ePCR User Guide

Updated Actual/Specialty Care Fields

Summer 2017

Background

- The Specialty Care Conditions panel has been updated in two ways:
  - This is now a multi-select field, so that users can identify a patient that may meet several specialty care conditions.

  - Specific values have been updated to help clarify their purpose and improve data collection for these patients.

What is Specialty Care?

- Specialty care is a major component of prehospital care that covers conditions like Cardiac Arrest, STEMI, Stroke and Trauma.
  - Specialized care and response/transport models are included in this specialty care system.
  - CAM, Stroke Scale Assessment, ELVO, Trauma Steps, etc. are all examples of specialized care and assessment we utilize to manage the care of these patients.

- Data is collected on all actual or potential specialty care patients, as part of our system wide Quality Assurance and Improvement program

- Agencies and hospitals depend heavily on this specialty care data to help improve delivery and response models, and ultimately, to improve patient care.

Actual / Potential Specialty Care:

Find Value...

Not Indicated
Cardiac Arrest or DOD
ROSC with 12 Lead ECG Performed
12 Lead ECG Performed
CSS Assessment Performed
Injury / Potential Injury
Truama with Cardiac Arrest
Sepsis

Specialty Care Data Collection

- As in the old system, there are specialty care data fields that appear when an actual or potential specialty care activation is indicated.

- Potential means the patient meets criteria for further specialty care evaluation
  - 12 Lead ECG performed
  - Stroke assessment performed
  - *ANY* Traumatic mechanism (*even very minor*)
  - POTENTIAL does not mean the patient is having a STEMI or Stroke, or that they meet trauma step criteria. It means they required further assessment.

- Actual means it is known that the patient meets some level of specialty care inclusion
  - Confirmed STEMI
  - Confirmed Cardiac Arrest (including ROSC)
  - Confirmed Stroke
  - Sepsis Alert

Why is it important?

- As prehospital providers, we must be able to show that a patient met, or did not meet, certain criteria for inclusion into our specialty care system.

- For example, If a patient twisted and broke his ankle, we need to be able to document that trauma steps were not indicated, but that the cause of injury was a fall, and the mechanism of injury was blunt.
  - All these fields are located in the Injury/Potential Injury panel that appears when trauma is selected from the Actual/Potential Specialty Care Activations drop down.

- This information is vital to patient care, patient outcomes, and system development.
  - Agency administrators, hospital personnel, and EMS system administrators all utilize this information to get a picture of the care provided in the field, and to ensure the system is performing adequately.

The Values...

- **Not Indicated** – The patient does not meet any criteria for specialty care assessment and/or specialty care inclusion.
  - *No 12 lead ECG was done, or there is no STEMI reported by a physician, clinic, etc.*
  - *Patient not exhibiting any signs or symptoms of stroke or TIA, and does not require further assessment for stroke (CSS)*
  - *Patient not the victim of ANY traumatic mechanism (even a very minor injury)*
  - *Patient was/is not in cardiac arrest.*
  - *Patient does not meet Sepsis alert criteria.*
- **Cardiac Arrest or DOD** – Patient was, or is, in cardiac arrest at some point related to this specific response.
- **ROSC with 12 Lead ECG Performed** – The patient was in cardiac arrest, had a ROSC (return of spontaneous circulation). 12 lead was performed to include or rule out STEMI.
- **12 Lead ECG Performed** – Any time a 12 lead ECG was performed on the patient to assess for possible STEMI. This includes those patients where a 12 lead was performed, but NO STEMI was indicated. This also includes patients at doctors offices, clinics, etc. where a 12 lead was already performed prior to EMS arrival.
- **CSS Assessment Performed** – Any time a stroke assessment was performed to assess for possible stroke or TIA. This would include patients where a Cincinnati Stroke Scale assessment is performed and a stroke is not indicated. This would also obviously include any patient assessed for stroke, and found to meet criteria for a prehospital stroke alert (including ELVO), as outlined in VCEMS Policy 451.
- **Injury / Potential Injury** – *Any* patient with *ANY* traumatic mechanism, including very minor incidents. This includes things such as trips and falls with minor extremity injuries, minor vehicle accidents, etc. This also obviously includes any patients that meet VCEMS trauma inclusion criteria (Steps).
- **Trauma with Cardiac Arrest** – Any patient in cardiac arrest with *any* traumatic mechanism involved.
- **Sepsis** – Any patient that meets Sepsis alert criteria, in accordance with VCEMS Policy 705.27