



Please note the following with **MCFRS-driven changes at the State-level highlighted in bold.**

eMeds Software Changes:

- Effective Tuesday, February 4, 2020 and due to *ImageTrend* disabling its functionality, eMeds Elite no longer runs on the *Internet Explorer* (IE) browser. eMeds Elite will continue to operate with *Google Chrome* as its main recommended browser. Other supported browsers are *Safari*, *Microsoft Edge*, and *Firefox*.

Form Changes at State-level:

- Organ System of Chief Complaint removed as a requirement from the Run Form. This question was exceeding the field diagnostic ability of clinicians, so it was removed.
- Procedures performed "Prior to Arrival" now defaults to "NO." If a procedure was performed prior to arrival, set time appropriately and the validation flag will now require you to select "Yes." This should speed up documentation time by removing a frequent input requirement from the Run Form.
- The Primary Care Provider signature page will now default to "Report Author." This should remove the input requirement for most incidents. If your patient is unable to consent: You still need to add Authorization/Release for Billing to the Primary Care Provider signature, change the signature reason to "Signed-Not Patient," and fill in the reason the patient did not sign.
- "Nursing Home - Health Facility" can now be found in "Incident Location" - type by searching for "SNF".
- "Hemorrhage, Bleeding" is now in the symptom list.
- Needle Decompression location list updated for "Midclavicular and Anterior Axillary".
 - 2MCL Left
 - 5AAL Left
 - 2MCL Right
 - 5AAL Right
- Advanced Directives was moved above the "Other Medical History" in the Run Form to reduce scrolling.
- Type of Transport Vehicle on the Transport Mode page will now display buttons if "Primary Role of the Unit at End of Incident" is "Ambulance Transport".

Broken Autofill CAD import:

- EMIHS is aware the new dispatch call types caused the "Dispatch Reason" calculation from the CAD download to cease from functioning. This will be corrected in the future.



New Assessment Power Tool:

- The built-in assessment Power Tool has been causing issues with increased documentation time and billing difficulties. EMIHS has built and deployed an alternate assessment Power Tool “Quick Assessment” for use. Note: This tool is severely limited by the software and you will have to document injuries and other symptoms outside of this Power Tool.

New Validation Rules:

- **New Validation Rule (2019):** Asks for a repeat pain assessment when pain was previously recorded for all patients. This will assist clinicians with providing pain management and meets compliance with “EMS Compass Trauma 02” metric, a nationally recognized quality metric. Using these metrics allows us to benchmark against other EMS systems nationwide.
- **New Validation Rule (2020):** Asks for input on Cardiac Arrests relative to what type of resuscitation was attempted by EMS when “Resuscitation Attempted by 911 Responder (or AED shock given prior to EMS Arrival)? (CARES-22)” and question is answered “Yes”, and no AED was applied. EMIHS and MIEMMS are aware this question set is confusing. However, these questions are important to our participation in CARES, the Cardiac Arrest Registry to Enhance Survival. CARES is a nationwide database that collects certain elements from your cardiac arrest reports and creates a very large dataset of almost every cardiac arrest in the United States.

Questions regarding this update should be directed to the MCFRS Quality Improvement Officer.