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** - **Co**unty of **S**an **D**iego **L**ocal **E**mergency **M**edical **S**ervices **I**nformation **S**ystem

- **LEMSIS LMS – License Management System** (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
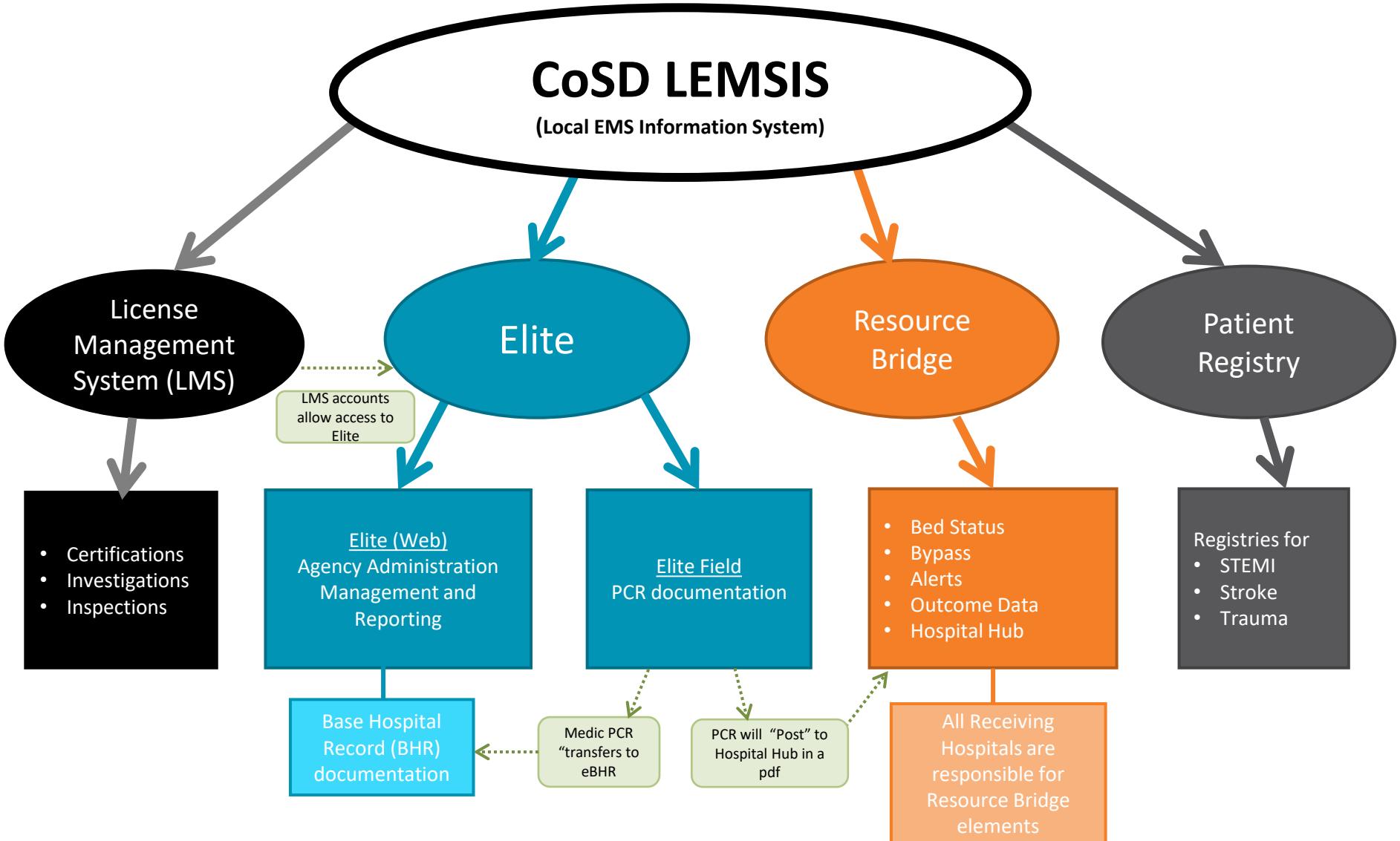
LEMSIS ELITE Module

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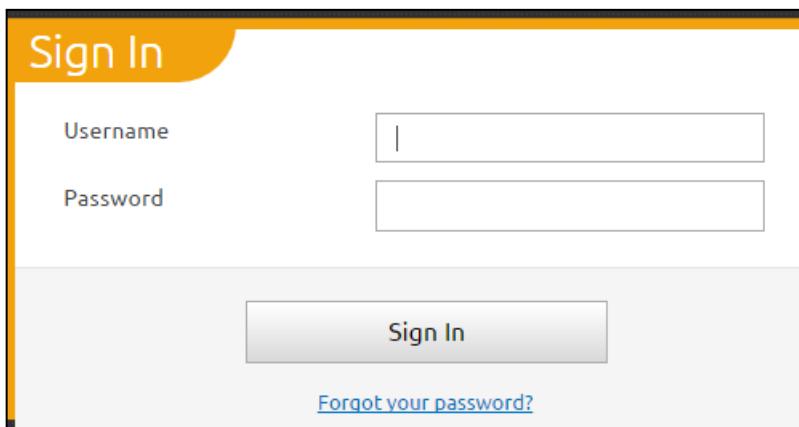
Elite Field is the environment where field personnel will enter PCRs – this environment will be addressed during this training

