

A SAFR Transition

Enhancing
Pre-hospital Care Coordination

SAFR



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Agenda

- End-user perspective/requirements
- 2. SAFR: function and benefits
- 3. Toolkit available



Clinical End-users

Paramedic

- I need patient data in the field "what do you do if you have an unconscious patient and no family members around"
- Problems, meds, allergies, encounters, POLST

ED staff

- Get data pre-arrival, especially on STEMIs
- In my native EMR, not a separate system

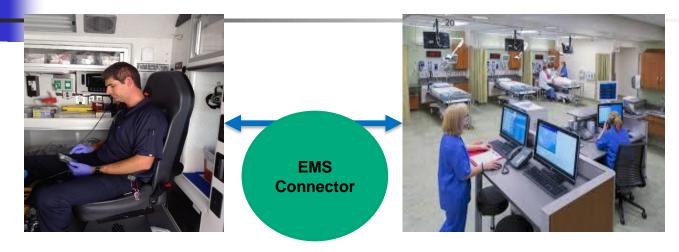


What is SAFR?

- 1. Functions
- 2. Benefits
- 3. Stats

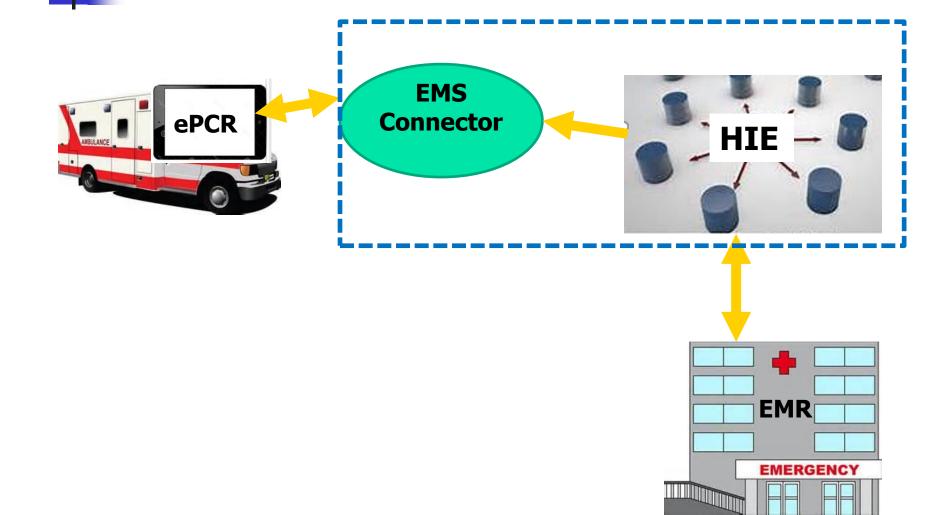
What is SAFR?

Real-time Connection Ambulance - ED



- SEARCH paramedics search HIE pre-hospital
- ALERT narrative, EKGs, VS, real-time to ED
- FILE electronic submission of medic's report
- RECONCILE hospital to ePCR, eg eOutcomes

