

2020

COVID-19: King County EMS Documentation Guide for ESO EHR

From the Division of Emergency Medical Services (EMS) Public Health – Seattle & King County UPDATED MARCH 16, 2020

401 5th Avenue, Seattle, WA 98104

What is COVID-19?

"CDC is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in almost 70 locations internationally, including in the United States. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19")."

(https://www.cdc.gov/coronavirus/2019-ncov/summary.html)

Purpose of this document:

The purpose of this document is to outline best practices for EMS documentation for incidents of EMSsuspected COVID-19. The first guideline document was issued on March 7, 2020. This is an updated version based on newly available documentation tools.

Why is COVID-19 documentation important?

Key documentation by EMS providers in the field allows King County EMS and other public health officials responding to the COVID-19 emergency to:

- ✓ Rapidly identify new incidents of EMS-suspected COVID-19 patients;
- ✓ Monitor prevalence of signs and symptoms related to COVID-19 among community members who activate the 911 response system; and
- ✓ Identify EMS records affiliated with any EMS incidents for a patient later confirmed through laboratory testing to have COVID-19.

Note: In addition to the following EMS incident documentation guidelines, be sure to comply with any requirements set forth by EMS Medical Director leadership and your agency's Health Officer regarding exposure to suspected and/or laboratory-confirmed COVID-19 patients.

Documentation platform:

ESO Solutions Electronic Health Record (EHR) reports

Documentation best practice:

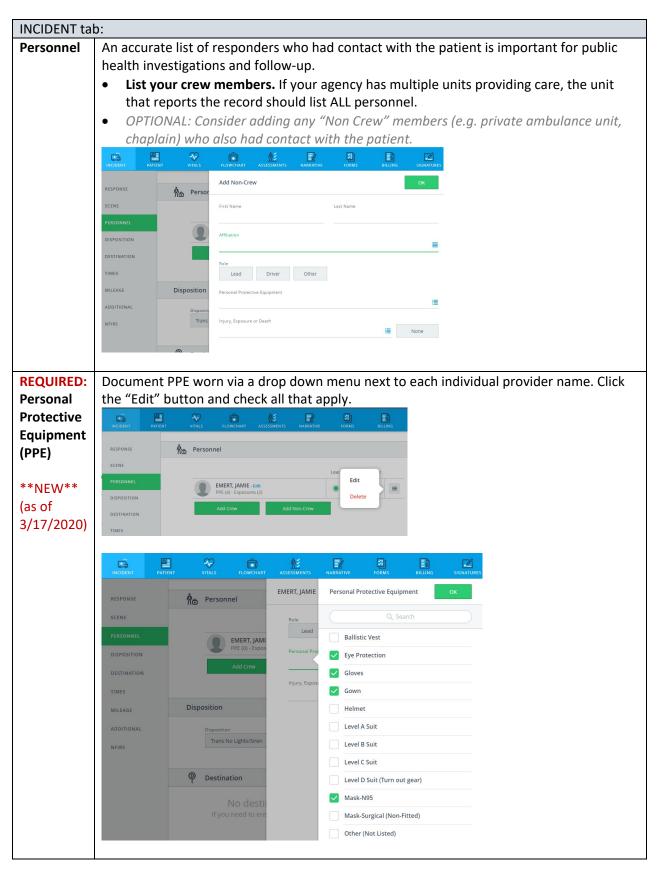
- ✓ Remember to complete and LOCK your records within 2 hours of close of call for all transported patients.
- ✓ For transporting units, enter the Hospital Chart Number (i.e. Medical Record Encounter Number) for the ESO Health Data Exchange (HDE) outcomes.

Documentation guidelines (1-pager <u>without</u> screenshots):

