign	Unit Number	Incident Number	Address
M80	M80	666666	1358 Cedar Street

Below the table, there is a section for 'Unit Notified by Dispatch Date/Time' showing '2/9/2017 13:17:26', 'Agency' 'TEST - ImageTrend', and 'Call Sign' '109'. The dialog also includes a 'Refresh List' button.

When Uploading you have the options to save or delete:

- If same agency “Yes, **Transfer and Remove**”
- If Different agency “No, **Transfer and Keep**” (one PCR per Agency)



# POST EARLY – POST OFTEN

- Data from the Elite PCR easily flows to many sources
  - Transferring Agency/Unit
  - Base Hospital Record
  - State PCR Data Repository (CEMSIS)
- **Receiving Facility** – Physicians at the receiving facility can view critical information, including vitals and EKG findings, well before you arrive to the hospital. However, this only occurs when the PCR is “posted”.
  - The first posting should occur with just a few initial data elements immediately after the destination facility is entered
  - Subsequent posting should occur prior to hospital arrival whenever critical data elements are entered including:
    - EKG
    - Abnormal Vitals
    - Change in patient condition
    - Change in Destination
    - Any other pertinent updates

“POST EARLY – POST OFTEN”



# VALIDATION SCORE

Find field...

Save Post Print PDF CAD EKG Transfer

MPI Fields

MPI

HOME

RUN INFO

PT. INFO / HX

ASSESS/INTERVENTION

TRANSPORT

BILLING

SIGN/AMA/CNTRL SUB

REQ REPORTING

SUPPLEMENTAL Qs

No Patient Name Entered

38

Validation

- Cardiac Arrest (eArrest.01) is blank (CoSD LEMSIS) Please complete the cardiac arrest field/info. (Error: 834)
- Incident Number (eResponse.03) is blank. Incident Number is a required field. (Error: 590)
- Incident/Patient Disposition (eDisposition.12) is blank. Incident/Patient Disposition is a mandatory field. (Error: 589)
- Possible Injury (eSituation.02) is blank. Possible injury is a required field. (Error: 600)
- Possible STEMI (SQ System) is blank (CoSD) Select if this patient is a possible STEMI (Error: 898)
- Possible Stroke (SQ System) is blank (CoSD) Select if this patient is a possible stroke. (Error: 896)
- Providers Primary Impression (eSituation.11) is blank. (CoSD LEMSIS) Providers Primary Impression is a required field. (Error: 840)
- Unit Notified by Dispatch Date/Time (eTimes.03) is required (CoSD LEMSIS) Unit Notified by Dispatch Date/Time is required (Error: 908)
- Age (ePatient.15) is blank. Age is a required field. (Error: 596)
- Alcohol/Drug Use Indication (eHistory.17) (CoSD LEMSIS) Document if this injury/illness is related to alcohol/drug use. (Error: 842)
- Arrive at Patient Date/Time (eTimes.07) is blank Arrive at Patient Date/Time (eTimes.07) is blank. (Error: 910)
- Arrived at Patient Side Date/Time (eTimes.07) Document the time the crew arrived at patient. (Error: 651)
- City of Incident Document the name of the city in which the incident was located. (Error: 640)
- Closest Hospital Name (Supplemental Q) (CoSD LEMSIS)

**Validation Score** - As fields are completed the validation score will increase

If red bars or exclamation marks remain, this indicates incomplete required fields, clear this up by:

- 1) Clicking the Validation number button to find the fields that need to be completed
- 2) Then click arrow next to the field listed to go to that field
- 3) Repeat #1 and #2 until all red bars are blue and score reaches 100