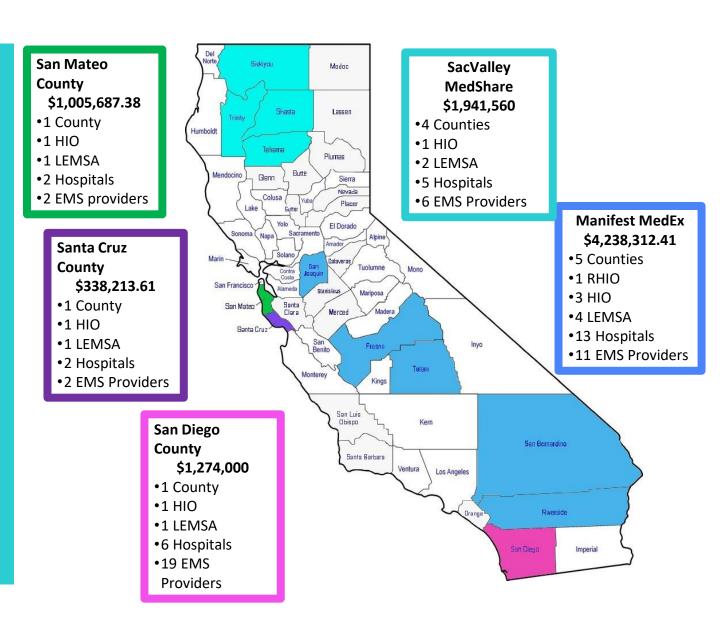
Players



+EMS SAFR

Actual Participants \$9,322,541.80

- 5 Awardees
- 12 Counties
- ❖ 1 RHIO
- ❖ 7 HIOs
- 9 LEMSAs
- 40 EMS Providers
- 28 Hospitals