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

Sign In

Username

Password

Sign In

Forgot your password?
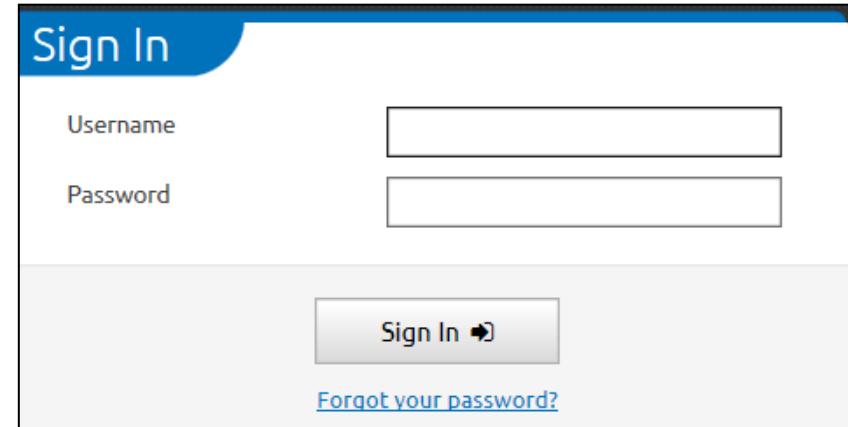
Sign In

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
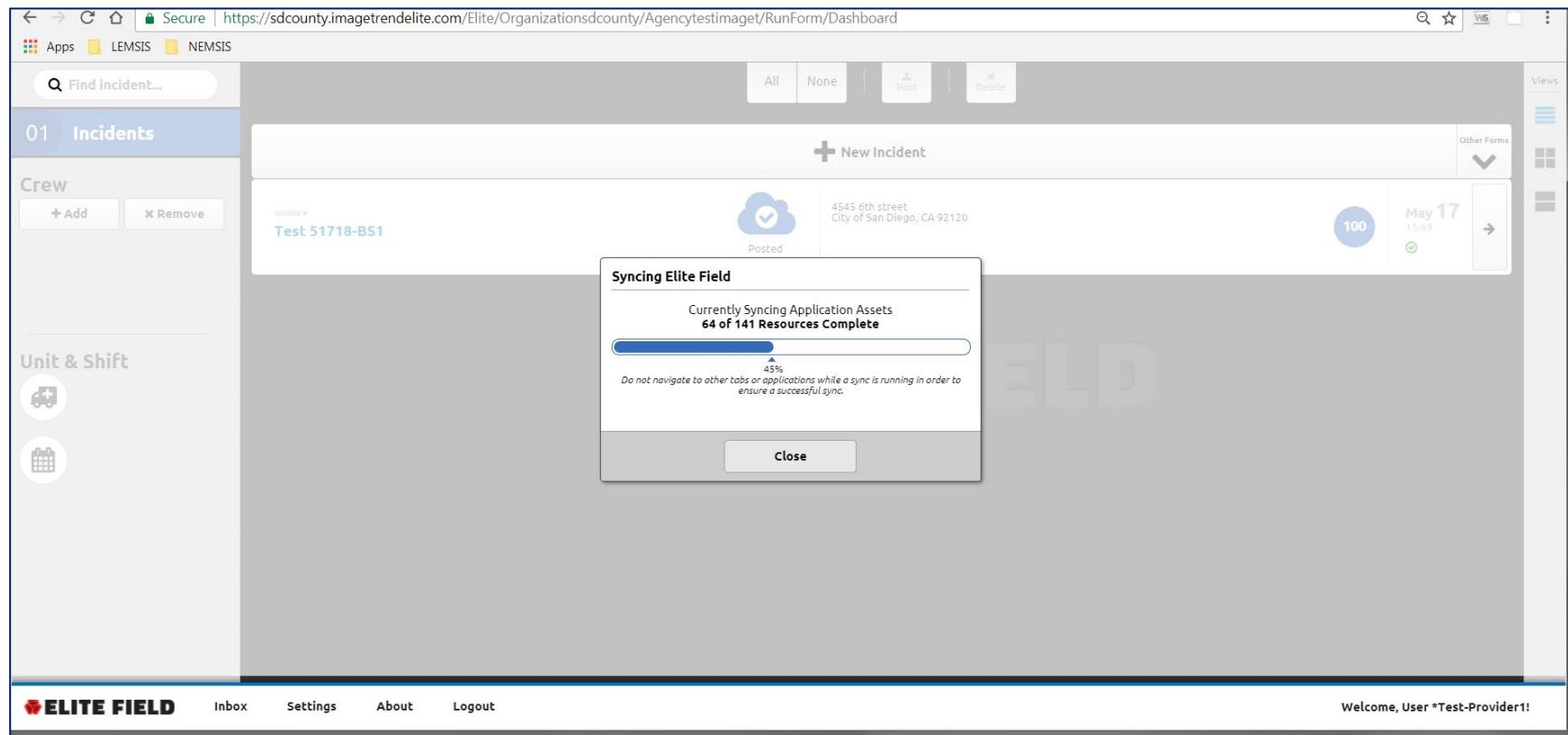
LEMSIS ELITE FIELD LOGIN > INBOX

- **Inbox** – Internal Email/Messaging feature
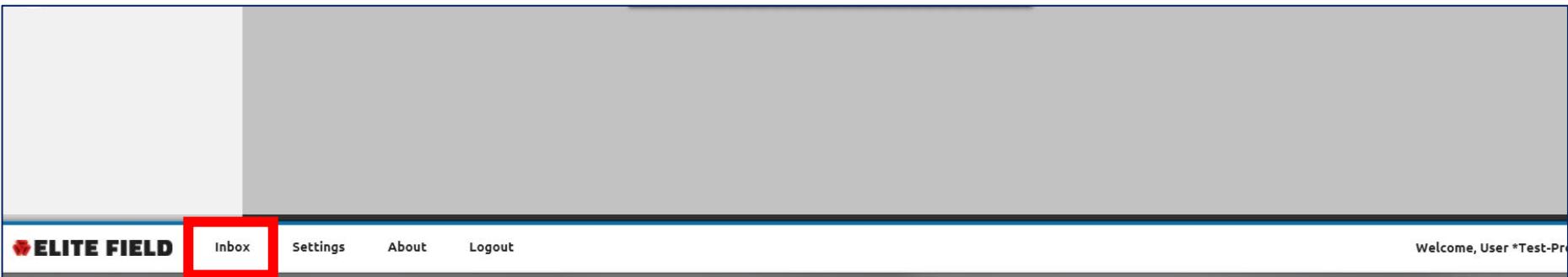
- The number of new messages will show

- 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"

