I. AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.204; California Code of Regulations, Title 22, Chapter 3.3, Section § 100097.01(f).

II. APPLICATION:

This policy establishes a framework for the administration and support of the Orange County Medical Emergency Data System (OC-MEDS) and sets standards for the management of downtime events.

III. DEFINITIONS:

System Administrator: An individual person or persons who maintain primary responsibility for the day-to-day management and administration of the OC-MEDS at the System (County) level.

Agency Administrator: An individual person or persons who maintain primary responsibility for the day-to-day management and administration of the OC-MEDS at the EMS Provider Agency level.

Base Hospital Administrator: An individual person or persons who maintain primary responsibility for the day-to-day management and administration of the OC-MEDS at the Base Hospital level.

Facility Administrator: An individual person or persons who maintain primary responsibility for the day-to-day management and administration of the OC-MEDS at the Receiving Facility (Hospital) level or County Coroner.

Downtime: A period of time wherein the OC-MEDS or some of its components are inoperable to the extent that normal documentation and/or data transmission practices and standards are temporarily unavailable. Examples of "downtime" include, but are not limited to:

- Computer/tablet (device) malfunction
- Computer/tablet (device) unavailability
- High-risk situations in which carrying such a device may endanger the provider during patient care
- Loss of access to the software host/server due to failure or planned maintenance
- Loss of internet connectivity.

Short Term Downtime: A period of "downtime" that is expected to last less than 60 minutes or in which the cause of the "downtime" is known and is expected to be resolved quickly.

Extended Downtime: A period of "downtime" that is expected to last no more than 24 hours in which the cause of the "downtime" is known, and a resolution is expected.

Catastrophic Downtime: A period of "downtime" that exceeds 24 hours or is expected to exceed 24 hours due to a natural disaster, systemwide technical failure, or another catastrophic event.

Downtime Worksheet: An EMS provider agency generated paper form that is intended to provide an organized method to *temporarily* capture relevant patient care information during Short Term or Extended Downtime periods. Downtime Worksheets should be clearly labeled "Not part of the patient medical record" and should not include any carbon copy pages that allows for copies to be distributed.

Downtime Patient Care Report (PCR): An OCEMS approved paper form used by EMS providers that temporarily replaces electronic documentation during "Catastrophic Downtime" events. The form must adhere to current EMS documentation standards and capture all required information pursuant to OCEMS Policy 300.10.

IV. SYSTEM ADMINISTRATION

    A. Orange County EMS:

        1. OCEMS will maintain a full-time System Administrator and at least (2) two alternates.

        2. System Administrator(s) will manage the daily operations and upkeep of the system at the county level, including:

            a. Data element administration

            b. State / Federal data compliance

            c. System-based settings management

            d. System-based user account management

            e. System technical support management

            f. System Vendor contract administration

            g. Education and training support for the utilization of OC-MEDS

            h. Support OC-MEDS utilization for QA/QI activities

    B. EMS Providers Agency:

        1. Each EMS Provider Agency should maintain at least one (1) Agency Administrator and up to three (3) alternates (depending on the size of the agency) to manage the daily operations and upkeep of their own agency's system.

        2. The Agency Administrator(s) will be the liaison for the System Administrator.

        3. The Agency Administrator(s) will manage the daily operations and upkeep of the system at the individual agency level, including:

            a. Agency-based settings management

            b. Agency-based user account administration

            c. Agency-based technical support

                i. Computer tablet support

                ii. Electronic Prehospital Care Report (ePCR) Software set-up and basic troubleshooting

    d.   Ancillary / supportive services management (If applicable), including (but not limited to):

        i.   CAD Integration Maintenance

        ii.   Internet Service Provider Maintenance

    e.   Staff education, training, and evaluation

    f.   Utilization of OC-MEDS for QA/QI activities

C. Base Hospitals:

  1. Each Base Hospital should maintain at least one (1) Base Hospital Administrator and up to two (2) alternates to manage the daily operations and upkeep of their own Base Hospital system.

  2. The Base Hospital Administrator will be the liaison for the System Administrator.

  3. The Base Hospital Administrator will manage the daily operations and upkeep of the system at the individual base hospital level, including:

    a.   Base Hospital user account administration

    b.   Base Hospital-based technical support

        i.   Computer support

        ii.   Electronic Base Hospital Report (eBHR) Software set-up and basic troubleshooting

    c.   Staff education, training, and evaluation

    d.   Utilization of OC-MEDS for QA/QI activities

D. Facilities:

  1. Each Hospital should maintain at least one (1) Facility Administrator and up to three (3) alternates (depending on the size of the facility) to manage the daily operations and upkeep of their hospital specific OC-MEDS interface.

  2. The Facility Administrator will be the liaison for the System Administrator.

  3. The Facility Administrator will manage the daily operations and upkeep of the system at the individual hospital level, including:

    a.   Facility-based settings management

    b.   Facility-based user account administration

    c.   Staff education, training, and evaluation

    d.   Utilization of OC-MEDS for Hospital Discharge Data Summaries (HDDS), Ref. OCEMS Policy 300.50.