FROM A PARAMEDIC'S PERSPECTIVE

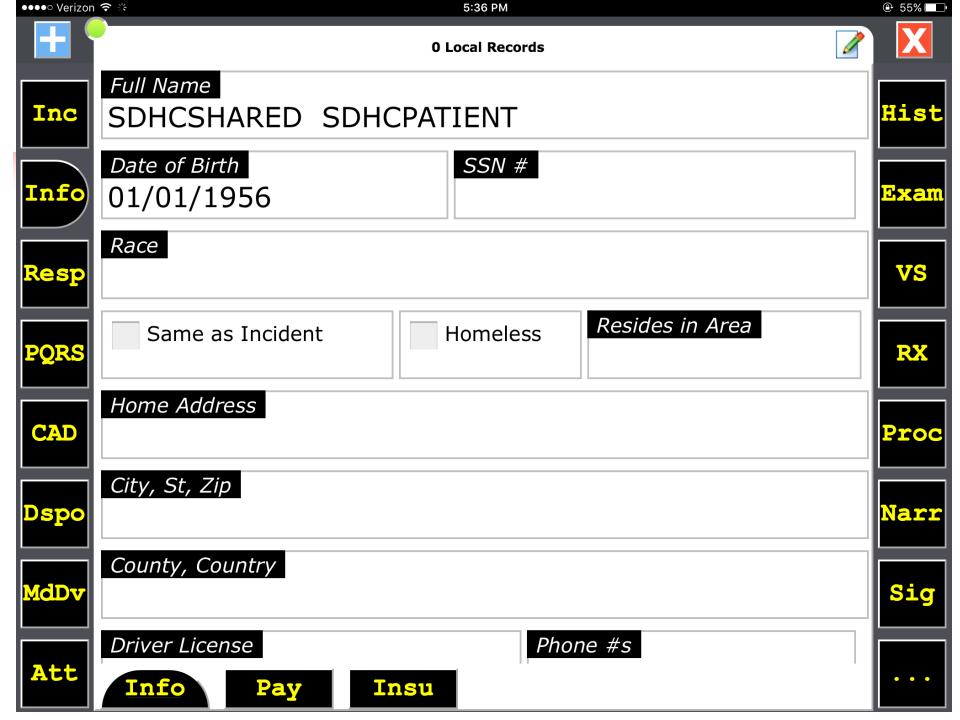
S - SEARCH



1.Search for the patient in the HIE

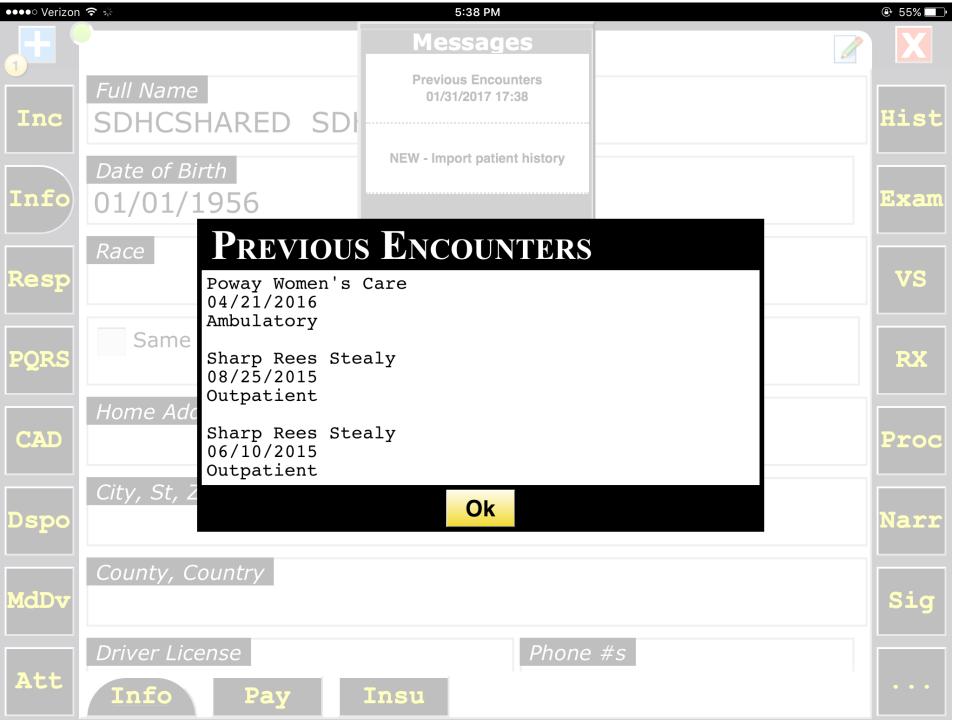
2. Query the HIE for

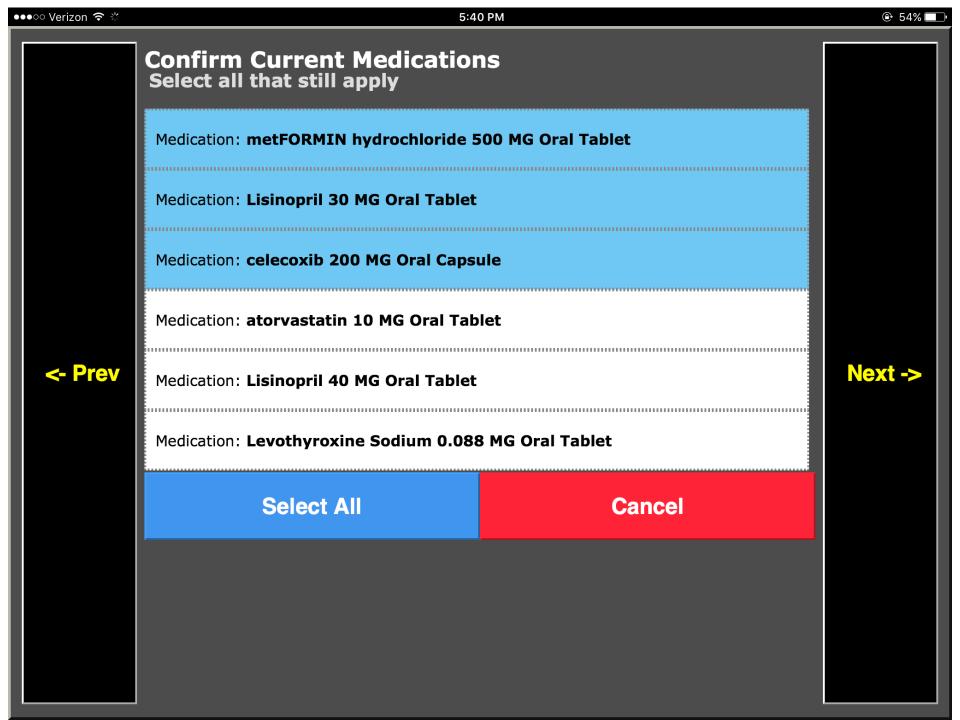
- Problems
- Meds
- Allergies
- Encounters
- POLST (optional)











Benefits of SEARCH

Paramedics

- Search for patients automatically
- Request Problems, Meds, Allergy, Encounters, POLST from all participants
- Reduces data entry HIE data loaded into ePCR
- Destination hospital influenced by previous encounters

Patients

- Better chance they will be taken to "their" ED
- Feel like the community is looking out for them

Issues

- Connectivity dead spots
- Training medics not starting the chart in the field

SEARCH Stats

- San Diego
 - UCSD, Rady, Sharp
 - 14 of 22 agencies
- Patient Search
 - >1400 searches per day
 - >80% match
- Clinical Search
 - 650x per day paramedics query the HIE!