# VALIDATION SCORE (CONTINUED)

Count	Rule Description	Action
1	Cardiac Arrest (eArrest.01) is blank (CoSD LEMSIS) Please complete the cardiac arrest field/info. (Error: 834)	Red circle with slash
1	Incident Number (eResponse.03) is blank. Incident Number is a required field. (Error: 590)	Red circle with slash
1	Possible Injury (eSituation.02) is blank. Possible Injury is a required field. (Error: 600)	Red circle with slash
1	Possible STEMI (SQ System) is blank (CoSD) Select if this patient is a possible STEMI (Error: 898)	Red circle with slash
1	Possible Stroke (SQ System) is blank (CoSD) Select if this patient is a possible stroke. (Error: 896)	Red circle with slash
1	Providers Primary Impression (eSituation.11) is blank. (CoSD LEMSIS) Providers Primary Impression is a required field. (Error: 846)	Red circle with slash
1	Unit Notified by Dispatch Date/Time (eTimes.03) is required (CoSD LEMSIS) Unit Notified by Dispatch Date/Time is required (Error: 908)	Red circle with slash
1	Age (ePatient.15) is blank. Age is a required field. (Error: 596)	Right-pointing arrow
1	Alcohol/Drug Use Indication (eHistory.17) (CoSD LEMSIS) Document if this injury/illness is related to alcohol/drug use. (Error: 842)	Right-pointing arrow
1	Arrive at Patient Date/Time (eTimes.07) is blank Arrive at Patient Date/Time (eTimes.07) is blank. (Error: 910)	Right-pointing arrow
1	Arrived at Patient Side Date/Time(eTimes.07) Document the time the crew arrived at patient. (Error: 651)	Right-pointing arrow

40 Validation Menu



= Closed Call rule

These **must** be answered  
on all calls to Post



= Shortcut link

Will take you to location  
of missing rule



# ELITE FIELD > POST

- **Posting** the PCR saves to the server/cloud



- **Posting** is required:

1) Once Base Hospital contact is made

**AND**

2) Once the call is complete - **Posting** allows access to the PCR for the Base and Receiving Hospitals

However, additional posting should occur prior to hospital arrival whenever critical data elements are entered including:

- EKG
- Abnormal Vitals
- Change in patient condition
- Change in destination
- Any other pertinent updates

**“POST EARLY – POST OFTEN”**

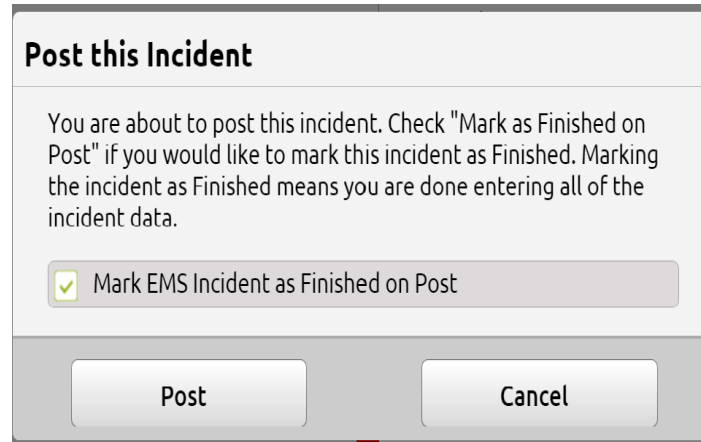


# COMPLETING DOCUMENTATION AND FINAL POST

## Final Posting



- When documentation is complete, perform the final Post
- To put the PCR in a “Finish” status check the box next to “Mark EMS Incident as Finished on Post” – This step many vary based on your Agency Billing Process

A screenshot of a software dialog box titled "Post this Incident". The text inside reads: "You are about to post this incident. Check 'Mark as Finished on Post' if you would like to mark this incident as Finished. Marking the incident as Finished means you are done entering all of the incident data." Below the text is a checkbox labeled "Mark EMS Incident as Finished on Post", which is currently checked. At the bottom of the dialog are two buttons: "Post" and "Cancel".

**Post this Incident**

You are about to post this incident. Check "Mark as Finished on Post" if you would like to mark this incident as Finished. Marking the incident as Finished means you are done entering all of the incident data.

