



Northwest Community EMS System

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Date: March 26, 2013

System Memo: # 342

To: **All EMS Agency Administrators/Coordinators
Field Bridge Superusers/CARS & Education Committee members**

From: John M. Ortinau, M.D., FACEP
EMS Medical Director

RE: **FIELD BRIDGE NEW TEMPLATE ROLL-OUT – Part 2
Q&A; Train-the-trainer make-up dates**

Q: Do all System paramedics, PHRNs, and EMT-Bs need to take the roll-out class and complete the 2 simulated PCR's?

A: Yes

Rationale – Relevant sections of the IDPH EMS Rules

Section 515.330 EMS System Program Plan

An Emergency Medical Services (EMS) System Program Plan shall contain the following information:

- g) A letter of commitment from the EMS MD that describes the EMS MD's agreement to:
- 1) Be responsible for the ongoing education of all System personnel, including coordinating didactic and clinical experience;
 - 3) Be responsible for supervising all personnel participating within the System, as described in the System Program Plan;
 - 4) Develop or approve one or more ambulance emergency run reports (run sheets) covering all types of ambulance runs performed by System ambulance providers;
 - 7) Be responsible for the total management of the System, including the enforcement of compliance with the System Program Plan by all participants within the System;

Section 515.350 Data Collection and Submission

- a) A run report shall be completed by each vehicle service provider for every emergency pre-hospital or inter-hospital transport and for refusal of care.
- 1) One copy shall be left with the receiving hospital emergency department, trauma center or health care facility before leaving this facility.
 - 2) Each Resource Hospital shall designate or approve a single form to be used by all of its vehicle providers. It shall be a form that contains the minimum prescribed data elements listed in Section 515.Appendix E of this Part.
- b) All non-transport vehicle providers shall document all medical care provided and shall submit the documentation to the EMS System within 24 hours. The Resource Hospital shall review all medical care provided by non-transport vehicles and shall provide a report to the Department upon request.
- c) The ambulance provider shall submit the run report data to the Resource Hospital. Each Resource Hospital shall submit a data report to the Department on March 1, June 1, September 1, and December 1 of each year, covering run report data from the preceding quarter. The report shall be in one of the following formats:

- 1) Copies of a scannable run report form, or
- 2) A data diskette containing the prescribed data elements.
 - A) The data elements shall be in a format compatible with the Department's data base input specifications, and
 - B) Department review and approval of data format compatibility is required prior to submission.
- d) When computer technology is available, each Resource Hospital shall develop and implement a mechanism for linking pre-hospital and inter-hospital run reports with emergency department, trauma center and admission records from the hospitals that receive emergency patients within the System. This mechanism shall facilitate tracking of case outcomes for purposes of internal quality control, medical study and improvement of both adult and pediatric patients.

(Source: Amended at 25 Ill. Reg. 16386, effective December 20, 2001)

Q: Can we just have our EMT-Bs use Service Bridge?

A: No

Rationale – Excerpt from Chief's meeting minutes of March 19, 2010

“As requested at the January meeting, an information sheet comparing the features of the Service Bridge and Field Bridge software had been forwarded via e-mail to all chiefs/administrators by Rick Nosek. A discussion candidly surfaced the pros and cons of each option. Examples: Service Bridge requires internet access; does not allow for power tools; and cannot be configured with agency specific information. Field Bridge allows for customization, is not dependent on internet access to complete a report; and is faster to use because of the preconfiguration that can be done.

It has been noted that some agencies are imposing time limits for report writing at the hospitals. A good PCR on an ALS patient will take at least 25 minutes for an experienced user. Policies may need to be reviewed; adequate time must be given to complete a valid report.”

ACTION: Chiefs voted unanimously to make June 2011 the deadline for compliance with using Field Bridge software exclusively.

Bottom Line:

It is our duty to ensure that every licensed EMT-B, paramedic, and PHRN have been introduced to the new template and show at least an awareness level understanding of its features so the person can competently review an existing PCR and/or begin to gain proficiency in completing a PCR using the new template. Evidence of this awareness shall be measured by the completion of two simulated PCRs at the level of care that corresponds to the EMS provider's license (BLS for EMT-B; ALS for EMT-P and PHRN).

If you have any questions, please contact me at jortinau@nch.org

Thank you.

MAKE UP DATES: Markus Rill will be teaching this class on the following dates. **If your agency missed the March Train-the-Trainer classes, they can attend one of these prior to teaching the class:**

Long Grove	April 16, 17 and 18	9 AM -12 PM
Prospect Heights Station 9	April 4	9 AM -12 PM
	April 12	9 AM -12 PM
	April 17	1900-2200

Prospect Heights will be adding 3 more days which have not been set yet but looks like they might be April 8, April 15, and April 19 all from 9-12. If any one is coming that will be a train the trainer, please email Markus at MRill@PHFIRE.com so that he can make sure that the time and dates have not changed due to other training at the FD.