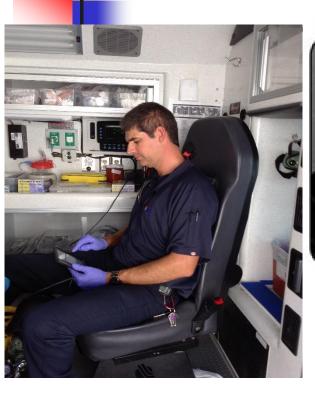


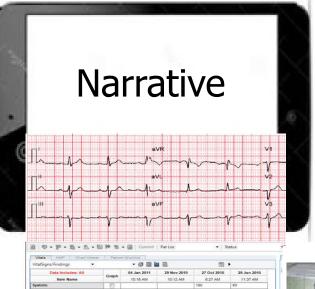
FROM THE ED'S PERSPECTIVE

Physicians, nurses, ED Managers...

A – ALERT

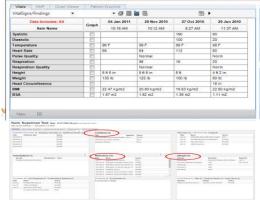
Data sent real-time





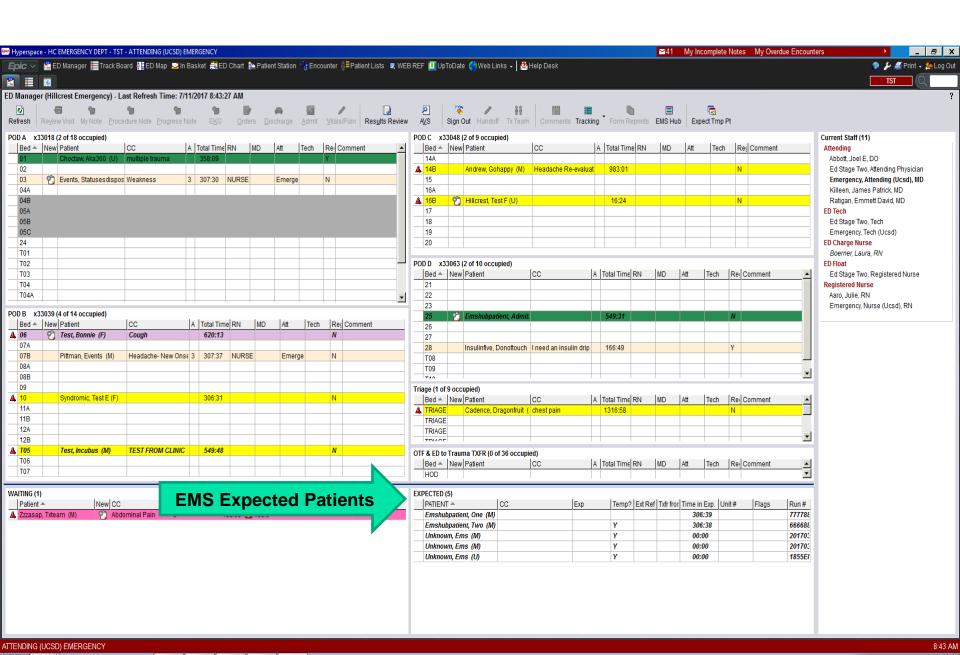
Ambulance updates:

