



Table of Content	1-5
Accessing MCA's ePCR Application	6
Launching MCA's ePCR Client Application	7
Choosing the Current Crew	8-9
Using the Application's Home Screen	10-18
The Run Menu	11
Synchronization Menu	12
Synchronize	12
Crew Menu	13
Options Menu	14
Toolbar Options	15
Toolbar Color Key	16-17
Home Screen Filter and Display Properties	18
Creating a New Run	19
Selecting a Template Form	19
Entering Information	20
Run Report User Interface (Tabs and Panels)	22
Run Report Menu Options	23
Run Report User Interface (Toolbar Options)	24
Run Report User Interface (Tab Components)	25





Run Report User Interface (Run Tab and Basic Validation)	26-44
Run Tab Summary	26-27
Dispatch /Response	28-29
Vehicle Panel	29-30
Crew Panel	30
Attachments Panel	31
Scene/Incident	32
Incident Location	32
Address Tools (Select Facility, Find By Zip, & Grab Address)	33-35
Scene/Incident Sub Panels	36-38
Transport/Destination	39
Times/Delays	40-41
Equipment / Exposure	42
Type of Suspected Blood/Body Fluid Exposure, Injury, or Death	42
Personnel Exposed Panel	43
Run Narrative	43
Signatures	44
Destination Signatures	44
Patient Tab and Sub Tabs	45-77
Patient Info Tab	45





Personal Information	46
Relatives / Guardian	47
Employment / Occupation	48
Advanced Directives	48
History Tab	49
Medical History	49
Current Medications	50
Medication Allergies	51
Alcohol / Drug use Indicators	52
Barriers to Patient Care	52
Immunization History	53
Complaint / Injury Tab	54
Symptoms	55
Injury/trauma	56
NHTSA Injury Matrix	57
Vehicle Involvement	57
Vital / Treatments Tab	58-70
Vitals Signs Data Entry Tips & Tricks	61
Procedures Performed	62





Duplicate Procedures Performed tool	63
Medications Administered	64
Duplicate Medications Administered tool	65
Protocols Used	66
Cardiac Rhythm / Arrest	67
Prior Aid	68
Assessment Tab	69
Within Normal Limits Assessments tool	70
Billing	71
Insurance	72
Narrative Tab	73
Disposition Tab.	74
Patient Signature Tab	75
Refusal Signature	76
Witness Signature	77
Additional Features, tools, and tips	78-104
Validation	78-80
Agency Preferences	80-82
Attaching Documents (Physical and electronic)	83-84





Importing and Exporting patient care reports	85-91
Option A: Importing and Exporting reports using a flash drive	85
How to / Setup	85-86
Overview / Prerequisites	87
Setting up a network Shared drive	87-88
Mapping a shared network drive	89-90
Setting a default export / import drive	91
Creating and Managing Report Templates	92
Editing Report Templates	93-94
Importing and Exporting Report Templates	95
Archived Runs Recovery	96
Hand Writing Recognition Tips and Tricks (Windows Tablet PC Only)	97-99
Big Button Input Controls page 100	100
Windows Tablet Components page 101-102	101-102
MCA's ePCR options Menu Overview page 103	103

Accessing MCA's ePCR Application

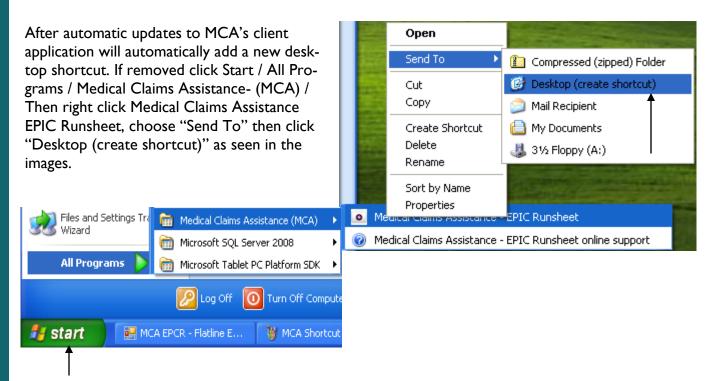
To access MCA's ePCR client application after MCA personnel have completed the installation and agency setup simply click the Medical Claims Assistance EPIC Run Sheet Application shortcut icon located on your desktop as seen in the image below.



If you do not see the icon MCA's client application can also be accessed via the start menu by clicking on Start / All Programs / Medical Claims Assistance (MCA) / Medical Claims Assistance-EPIC Runsheet as shown in the image below.



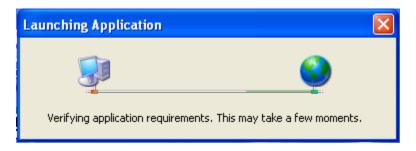
Creating a desktop Shortcut



Page 6

Launching MCA's ePCR Client Application

After launching MCA's client application from either the desktop shortcut or the start menu MCA's ePCR application will check MCA servers for any available software updates and or agency personnel changes such as roster changes and updated user names and passwords (network connection required to install updates). If an updates is available it will be downloaded at this time. If necessary you may cancel the update while in progress. If cancelled the update will be reapplied the next time the application is launched.

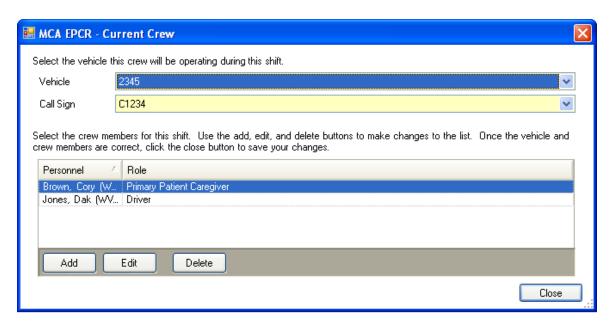


A username and password are required to use the client application. If you do not have these credentials contact your system administrator.



Choosing the Current Crew

This is an example of a crew dialog; this must be filled in before proceeding.



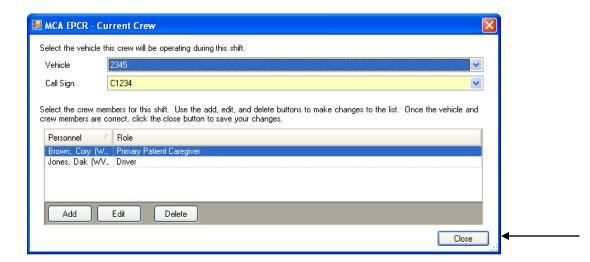
This information will be stored so the next time you login you will only have to update the information if necessary. These fields are required so the information has to be entered before proceeding.

- **Vehicle** The unique ID number which is specified for each vehicle; typically the state vehicle inspection number associated with the vehicle. Select your vehicle from the dropdown box.
- Call Sign The EMS unit number used to dispatch and communicate with the unit. This may be the same as the Unit/Vehicle number in many agencies.
- from the dropdown boxes. When selecting the crew members select "Add" this will open two additional dropdown fields. The first field is the "Personnel" field, here the personnel for an agency is listed. This information is pulled from the MCA central database where the information is stored. If new members need to be added or removed this would be handled through the MCA central database located at https://epcr.mcawv.com. Once added the client application will need to "Synch" with the database to receive the changes. For simple crew member changes logging into the client application while connected to a network will apply the changes. You can learn more about Synchronizing later in this guide under the Synchronizing section. The second field is the "Role" field. This field is to choose the personnel's role for the current shift. Crew information can be modified during the run entry process, so if information changes during the shift it will be easy to modify. The following options are also included in this window. (continued on page 9)

- Add This feature allows you to add personnel.
- **Edit** This feature allows you to edit existing information for the personnel for example change their role from primary caregiver to driver. You cannot edit spelling or a name change; this has to be done through the central database.
- Delete This feature will delete crew personnel from the current list. The crew member has to be highlighted before it can be deleted do this by clicking on the name of the crew personnel. A remove Crew Member prompt will display when you select delete, you can select "Yes", "No" or "Cancel. Selecting "Yes" will delete the crew member information from the list, selecting "No" or "Cancel" will close the prompt without deleting the crew member information. Here is an example of the prompt.

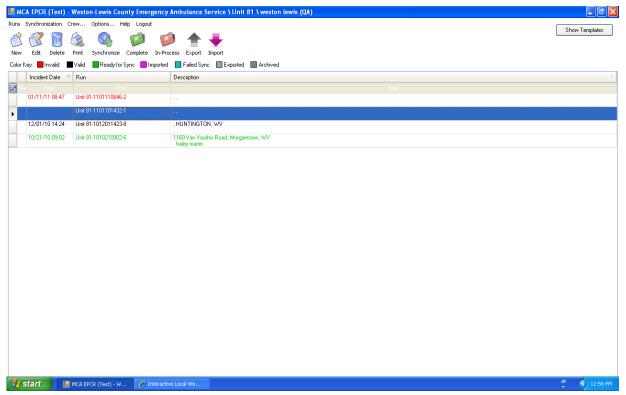


After all of the crew information has been entered select "Close" to close the window and open the main client application window. Here is an example of this option.



Using the Applications Home Screen

The Home Screen for the client application contains several components that will help you create, modify, import, export and save patient information, provide validation of the information and finally synchronize all of this information to the MCA central database. The image below displays MCA's ePCR Home Screen.



The main application will not contain any records the first time using the application and most icons will be inactive or grey.

The Run Menu

The menu provides a list of options which help make using the client application convenient. It contains the same components as found on the toolbar, so either method functions the same way. It is really the users preference as to which method to choose to use. The run menu includes: new, edit, set complete, set inprocess, delete, export-NEMSIS, print, and exit.

New Run - This creates a new (blank) run report.

Edit - Use this option to edit/modify an existing run report.

Set Complete - This sets selected runs to complete which allows for synchronization to take place.

Set In-Process - This option will un-do a run that is tagged as "Set Complete". Valid runs are set in-process by default. *Only agency administrators can delete a report once it's been created.

Delete - This will delete a selected run report. Users will be prompted to ensure that the selected run is to be deleted.

Export (NEMSIS) - This option will create a NEMSIS export file that can be imported by other NEMSIS compliant applications.

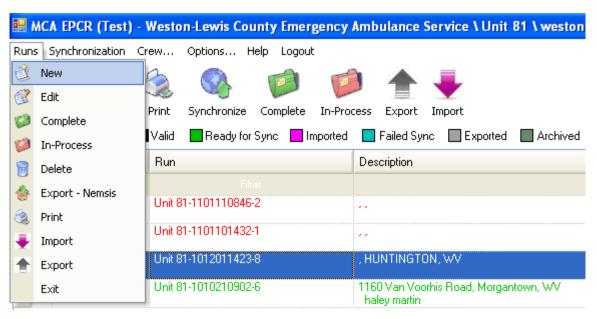
Print - Use this option to print a run report.

Import - Use this option to import in-process or valid PCR(s).

Export - Use this option to export in-process or valid PCR(s).

Exit - This will exit the application.

The following image is an example of these Run Menu options.



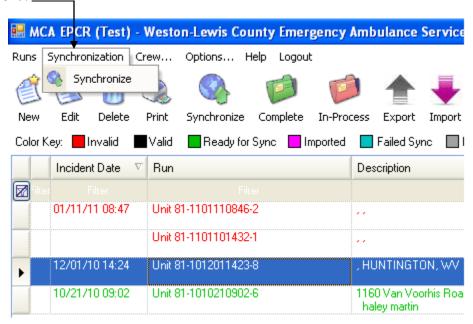
Page II

Synchronization Menu

This menu is important because all completed run reports are sent to the MCA central database using this tool, this process is called Synchronization. This is an important process because this is how the information is sent to MCA. All run reports have to be completed, validated, and set to complete in order for them to be processed through synchronization. If the run reports do not meet these credentials they will not synchronize.

