

ImageTrend Elite Clinical Release Notes

28 January 2020

The GMR ImageTrend Support Team will release an update to the Elite System on January 28, 2020 at 0800. All iPads will need be connected to the internet and a Sync of All Resources (Settings/Sync All Resources) will have to be completed to receive the update.

For support please utilize the GMR ImageTrend Support Site.

https://amgh.kayako.com

Important Reminders

At the beginning of each shift a Sync of All Resources (Settings/Sync All Resources) must be

completed. This must be done so that Elite functions correctly each shift. Not all changes and updates are downloaded when you sign in.

Q Find incident		Settings	× 2. Post	N Delete		Views
00 Incidents		Changed Resc All Resources	ources ident		Other Forms	
Crew + Add × Remove	Exte	rnal Keyboard	Setting		.0	=
Unit & Shift						
•ELITE FIELD	nbox Settings	About	Logout	Weld	come, Noah Banister	1

****Syncing Elite Field Errors****

We have had issues during the Elite Field syncing process where an error occurs during the process and you do not reach 100% of the resources completed.

yncing Elite Fie	ld
Error! Refresh th Resources). If th	ne page and try re-syncing(Settings->Sync e problem continues contact your system administrator.
132	of 139 Resources Complete
o not navigate to othe	er tabs or applications while a sync is running in order
,	ensure a successful sunc

Please reference this <u>Support Article</u> (click hyperlink) for instructions on how to clear the history and website data from the iPad. This support article is available on the AMGH ImageTrend Support site as well.

It is important that **all charts are posted** to Elite Web before you perform these steps or you will lose your chart and they may not be recoverable.

Template Change Summary

Clinical Changes/NEMSIS Reporting:

We are required to transmit NEMSIS data to the states where we operate. At times, we may have to report to multiple states if we have a transport originating in one state and dropping off in another state. The following updates are directly related to NEMSIS reporting requirements and are made to remain compliant with reporting.

- Type of Service Requested
- Personal Protective Equipment
- Dispatch > Unit & Crew Information
- OB/Neonatal
- New Power Tools
 - DTR (Deep Tendon Reflex)
 - Doppler Fetal Heart Rate
 - EFM Fetal Heart Rate
- New Worksheets
 - National Institutes of Health Stroke Scale (NIH)
 - Rapid Arterial Occlusion Evaluation Scale (RACE)
- Controlled Substance Administration/Waste

Revenue Cycle Mandated Changes/Updates:

Electronic Ambulance Billing Authorization (ABA) and Medical Necessity (MN) forms historically have been available for (Scene) 911 Response, Interfacility Transport, and Organ transport only. This release will make it available services including Specialty Team Transports. Rules have been added to increase compliance with ABA/MN forms.

No Facesheet and/or Medical Necessity forms results in:

- Patient Impact
- Cash Impact "Delay" for all transports or "Loss" for accident only transports

Clinical Changes/Updates:

1. Primary Role of the Unit - Clarification



There have been a lot of questions concerning the Primary Role of this Unit. Per NEMSIS, this question is asking what the primary role of the EMS Unit which responded to this specific EMS event is.

If the base you are working at is a GMR air asset, the "Primary Role of the Unit" will always be "Air Transport" even if you go by a ground ambulance.

2. Type of Service Requested – Update

Due to the needs of a few transport companies, Specialty Team Transport is available for use. If your company does specialty team transports, please refer to *Appendix: Specialty Transports*

 The Critical Care Ground Transport role is only used for dedicated critical care ground ambulances. This role is also acceptable for a ground ambulance that has the ability to provide Critical Care services, but may only be providing care at another level.

4. Personal Protective Equipment – Update

This section was relocated to the Assessment Section.

scene/kerennig	*	🐳 ELITE FIELD	
Transport/Destination Info	~	PPE Used	
! Patient Info	~	Was Personal Protective Equipment (PPE) used Yes No during this incident?:	
History	~	Which PPE was used?: Find a Value	
! Assessment	^		
Patient Condition	>	→ Next	
Patient Complaint	>		
Primary & Secondary Impression	ons>		
! CAMTS	>		
Protocols	>		
! PPE Used	>		

5. Dispatch > Unit & Crew Information - Updated



If a crewmember is not on the line-up, please contact your Base Manager/Program Director to be added to the agency.

When building your unit at the beginning of the shift, **DO NOT USE** "Other, Healthcare Provider" or "Other, Pre-Hospital Personnel".

This feature is a convenience by adding the crewmember(s) to any new incident that is created; however, you always have the ability to add/remove crewmembers at the Dispatch > Unit & Crew Information Section.