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

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)
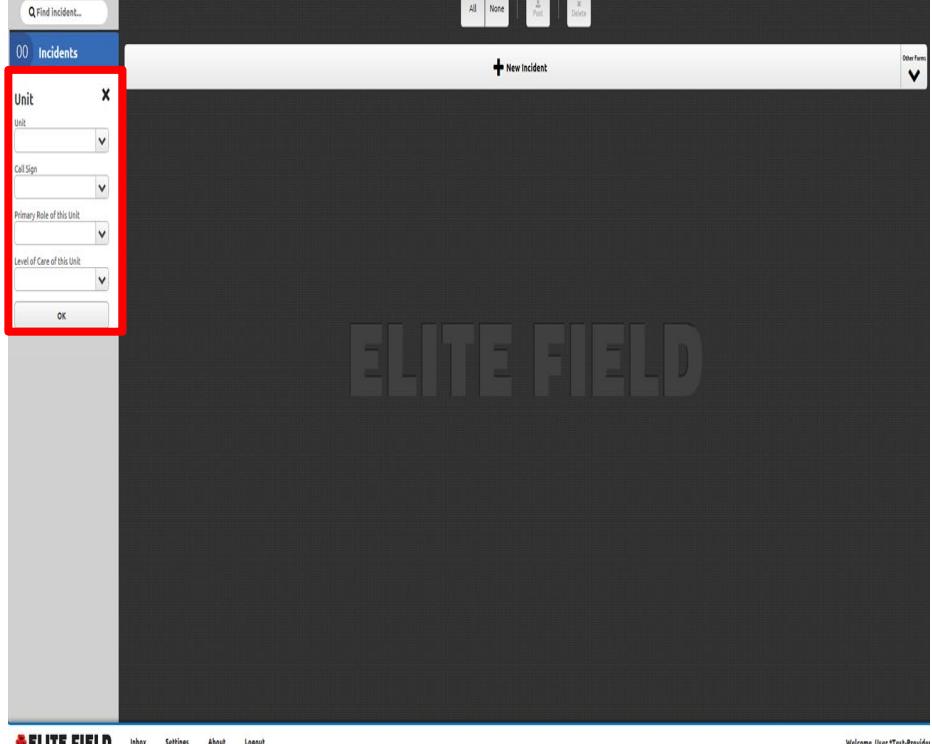
LEMSIS ELITE FIELD > CREATING A NEW INCIDENT
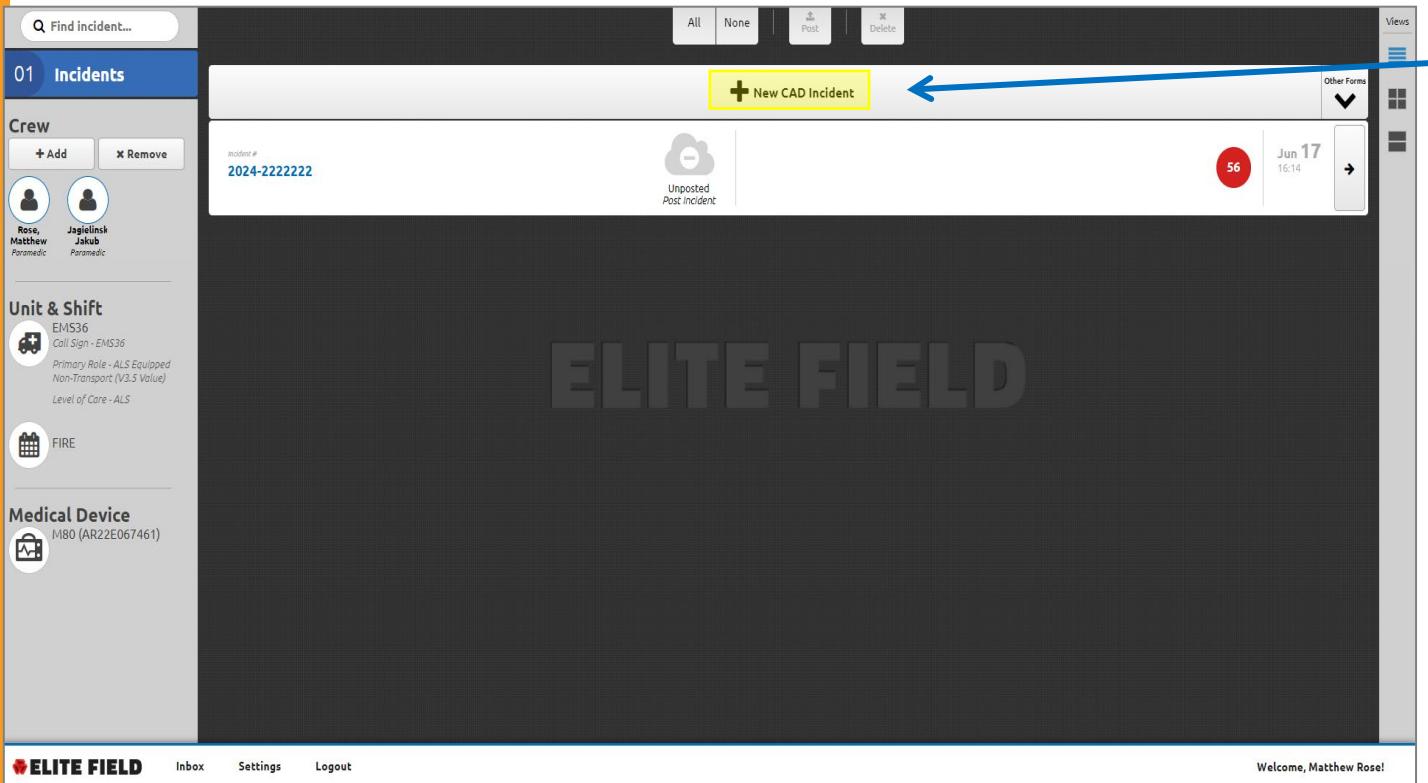
Create a run through the "+ New CAD Incident" Bar at top of page

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

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

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

Section & Panels

Documentation Area

Fields To Transfer (to Tr Unit/BH)

Number of Patients at Scene:	Single	Multiple	None

Incident Number:

First EMS Unit Arriving on Scene:

Unit Notified by Dispatch Date/Time:

Arrived at Patient Date/Time:

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

Driver's License Strip/Barcode Scanner (Windows Devices)

Last Name:

First Name:

Middle Initial/Name:

Date of Birth:

Age:

HOME
- Fields To Transfer (to Tr Unit/BH)
- Dispositions
- RUN INFO
- PT. INFO / HX
- ASSESS/INTERVENTION
- BILLING
- SIGN/AMA/CNTRL SUB
- REQ REPORTING
- SUPPLEMENTAL Qs

Save | Post | Print | PDF | CAD | EKG | Transfers | Close

ELITE FIELD

No Patient Name Entered

58 Validation

Menu

Status: In Progress

Times | Mileage | Timeline | Situations | JotPad | CPR | Medical | Trauma | V/S | GCS/APGAR | PQRST | Assessment | BGL | All