☒ Mark EMS Incident as Finished on Post

Post Cancel

- Per Policy S-601 - All PCR's for patients transported to the hospital will be finished Prior to leaving the hospital
- All PCRs will be automatically **Locked** after 24 hours
- Locked PCRs can only be unlocked by Agency Administrators/Supervisors



# CRITERIA FOR UPLOADING TO THE STATE (CEMSIS)

## **Criteria for PCR to Activate Upload to the State (CEMSIS)**

### **Crew Documentation Responsibilities (All 4 must be met):**

- Validation = 100
- Incident is marked as Finished
- PCR Status
  - For Incidents that will be Billed, Status = Ready for Billing
  - For Incidents that are Not-Billed, Status = Finalized
- Incident is Locked (will occur after 24 hours)

**If a PCR does not meet these criteria, Administrators will notify crew to fix**



# ATTACHMENTS

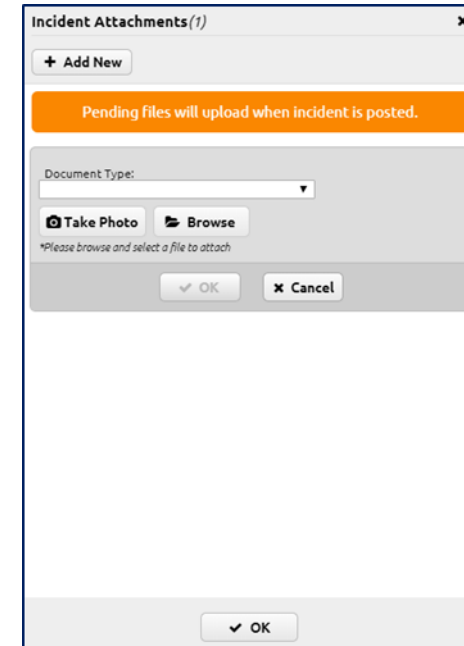
## To attach supporting documents

Click the



button located in the bottom middle

1. Select attachments
2. Add New
3. Browse to find file or take a photo
4. Select OK for file
5. Select OK to close dialogue box

A screenshot of a mobile application dialog box titled "Incident Attachments(1)". At the top left is a "+ Add New" button. Below it is an orange banner with the text "Pending files will upload when incident is posted." Underneath the banner is a "Document Type:" label followed by a dropdown menu. Below the dropdown are two buttons: "Take Photo" with a camera icon and "Browse" with a folder icon. A small italicized note below these buttons reads "\*Please browse and select a file to attach". At the bottom of the dialog are two buttons: "OK" with a checkmark icon and "Cancel" with an 'X' icon. A final "OK" button with a checkmark icon is located at the very bottom of the screen, outside the main dialog box area.

# TROUBLESHOOTING TIPS


**If you are having issues with your device such as....kicking you out or not letting you document calls make sure the following things have been checked:**

- **Cache/Clear History**
  - make sure all Incidents have been Posted, clearing the cache will remove them
- **Browser**
  - **Chrome**
    - **Recommended browser**
    - **Use the most current version as possible**



# IPAD ICON

## How to Create a Desktop Icon on iPads Elite Field

1. In Safari on an iPad, navigate to your Elite Field login page and log in.
2. Elite Field begins syncing automatically. If it does not, select *Settings* > *Sync*.
3. Log out of Elite Field.
4. Select the *Send to*  icon.



5. Select the Add to Home Screen button.



The Elite Field link appears on the iPad's desktop.