6. OB/Neonatal - New Features

Additional fields/values added to this section for use in documentation of obstetric and neonatal patient transports.

Q Find field		🖺 Save 📘 🔔 Post	Print PD	F CAD	₩ ₩ EKG Transfers	Close
OB/Neonatal	~		🏶 ELITE	FIELD		
	_	Neonatal Assess	sment			
Neonatal Assessment	>					
APGAR	>	ID bracelet verified:	Yes	No	N/A	
Maternal General	>					
Maternal History	>	Delivery Date:				0
Delivery Method History	>	Neonate Resuscitation:	Find a Value			
Maternal Assessment	>	Gestational Age:				
Current Pregnancy Weeks and	EDD>	GestationalAgeDays:				
Maternal Labs	>					
OB Consultation	>	Gestational Age Determination:	Dates	Exam	Ultrasound	
Radiology	~					
! Signatures	~	Eye Care:	Yes	No		
Controlled Substances	~					

DTR (deep

7. DTR (Deep Tendon Reflex) Power Tool - New Feature

DTR (deep tendon reflex)	Crew Member X Demo, Medic	+ Date	Time	9
✓ OK × Cancel	🛱 Delete	C Repeat Las	t	
Vitals	-	-	-	-
Crew Men	mo, Medic 🗸 🗸	! Date Time	0	No Yes
Favorites A-D	E-H I-L	М-М О-Р	Q-T	U-Z #
Obtained Prior to this Units EMS Care			Search Obtained P	rior to this Units
No Yes	•			
! Date/Time Vital Signs Taken	0 •			
Patellar Deep Tendon Reflexes (DTR's)			Search Patellar De	ep Tendon Refle:
0 - Absent 1 - Decreased	2 - Normal	3 - Brisk/Excessive	4 - Clonus	
Ulnar Deep Tendon Reflexes (DTR's)		4	Search Ulnar Deep	Tendon Reflexe:
0 - Absent 1 - Decreased	2 - Normal	3 - Brisk/Excessive	4 - Clonus	
Vital Comments				

Doppler F

8. Doppler Fetal Heart Rate Power Tool - New Feature

Doppler F Power Tool	etal Heart Rate	Crew Member Demo, Medic	1 Date	Time 💿	
🗸 ок	× Cancel	Delete	C Repeat Last		
tals	-	-			-
	Crew Mem	no, Medic 🗸	l Date Time		r to Arrival No Yes O
Vitals Fetus					
OAdd Vitals Fet	us				
Vitals Fet	us				*
Fetus Number			Sea	rch Fetus Number	
1	2	3	4	More	
Fetal Heart Rate	(FHR)(Doppler)				
Fetal Movement	(FM)				
Present, Patie Report	nt Present, Tocometer remote event mark used by patient to	er Report	Absent, Tocometer remote event marker used by patient to		
In-Utero Resusci	tation Measures		Sea	rch In-Utero Resus	citation Meas
Position chang	ge Oxygen 10L/min fa mask	ce Fluid Bolus	Tocolytic Medication		

9.	EFM Fetal Heart Rate Power Tool	- New Feature
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EFM Fetal He	art kare 👘 👘	Member Pemo, Medic 🗸 🗸	t Care	Te	0			
∽ ок ×	Cancel	Delete	C Repeat L	ast				
ls	Crew Member	Medic 🗸	I Date 1	ïme	0	Prior to / No	urrival Ye	es
/itals Fetus								
OAdd Vitals Fetus								
Vitals Fetus								
Fetus Number				Search	Fetus Nun	nber		
1	2	3	4		More			
	R)(Monitor) e range undetectable fro amplitude range 6-25 bj							
Favorites	A-D	E-H	M-N	0-Р	Q-T		U-Z][#
Fetal Heart Rate Var	iability			Search	Fetal Hea	t Rate	/ariabil	ity
Absent	Minimal	Moderate	Marked					
Accelerations	1			Search	Accelerati	ons		
Present, < 32 weeks	Present, > 32 weeks	Absent						
Decelerations	1			Search	Decelerat	ions		
Early Deceleration	Late Deceleration	Variable Deceleration	Prolonged Deceleration					
Fetal Movement (FM)			Search	Fetal Mov	ement (FM)	$\overline{)}$
Present, Patient Report	Present, Tocometer remote event marker used by patient to	Absent, Patient Report	Absent, Tocome remote event ma used by patient	rker				
EFM Tracing				Search	EFM Traci	ng		
Category 1 - Normal	Category 2 - Indeterminate	Category 3 - Abnormal						
Inconsistent EFM Tra	cing or FHR Intervention	ns		Search	Inconsiste	nt EFM	Tracing	or
Reposition ultrasound monitor probe	Reposition patient	Fetal movement assessed per patient	In-utero resuscita measures implemented					
In-Utero Resuscitatio	on Measures			Search	In-Utero R	esuscit	ation M	eas