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

Patient's Name and Incident Number

Validation Score

PCR Menu

PCR Status Menu
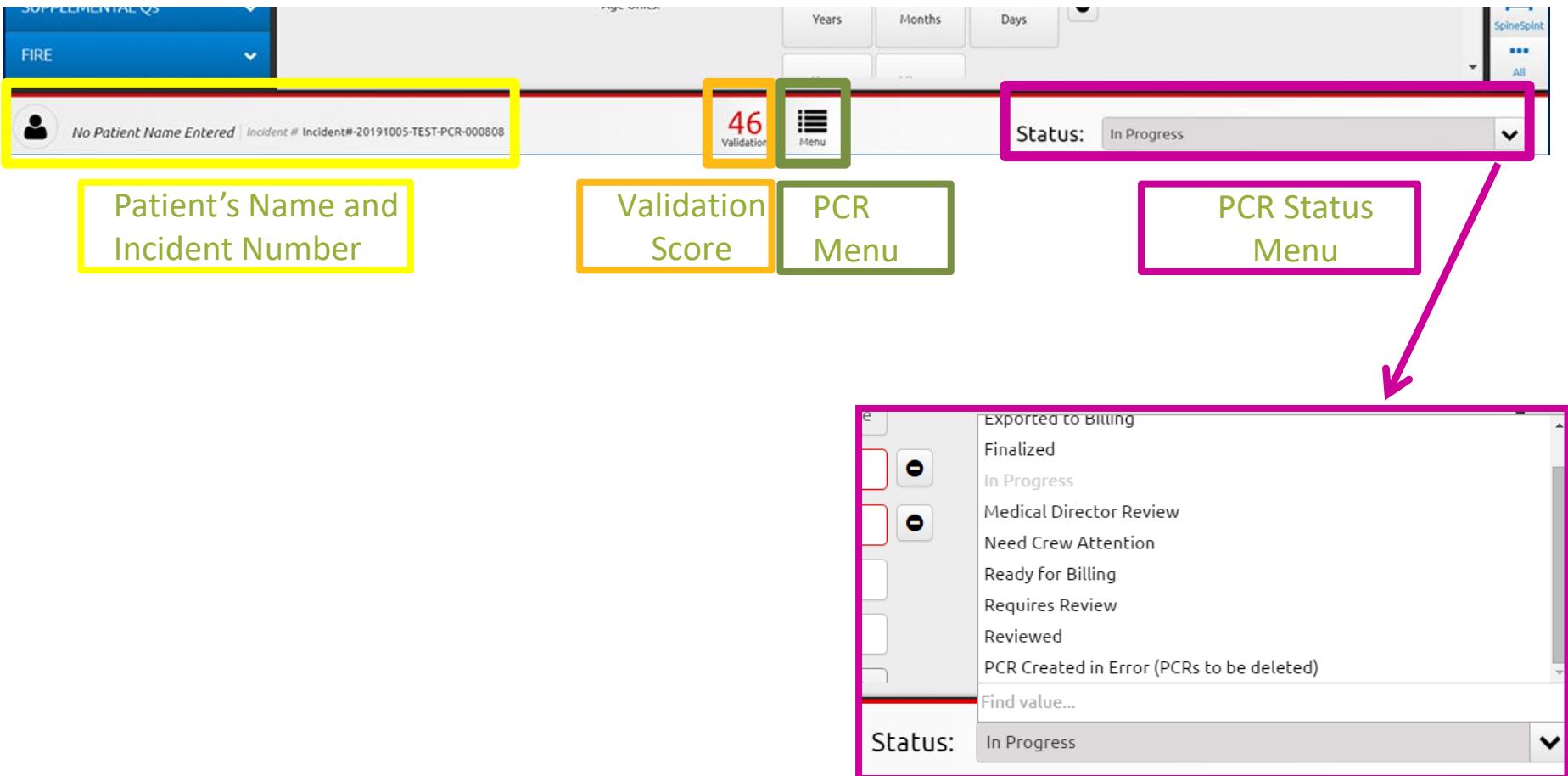
LEMSIS ELITE FIELD > BUTTONS ON A PCR

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

LEMSIS ELITE FIELD > BASIC FIELD NAVIGATION

Each format has advantages for efficient documentation
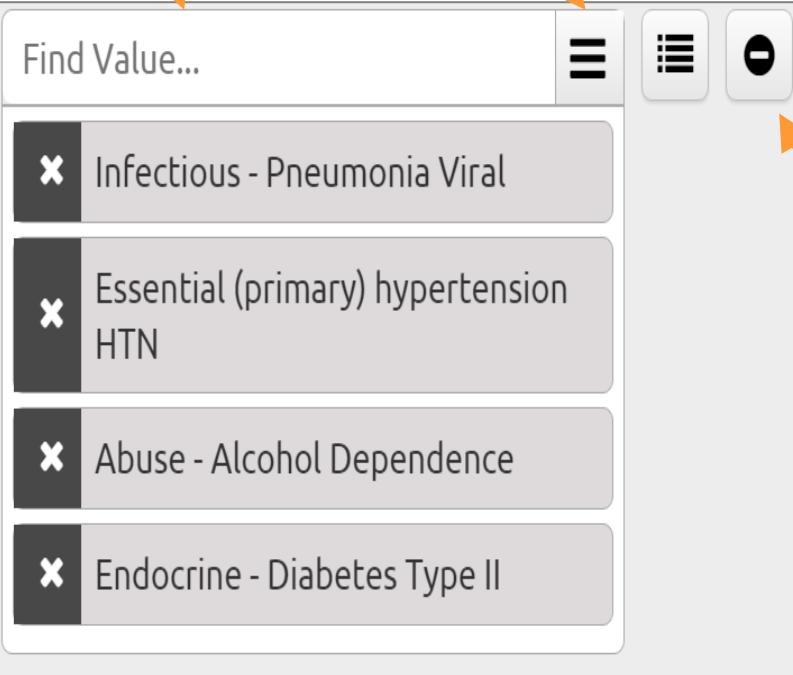
Search - Use if you know exactly what you are looking for

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

Find Value...