Synchronize

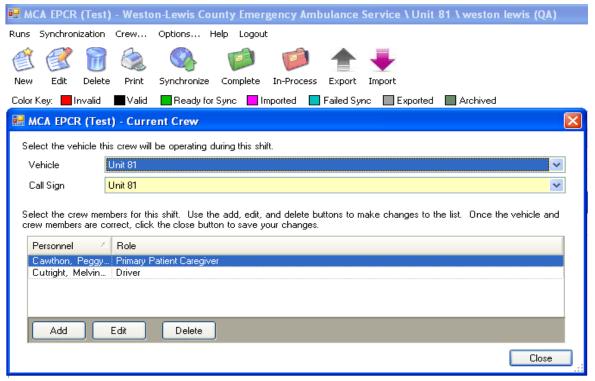
The synchronize option is used to send run reports to the MCA central database. These reports need to pass validation, have all required information, and meet the criteria for Set-Complete. The following is an example of this menu. _____



This is an example of the Synchronization Menu

Crew Menu

The crew member is designed to change information about the crew. There may be instances when crew members change shifts or the crew may need to change the current vehicle. The menu provides a way of changing this information without closing the application. Crew member will only see run report that they are associated with; non-administrative personnel will not be able to view another personnel's run reports. A run report can be modified where crew members can be added or removed, if this happens the next time that crew member logs in they will see the updated run reports. The following image provides an example of this menu.



This is an example of the Crew Menu

Options Menu

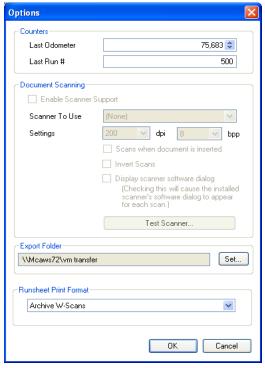
The options menu is designed to change the last odometer reading, last run number, select default run sheet print format, configure document scanner settings, and configure your default file directory for PCR exporting.

Last odometer reading - Changing this value will reset the beginning odometer field to the selected value the next time a new run is created.

Last run number - Changing this value will reset the run number field to the selected value the next time a new run is created. This can also be changed in a run report.

Document Scanning - By default the scanner is not enabled. After installing your scanner's drivers you can enable you scanner by selecting the "Enable Scanner Support" check box. Use the dropdown list to select a scanner to use. MCA's ePCR client application supports **TWAIN** compatible scanners. It is possible that your scanner supports multiple driver types if so you may see more than one option for "Scanner to Use". Another common scanner driver is **WIA** drivers. If this applies for you scanner make sure that your choose the one with TWAIN drivers. In the list you will likely see the scanner model and then the driver types will most commonly be abbreviated. **Example: AmbirScan PS467 (TWI)** or **(WIA)**.

Export Folder - From here you can set the default file location for the Run Exporter (see page 85-91,"Run Importing and Exporting"). Most commonly the default location would be set to a specified folder on an external storage device or networked drive that has been created for the purpose of storing exported runs import.



This is an example of the Options Menu

Page 14

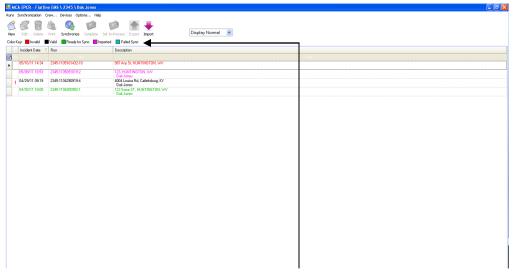
Toolbar Options

The toolbar provides an easier way to access the components from the menu. It contains the same components as found in either menu, so either method function the same way. The following options are found on the toolbar.

New	(E) New	This creates a new (blank) run report.
Edit	Edit	This can edit/modify an existing run report.
Delete	Delete	This deletes a selected run report (Agency administrator only).
Print	Print	Use this option to view or print a run report.
Synchronize	Synchronize	Sends run report data to the MCA central database.
Complete	Complete	This option "tags" a run report as complete, which means it's ready for synchronization. Setting reports as "complete" will mark them with a green color.
In-Process	In-Process	This option becomes important when a run report is marked "Complete" (Green) and needs it's status to be changed back to "In-Process" (Black).
Export	Export	Use option this option to export a "In-Process" or "Complete" run onto an external or shared storage device.
Import	Import	Use this option to import an "In-Process" or "Complete" run onto another machine running MCA's ePCR client application.

Toolbar Color Key

The color key indicates what each color coded run report represents. The red indicates invalid run reports, black indicates the run report has passed validation, green indicates the run report is complete and will be transmitted during the next synchronization, pink or purple (depending on your display) indicates that the run report has been imported onto this machine. Reports marked blue indicates a run or runs that have failed to synchronize.

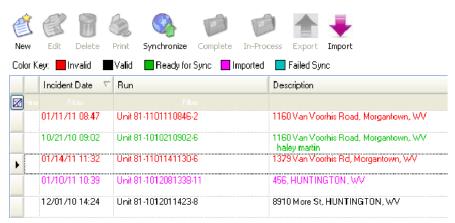


This is an example of the color key location

Color Coded Runs

As mentioned earlier, a run report can be saved without filling in all the information, but this information will have to be completed prior to synchronization, otherwise the run report will not be sent to the MCA central database. The current state of a run report is identified by its color. There are three main colors visible in the client application; **red**, **black**, and **green**. A fourth color, **blue** may appear, but this will only display if a problem occurs during synchronization, if this occurs try to synchronize again.

- Red Invalid reports are displayed in red, this means there is additional information needed before the run report is complete.
- **Black** Reports that have been entered correctly, passed validation, and are ready to be marked as "Complete" remain black until synchronization has taken place.
- **Green** Reports that have been validated successfully and are ready to be synchronized will be green.
- Blue Reports that experienced a problem in processing the information during synchronization, if this should happen, try to synchronizing the report again. **Note:** If synchronization fails it was most likely due to a network timeout. If this occurs frequently you may need to try sending fewer runs at the same time. Any runs marked as blue indicating failure to synch are still marked as complete therefore will be marked for transmission the next time "Synchronize" is clicked. Try marking some of these blue color coded run report as "In-Process".
- **Purple** Reports that have been imported from another machine. This color coded status is intended to simply provide a reminder that the run report has been imported from another machine (see importing /exporting on page 85-91).



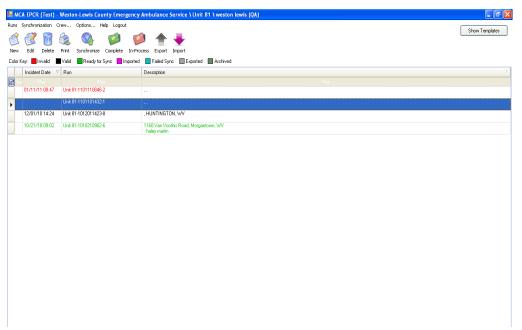
This is an example of the color coded run reports. The red indicates the report is incomplete. The green report indicates the run report is ready to be synchronized. The black report indicates the report has passed validation and is ready to be set to in-process. The purple indicates that the report has been imported from another machine.

Home Screen Filter and Display Properties

As runs are being generated the Home Screen will populate. Reports are displayed by the most recent runs using the **Incident Date**, **Run Number**, and **Description** as titles to sort through the information.

In the first column there is a small icon, this is the "filter icon". As the number of run reports populate there may be a time when you need to search for a certain criteria. To search type in your criteria in the appropriate column. Use the "filter icon" to clear your search criteria.

The incident date is the date/time stamp on a run when the unit was notified by dispatch. Beside each title is an arrow, this indicates the selected run in the window. The arrow will move when you select a different run. The run column displays vehicle name and the run report id number. Lastly the description column displays incident address and patient name. The following image displays an example of this window.



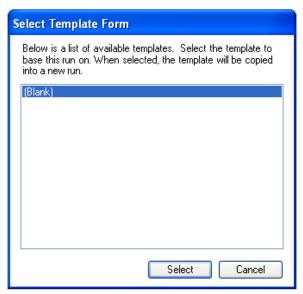
This is an example of the main client application window. Run reports can be sorted by incident date, run number, and description. Select the downward arrows within each column to sort.

Creating a New Run

As you know a run is a detailed report that contains information about the run and patient(s) involved. It resembles the main application window in that it has menu options, toolbar options and several tabs that divide the information into sections. The tabs are "clickable" so when you select a tab header that information displays. You can create a new run by using the menu option or toolbar. If you use the main menu, select the "Runs" option and choose "New", if you choose to use the toolbar select the paper icon with the star. If you have trouble remembering the function of the icons, you can move your mouse or pen over them and the name will appear.

Selecting a Template Form

In order to create a new run, you must first select a template. A template serves as a starting point so that the format does not have to be recreated each time a new run report is opened, this will save you time. If this is the first time using the application the template dialog box will only display the (Blank) template. The list will build as you create new templates. The blank template will always appear regardless of how many times you use the application. Choose a template and click "Select" to open a run report, below is an example of this "template dialog". The following image is an example.



This is an example of the template dialog.

When the run report first opens you will notice colored areas. These colors represent important areas of the report. The "gold" trim on the tab header indicates the current tab. The "gold" line across the report indicates a panel. The light "blue" line along the bottom of the report window indicates another panel. This panel will turn gold when selected. The tiny "blue" arrows indicate a dropdown menu. The "yellow" fields indicate required fields. A required field means that this information is necessary before the run report can be sent to the MCA central database for processing. A run report can be saved without filling in all the required information but it will remain in the client application until it is complete.

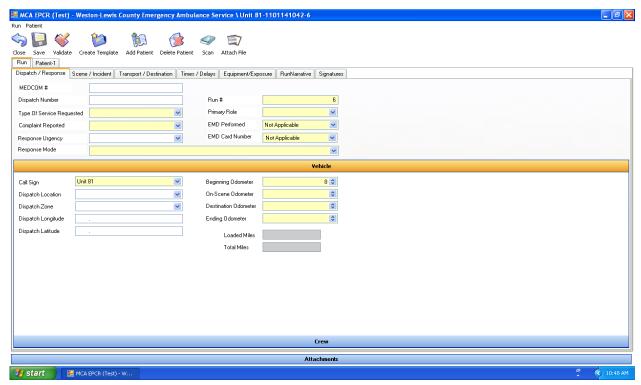
Entering Information

As you enter information for a run report it is good to complete as much as possible prior to arriving at the scene. This makes entering the information a little more manageable. The dropdown menus provide an easy way of entering the information, so this will help move the process along.

You can save a report at any time without passing validation, but these reports will not synchronize until all information is entered and validated. More detailed information is given for each field later on in the document, but here are the simple steps for entering, saving, validating and synchronizing the run reports.

- Complete as much information as possible and Save. If the report is not complete it will be "Red".
- If the run report is completed, validated, and saved. There will be a prompt indicating if the report passed validation.
- Mark all valid run reports to "Complete" (the green folder icon), this will mark reports green which indicates they are ready for synchronization. A report that has been marked complete can be moved back to the "In-Process" state if necessary.
- Synchronize (This will send all competed reports to the MCA central database. These reports cannot be retrieved once they have been synchronized.) Synchronization can occur as often as possible assuming all the information has been validated and marked "Complete".
- Any remaining reports need to be completed by the end of a shift. The reports that have not passed Validation are marked in "Red", or have been tagged In-Process (red folder icon).
- Reports displayed in "Black" indicate they passed validation and are ready to be marked "Complete".
- All reports should be completed, validated and synchronized by the end of a shift.