10. New Stroke Scale Worksheets – New Feature



The NIH and RACE Stroke scales have been added as a worksheet. These scales do not provided a calculated score; however, the results will be added to the end of the chart to correlate the findings for the patient. (In progress from ImageTrend)

NIH Stroke Scale	Crew Member Date Time Time Demo, Medic V 1/23/2020 00:05	RACE Stroke Scale	Crew Member Date Time Demo, Medic V 1/23/2020 00:05
✓ OK X Cancel	Delete	✓ OK X Cancel	Delete
NIH Stroke Scale >	NIH Stroke Scale	Rapid oCclusion Arterial Ex >	Rapid oCclusion Arterial Exam (RACE) Form
	Administer stroke scale items in the order listed. Record performance in each category after each subscale exam. Do not go back and change scores. Follow directions provided for each exam technique. Scores should reflect what the patient does, not what the clinician thinks the patient can do. The clinician should record answers while administering the exam and work guickly. Except where indicated, the patient should not be coached (i.e., repeated requests to patient to make a special effort).		FACIAL PALSY Ask the patient to show you their teeth or smile. a - NO DEPICT (face is symmetrical) asymmetrical asymmetrical asymmetrical asymmetrical asymmetrical
	1a. Level of Consciousness (LOC) 0 - Alext 1-Note dert, bet mostle with minist stimulation 2- tota dert, requires attend 3 - Coma		ARM MOTOR FUNCTION Ask the patient to close their eyes and extend their arms at 90 degrees and hold them for a count of len with their palms up. Their arm angle can be montified to 45 degrees of the patient is supple.
	1b. LOC Questions (Ask patient the month and her/his age) 0 - Answer bath correctly 2 - Beth Incorrect		LEG MOTOR FUNCTION Ask the patient to raise one leg at a time up to 30 degree angle and hold it up for 5 seconds. 0-NO DEVICIT plate to reste gen thild for 5 second 0 1-MODERATE plate to raise a leg) bath of second 0 1-MODERATE plate to raise a leg)

NOTE: The Stroke Scales Power Tool is still required. The score(s) will need to be added in the Stroke Power tool as required when the Primary Impression is CVA/Stroke to satisfy NEMSIS requirements.

✓ок з	Cancel	🛱 Delete			
ls		-			-
	Crew Memb	o, Medic 🖌 🗸	Date Time 1/23/2020 00	:05 0	Prior to Arrival
Stroke Scale Type	1		S	iearch Stroke Sca	ale Type
F.A.S.T. Exam	Los Angeles	Massachusetts	Miami Emergency Neurologic Deficit (MEND)	NIH	
RACE (Rapid Arterial Occlusion Evaluation)	VAN (Vision, Aphasia, Neglect)	BEFAST (Balance, Eyes, Face, Arms, Speech, Time)	FAST-ED (Field Assessment Stroke Triage for Emergency	LVO	
Melbourne Ambulance Stroke Scale	Other Stroke Scale Type	GFAST (Gaze, Face, Arms, Speech, Time)	Less		

Pain Manag

11. Controlled Substances Requirement - Update

Affects Pain Management, Sedation, Single Dose Medication Powertools

The following medications will require additional documentation under the Controlled Substance section of the chart:

- Ativan (Lorazepam)
- Dilaudid (Hydromorphone)
- Fentanyl
- Ketamine

Trade names are listed in CS

• Morphine

Sedation

• Valium (Diazepam)

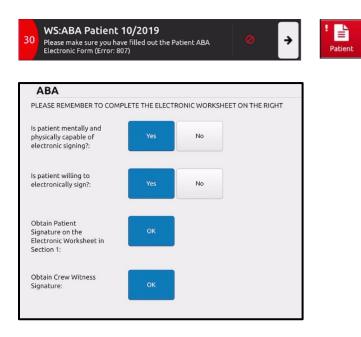
Single Med

• Versed (Midazolam)