- ✖ Infectious - Pneumonia Viral
- ✖ Essential (primary) hypertension HTN
- ✖ Abuse - Alcohol Dependence
- ✖ Endocrine - Diabetes Type II

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

N/A, Not Listed (Use Other)	Not Recorded	Not Reporting
None Reported	Refused	Unable to Complete
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

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

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

Drivers License Scanner button(s) are located

at the top of the Home panel
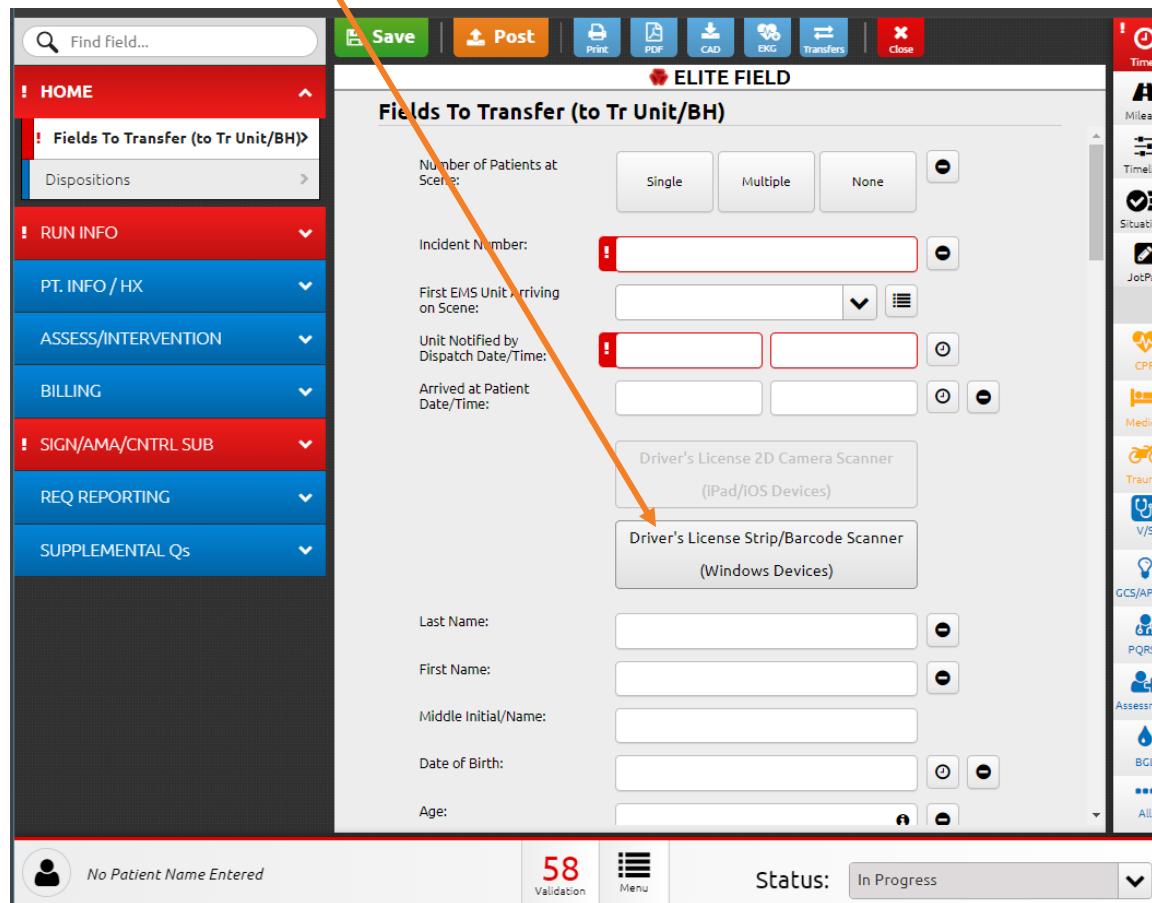
DOCUMENTING IN A PCR > REPEAT PATIENT

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
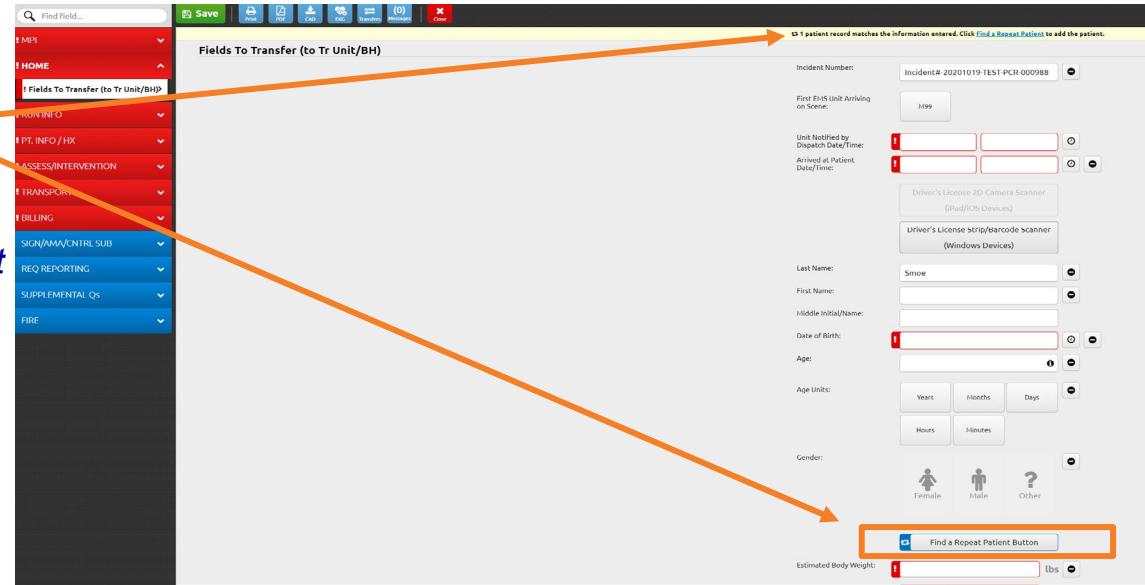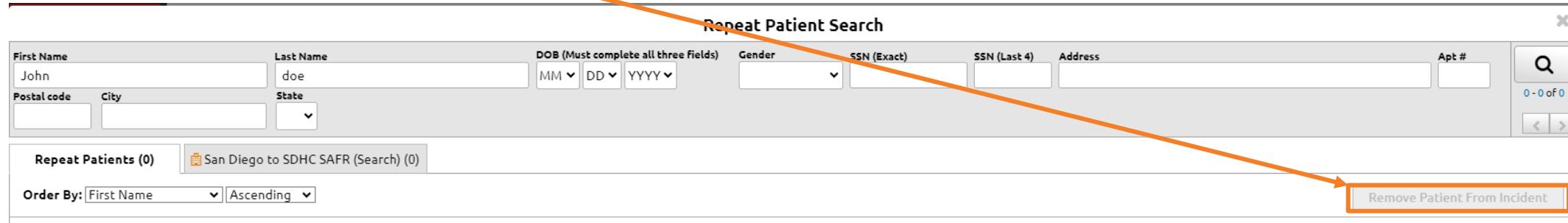
DOCUMENTING IN A PCR > POWER TOOLS