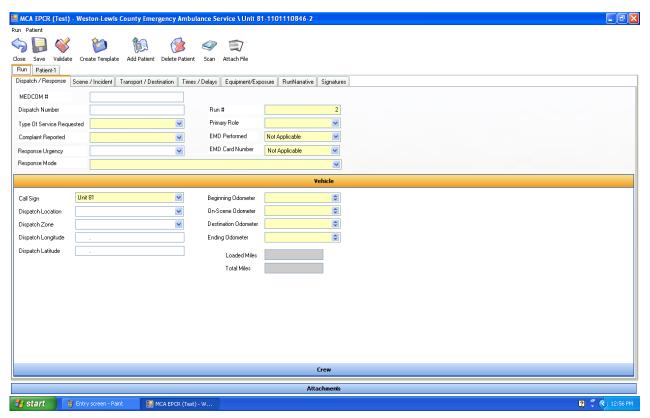
See page 21 for an image of a blank run report



This is an example of a blank run report. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Run Report User Interface (Tabs and Panels)

Similar to the Home Screen a run report has menu options and toolbar options in addition to tabs. Each tab displays a title, the selected tab is displayed with a gold line about the title, and this will change as you select different tabs. Some of the tabs also display blue panel bars that when selected display more information. Once a blue panel has been selected, the panel turns gold to indicate the current work area. This is true for all panels except the Attachment panel. This panel can be active (gold) the same time another panel is active such as the crew panel. The first image below displays the vehicle panel being active, while the crew and attachment panels are inactive. The second image is an example of the crew panel and attachment both being active at the same time. More about tab information can be found under tab components. We'll first look at the menu and toolbar options. The following images are examples of these menu options.



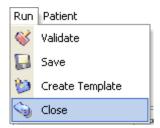
This example displays the menu and toolbar options for a new run report, this image also displays the "active" crew and vehicle panel.

Run Report Menu Options

The menu provides a list of options which help make using the client application convenient. It contains the same components as found on the toolbar, so either method (the menu or toolbar options) function the same way. It is really the user's preferences as to which method to choose to use. The menu for a run include: validate, save, save as a template, and close. The menu for the patient include: add patient and delete patient. The menu for the dropdown arrow list include add and removing buttons for both the run and patient menu. The following options are available on the menu.

Run Menu

- Validate This option is used to confirm the validity of the document.
- Save Use this option to save the current run report.
- Save as a Template Use this option to save a run as a template.
- Close This will close the run report.



Here is an example of the Run Menu list.

Patient Menu

- Add Patient Use this option to add a patient tab to the existing run report.
- **Delete Patient** Use this option to remove a patient tab. Note: every run will contain one patient tab.



Run Report User Interface (Toolbar Options)

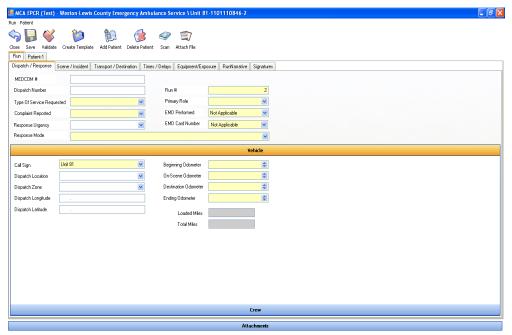
These options are available during the run report data entry process and are located at the top of the page on the toolbar.

Close	Close	This will close the report.
Save	Save	This option will save the report with or without validating the report.
Validate	Validate	This will confirm the validity of the document before saving.
Create Template	Create Template	This option will save the report as a template to use again for future runs.
Add Patient	Add Patient	This option will create a new patient tab.
Delete Patient	Delete Patient	This option will delete a selected patient tab, it will prompt you before deleting the patient tab.
Scan	Scan	This option will allow you to scan documents using a flatbed scanner or if you have manual scanning enabled in the options menu.
Attach File	Attach File	This option will allow you to attach files electronically. Supported file types include, PDF, word, excel, jpg, png, tif and other image file types.

Run Report User Interface (Tab Components)

There are two main tabs on a run report; the Run tab and the Patient tab, some tabs have panels which simply are different sections on the tab that contain additional information. The active panel is defined by a gold bar across the tab window, clicking on the title of one of the blue sub-panels will expand the window and change the bar color to gold indicating that it is now the active panel.

A run can include information about more than one patient, so there could be several patient tabs listed in a run report. The following image displays an example of the run report.



In this example the run components are displayed along with one patient tab.

Run Report User Interface (Run Tab and Basic Validation)

The data in the report is categorized so the title on the tab corresponds with that information. Many field selections are dropdown boxes, if you select the dropdown arrow the options will appear in a menu, highlighting your choice will select that option. There are several required fields that are not recognized until you validate then a red explanation dot appears. Some of these requirements are conditional. This means that a field may become required or even invalid once a specific option has been chosen. These are called "Validation Rules". The example shown in the image below is a validation rule that requires a destination code to be entered when "Arrived at Patient date/time" has been entered. **Remember: To see a validation error message description hover your pointer over the red exclamation mark.** Here is an example image of a validation error description.



Destination Code: Must be entered if Patient at Destination DateTime is entered

You can save a run with errors but these reports will not synchronize and will not be sent to the MCA central database until all the required fields are complete. The run tab consists of the following tabs:

Dispatch/Response

This tab contains all the dispatch information.

Scene/Incident

This tab contains information about the incident location, services at the scene and estimated first responder arrival time.

Transport/Destination

This tab contains information about transportation and destination.

Times/Delay

This tab displays all the dispatch times, response delay, scene delay, transport delay, and turn-around delay.

Equipment/Exposure

This tab contains information about review requests, personal protective equipment, personnel exposure and suspected intentional disaster.

Run Tab and Basic Validation continued on page 27

Run Narrative

This tab is the location for a run narrative. Each run report allows two narratives, one for the run data and another for the patient. You can use either as you main narrative but you may find the run narrative useful in situation were you don't have a patient or for runs where you have multiple patients such as MVAs. For example, if you write a run narrative describing the traffic accident then this will apply for all patients involved because this field is run based not patient based. If further narration is needed to describe the condition and treatment of individual patients this would be done in the "Patient Narrative" section located within the patient tab for each patient. Each narrative field allows a maximum of 4,000 characters and includes spell checking. The spell checking database includes a 50,000 word medical dictionary.

Signatures

This tab contains all crew signatures, and destination signatures.



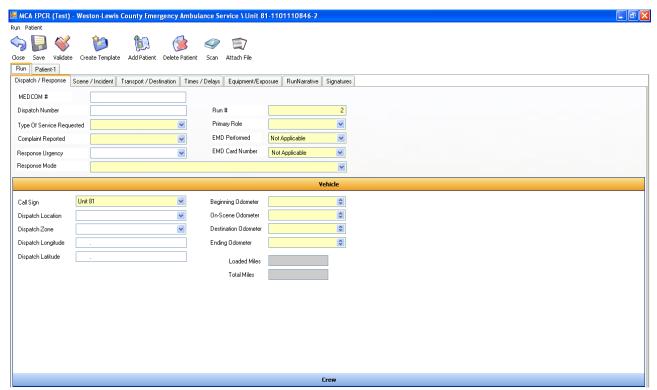
This is an example the run tab and sub-tabs.

Dispatch / Response

On this tab there are a couple of fields that require text in the field instead of selecting from a dropdown list. The incident number needs an accurate incident number. The run number and call sign fields are automatically generated, meaning the data is already present. The other fields require a selection from the dropdown menus. The following fields are located on the dispatch/response tab:

- Dispatch Number The incident number assigned by the 911 Dispatch System.
- **Types of Service Requested** The types of service which are provided by the agency, such as 911, intercept, inter-facility, medical transport, mutual aid, and standby.
- **Compliant Reported** The initial compliant reported when unit was dispatched.
- Response Urgency Does the run require immediate or non-immediate action?
- **Response Mode** Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene.
- **Run #** The run report number associated with the run.
- **Primary Role** What is the primary role of the EMS service for this specific EMS incident? Is it a non-transport, rescue, supervisor, and transport?
- EMD Performed Indication of whether EMD was performed for this EMS event.
- **EMD Card N**umber The EMD card number reported by dispatch, consisting of the card number, dispatch level, and dispatch mode...
- **Dispatch Location** The station (or hospital) name representing the geographic location of the vehicle at the time of dispatch.
- **Dispatch Zone** Geographic zone representing the location of the responding vehicle at the time of dispatch.
- **Dispatch Longitude and Latitude** The GPS coordinates associated with the EMS unit at the time of dispatch.

See page 29 for an image of the dispatch / response tab



This is an example of the Dispatch/Response tab. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Vehicle Panel

(Displayed by the gold bar until a sub-panel is selected) This panel contains vehicle information such as the vehicles call sign, dispatch location and odometer readings. Enter appropriate answers by filling in the text fields, dropdown boxes and checkboxes for this panel.

- Call Sign The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.
- **Dispatch Location** The station (or hospital) name representing the geographic location of the vehicle at the time of dispatch.
- **Beginning Odometer** Record the beginning odometer reading when the run begins.
- On-scene Odometer Odometer reading once the vehicle arrives at the scene.
- **Destination Odometer** Odometer reading once the vehicle arrives at the destination location.
- **Ending Odometer** Odometer reading once the vehicle reports back to the station.

See page 30 for an image of the vehicle panel.



This is an example of the vehicle panel. Notice some fields will display text by default, other fields will require information to be entered.

Crew Panel

(This panel is displayed in blue until selected at which time it turns gold to indicate the active panel) Crew information is located in this panel. This can include modifications to the existing crew whether it is adding or deleting members, or adding new crew members to a run. Enter appropriate answers by selecting information from the dropdown boxes.

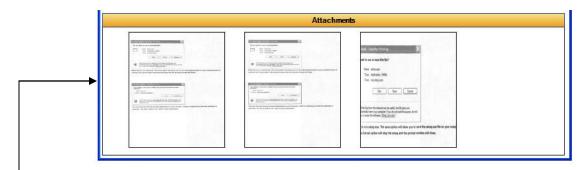
- Personnel Crew personnel is listed in dropdown box according to the agency
- Add Personnel Use this option to add crew personnel to a run
- **Add External** Use this option to add personnel to a run report that are not listed on the agency's roster.
- **Edit** Allow you to update information for the current personnel, highlight the crew member that needs updating, change information and select Update.
- Delete This option will remove personnel from the crew list, highlight the member and select
 delete. You will get a deletion prompt prior to personnel being removed from the list. Select "Yes"
 to remove, "No" if you do not want to remove personnel or "Cancel" to cancel the prompt and
 deletion.
- Role the role of the crew member during transport of this call.
- Certification Level The personnel's State EMS Certification level.



This is an example of the Crew Panel. Notice the "Add", "Add External", "Edit" and "Delete" buttons. Use these options to modify the current crew members.

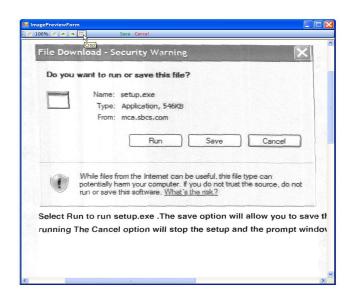
Attachment Panel

(The panel is displayed in blue until selected at which time it turns gold to indicate the active panel) The attachment panel displays documents that have been scanned into the report, such as a patient's hospital face sheet, drivers license, insurance card, or any critical information regarding to the report. All information scanned into this area will appear as an attachment in the final report and display near the end of the report. The images will appear small but you can view them by double-clicking on the attachment. The attachment will open in a window called Image Preview Form, within this window you can format the information displayed, images can be resized, rotated, or cropped, the toolbar offers more options for editing the image, be sure to save any changes made to the images. The first image displays an example of what the attachments look like in the report. The second image displays how the attachments will appear when opened for editing.



This is an example of the attachment panel display. Doubleclicking on the image will open them for editing.

Note: The attachments panel will be docked at the bottom of the screen and is available for viewing no matter which tab or sub-tab is active.



This is an example of an open attachment using the image preview form. A toolbar is available to help format the image, save all changes before closing the form.