- 1. Narrative
- 2. EKGs
- 3. Vital signs

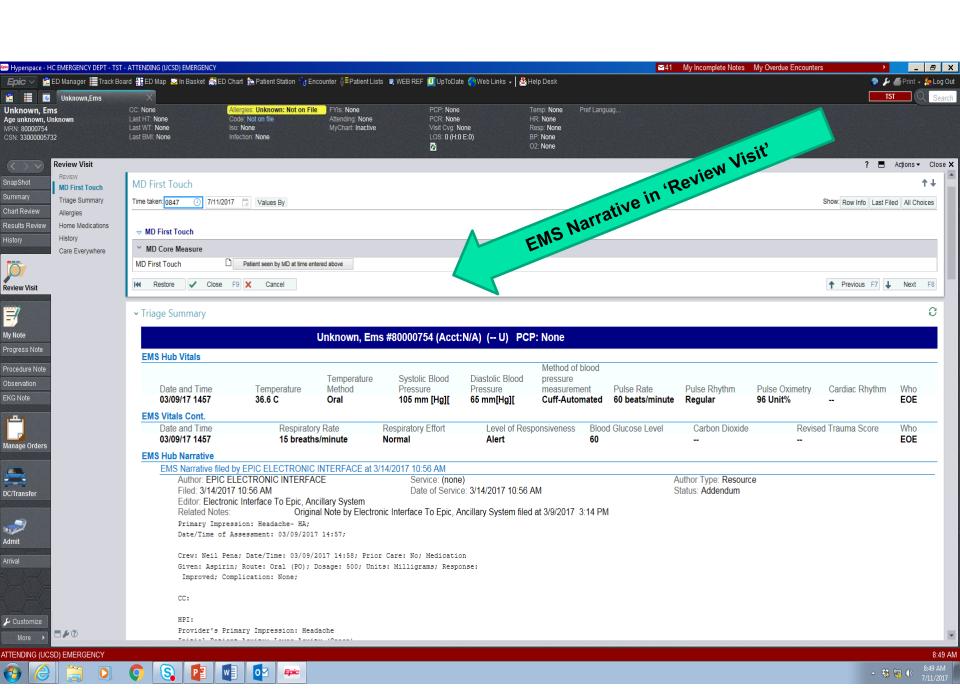


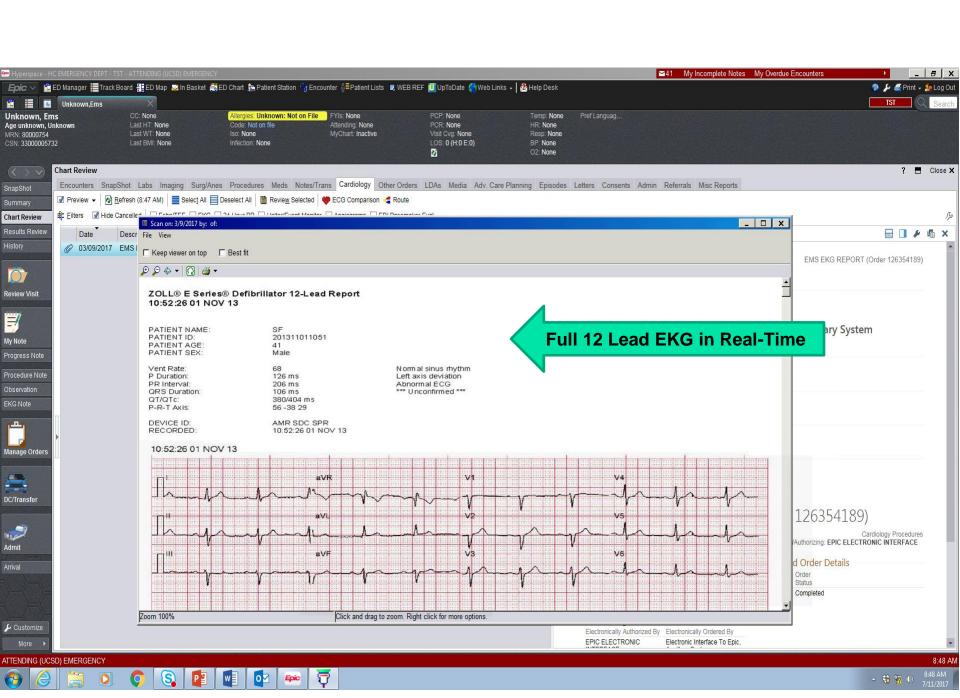
Longitudinal record from HIE





△ 55 😭 🔘 💽 🔯 📭 🕶 → 8.43 AM 7/11/2017

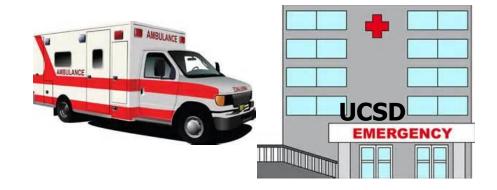






16 minutes arrival to cardiac stenting!