# DOCUMENTING MPI/MCI'S

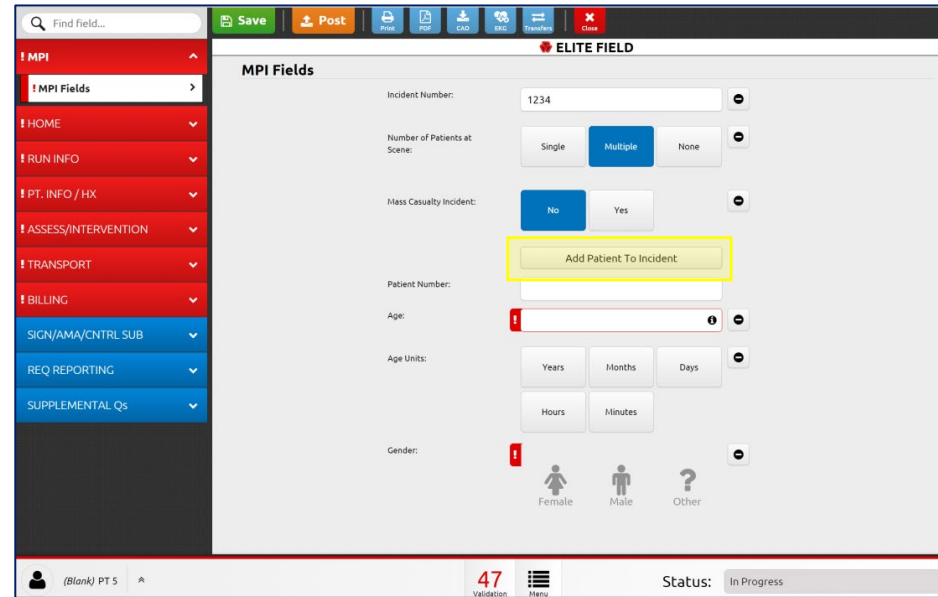
The screenshot shows the ELITE FIELD software interface. On the left is a red sidebar with a search bar and a list of menu items: MPI, HOME, RUN INFO, PT. INFO / HX, ASSESS/INTERVENTION, TRANSPORT, BILLING, SIGN/AMA/CNTRL SUB, REQ REPORTING, and SUPPLEMENTAL Qs. The main area is titled 'MPI Fields' and contains several input fields: Incident Number (123456), Number of Patients at Scene (Single, Multiple, None), Mass Casualty Incident (No, Yes), Add Patient To Incident button, Patient Number, Age (with a dropdown arrow), Age Units (Years, Months, Days, Hours, Minutes), Gender (Female, Male, Other), Last Name (include Patient #): Last Name 1, and a Switch Patient button at the bottom left. The bottom status bar shows a user profile, a validation count of 39, and a menu icon.

- This is not intended to be used during an MCI
- **MPI Section > MPI Fields Panel**
  - *Number of Patients at Scene* field > Select “Multiple”
  - *Mass Casualty Incident* > Select “No”
  - Click *Add Patient to Incident* button for each patient (doing this links PCR's together and keeps the same incident #)
- Allows easy navigation between patients since a line list of patients is created in the lower left corner (Name area)
- Allow transfer of PCR's to different unit, as needed
- If you selected “Single” in the *Number of Patients at Scene* field and later encounter additional patients, you can change this field back to “Multiple” at any time to add patients.