Scene / Incident

This tab consists of information about the scene of the incident. This information is divided into panels that include incident location, suspected intentional or unintentional disaster, other services at the scene, first responder, and attachments. Any yellow field displayed indicates that those questions are required prior to saving a report.

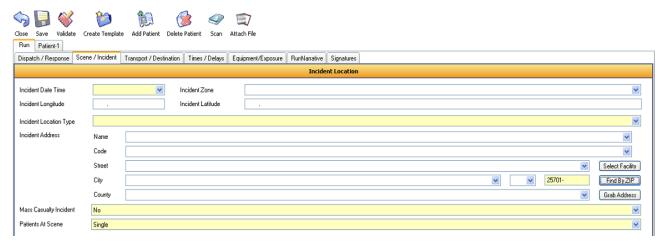
Incident Location

This panel consists of incident information like time, location, and the incident address. The following fields are located on the scene/incident tab. Enter appropriate answers by filling in the text fields, dropdown boxes and checkboxes for this tab.

- Incident Date Time The date/time the injury occurred, or the date/time the symptoms or problem started.
- Incident Location Type The kind of location where the incident happened.
- **Incident Address** The street address (or best approximation) where the patient was found, or, if no patient, the address to which the unit responded.
- Code This is the medical facility code number which could be the same as the destination code;
 some facilities may not have a code number.
- **Street** The street name for the incident address.
- City Define the city address where the incident took place.
- County Enter the county information for the incident.
- Mass Casualty Incident Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources).
- Patients at Scene Indicator of how many total patients were at the scene...
- Incident Zone Geographic zone representing the location of the scene.
- Incident GPS Coordinates The GPS coordinates associated with the Scene.

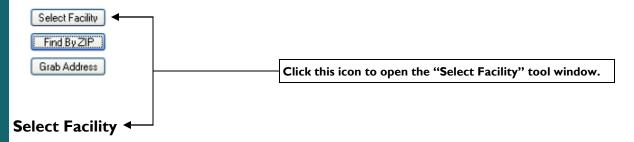
You will also find 3 data entry tools located within this tab (Select Facility, Find by Zip, and Grab Address.

Continue to page 33 to see an image of the Scene / Incident tab and to learn about the tools found on this tab (Select Facility, Find by Zip, and Grab Address).

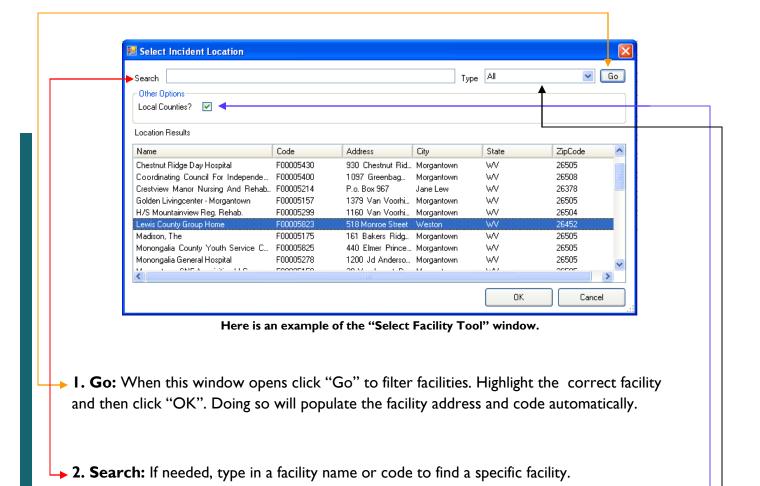


This is an example of Scene / Incident tab.

Address Tools (Select Facility, Find By Zip, & Grab Address)



Use this feature to find and quickly add local health care facilities. This tool is available under the "Scene / Incident" tab and the "Transport / Destination" for pickup location and drop off location.



→ 3. Local Counties: By default the local counties option will be checked. This will cause the select facility tool to automatically filter the facilities that are located within your agency's local service area. Simply clicking on the "Go" option will populate the list with only the facilities located within your agency's local service area. If needed you can uncheck "Local Counties" you can then use the search tool to locate facilities through out the state.

These local counties will be defined during the initial setup of your agency. If needed the local county list can be managed through the customer website (see MCA's ePCR Website Guide).

→ 4. Facility Type: Use this feature to narrow the search results to only hospitals. By default this field is set to "All". "All" includes hospitals, nursing homes, rehab facilities and other health care related facilities.

Continue to page 35 to learn about "Find by Zip" and "Grab Address".

Find by Zip



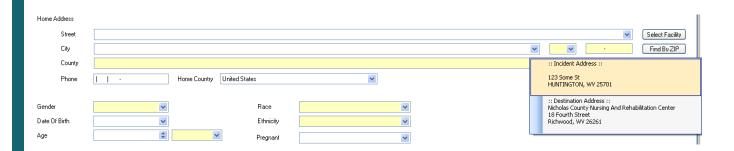
This feature is used to auto-populate the city, state, and county of an address based on the zip code. Enter the zip code into the zip code field and then click the "Find by Zip" icon as seen in the image above. Next you will see a box pop up containing the city, state, and county. Click on the pop-up to auto-populate the city, state, and county of the zip code.



Grab Address



Use this tool to grab a previously entered address. This tool can be useful when the scene address is the same as the patient address. Clicking the grab icon will open a popup window containing the previously entered addresses. Each address in the window will contain a header which will display the address type i.e. incident address, destination address ect. Click on the address that you want to grab and the address field values will be automatically populated.

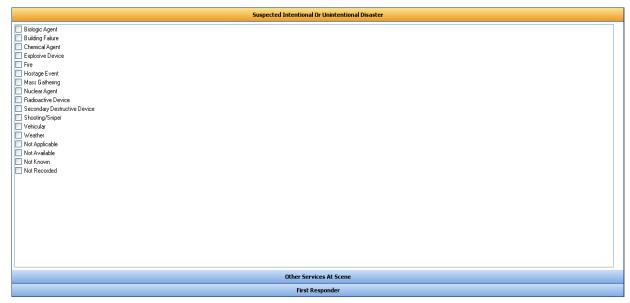


Remember: Select Facility, Find by Zip and Grab Address are available anywhere an address can be entered.

Scene / Incident Sub Panels

Suspected Intentional Or Unintentional Disaster

(The panel is displayed in blue until selected at which time it turns gold to indicate the active panel) Suspicion of the listed multi-casualty or domestic terrorism causes. Select the appropriate checkbox for this panel. The following image displays an example of this panel.

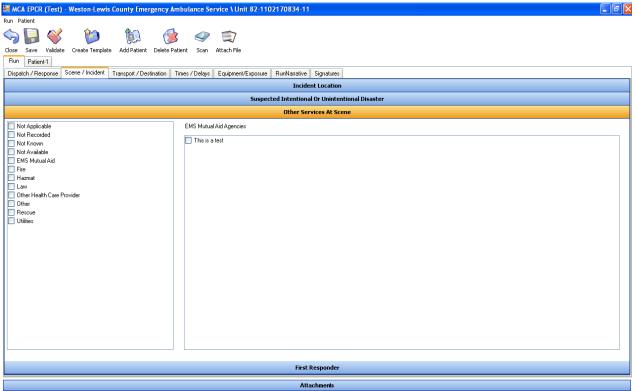


Note in this Suspected Disaster example, the blue panel is now gold to indicate the current work area. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Scene / Incident Sub Panels Continued

Other Services at Scene

(The panel is displayed in blue until selected at which time it turns gold to indicate the active panel) other services that were at the scene, if any. Select the appropriate checkbox for this panel. The image below displays an example of this panel.



Notice in this Other Services example the blue panel is now gold to indicate the current work area. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Scene / Incident Sub Panels Continued on page 38

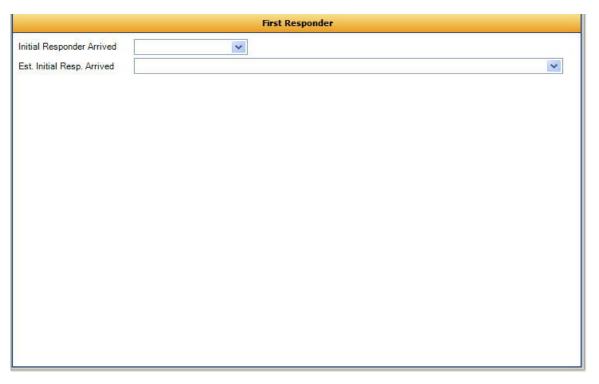
Scene / Incident Sub Panels Continued

First Responder

(The panel is displayed in blue until selected at which time it turns gold to indicate the active panel) A certified, emergency, or medical officer who is the first to arrive at an accident or disaster scene. Select the appropriate dropdown for this panel.

Initial Responder Arrived - The time that the initial responder arrived on the scene.

Estimated Initial Responder Arrived - The estimated time of arrival within 5-15 minutes.



In this example, the blue panel is now gold to indicate the current work area.

Transport / Destination

This tab consists of transport and destination information like transport mode, destination type, and destination address. The following field's makeup the transport and destination tab. Enter appropriate answers by filling in the text fields, dropdown boxes and checkboxes for this tab.

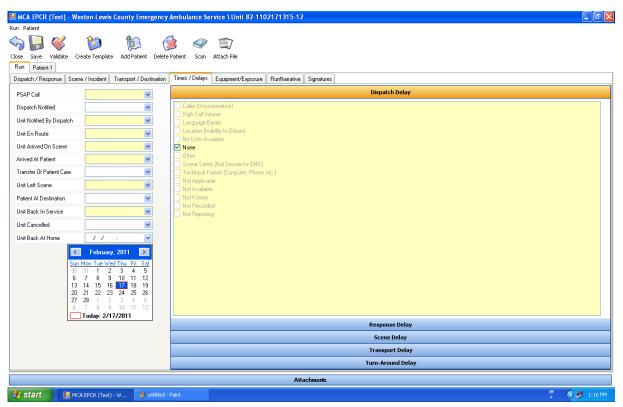
- **Transport Mode** Indication whether or not lights and/or sirens were used on the vehicle while leaving scene.
- Destination Type The type of destination the patient was delivered or transferred to.
- **Destination** This is the name of the transport destination.
- **Select** This gives you the ability to search for a location, based on information entered; it will return the best results for the location (**See page 33 to learn about select a facility**).
- **Find** This option gives you the ability to select a city based on the zip code entered, it lists all entries for this zip in a popup box.(**See page 35 to learn about find by zip**).
- **Grab** This option provides the ability to select any existing address in the report that has already been entered. Note if no address has been entered into the report then this option is invalid. (See page 35 to learn about grab address).
- **Code** The code of the destination the patient was delivered or transferred to, if present and available.
- **Street** The street name for the incident address
- City The city address for the incident.
- County Enter the county information for the incident.
- Reason for choosing The reason for choosing the transport destination.
- Destination Zone This is the destination zone which will be defined by the agency.
- Destination GPS Coordinates The GPS Coordinates for the destination location.

Times / Delays

All of the time/delay fields are dropdown menus and checkboxes. All of the date/time fields are required except for three fields; "Dispatch Notified", "Transfer of Patient Care" and "Unit Cancelled. You can either use the dropdown menu to view the calendar or copy and paste the time into the fields. Enter the appropriate answers by filling in the text fields, dropdown boxes and checkboxes for this tab. The following fields are found on the times and delays tab.

- **PSAP Call** The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS.
- **Dispatch Notified** The date/time dispatch was notified by the 911 call taker (if a separate entity...)
- Unit Notified by Dispatch The date/time the responding unit was notified by dispatch.
- Unit En route The date/time the unit responded; that is the time the vehicle started moving.
- Unit Arrived on Scene The date/time the responding unit arrived on the scene; that is the time
 the vehicle stopped moving.
- Arrived at Patient The date/time the unit arrived to the patient.
- **Transfer of Patient Care** The date/time the patient was transferred from this EMS agency to another EMS agency for care.
- Unit Left Scene The date/time the unit left the scene.
- **Patient at Destination** The date/time the patient arrived at their destination.
- Unit Back in Service The date/time the unit was back in service and available for response (finished with call, but not necessarily back in home location).
- Unit Cancelled The date/time if the unit's call was cancelled.
- Unit Back at Home The date/time the responding unit was back in their service area. In agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol.