- 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

Note : Documenting in Power Tools auto-populates the corresponding fields on the Sections and Panels
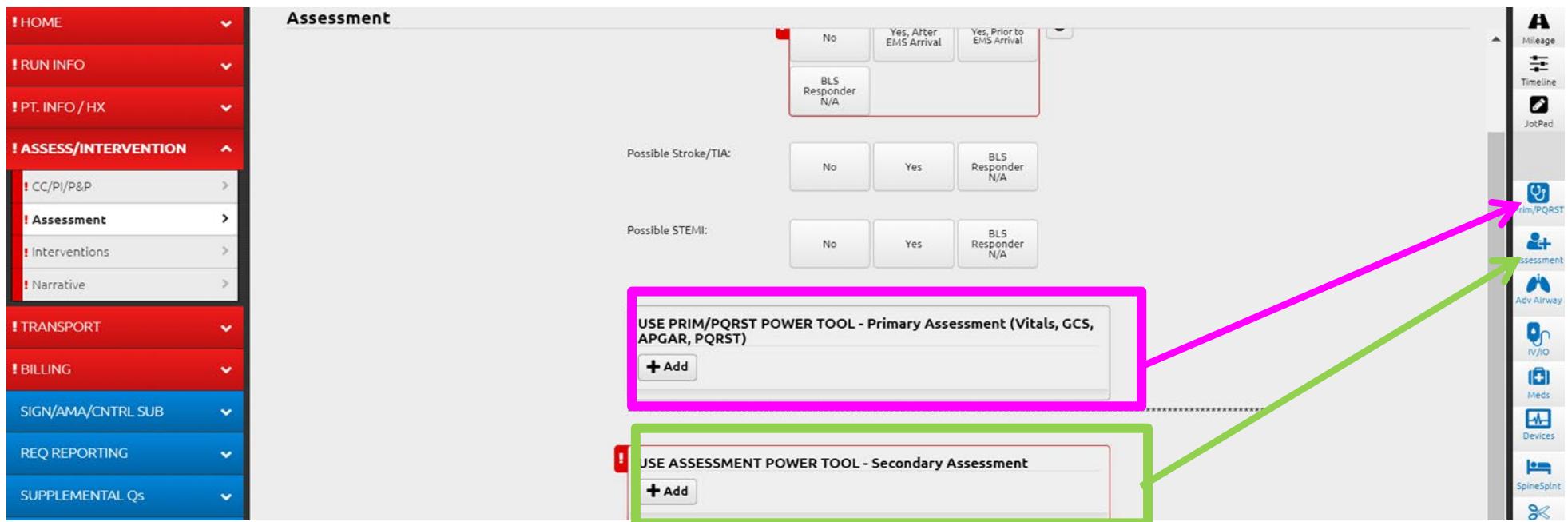
DOCUMENTING IN A PCR > PRIM/PQRST POWER TOOL

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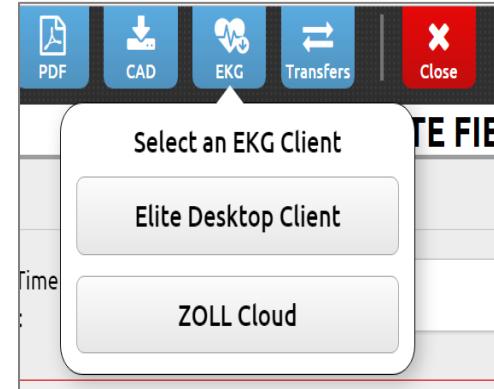
One complete set of vitals is required before transferring to Base Hospital – manually entered

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
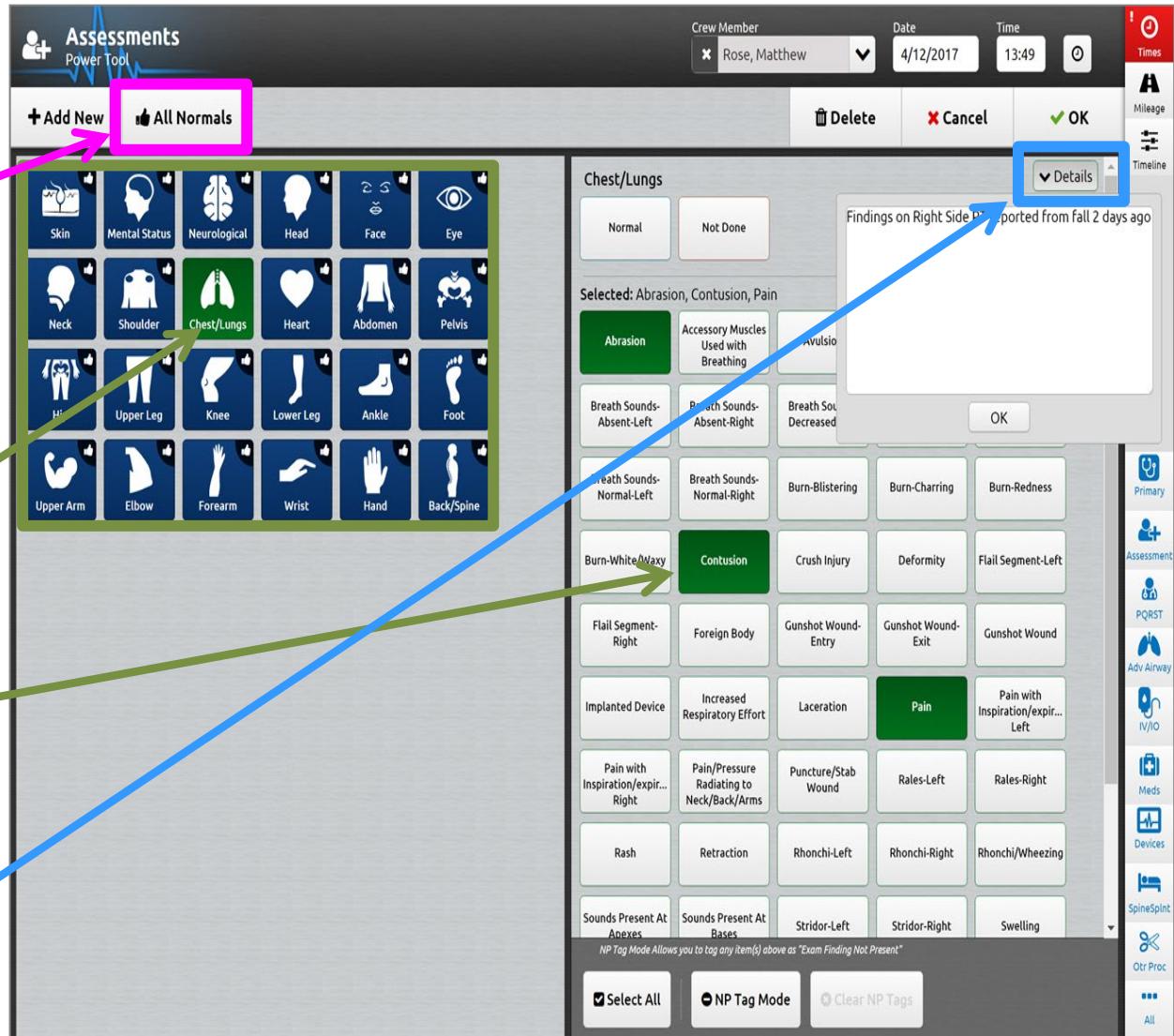
DOCUMENTING IN A PCR > VITALS