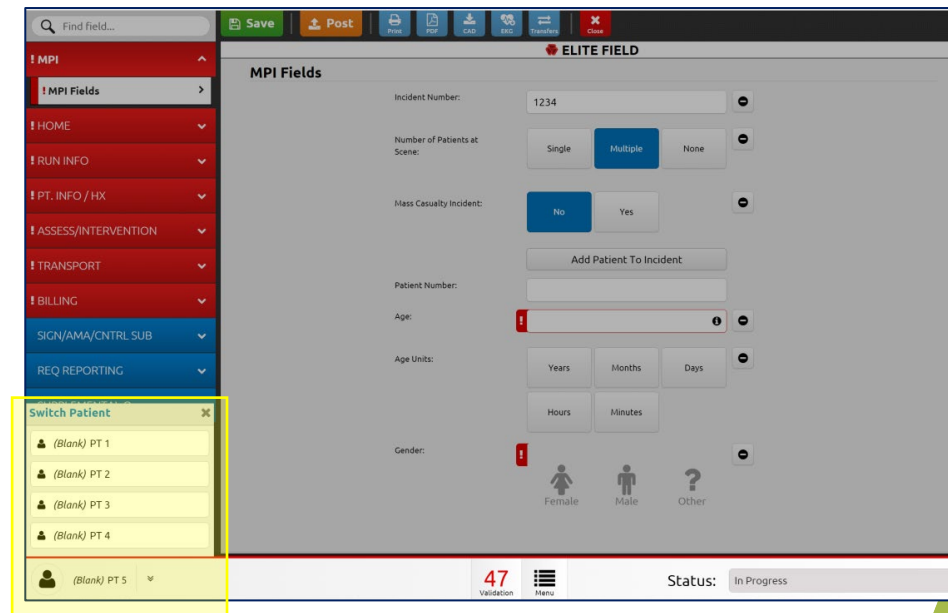


Add Patient to Incident button  
– allows you to add as many  
Patients as needed

Switch between Patients by  
clicking the **Patient Name**  
button in the bottom left  
corner



The screenshot shows the 'ELITE FIELD' software interface. On the left is a navigation menu with red and blue buttons. The main area is titled 'MPI Fields' and contains several input fields: 'Incident Number' (1234), 'Number of Patients at Scene' (Single, Multiple, None), 'Mass Casualty Incident' (No, Yes), 'Patient Number' (empty), 'Age' (empty), 'Age Units' (Years, Months, Days, Hours, Minutes), and 'Gender' (Female, Male, Other). A yellow box highlights the 'Add Patient To Incident' button located below the 'Mass Casualty Incident' field. At the bottom, there is a status bar showing '(Blank) PT 5', a red '47' validation count, and a 'Status: In Progress' indicator.



This screenshot shows the same 'ELITE FIELD' interface, but with the 'Switch Patient' dropdown menu open in the bottom left corner. The dropdown is highlighted with a yellow box and lists four patient names: '(Blank) PT 1', '(Blank) PT 2', '(Blank) PT 3', and '(Blank) PT 4'. The main form area is dimmed. The status bar at the bottom remains the same, showing '(Blank) PT 5', a red '47' validation count, and 'Status: In Progress'.



## For an MCI

### *MPI Section > MPI Fields Panel*

- *Number of Patients at Scene* field > Select “Multiple”
- *Mass Casualty Incident* > Select “Yes”
- With MCIs certain validation rules are inactivated
- After the call, all supporting paperwork can be attached to the run (Pictures or scans of triage tags, department ICS tactical worksheets, etc.)

The screenshot shows the 'MPI Fields' panel in the ELITE FIELD application. The browser address bar shows the URL: `ndelite.com/Elite/Organizationsdcounty/Agencytestimagnet/OfflineEmsRunForm#/Incidentfd952e54-990b-4de0-ae7-4a50846b926c/Form2`. The panel includes a toolbar with buttons for Save, Post, Print, PDF, CAD, EKG, Transfers, and Close. The form fields are as follows:

- Incident Number:** Text input with value '123456' and a dropdown arrow.
- Number of Patients at Scene:** Radio buttons for 'Single', 'Multiple' (selected), and 'None'.
- Mass Casualty Incident:** Radio buttons for 'No' and 'Yes' (selected).
- Add Patient To Incident:** A button.
- Patient Number:** Text input.
- Age:** Text input with a red error bar and an information icon.
- Age Units:** Radio buttons for 'Years', 'Months', 'Days', 'Hours', and 'Minutes'.
- Gender:** Radio buttons for 'Female' (selected), 'Male', and 'Other'.
- Last Name (include Patient #):** Text input with value 'Last Name 1'.

The bottom of the panel shows a validation status of '54 Validation', a menu icon, and a status of 'Status: In Progress'.

# NEXT STEPS

## **Today:**

- **Confirm Logins**

## **After Today:**

- **Practice**
  - Use generic logins
  - Now until Go-Live
- **Go-Live**
  - TBD
- **Questions**
  - Agency Administrators



Any questions?