Continue to page 41 to see an image of the Times / Delays screen.



This is an example of the Times /Delays tab. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.



This is an example of the Delays section of the "Times / Delays" tab. By default all values are set to "None". If there are any delays with response, scene, transport or turnaround, documentation for delays can be done within this panel as seen above.

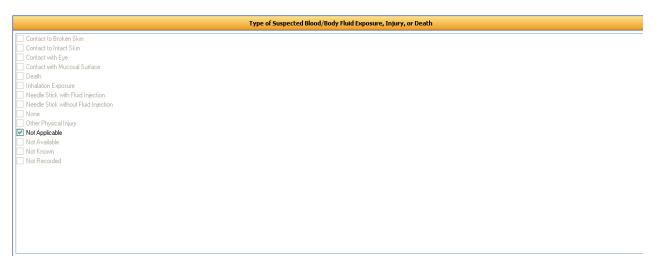
Equipment / Exposure

The fields on this tab are either dropdown menus or checkboxes. Depending on your states data standard there may or may not be required fields on this tab. The first three questions default to "No", "Not Applicable" and "Not Known", if this is not correct, you have to select another option from the dropdown menu. Enter the appropriate answers by filling in the dropdown boxes and checkboxes for this tab. The following fields are found on the review tab.

- Review Requested Indication of whether the form needs reviewed by anyone.
- Contact with Body Fluids Indication of unprotected contact with body fluids.
- Required Reportable Condition The presence of any condition which is reportable based on federal or state regulations.

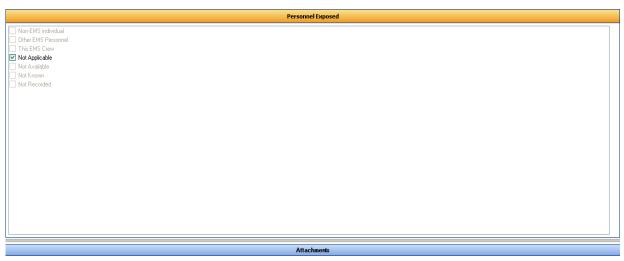
Type of Suspected Blood/Body Fluid Exposure, Injury, or Death

(The panel is displayed in blue until selected at which time it turns gold to indicate the active panel) Indication of unprotected contact with blood or body fluids. This is part of an EMS Medical Record and it's important for the Quality Management evaluation of personnel performance and safety initiatives. Select the appropriate answers by marking the checkboxes for this panel. The following image displays this Type of Suspected Blood/Body Fluid Exposure, Injury, or Death Panel.



Personnel Exposed Panel

(The panel is displayed in blue until selected at which time it turns gold to indicate the active panel). The EMS personnel who was/were exposed to unprotected contact with blood or body fluids. This is part of an EMS Medical Record and it's important for the Quality Management evaluation of personnel performance and safety initiatives. Select the appropriate checkbox by checking a box in this panel. The following image displays this Personnel Exposed Panel.



The blue panel is now gold to indicate the current work area. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Run Narrative

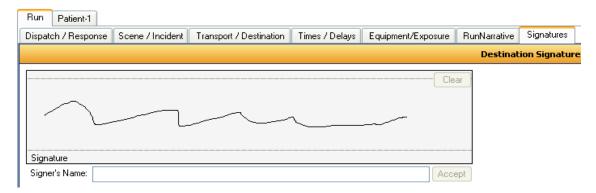
Here you can capture up to 4000 characters for a run based narrative. As you may have noticed there are two sections for narratives (Run Narrative & Patient Narrative). The Run Narrative is used to document information that is not patient specific. **For example**: Multi patient incident where information like scene and transport destination apply for all of the patients involved. If captured in the run narrative section this information will apply for each patient and will be printed in the "Run Narrative" Section of the final record. Another example of a run narrative would be for cases where a patient was not transported such as canceled calls, no patient found, and refusals.

Signatures

The signature section located on the "Run" tab is used to capture the receiving facility or destination signature and the current crew signatures.

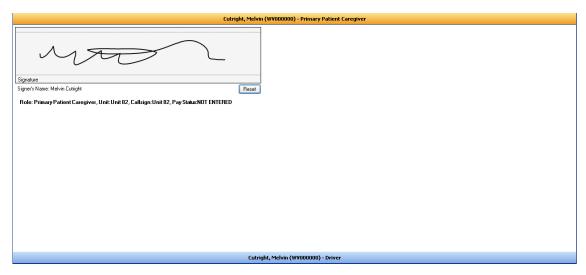
Destination Signature

Capture the signature of the receiving facility caregiver here as seen in the image below.



Crew Signatures

Use these panels to capture crew member signatures. These panels will show the crew member name, their role, and their certification number. At least one crew member must sign in order to validate the patient care record.



Remember: To finalize a captured signature make sure that you click the accept button located in the lower right hand side of the signature area. Clicking the accept button will cause the client application to auto-save. If the signature was collected in error you can press the reset button to clear the current signature.

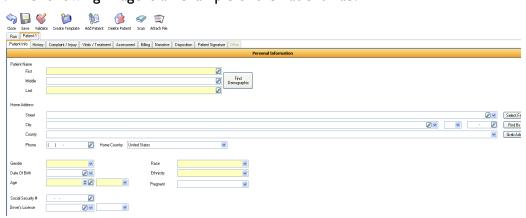
Patient Tab and Sub Tabs

The patient tab contains personal information about the patient as well as his/her medical information. This information although used by the EMS system should be protected. Depending on the situation not all information may be available at the time of a call; so many fields are not required. The required fields are identified by the "gold" fields. Each patient tab contains several sub-tabs which is displayed the same for each patient that is added to a run report. Every run report will have at least one patient. Select the appropriate answers by using the dropdown boxes, text fields and checkboxes for this panel. The following tabs are listed under a patient tab:

- **Patient Info** This tab contains the patient's personal information.
- History All of the patient's medical history is listed on this tab.
- **Complaint/Injury** The patient's condition, symptoms, injury and vehicle involvement are located under this tab.
- **Vitals/Treatment** This tab includes the patient's vitals, procedures performed, medications administered, and any other prior aid.
- Assessment This tab lists any assessments made by EMS personnel.
- **Billing** Payment information is listed under the billing tab, method of payment as well as insurance information.
- Narrative The patient specific narrative of the run report is located on this tab.
- **Disposition** All the information for the patient's disposition is located on this tab.
- Patient Signature The patient's consent or refusal for treatment are located on this tab.

Patient Info Tab

This first section on the patient tab is basic information about the patient that is needed for completion of a run report. Select the appropriate answers by using the text fields, dropdown boxes and checkboxes for this panel. The following image is an example of the Patient Tab.



Personal Information

(Displayed by the gold bar until a sub-panel is selected) This allows a patient's information to be stored and retrieved by Name, a key component of an EMS Medical Record and provides contact information for multiple purposes including follow-up, billing, bioterrorism syndromic surveillance. Enter the appropriate answers by filling in the text fields and dropdown boxes for this panel. The following fields are located on this panel:

Patient Name

- **First Name** -the patient's first (given) name.
- Middle The patient's middle name, if any.
- Last The patient's last (family) name.

Home Address - The patient's home mailing or street address.

- **Street** The patient's home street address.
- Select A Facility This gives you the ability to search for a location, based on information entered; it will return the best results for the location. See page 33 for details about the "Select a Facility" tool.
- City The city address for the incident.
- Find by Zip -This option gives you the ability to select a city based on the zip code entered, it lists all entries for this zip in a popup box. See page 35 for details about the "Find by Zip" tool.
- County Enter the county information for the patient.
- **Grab Address** This option provides the ability to select any existing address in the report that has already been entered. Note if no address has been entered into the report then this option is invalid. **See page 35 for details about the "Grab Address" tool.**
- **Phone** The patient's home or primary telephone number.
- **Gender** The patient's gender.
- **Date of Birth** The patient's date of birth.
- Age The patient's age (either calculated from date of birth or best approximation).
- Race The patient's race as defined by the OMB (US Office of Management and Budget).
- Ethnicity The patient's ethnicity as defined by the OMB (US Office of Management and Budget).
- **Social Security Number** The patient's social security number.
- **Driver's License** The patient's driver's license number.
- Pregnant Is the patient pregnant? Only required if the patient is female.

Relatives / Guardian

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) This panel addresses questions pertaining to family members or guardians. Most of the questions in this panel are text fields which require input, only a few fields have the dropdown option. Enter the appropriate answers by filling in the text fields and dropdown boxes for this panel.

Relative Name

- First The first (given) name of the patient's closest relative or guardian.
- Middle The middle name/initial, if any, of the closest relative or guardian.
- Last The last (family) name of the patient's closest relative or guardian.

Address

- **Street** The home street address of the patient's closest relative or guardian.
- **Select a Facility** This gives you the ability to search for a location, based on information entered; it will return the best results for the location. **See page 33 for details about the "Select a Facility" tool.**
- City- The city address for the incident.
- Find by Zip- This option gives you the ability to select a city based on the zip code entered, it lists all entries for this zip in a popup box. See page 35 for details about the "Find by Zip" tool.
- **Grab Address-** This option provides the ability to select any existing address in the report that has already been entered. Note if no address has been entered into the report then this option is invalid. **See page 35 for details about the "Grab Address" tool.**
- **Phone** The home or other phone number of the patient's closest relative or guardian.
- **Relationship** The relationship of the patient's closest relative or guardian.

Employment / Occupation

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) This can be used to better describe injuries along with the Injury specific data and be a key component of an EMS Medical Record or billing. Select the appropriate answers by using the dropdown boxes and checkboxes for this panel.

- Occupational history- The occupational industry of the patient's work.
- Occupation- The occupational industry of the patient's work.
- **Employer-** The name of the patient's employer.
- Street- The street address of the patient's employer.
- Select a Facility- This gives you the ability to search for a location, based on information entered; it will return the best results for the location. See page 33 for details about the "Select a Facility" tool.
- City The city of the patient's employer.
- Find by Zip This option gives you the ability to select a city based on the zip code entered, it lists all entries for this zip in a popup box. See page 35 for details about the "Find by Zip" tool.
- **Phone** The patient's work telephone number.
- **Grab Address** This option provides the ability to select any existing address in the report that has already been entered. Note if no address has been entered into the report then this option is invalid. **See page 35 for details about the "Grab Address" tool.**

Advanced Directives

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) the presence of a valid form of living will or document directing end of life or healthcare treatment decisions. This panel defaults to "Not Applicable", if this is not correct, you have to de-select the checkbox and choose the correct checkbox. The following image is an example of this panel.

Advanced Directives

Fanily/Guardian request DNR (but no documentation)
Uning Will
None
Other Healthcare DNR Form
State-EMS DNR Form
Not Applicate
Not Available
Not Available
Not Roown
Not Recorded

History Tab

The history tab contains patient information regarding medication, medical history, and immunization history. Enter the appropriate answers by filling in the text fields and dropdown boxes for this panel. The following fields are located on this panel:

Medical History

(Displayed by the gold bar until a sub-panel is selected) this panel contains information regarding the patient's medical history. This will include the patient's physician and where the information was obtained. Select the appropriate answers by using the text fields and dropdown boxes.

Physician's Name

- First The physician's first (given) name.
- Middle The physician's middle name, if any.
- Last The physician's last (family) name.

History - List any prior medical history.

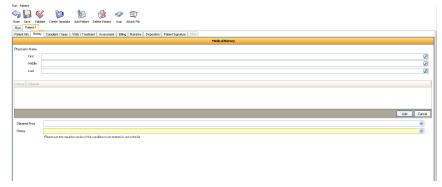
Obtained - Type of person medical history obtained from.