To document Vitals:
- Manually enter the Primary Power Tool

- If agency has an integrated EKG monitor data can be imported via the EKG button
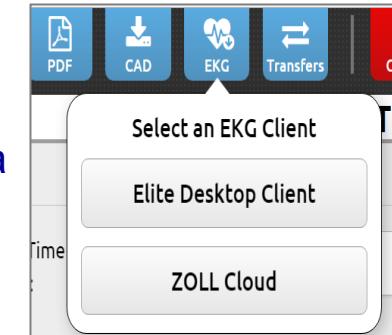
One complete set of vitals is required:
- Before transferring to Base Hospital
- To satisfy the validation rules

Documenting in a PCR > Situation Tools

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

Example: **Aspirin [324mg PO]** Meds

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.

Situation Tools

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 <u>one</u> field

  - ✓ Incident/Patient Disposition

- V3.5 has <u>five</u> 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. Eloped)

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.

EXAMPLE DISPOSITION SITUATIONS

Treated and Transported by This Unit

EXAMPLE DISPOSITION SITUATIONS

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

EXAMPLE DISPOSITION SITUATIONS

AMA

EXAMPLE DISPOSITION SITUATIONS

BLS Unit's PCR when Transporting a BLS Downgrade

EXAMPLE DISPOSITION SITUATIONS

Assisting Primary EMS Crew

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

EXAMPLE DISPOSITION SITUATIONS

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

EXAMPLE DISPOSITION SITUATIONS

Lift Assist

TRANSFERS > UPLOAD

Upload
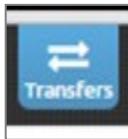
- **Private BLS Agencies**
  - Only Upload (to BH) when making Base contact (per S-415)

- **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
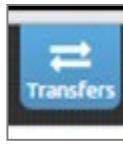
Download Transfer
Download data from server into your PCR

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)

  - **<u>Receiving Facility –</u>** 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

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)
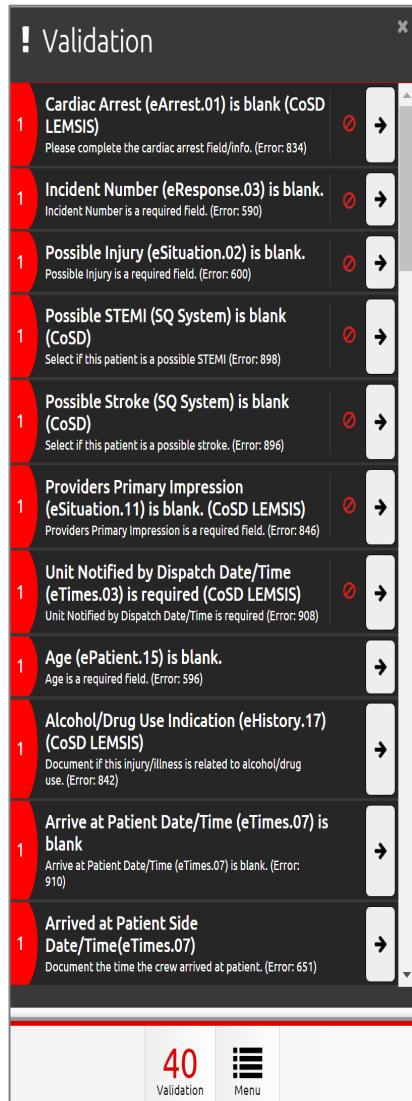
= Closed Call rule
 These **must** be answered
 on all calls to Post
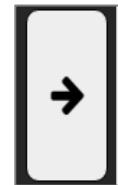
= Shortcut link
 Will take you to location
 of missing rule

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
- Chane 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" – <u>This step many vary based on your Agency Billing Process</u>

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
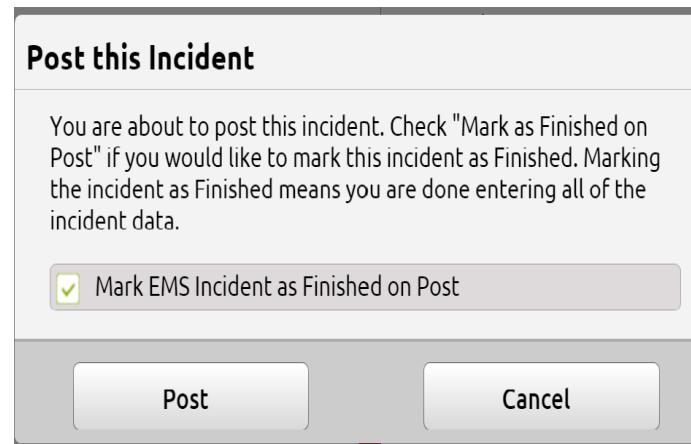
- Per Policy S-601 - All PCR's for patients transported to the hospital will be finished Prior to leaving the hospital

