



Changes To emsCharts

With the transition of the NYS operating authorities, we will be operating under Henrietta Ambulance emsCharts platform while the transition to CHS Mobile Integrated Healthcare is completed. With the changes in operations, we've made some necessary changes to emsCharts. It should be noted that the Scottsville and Chili emsCharts platforms are no longer active and cannot be used for charting.

Please note, we are merging three agencies, so some of the changes may not apply to what you "already do".

Page 1

1. CAD#: This is the 9 digit CAD number issued by ECD. This is also known as the 'Incident ID' in Bryx.
2. Outcomes: We are utilizing the MLREMS regional standard outcomes. See the attachment for definitions.
3. Dispatch Location: This may be a "Base", such as Chili Base, Henrietta Base, or a starting location, eg: Jefferson Rd & Scottsville Rd.
4. Requestor: This must be the caller listed on the 911 CAD record. If not available use, 'none listed'.
5. Scene Grid: The municipality that you responded to must be selected. This information is available on the CAD record or on Bryx. After the address, a municipality code is given. Refer to common codes below. This is not a complete list but likely the most common.
 - a. ,CHI → Town of Chili;
 - b. ,CHU → Town of Churchville;
 - c. ,HEN → Town of Henrietta;
 - d. ,SCO → Village of Scottsville;
 - e. ,WHE → Town of Wheatland;
 - f. ,RUS → Town of Rush.

Patient Page

1. "Resident of": If the patient resides in the CHS Primary Response area, please list the name of the municipality that they reside in. Options are: "Chili", "Henrietta", "Scottsville (Village)", "Wheatland (Town)". If the patient does not reside in our primary response area, please list "Other". Please note, you should not use the "mailing address" as a reference for determining municipal residency. USPS zip codes have no correlation with the municipality. There may be data in this field already if the patient is in the system already, if this is the case, please overwrite with new data.



A few notes:

- a. For minor patients (17 and younger), please obtain information of the Parent or Guardian. This shall be documented in the "Relationships/Guarantors" section;
- b. Please attempt to obtain or update insurance information;
- c. Social Security numbers are extremely helpful to determine insurance eligibility. Please make an attempt to get a full SSN. Understandably, some people are reluctant to release this. The last four digits of the SSN are helpful as well.

General Notes:

- All crew members must sign charts by the end of shift, with exception to Explorers, Observers and other non-credentialed persons.
- All patients encountered must be given a copy of our Notice of Privacy Practices (NPP).
- For all patient encounters, an appropriately completed "Billing/HIPAA Authorization" form must be completed.
- All patients treated as the result of a motor vehicle accident or pedestrian struck must sign a NYS DMV NF-3 Form.
- All clipboards have been updated with the appropriate forms.
- Further clarification on 'Patient Treated/Evaluated and Refused Transport' and the 'Patient Treated/Evaluated and Refused (BLS or ALS) outcomes':
 - BLS or ALS should be based on the dispatch type/assessments or interventions completed.
 - Guidelines for determining BLS or ALS refusal vs T/E Refused Tx:
 - Patient has a notable complaint but refuses transport;
 - A legitimate mechanism of injury exists creating the potential for serious injury;
 - A concerning underlying medical problem exists creating the potential for serious illness if not evaluated in the very near future;
 - We provide hands on treatment (e.g. ECG, 12-Lead, cold pack, splint, dressing etc.)
 - The patient themselves called 911/EMS and requested assessment (especially in conjunction with any of the above).
- **Patient Billing Questions**
 - Have you ever had a patient ask you: "Will I get a bill for this?" I'm sure we all have at one point in our service. Due to the complexities of the billing process, the answer is not always clear. Questions related to the billing process should be referred to the billing office.

Any questions or problems on shift should be directed to the on-duty supervisor.