Add - Use this option to add history.

Edit - Update history for the current patient, highlight the history that needs updating, change information and select Update.

Delete - This option will remove the history from the list, highlight the history information and select Delete. You will get a deletion prompt prior to this information being removed from the list. Select **"yes"** to remove, **"No"** if you do not want to remove the information or "Cancel" to cancel the prompt and deletion.

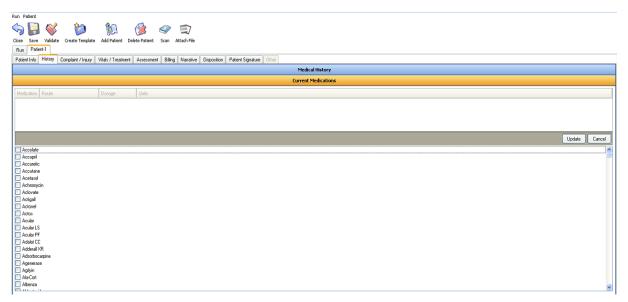
Cancel - This option will cancel any current changes and close the window.



Current Medications

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) The medications the patient currently takes. Select the appropriate answers by using the dropdown boxes for this panel.

- Medication A list of all medications the agency has implemented and are available for use.
- **Dosage** The numeric dose or amount of the patient's current medication.
- Units The units of medication dosage given to patient.
- Route The route that the medication was administered to the patient.
- Add Medication Use this option to add patient meds.
- Add Multiple Use this option to add multiple medications using a check box menu.
- Edit Update medication for the current patient, highlight the medication that needs updating, change information and select Update.
- **Delete** This option will remove the medication from the list of medications, highlight the medication and select delete. You will get a deletion prompt prior to medication being removed from the list. Select "**Yes**" to remove, "**No**" if you do not want to remove medication or "**Cancel**" to cancel the prompt and deletion.
- Cancel This option will cancel any current changes and close the window.



Medication Allergies

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) This panel includes the patient's medication allergies. Select the appropriate answers by using the dropdown boxes displayed in this panel.

- Add Medication can be added to the checkbox listed, type in medication and select Add. A prompt will display confirming addition, select "Yes" to add the new entry or "No" to cancel and not save entry.
- Add Multiple Use this option to add multiple medication allergies using a check box menu.

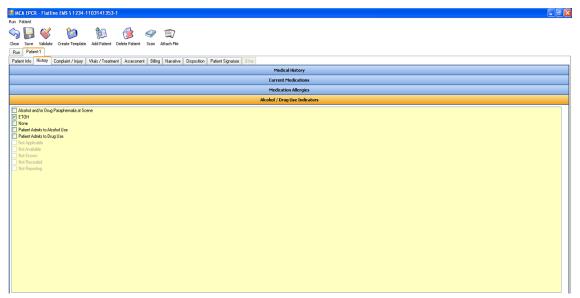
The following image is an example of this panel.



Alcohol/Drug Use Indicator

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) Indicators for the potential use of Alcohol or Drugs by the patient. These indicators may include smell of alcohol on breath, the patient admits to alcohol use, or the patient admits to drug use. Select the appropriate answers by using the dropdown boxes and checkboxes for this panel.

The following image is an example of this panel.

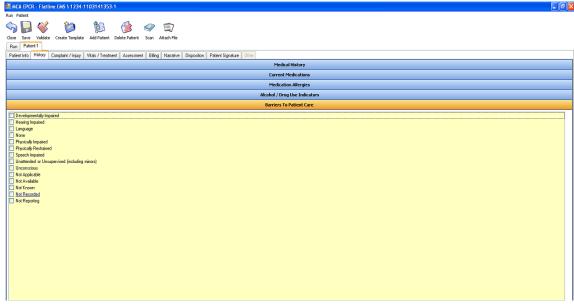


The blue panel is now gold to indicate the current work area. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Barriers to Patient Care

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) Indication of whether or not there were any patient specific barriers to serving the patient at the scene. These barriers may include developmentally impaired, hearing impaired, language, physically impaired, physically restrained, speech impairment, or being unconscious. Select the appropriate answers by using the checkboxes for this panel.

The following image is an example of this panel (See page 53).



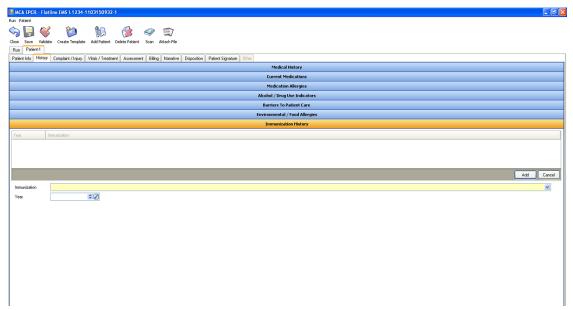
The blue panel is now gold to indicate the current work area. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Immunization History

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) The type of immunizations the patient has received. Some of the examples of immunizations might include DPT, Hepatitis A, Hepatitis B, MMR, Polio, Small Pox, and Tetanus. Select the appropriate answers by using the dropdown boxes and checkboxes for this panel.

- **Immunization** The type of immunization.
- **Year** The date of the associated immunization type.
- Add Use this option to add immunizations.
- **Edit** Update immunizations for the current patient, highlight the immunization that needs updating, change information and select Update.
- **Delete** This option will remove the immunization from the list of immunizations, highlight the medication and select delete. You will get a deletion prompt prior to immunization being removed from the list. Select "**Yes**" to remove, "**No**" if you do not want to remove immunization or "**Cancel**" to cancel the prompt and deletion.
- Cancel This option will cancel any current changes and close the window.

For an image of the Immunization History panel (see page 54)



The blue panel is now gold to indicate the current work area.

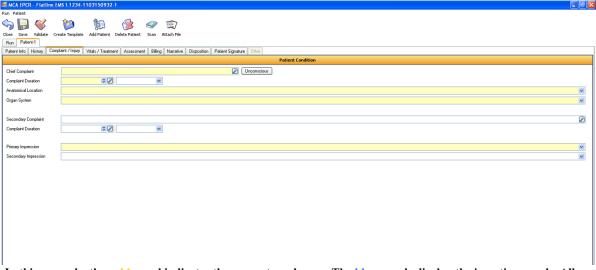
Complaint / Injury Tab

Patient Condition Panel

(The panel is displayed by the gold bar until a sub-panel is selected) This panel contains questions about the condition of the patient. Select the appropriate answers by using the dropdown boxes and checkboxes for this panel.

- Chief Compliant The main cause of bodily pain or ailment.
- **Compliant Duration** The length of time the pain continues or exists.
- Anatomical Location The primary anatomic location of the chief complaint as identified by EMS personnel.
- **Organ System** The primary organ system of the patient injured or medically affected. This is to be completed by EMS personnel with a minimum of an EMT-Paramedic level of credentialing.
- Secondary Compliant A minor or lesser cause of bodily pain or ailment.
- **Compliant Duration** The length of time the pain continues or exists.
- **Primary Impression** The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).
- **Secondary Impression** The EMS personnel's impression of the patient's secondary problem or which led to the management given to the patient (treatments, medications, or procedures).

The following image displays this Compliant/Injury tab (see page 55).



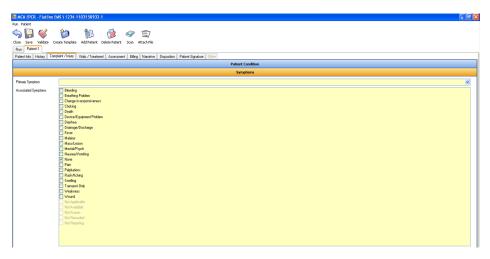
In this example, the gold panel indicates the current work area. The blue panels display the in-active panels. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Symptoms

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) A sign or an indication of disorder or disease, especially when experienced by a patient as a change from normal function, sensation, or appearance. Some of these symptoms may include breathing problems, change in responsiveness, choking, diarrhea, drainage/discharge fever, mass/lesion, nausea/vomiting, swelling, or a rash. Select the appropriate answers by using the dropdown boxes and check-boxes for this panel.

- Primary Symptom The primary sign and symptom present in the patient or observed by EMS personnel.
- Associated Symptom Other symptoms identified by the patient or observed by EMS personnel.

The following image displays an example of this panel.



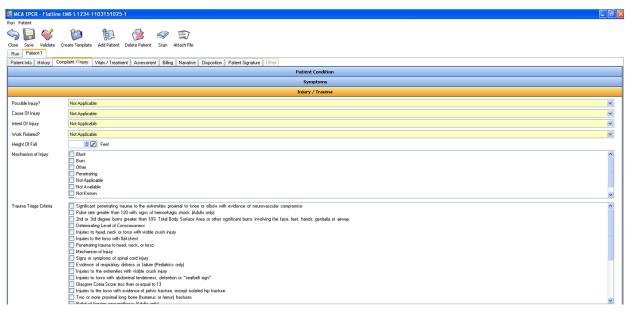
Page 55

Injury / Trauma

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) This tab includes information about possible injury of the patient, cause of injury, intent of injury and the mechanism of the event which caused the injury. Select the appropriate answers by using the dropdown boxes and checkboxes for this panel.

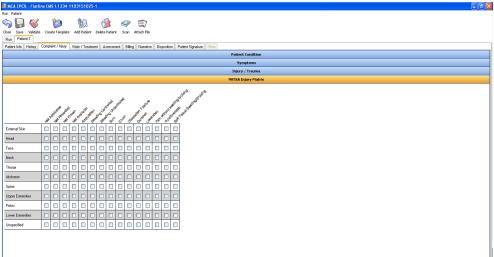
- **Possible Injury** Indicates that the reason for the EMS encounter was related to an injury or traumatic event.
- Cause of Injury The category of the reported/suspected external cause of the injury.
- Intent of Injury The intent of the individual inflicting the injury.
- Work Related Indication of whether or not the injury is work related.
- **Height of Fall** The distance in feet the patient fell, measured from the lowest point of the patient to the ground.
- **Mechanism of Injury** The mechanism of the event which caused the injury.
- Trauma Triage Criteria The patient's conditional criteria for trauma triage.

The image below displays an example of this panel.



NHTSA Injury Matrix

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) The type of injury associated with the skin, head, face, neck, thorax, abdomen, spine, pelvis, upper and lower extremities all identified by using checkboxes. The following image displays an example of this matrix.



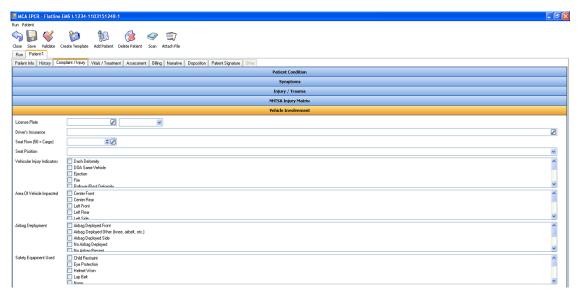
The blue panel is now gold to indicate the current work area. All panels work the same, so selecting another tab will open additional information about the run report.

Vehicle Involvement

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) The area or location of impact on the vehicle, enter appropriate information in the text-boxes and select all checkboxes that apply.

- **License Plate** The license plate number on vehicle and the state in which the vehicle is registered.
- Driver's Insurance The name of the insurance company.
- **Seat Row** The seat row location of the patient in vehicle at the time of the crash with the front seat numbered as I.
- Seat Position The patient was found in what seat, driver seat, passenger seat, middle or other.
- **Vehicular Injury Indicators** The kind of risk factor predictors associated with the vehicle involved in the incident.
- Area of Vehicle Impacted What area of the vehicle has the involvement occurred on.
- Airbag Deployment Indication of Airbag deployment during the motor vehicle crash.
- **Safety Equipment Used** Safety equipment in use by the patient at the time of the injury.