Example of Fentanyl administration					
💼 🌔 🗈 🛛 00:05 Pain Management - Fentanyl 150 Micrograms (mc	g)	M.D.	→		
Validation Error:	Controlled Substa	nce			
Fentanyl CS	+ Add Another	✔ ОК			X Cancel
Must document Fentanyl in controlled substance documentation (Error: 828)	Controlled Substance Medication Name:			~	
	Administered Section				
Location to complete the documention, satisfying	Controlled Substance Amount Administered:				
documentation rule:	Controlled Substance Amount Administered Units:	mcg	mg		
! Controlled Substances	Wasted Section				
	Controlled Substance Amount Wasted:				
! Controlled Substances >	Controlled Substance Amount Wasted Units:	mcg	mg		
	Crew Signature Informat	ion			
Controlled Substances	Crew Signature #1 Licensure ID:	× Demo	, Medic	~	
Controlled Substances	Crew Signature #1 Image				
	Crew Signature #2				
	Licensure ID:	× Team	#1, Specialty	~	
	Crew Signature #2 Image	1			
	X Enlarge DRe	eset			_
	Seal Section				
	Broken Seal Number:				
	New Seal Number:				

Revenue Cycle Mandated Changes/Updates:

- Worksheets are now REQUIRED. In the past, you have been able to answer the questions and NOT complete the worksheets. That is no longer possible. Until this rule is satisfied, you cannot post the chart to Web.
 - 1. ABA Requirement (Patient Signature)



2. ABA Requirement (Authorized Signature)

BA					
ASE REMEMBER TO COM	PLETE THE ELECT	RONIC WORKS	HEET ON THE F	RIGHT	
atient mentally and sically capable of ctronic signing?:	Yes	No			
ne of these horized resentatives ilable to ctronically sign?:	Yes	No			
tain Authorized Rep. nature on Form in tion 2 on the ctronic Worksheet:	ок				

3. ABA Requirement (No Receiving Signature with Face Sheet)

ABA				
EASE REMEMBER TO COMP	PLETE THE ELEC	TRONIC WORKSH	EET ON THE RIGHT	
patient mentally and ysically capable of octronic signing?:	Yes	No		
one of these chorized presentatives ailable to ctronically sign?:	Yes	No		
d the patient expire or to aircraft ding?:	Yes	No- N/A		
e you able to get ctronic signature m receiving facility nature:	Yes	No		
l you obtain a paper oy of the ABA Form?:	Yes	No		
you have a receiving ility facesheet?:	Yes	No		

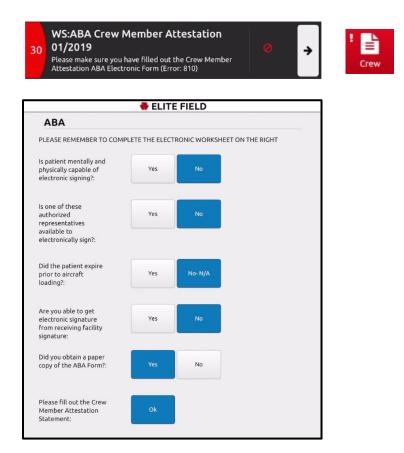
4. ABA Requirement (Receiving Signature)

ABA	PLETE THE ELEC		FET ON THE BIG	энт	
patient mentally and ysically capable of ectronic signing?:	Yes	No			
one of these thorized presentatives ailable to ectronically sign?:	Yes	No			
d the patient expire ior to aircraft ading?:	Yes	No- N/A			
e you able to get ectronic signature om receiving facility mature:	Yes	No			
l out Crew Member gnature and Have ceiving Facility Sign the Electronic orksheet:	ок				

5. ABA Requirement (Expired Patient-Cancel)

30 WS:ABA Cancel 04/2019 Please make sure you I Ambulance Crew ABA	have filled out	the Cancel	Ø	→	Cancel
ABA					
PLEASE REMEMBER TO COMP	PLETE THE ELEC	TRONIC WORKSHEE	ET ON THE RIGHT		
Is patient mentally and physically capable of electronic signing?:	Yes	No			
Is one of these authorized representatives available to electronically sign?:	Yes	No			
Did the patient expire prior to aircraft loading?:	Yes	No- N/A			
Fill out the Cancel Ambulance Crew Member Form on the Electronic Worksheet:	ок				

6. ABA Requirement (Paper ABA – Crew Attestation)



7. Face Sheet Requirement – New Feature

! Signatures	^	30 Facesheet question Billing Questions required for this transport (Error: 844) →				
! Signatures	>	Billing				
! ABA	>	Was a Facesheet				
! Billing	>	obtained and attached Yes No for this transport?:				

If you select No, you will need to explain why a Facesheet was not obtained/attached.

Billing			
Was a Facesheet obtained and attached for this transport?:	Yes	No	
Please explain why unable to o		a Facesheet::	