V. <u>TECHNICAL ASSISTANCE AND SUPPORT</u>

   A. Tier 1 – Provider Agency

      1. EMS Providers, Base Hospitals, and Facilities should be prepared to provide comprehensive localized technical support to maintain their own systems. Provider Agency support includes:

         a. Computer/Tablet (device) / troubleshooting and maintenance

         b. Internet Connectivity troubleshooting and maintenance

         c. Local ePCR / eBHR troubleshooting and maintenance

         d. Computer Aided Dispatch (CAD) troubleshooting and maintenance

         e. Data Integrations (Bi-directional Data Exchange, CEMSIS Exports, Billing, etc.) troubleshooting and maintenance.

      2. EMS Providers, Base Hospitals, and Facilities should attempt to troubleshoot to resolve issues prior to requesting Tier 2 support, including:

         a. Documentation of the problem and evaluation of several examples to support a system issue and not a staff utilization problem.

         b. Documentation and evaluation articulating that the problem is outside of the Provider Agency level of administrative capacity.

         c. Issues that cannot be resolved at the Tier 1 level should be referred to the Tier 2 level. Provider Agencies utilizing a third-party system (internet providers, software vendors, etc.) may move directly to Tier 3 when appropriate.

   B. Tier 2 – County System

      1. Orange County EMS will provide administrative support for the OC-MEDS including:

         a. System Configuration (Software Updates, CEMSIS/NEMSIS Compliance, County Level Initiatives, etc.)

         b. Data Integration (CAD, Bi-directional Data Exchange, CEMSIS Exports, etc.)

         c. Provider Agency Administrator (Training Materials, Workflow Tutorials, Administrative Guides, etc.)

         d. Other County System level technical issue investigation.

      2. Issues that cannot be resolved at the Tier 2 level will be referred to the Tier 3 level.

   C. Tier 3 – Vendor

      1. The OC-MEDS Software vendor will provide advanced technical support, including:

         a. Database / server troubleshooting and maintenance

         b. Issues that require software development to correct

      c.   Overall technical guidance

VI. DOWNTIME MANAGEMENT GUIDELINES

    A.   Short Term Downtime:

        1.   In the event of a device or local software malfunction, providers should immediately notify their chain of command and troubleshoot the issue in a way that does not compromise patient care.

        2.   All transfers of patient care should include an alert of the downtime event and full verbal communication of all relevant information to provide for standard continuity of care.

        3.   If the device and local OC-MEDS software is functional, but there is an issue with data integration (posting/syncing, transfers, CAD downloads, etc.), providers should continue operating within OC-MEDS to the extent possible until full service has been restored. Once restored, all records should be completed (posted, saved, transferred, etc.) as soon as possible.

        4.   If the problem is not able to be corrected at the Tier 1 level within 60 minutes, provider agency administrators should notify OCEMS and begin initiating Extended Downtime procedures.

    B.   Extended Downtime:

        1.   In the event of an Extended Downtime event, Provider Agency Administrators should direct EMS personnel to use their Downtime Worksheet for temporary patient care documentation and notify OCEMS.

            a.   The Downtime Worksheet should not be distributed to other healthcare providers.

            b.   The Downtime Worksheet should be used by providers to verbally ensure continuity of care and complete documentation in OC-MEDS as soon as possible and no later than the end of the provider's shift.

            c.   Once the electronic OC-MEDS record is complete, the "worksheet" should be destroyed pursuant to state and federal document destruction guidelines and/or provider agency policies and procedures.

        2.   If the Extended Downtime event compromises any standards as set forth in OCEMS Policies 300.10 or 300.30, or the length of downtime is expected to exceed 24 hours, immediate notification to OCEMS is required.

    B.   Catastrophic Downtime:

        1.   During a Catastrophic Downtime event in which OC-MEDS will be inoperable for greater than 24 hours or in which a resolution to bring systems back online is unknown, then the EMS provider agency shall do the following:

            a.   Switch all patient care documentation to an OCEMS approved paper-based Downtime Patient Care Report (PCR) through the duration of the downtime event.

        i.   An OCEMS approved copy of the Downtime PCR is attached to this policy.

        ii.   Provider Agencies may create a custom Downtime PCR and submit to OCEMS for review and approval. Custom Downtime PCRs shall not be used without OCEMS approval.

b. All Downtime PCRs shall be used, handled, and retained as an official medical/legal document pursuant to federal/state law and local policies.

c. When transferring patient care between EMS or other healthcare providers, a verbal report will suffice in lieu of a copy of the Downtime PCR report which is to be provided as soon as feasible.

d. When the downtime event has been resolved and OC-MEDS is operational, providers must retrospectively enter all required data for each incident that was documented on a Downtime PCR as soon as feasible.

        i.   EMS providers must submit a plan to OCEMS regarding the methods and time frames needed to enter data from Downtime PCR.

        ii.   OCEMS will consider the nature and duration of the downtime event when determining the amount of time needed to submit data.

VII. SYSTEMWIDE DOWNTIME NOTIFICATION PROCESS

A. During a "downtime" event that affects the system, OCEMS will notify EMS providers, base hospitals, and receiving hospitals using focused / rapid communication methods to ensure that field and hospital personnel are aware of the status of the system in as timely a manner as possible.

B. EMS Providers will be contacted through their dispatch centers. Upon receiving notice that the system is down, EMS Dispatch Centers should send notification to EMS units via their communications systems.

C. Base Hospitals and Receiving Hospitals will be contacted through their existing emergency medical communications network system.

D. OCEMS will notify EMS Provider Agency, Base Hospital, and Facility Administrators via email with more detailed information pertaining to the nature of the downtime event.

Approved:

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