The following image displays an example of this panel (See page 58).



The blue panel is now gold to indicate the current work area.

Vitals / Treatment Tab

The patient's vital signs and treatment performed are located on the Vitals / Treatment tab. The patient's vital signs include an index of essential body functions, comprising pulse rate, body temperature, and respiration. Enter appropriate answers by filling in the text fields, dropdown boxes and checkboxes for this tab.

Vitals Signs

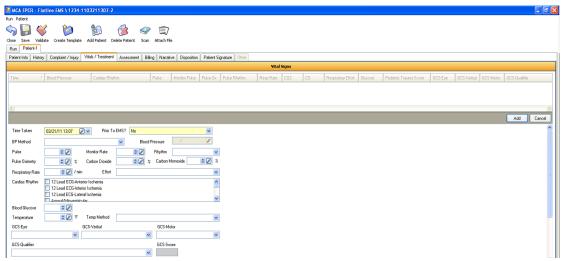
(The panel is displayed by the gold bar until selected) The following vital signs appear on this panel. Enter as much information as possible by selecting from the dropdown and checkboxes.

- Time Date/time vital signs taken.
- Prior to EMS Indicates that the patients vital signs were captured prior to the EMS units arrival.
- **Blood Pressure** The pressure of the blood against the inner walls of the blood vessels, varying in different parts of the body during different phases of contraction of the heart and under different conditions of health, exertion.
- **BP Method** Indication of method of blood pressure procedure.
- **Pulse** The patient's pulse rate, palpated or auscultated, expressed as a number per minute.
- Monitor Rate The patient's heart rate as recorded by an electronic monitoring device (ECG, pulse oximetry, etc.)
- **Rhythm** The clinical rhythm of the patients pulse (regular, irregular, etc.).

- Pulse Oximetry The patient's oxygen saturation
- Carbon Dioxide The patient's end-tidal or other CO2 level.
- **Respiratory Rate** The patient's respiratory rate expressed as a number per minute.
- **Effort** The patient's respiratory effort.
- Cardiac Rhythm The initial cardiac rhythm of the patient as interpreted by EMS personnel.
- **Blood Glucose** The patient's blood glucose level.
- **Temperature** The patient's body temperature in degrees Celsius/centigrade.
- **Temperature Method** The method used to obtain the patient's body temperature.
- GCS-Eye The patient's Glasgow Coma Score Eye opening.
- GCS-Verbal The patient's Glasgow Coma Score verbal.
- GCS-Motor The patient's Glasgow Coma Score motor.
- GCS-Qualifier Documentation of factors which make the GCS score more meaningful.
- GCS-Score The patient's total Glasgow Coma score.
- Level of Responsiveness The patients level of responsiveness.
- **Pain Scale-** The patient's indication of pain from a scale of 0-10.
- Stroke Scale The patient's Los Angeles or Cincinnati stroke scale results.
- Thrombolytic Screen The results of the patient's Thrombolytic Screen for potential Thrombolytic use.
- **APGAR** The patient's total APGAR score (0-10). Recommended to be taken at 1 and 5 minutes after the infant's birth.
- **Revised Trauma** The patient's revised trauma score, calculated based on 3 components, auto-calculated from Respiratory Rate, systolic blood pressure, and total GCS.
- **Pediatric Trauma Score** The Trauma Score for patients age 12 and under, auto-calculated if programming logic is used to confirm all components, component airway, CNS, open wounds, size, skeletal injury, and systolic blood pressure.

- Add Use this option to add vital signs.
- Edit Update vitals for the current patient, highlight the vital information that needs updating, change information and select Update.
- **Delete** This option will remove the vital information from the list of vitals, highlight the vital information and select Delete. You will get a deletion prompt prior to vital information being removed from the list. Select "**Yes**" to remove, "**No**" if you do not want to remove vital information or "**Cancel**" to cancel the prompt and deletion.
- Cancel This option will cancel any current changes and close the window.

The following image is an example of this tab.



In this Vital/Treatment example, the gold panel indicates the current work area. The blue panels display the in-active panels. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Continue to "Vital Signs Data Entry Tips & Tricks" on page 61

Vitals Signs Data Entry Tips & Tricks

There are a few tools that you will need to know when adding vital signs to MCA ePCR client application.

I. How to enter a palpated blood pressure reading: To enter a palpated blood pressure reading choose "Palpated Cuff" for your BP method as seen in the image below. **Note:** The BP method must be entered before a blood pressure reading can be entered.



2. **Vitals to procedures mapping**: This feature is automatic and will cause specific procedures to be created and added to the "Procedures Performed" section as vital signs values are added within the "Vital Signs" sections of the client application. Example: If a pulse oximetry value is collected, a pulse oximetry reading will be added to the procedures performed section. Below is a list of vital signs values that map to specific procedures.

Blood Pressure - Non-Invasive Blood Pressure Measurement

Pulse Oximetry - Pulse Oximetry Procedure

Carbon Dioxide - Capnography

Temperature - Temperature measurement

Blood Glucose - Blood Glucose Analysis

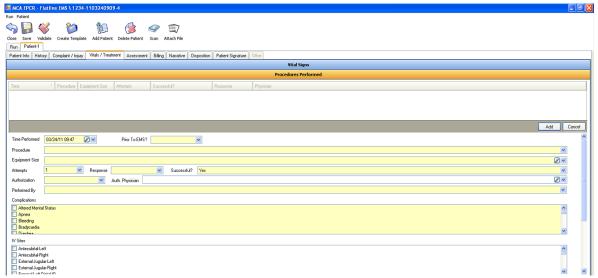
Pain Scale reading - Pain Measurement

Cardiac Rhythm - Cardiac Monitor

Procedures Performed

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) In this panel describe the procedures performed by EMS with respect to numbers and success rates. Enter appropriate answers by filling in the text fields, dropdown boxes and checkboxes for this tab.

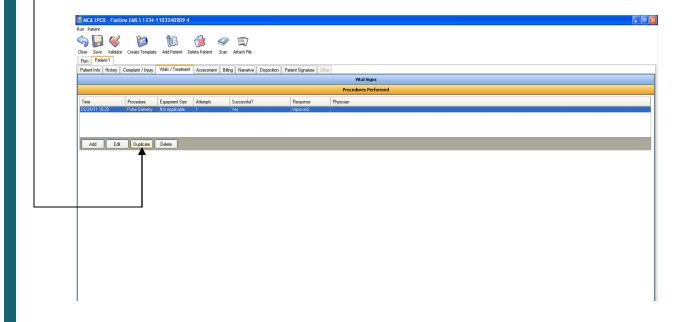
- **Time Performed** Date/time procedure taken.
- Prior to EMS Any procedures provided to the patient prior to the arrival of this unit.
- **Procedure** A list of all procedures that the agency has implemented and are available for use.
- **Equipment Size** The size of equipment used in the procedure on the patient.
- Attempts The number of attempts taken to complete a procedure or intervention regardless of success.
- Response The patient's response to the procedure.
- **Successful?** Indication of whether or not the procedure performed on the patient was successful.
- Authorization The type of procedure authorization obtained.
- **Authorizing Physician** The last name of the authorizing physician ordering the procedure, if the order was provided by any manner other than protocol (standing order).
- **Performed By** The crew member that performed the procedure.
- **Complications** Any complication associated with the performance of the procedure on the patient.
- **IV Sites** The location of the IV site (if applicable) on the patient.
- **Tube Confirmation** Endotracheal Tube placement verification at the time the airway procedure was done.
- **Destination Tube Confirmation** Associated with airway procedure which leads to intubation.



The blue panel is now gold to indicate the current work area. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Duplicate Procedures Performed tool

• Duplicate Procedure tool: With this tool you can duplicate a procedure that had been previously added to the patient care record. To use this tool simply highlight the procedure that you wish to duplicate and then click the duplicate icon as seen in the image below. Note: Using the duplicate tool will open a new procedure that will match the selected procedure. You will need to complete the "Response" field to indicate the patient's response to the duplicated procedure. It may be necessary to edit the "Date/Time" of the duplicated procedure.

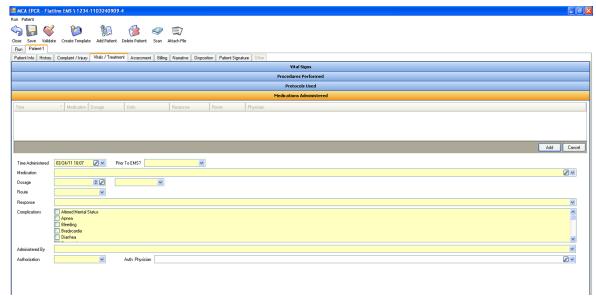


Medications Administered

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) In this panel describe the medications given to the patient which include the time administered, medication, dosage, route, response, if any complication occurred, who administered and authorized the medication. Enter appropriate answers by filling in the text fields, dropdown boxes and checkboxes for this panel.

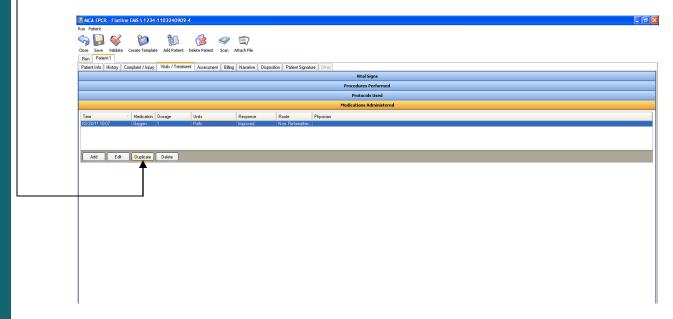
- **Time Administered** Date/time the medication was administered.
- **Prior to EMS** Any meds provided to the patient prior to the arrival of this unit.
- **Medication** Any medication administered to the patient while performing procedure.
- **Dosage** The numeric dose or amount of the patient's medication.
- Route The administration route (po, SQ, etc.) of the patients medication.
- **Response** The patient's response to the medication.
- **Complications** Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS.
- Administered By If medications were administered, who disbursed them, select a crew member.
- **Authorization** The type of treatment authorization obtained.
- **Authorizing Physician** The last name of the authorizing physician ordering the procedure, if the order was provided by any manner other than protocol (standing order).
- Add Use this option to add vital signs.
- **Edit** Update vitals for the current patient, highlight the vital information that needs updating, change information and select **Update**.
- **Delete** This option will remove the vital information from the list of vitals, highlight the vital information and select Delete. You will get a deletion prompt prior to vital information being removed from the list. Select "**Yes**" to remove, "**No**" if you do not want to remove vital information or "**Cancel**" to cancel the prompt and deletion.
- Cancel This option will cancel any current changes and close the window.

The following image is an example of this panel (see page 65).



The blue panel is now gold to indicate the current work area. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Duplicate Medications Administered tool: With this tool you can duplicate a medication that had been previously added to the patient care record. To use this tool simply highlight the medication that you wish to duplicate and then click the duplicate icon as seen in the image below. Note: Using the duplicate tool will open a new medications administered entry window that will match the selected medication. You will need to complete the "Response" field to indicate the patient's response to the duplicated medication. You will also need to complete the "Authorization" filed. Additionally it may be necessary to edit the "Date/Time" of the duplicated medication.

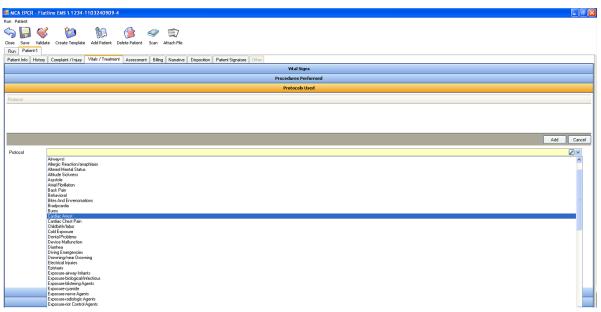


Protocols Used

Here you can document the protocols used for the particular patient care record.