(door to needle)



Benefits of ALERT

ED

- Real-time information displayed in ED EMR
- Better care, cardiac stent example
- Reduction in data entry
- Cost reductions

Paramedics

- Less verbal communication
- No more photos of EKGs sent to ED

Issues

- Connectivity
- Some vitals machines require medic to do a send command



>80% of the time data sent pre-hospital Ie at least one medic note, VS, or EKG



"the data is here, where is the patient?"



FROM THE PARAMEDIC'S AND ED'S PERSPECTIVE

FILE

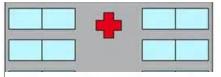
F - FILE



@TOC Record

- Narrative
- Vitals
- More

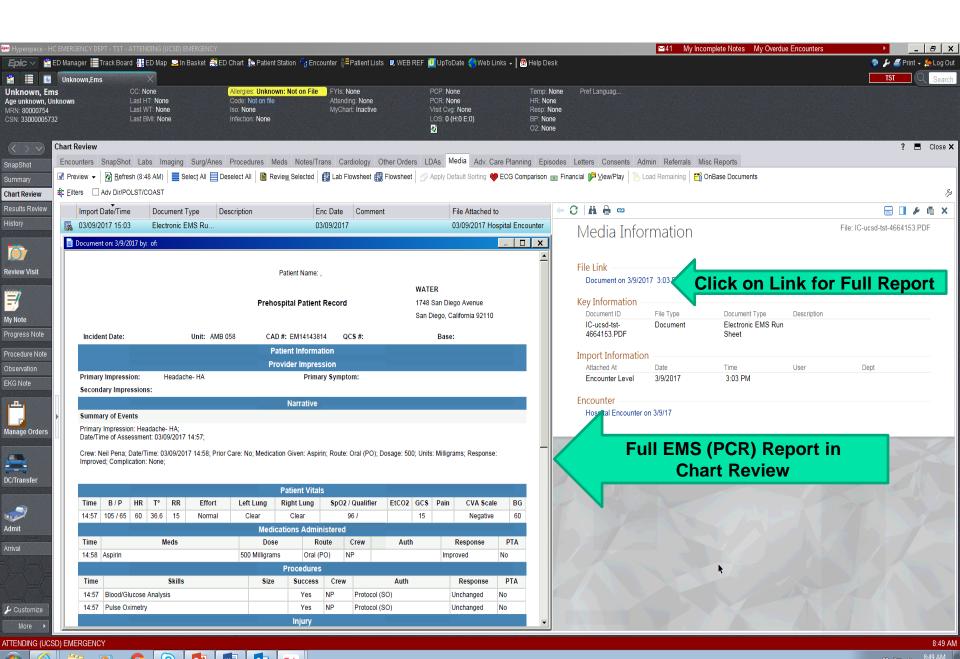




@TOC Record

- Narrative
- Vitals
- More

HIE/EMS Connector i.e. PCR (prehospital care report)



^ 😘 📆 🌓 7/11/2017

Benefits of File

Medics: SAFR vs Verbal TOC Communication

- Reduction in time
- Improvement in accuracy

ED Staff: SAFR vs Verbal TOC Communication

- Ditto
- "PCR" report is in EMR earlier for viewing by all
- No faxing, scanning, uploading required
- Earlier decision making, better outcomes