- 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 [Menu] 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
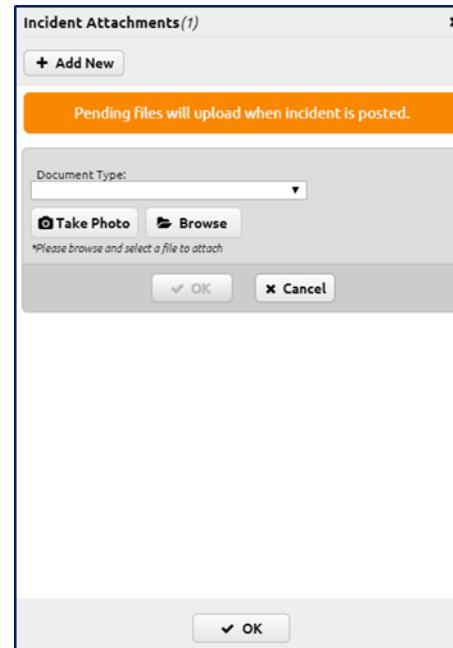
TROUBLESHOOTING TIPS

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.
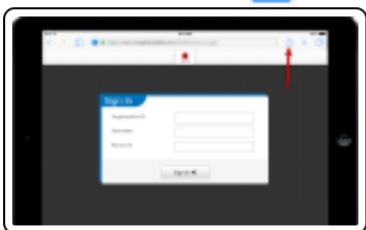
5. Select the Add to Home Screen button.
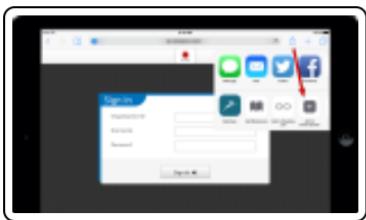
The Elite Field link appears on the iPad's desktop.

DOCUMENTING MPI/MCI'S
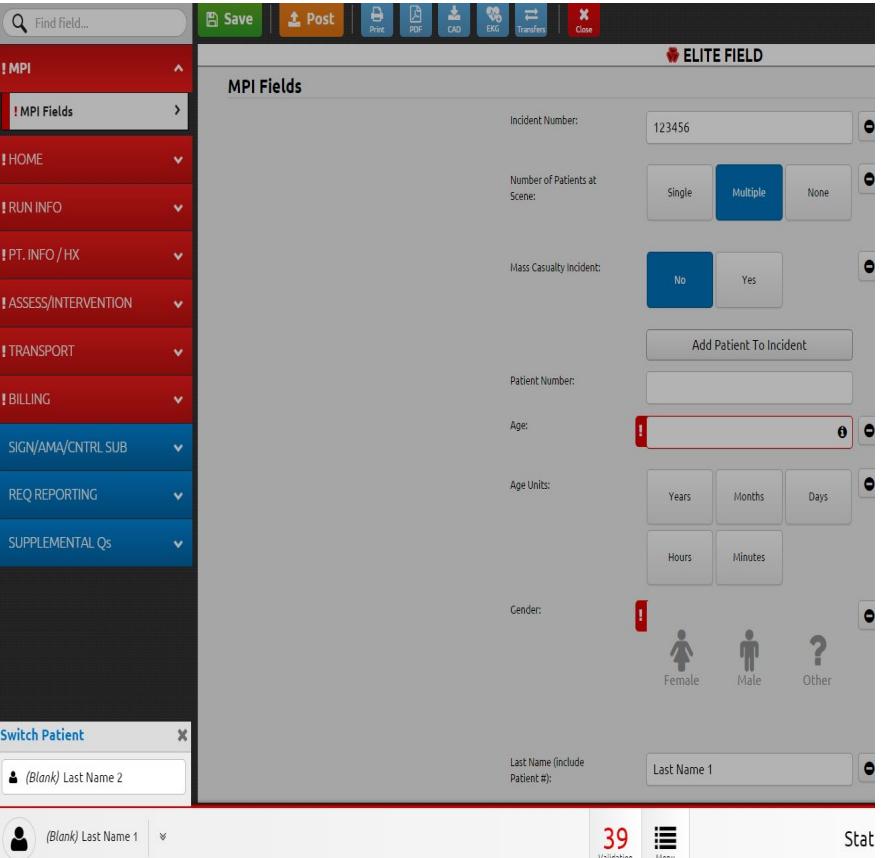
- This is not intended to be used during an MCI

- 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 PCRs 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 PCRs 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 pateints.

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
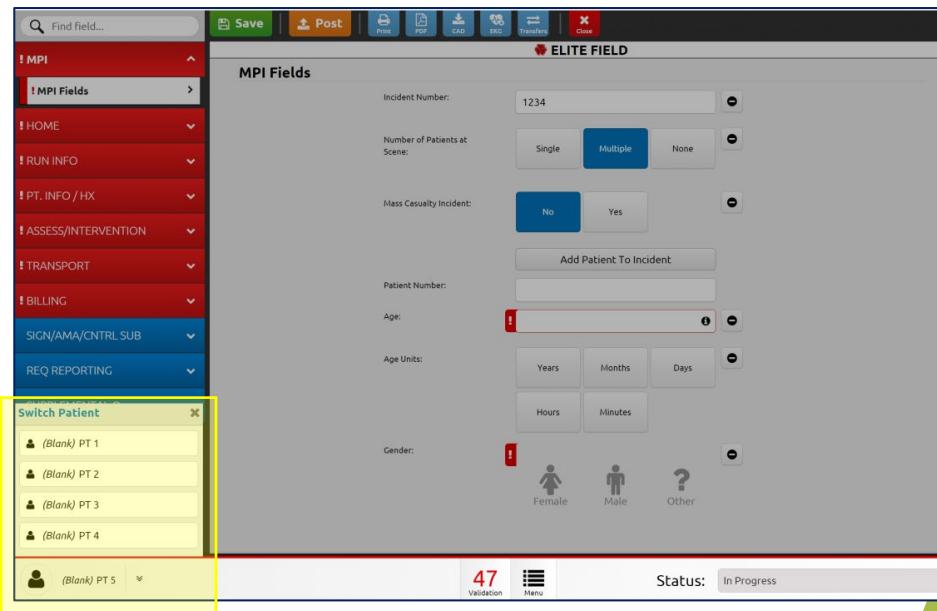
For an MCI

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.)

NEXT STEPS

Today:
- **Confirm Logins**

After Today:
- **Practice**
  - Use generic logins
  - Now until Go-Live

- **Go-Live**
  - TBD

- **Questions**
  - Agency Administrators

Any questions?