Data Field: Call Outcome

Agency Type: Advanced/Basic Life Support Transport Agency

Call Outcome	Definition
ALS Assist	Use anytime an ALS unit, (flycar or ambulance) meets another BLS unit and the ALS Technician provides care onboard another agencies BLS vehicle.
ALS Field Termination	Used when an ALS code is initiated and the patient is not transported using the field termination protocol.
Cancelled Enroute	Defined as an EMS event where the responding EMS unit is cancelled after calling enroute but prior to arrival at the scene.
Cancelled On Scene	Defined as an EMS when the EMS unit is cancelled after calling on location, no patient contact, evaluation or treatments provided.
Cancelled Prior to Response	Defined as an EMS event where the responding EMS unit is cancelled prior to going enroute to a call.
Crew Share	Anytime an EMS member makes up part of a crew for another EMS agency.
Dead on Arrival < 65	Defined as an EMS event where the patient is dead on arrival of the EMS unit. No care is provided to the patient other than documentation of the event and confirmation that the patient is dead and under 65 years old.
Dead on Arrival ≥ 65	Defined as an EMS event where the patient is dead on arrival of the EMS unit. No care is provided to the patient other than documentation of the event and confirmation that the patient is dead and the patient age is greater than or equal to 65.
No Crew Available	EMS Agency has no crew to respond to a call
No Patient Found	Defined as an EMS event where EMS arrives at the scene but no patient is identified. No patient evaluation or care is provided.
Release to BLS	An ALS provider responding on an ALS Assist / Intercept and assesses a patient and determines that patient can be released to BLS unit for transport.
Stand By	Used if a service is dispatched for a call such as to stand by during a fire or other incident. For each person treated at the scene a PCR should be completed for them.
Transported to LZ for Air Transport	An EMS event where EMS arrives, evaluates, and treats the patient but then transfers the care of the patient to a Landing Zone for an Air Ambulance. Destination for these events is considered the location where the care of the patient was formally transferred.
Treated, Transferred Care	In a multi-tiered response system this disposition would be used by any BLS FR or ALS FR agency and turns over a patient to an EMS transport agency. This would be used when the level of care remains the same. (ALS release to another ALS or BLS release to BLS)
Treated, Transported ALS	Defined as an EMS event where EMS unit arrives, evaluates, treats, and transports providing ALS services to the patient.
Treated, Transported BLS	Defined as an EMS event where EMS unit arrives, evaluates, treats, and transports providing BLS services to the patient.
Treated, Transported ALS / Other ALS Agency on board	Defined as when a BLS level transport agency has ALS from another agency on board providing ALS care.
Treated, Transported BLS after ALS Assessment	This is used anytime an ALS assessment is performed and no ALS interventions are required and the patient is released to a BLS agency or is transported at the BLS level.
Patient Treated/Evaluated and Refused Transport	Defined as an event where EMS arrives, evaluates and/or treats a patient with medical assistance. The patient then refuses transport. An example of this scenario would be a diabetic related call, were the patient is given care (D-50 treatment) or an MVA scene where a patient states they have "neck or back pain" but again after assessing the patient, they refuse transport. These patients are able to demonstrate capacity and the consequences of their medical care decisions as per MLREMS Protocols and Policies.

<p>Patient Treated/Evaluated and Refused Transport ALS</p>	<p>Defined as an event where EMS arrives, evaluates and/or treats a patient with medical assistance. The patient then refuses transport. An example of this scenario would be a diabetic related call, were the patient is given care (D-50 treatment), but again after assessing the patient, they refuse transport. These patients are able to demonstrate capacity and the consequences of their medical care decisions as per MLREMS Protocols and Policies.</p>
<p>Patient Treated/Evaluated and Refused Transport BLS</p>	<p>Defined as an event where EMS arrives, evaluates and/or treats a patient with medical assistance. The patient then refuses transport. An example of this scenario would be an MVA scene where a patient states they have "neck or back pain" but again after assessing the patient, they refuse transport. These patients are able to demonstrate capacity and the consequences of their medical care decisions as per MLREMS Protocols and Policies.</p>

Note: The Patient Treated/Evaluated and Refused Transport selections are defined in three selections for agency usage depending if they also bill for that type of service.

DRAFT