NARRATIVE								
Primary or	There are three options in Primary or Secondary Impression menus for COVID-19:							
Secondary	1 5							
Impression	'COVID-19 – Exposure to confirmed patient'							
	• 'COVID-19 – Suspected – no known exposure'							
	Document COVID as a Primary Impression if it is the main reason for the EMS response.							
	Document COVID as a Secondary Impression if COVID is suspected to be a contributing							
	reason for the call.							
Signs /	When encountering a patient with multiple signs and symptoms click the green "Add							
Symptoms	Sign/Symptom" for additional documentations.							
Symptoms								
	for the following symptoms: Fever, Cough, Sore Throat, Shortness of breath,							
	Myalgia/muscle ache. Any additional symptoms not affiliated with the Outbreak							
	Screening form may be entered here.							
Narrative	"COVID-19" circumstances:							
	• If you suspect COVID-19 as a primary or contributing factor to the incident, please							
	describe in your SOAP narrative. "COVID" will be a Narrative text search term.							
	PPE Used:							
	• A description of Personal Protective Equipment (PPE) in the Narrative will be							
	essential in decision-making about crew quarantine.							
	• As of 2/27/2020, "Full PPE" (or "MEGG") for COVID-19 responses include: N-95							
	Mask, Eye protection, Gown, and Gloves.							
INCIDENT ta								
Personnel	An accurate list of responders who had contact with the patient is important for public							
	health investigations and follow-up.							
	• List your crew members. If your agency has multiple units providing care, the unit							
	that reports the record should list ALL personnel.							
	 OPTIONAL: Consider adding any "Non Crew" members (e.g. private ambulance unit, 							
	chaplain) who also had contact with the patient.							
REQUIRED:	Document Personal Protective Equipment (PPE) worn via a drop down menu next to each							
Davaa								
Personal	individual provider name. Click the "Edit" button and check all that apply.							
Protective								
Protective Equipment	individual provider name. Click the "Edit" button and check all that apply.							
Protective Equipment Hospital	individual provider name. Click the "Edit" button and check all that apply. For transporting units, please enter or scan the "Chart Number" such that hospital							
Protective Equipment Hospital Chart	individual provider name. Click the "Edit" button and check all that apply.							
Protective Equipment Hospital	individual provider name. Click the "Edit" button and check all that apply. For transporting units, please enter or scan the "Chart Number" such that hospital							
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Protective Equipment Hospital Chart Number FORMS tab:	individual provider name. Click the "Edit" button and check all that apply. For transporting units, please enter or scan the "Chart Number" such that hospital outcomes may be received via the ESO Health Data Exchange (HDE).							
Protective Equipment Hospital Chart Number FORMS tab: REQUIRED: Outbreak	 individual provider name. Click the "Edit" button and check all that apply. For transporting units, please enter or scan the "Chart Number" such that hospital outcomes may be received via the ESO Health Data Exchange (HDE). For COVID-19 related EMS responses, complete the form with as much information as you have available. 							
Protective Equipment Hospital Chart Number FORMS tab: REQUIRED: Outbreak Screening	 individual provider name. Click the "Edit" button and check all that apply. For transporting units, please enter or scan the "Chart Number" such that hospital outcomes may be received via the ESO Health Data Exchange (HDE). For COVID-19 related EMS responses, complete the form with as much information as you have available. For COVID-related responses where you are unable to obtain any information for the 							
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Protective Equipment Hospital Chart Number FORMS tab: REQUIRED: Outbreak Screening	 individual provider name. Click the "Edit" button and check all that apply. For transporting units, please enter or scan the "Chart Number" such that hospital outcomes may be received via the ESO Health Data Exchange (HDE). For COVID-19 related EMS responses, complete the form with as much information as you have available. For COVID-related responses where you are unable to obtain any information for the Outbreak Screening form, select the "UTO" (Unable to Obtain) button and choose the best option: "Patient Refused" or "Other Reason". 							
Protective Equipment Hospital Chart Number FORMS tab: REQUIRED: Outbreak Screening	 individual provider name. Click the "Edit" button and check all that apply. For transporting units, please enter or scan the "Chart Number" such that hospital outcomes may be received via the ESO Health Data Exchange (HDE). For COVID-19 related EMS responses, complete the form with as much information as you have available. For COVID-related responses where you are unable to obtain any information for the Outbreak Screening form, select the "UTO" (Unable to Obtain) button and choose the 							

Documentation guidelines (with screenshots):

NARRATIVE			<u>. </u>		,				
Primary or Secondary Impression	 There are three options in Primary or Secondary Impression menus for COVID-19: 'COVID-19 - Confirmed by Testing' which means the patient has received a confirmation of COVID – 19 prior to our interaction. 'COVID-19 - Exposure to confirmed patient' which indicates that the patient has had contact with someone else with confirmed by testing. 'COVID-19 - Suspected - no known exposure' is for all other concerns such as pertinent travel history or exposure to a person under investigation. 								
		PATIENT	VITALS	FLOWCHART	ASSESSMENTS	NARRATIVE	FORMS	BILLING	SIGNATURES
	IMPRESSION		(*) Clinica	al Impression		Secondary	/ Impression	I	ок
	SIGNS/SYMPTC	DMS	Primary	Impression		Q covid			×
	COMPLAINT		Acute	Respiratory Distr	ess (Dyspnea)	COVID-19 - Confirmed by testing			
	INJURIES		Seconda	ry Impression		COVID-19 - Exposure to confirmed patient			
	FACTORS		Medical	Trauma		COVID-19	- Suspected - n	o known expos	ure
	NARRATIVE		Med	dical Traum	a Medical &				
	reason fo	or the ca	all (e.g. Pr DVID-19 –	imary Imp	ression = "	'Acute Re	espiratory	/ Distress	a contributing " with Secondary Suspected – no
Signs / Symptoms							ymptoms	click the	green "Add
SymptomsSign/Symptom" for additional documentations.• Please note that in the "Outbreak Screening" specialty patient for for the following symptoms: Fever, Cough, Sore Throat, Shortness Myalgia/muscle ache. Any additional symptoms not affiliated with Screening form can be entered here.						tness of b	oreath,		
Narrative	 "COVID-19" circumstances: If you suspect COVID-19 as a primary or contributing factor to the incident, please describe in your SOAP narrative. "COVID" will be a Narrative text search term to identify records. PPE Used: A description of Personal Protective Equipment (PPE) in the Narrative will be essential in decision-making about crew quarantine. As of 2/27/2020, "Full PPE" (or "MEGG") for COVID-19 responses include: N-95 Mask, Eye protection, Gown, and Gloves. 								