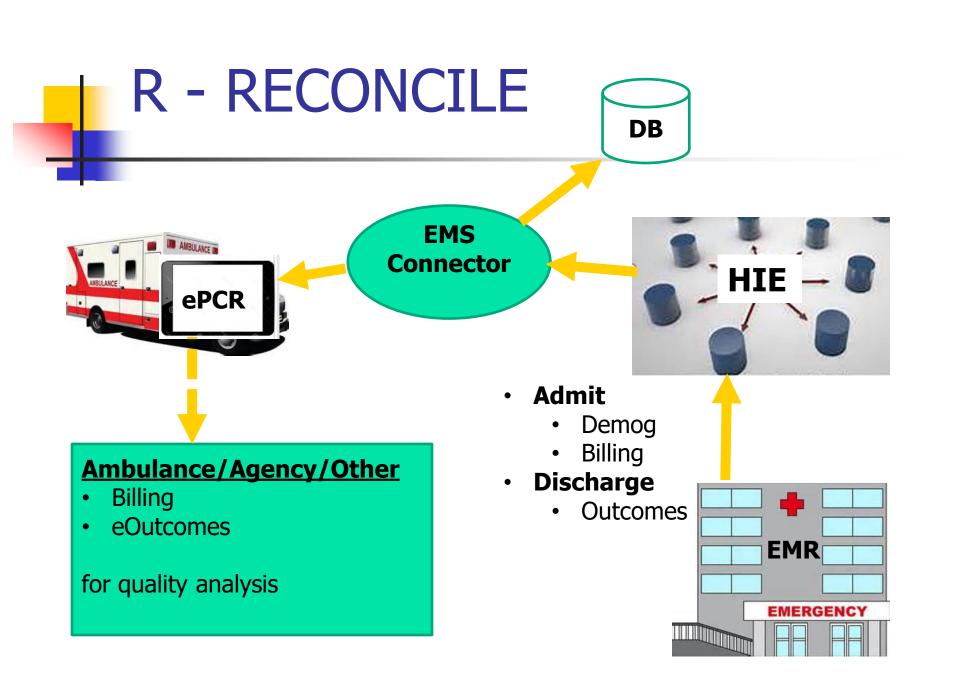
Issues

- Untimely closing of the run by the medic
- ED staff still using faxes



FROM THE PARAMEDIC'S AND AGENCY'S PERSPECTIVE

RECONCILE



Benefits of RECONCILE and FILE

Agency

- Clean demographics, billing, eOutcomes
- Reduces billing times
- Reduced phone calls to the ED/hospital billing
- Paramedic satisfaction, eg timely ED Disposition
- UCSD ED Study: FILE & RECONCILE savings not having to prep & scan prehospital EMS reports and revenue reversals due to late/missing EMS documentation of nearly \$230,000 annually.

eOutcomes

Hospital captures, converted to NEMSIS equivalent

PV1-36		
PV1-36		
ADT-DG1 segments (where PV2-12="E")		
ADT - PV1-44		
ADT - DG1 segments		
PV1-36 - use for 4317013.		
ADT - PV1-45		
ADT - PV2-3		
ADT-PID-18		
MSH		

	-
eOutcome.01	Emergency Department Disposition
eOutcome.02	Hospital Disposition
eOutcome.09	Emergency Department Procedures
eOutcome.10	Emergency Department Diagnosis
eOutcome.11	Date/Time of Hospital Admission
eOutcome.12	Hospital Procedures
eOutcome.13	Hospital Diagnosis
eOutcome.14	Total ICU Length of Stay
eOutcome.15	Total Ventilator Days
eOutcome.17	Outcome at Hospital Discharge
eOutcome.16	Date/Time of Hospital Discharge
eOutcome.06	Emergency Department Chief Complaint
eOutcome.07	First ED Systolic Blood Pressure
eOutcome.08	Emergency Department Recorded Cause of Injury
eOutcome.05	Other Report Registry Type
eOutcome.04	External Report ID/Number
eOutcome.03	External Report ID/Number Type

RECONCILE Stats

- Varies by hospital this is an issue
- Demographics and billing >80%
- ADT and Discharge Diagnosis high
- Other eOutcomes varies

Agenda

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SAFR "Toolkit" from the Grant

- A version of this PowerPoint ie inservice
- Technical specs which we will post in IHE
- Interface Listing
- Effort/resource estimates to bring various
 SAFR scenarios live eg Epic hospitals
- Hospital Kickoff agenda
 - Roles and Responsibilities
 - Effort projections



eOutcomes Discussion

- ED to agency
- Agency to LEMSA
- LEMSA to state
- State to National



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