Hospital Chart Number	For transporting units, please enter or scan the "Chart Number" such that hospital outcomes may be received via the ESO Health Data Exchange (HDE). Follow instructions the Emergency Department on the best method to identify and enter the Chart Number.							
	DESTINATION TIMES (Note: Hospital IC	Chart Number Scan hospital barcode or type chart number 						
FORMS tab:								
REQUIRED:	For responses that seem unrelated to COVID-19, select the "UTO" (Unable to Obtain)							
Outbreak		t "Not Indicated":						
Screening		x Screening Reason Unable To Obtain OK						
form								
	COVI							
NEW	HISTORY	Patient Refused						
(as of	Onse	et of Signs and S Not Indicated						
3/17/2020)	Onset	Time						
	For COVID-19 rel	ated EMS responses, complete the form with as much information as you						
	have available.							
	ONSET	ak Screening						
		ct the outbreak for which you are screening						
	HISTORY COVID-19							
	On	set of Signs and Symptoms						
	1	at Time Date						
	hh:	mm:ss iii mm/dd/yyyy 🗂						
	Sur	nptoms						
	n Sym	I None						
	His	tory						
	Has the patient traveled outside of the community in the last 30 days?							
	Ves No							
	Has	the patient traveled outside of the United States in the last 30 days?						
	C	Yes No						
		the patient had household or other close contact with someone with the above al history and symptoms?						
		Yes No						
		the patient had household or other close contact with someone with a irmed diagnosis of the illness for which we are screening?						
	C	Yes No						
	For COVID-relate	d responses where you are unable to obtain any information for the						
		ing form, select the "UTO" button and choose the best option: "Patient						
	Refused" or "Oth	er Reason".						

EMS Agency ESO "ADMIN" tasks

For individuals with Administrative responsibilities for their ESO agency login, please do the following:

- > <u>Under EHR >> Narrative Tab >> Configurable Lists >> Impressions:</u>
 - Turn ON: "COVID-19 Confirmed by Testing"
 - Turn ON: "COVID-19 Exposure to confirmed patient"
 - Turn ON: "COVID-19 Suspected no known exposure"

Under EHR >> Incident Tab >> Configurable Fields:

- Turn ON: "Personal Protective Equipment Used"
- Under EHR >> Incident Tab >> Configurable Validation **NEW** (as of 3/17/2020)
 - \circ Turn ON: "Custom Personal Protective Equipment Used (PPE)"

Under EHR >> Forms Tab >> Forms:

• Turn ON: "Outbreak Screening" form **NEW** (as of 3/17/2020)

Under EHR >> Forms Tab >> Configurable Validation:

• Turn ON: "Outbreak Screening Required" **NEW** (as of 3/17/2020)

Questions?

ESO

If you have any questions for ESO, please contact:

- > ESO Support at 866-766-9471 option 3 or
- Email: <u>support@esosolutions.com</u>.

King County EMS

For King County-specific questions or requests, please contact:

Tracie Jacinto

Regional QI Section Supervisor, ESO Program Manager KC Emergency Medical Services Division <u>Tracie.Jacinto@kingcounty.gov</u> 206-263-8057

King County-specific questions and topics:

- KC EMS Division ESO Contract
- Regional Electronic Health Record (EHR): enhancement requests, issues
- ESO Health Data Exchange contracts with local hospitals implementing ESO
- ESO tools for quality assurance (QA) / quality improvement (QI) case review
- ESO tools to run agency-focused reports in alignment with King County EMS (QI) reports

> Tom Rea, MD, MPH

Medical Program Director KC Emergency Medical Services Division rea123@uw.edu Cell 206-255-5513

Dan Henwood

ESO Admin – KING agency King County Information Technology Department Dan.Henwood@kingcounty.gov 206-263-8581

King County-specific questions and topics:

- ESO Administrator for KING agency
- ESO Admin configuration