- Add Use this option to add a protocol.
- **Edit** Update protocols for the current patient, highlight the protocol that needs updating, change information and select **Update**.
- **Delete** This option will remove the protocol from the list, highlight the protocol and select Delete. You will get a deletion prompt prior to the protocol being removed from the list. Select "**Yes**" to remove, "**No**" if you do not want to remove vital information or "**Cancel**" to cancel the prompt and deletion.
- Cancel This option will cancel any current changes and close the window.

See the Protocol panel in the image below

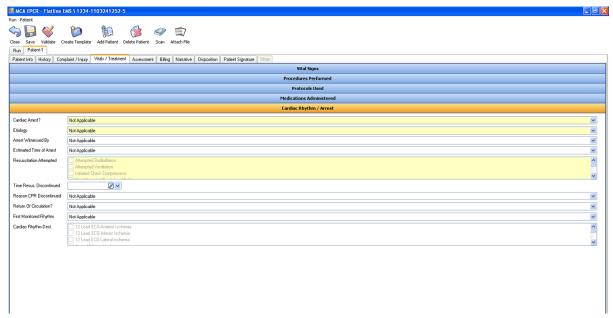


Cardiac Rhythm / Arrest

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) The patient's cardiac rhythm upon delivery or transfer to the destination. This allows for evaluation of Cardiac Arrest data for quality improvement of patient care and agency response. Some of the fields found in this panel defaults to "Not Applicable", if this is not correct, you should choose the correct checkbox. For the remaining fields enter appropriate answers by filling in the text fields or drop-down boxes.

- Cardiac Arrest Sudden cessation of heartbeat and cardiac function, resulting in the loss of effective circulation.
- **Etiology** Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)
- **Arrest Witnessed by** Indication of who the cardiac arrest was witnessed by.
- **Estimated Time of Arrest** The length of time the patient was down (estimated) before the responding unit arrived at the patient.
- **Resuscitation Attempted** Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.). Note: This field has been defaulted to "Not Applicable".
- **Time Resuscitation Discontinued** The date/time the CPR was discontinued (or could be time of death).
- **Reason CPR Discontinued** The reason that CPR or the resuscitation efforts were discontinued.
- **Return of Circulation** Indication whether or not there was any return of spontaneous circulation at any time during the EMS event.
- First Monitored Rhythm Documentation of what the first monitored rhythm which was noted.
- Cardiac Rhythm on Arrival at Destination The patient's cardiac rhythm upon delivery or transfer to the destination.

Continue to page 68 to see an image of the "Cardiac Rhythm / Arrest" panel



The blue panel is now gold to indicate the current work area. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Prior Aid

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) In this panel any care provided to the patient prior to the arrival of this unit needs to be recorded. The fields found in this panel default to "Not Applicable", if this is not correct, you should choose the correct checkbox.

- **Performed By** The type of individual who performed the care prior to the arrival of this unit.
- Aid Performed Describe aid which was provided prior to EMS arrival.
- Outcome- What was the outcome or result of the care performed prior to the arrival of the unit.

The following image is an example of this panel. (See page 69)



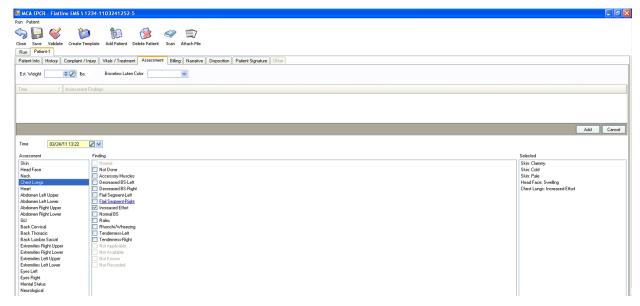
The blue panel is now gold to indicate the current work area.

Assessment Tab

The assessment tab provides information about assessing the patient's current situation. Enter appropriate answers by filling in the text fields, dropdown boxes and checkboxes for this tab. The following items make up the assessment tab.

- Estimated Weight Patient's estimated weight.
- **Broselow Luten Color** The tape uses a color-coding system, to differentiate between various classes of equipment and medications, with each color corresponding to an approximate weight class.
- **Time** This field will default to the current date and time.
- **Assessment** The assessment of the patient.
- **Finding** From the list of conditions select the checkbox that applies, this will fill in the assessment field.
- Add Use this option to add vital signs.
- **Edit** Update vitals for the current patient, highlight the vital information that needs updating, change information and select Update.
- **Delete** This option will remove the vital information from the list of vitals, highlight the vital information and select delete. You will get a deletion prompt prior to vital information being removed from the list. Select "**Yes**" to remove, "**No**" if you do not want to remove vital information or "**Cancel**" to cancel the prompt and deletion.
- Cancel This option will cancel any current changes and close the window.

The following image is an example of this panel. (See page 70)



This image displays the Assessment tab. Enter appropriate answers by filling in the text fields, dropdown boxes and checkboxes for this tab.

Within Normal Limits Assessments tool: This tool will allow you to quickly add a patient assessment where all finding are within normal limits. The normal assessment will be time stamped with the "right now" date and time. If this tool is used after the actual time of the assessment then the date and/or time may need to be edited.



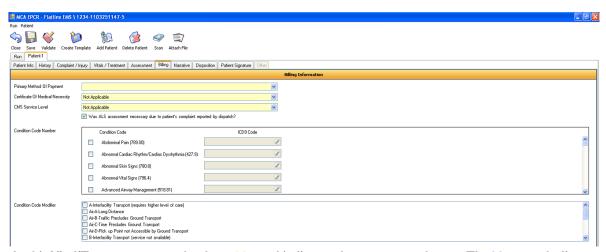
Billing Tab

Billing Information

The billing tab includes method of payment and insurance credentials for the patient. The information collected in this tab allows data to be sorted based on the payer mix. Enter appropriate answers by selecting answers from the checkboxes. The following information is found on this tab.

- **Primary Method of Payment** The primary method of payment or type of insurance associated with this EMS encounter.
- **Certificate of Medical Necessity** Indication of whether a certificate of medical necessity is present.
- CMS Service Level The CMS service level for this EMS encounter.
- **Condition Code Number** The condition codes are used to better describe the service and patient care delivery by an EMS service.
- **Condition Code Modifier** The CMS Condition Code Modifier is used to better describe the EMS ground or air medical services response and service delivery.

The following image displays an example of this panel.



In this Vital/Treatment example, the gold panel indicates the current work area. The blue panels display the in-active panels. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Insurance

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) This tab is a key component for billing. The data entered includes the insurance company, policy information, and who is insured under this policy. Enter the appropriate answers by filling in the text fields; the following items are included in this panel.

Insurance Company

- Name The name of the company.
- Street The insurance company street address.
- **Select a Facility** This gives you the ability to search for a location, based on information entered; it will return the best results for the location. **See page 32 to learn how to use the** "**Select**" tool.
- City The city address for the incident.
- Find by Zip This option gives you the ability to select a city based on the zip code entered, it lists all entries for this zip in a popup box. See page 33 to learn about the "Find by Zip" feature.
- **Grab Address** This option provides the ability to select any existing address in the report that has already been entered. Note if no address has been entered into the report then this option is invalid. **See page 33 to learn about the "Grab Address" feature.**

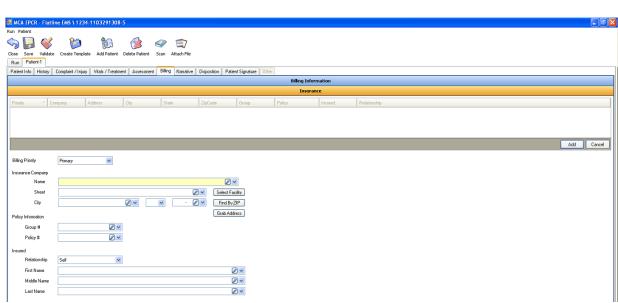
Policy Information

- **Group Number** The ID number or name of the patient's insurance group.
- **Policy Number** The ID number of the patient's insurance policy.

Insured

- First Name The first (given) name of the person insured by the insurance company.
- Middle Name The middle name, if any, of the person insured by the insurance company.
- Last Name The last (family) name of the person insured by the insurance company.
- **Relationship** The relationship of the patient to the primary insured person.

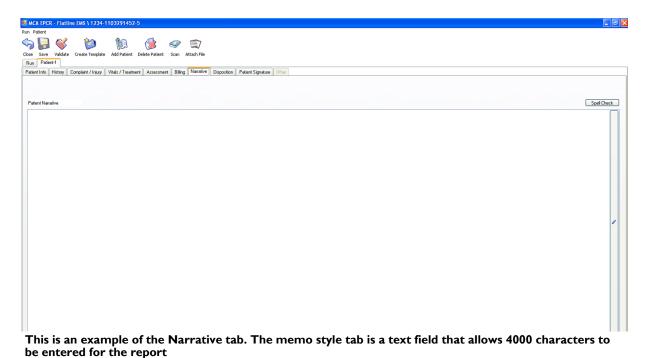
The following is an example of the Insurance panel (See page 73).



The blue panel is now gold to indicate the current work area.

Narrative Tab

The narrative tab is the only section where it appears to look like a blank page. The memo style tab is a text field that allows 4000 characters to be entered for the report. There is a "**Spell**" check button that will check for misspellings including a 50,000 word medical dictionary. Note the spell check only works when text is present in the field. The following image is an example of the narrative tab.



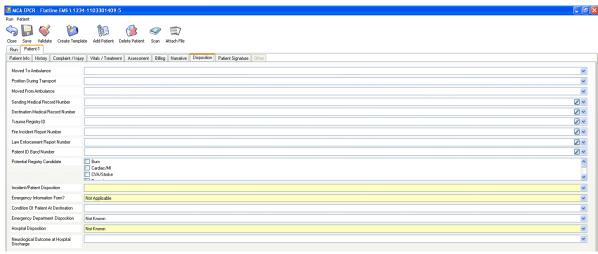
Page 73

Disposition Tab

The disposition tab provides the type of disposition treatment and/or transport of the patient. This is important for grouping or comparing data by destination location and type, which allows data to be sorted by geographic areas in many agencies. It also provides information on overall service areas, patterns and times for agency configuration and evaluation. Enter appropriate answers by filling in the text fields, drop-down boxes and checkboxes for this tab. The following items make up the disposition tab.

- Moved to Ambulance The method the patient was moved to the ambulance from the scene.
- **Position during Transport** The position of the patient during transport from the scene.
- Moved from Ambulance The method the patient was moved from the ambulance to the destination.
- **Sending Medical Record Number** The medical record number of the medical facility who is transferring care to EMS.
- **Destination Medical Record Number** The patient's medical record number at the patient's receiving facility.
- **Trauma Registry ID** The unique number associated with the local or state trauma registry which can be used for linkage at a later date.
- **Fire Incident Report Number** The unique number associated with the fire incident report which can be used for linkage at a later date.
- Law Enforcement Report Number The unique number associated with the law enforcement or crash report which can be used for linkage at a later date.
- Patient ID Band Number The unique number associated with a patient ID band agency. This is
 used by a few states as a universal linkage between healthcare data agencies.
- **Potential Registry Candidate** An indication if the patient may meet the entry criteria for an injury or illness specific registry.
- Incident / Patient Disposition Type of disposition treatment and/or transport of the patient.
- **Emergency Information Form** Indication of the presence of the Emergency Information Form associated with patient's with special healthcare needs.
- Condition of Patient at Destination The condition of the patient after care by EMS.
- **Emergency Department Disposition** The known disposition of the patient from the Emergency Department (ED).
- Hospital Disposition Indication of how the patient was dispositional from the hospital, if admitted.
- **Neurological Outcome at Hospital Discharge** The level of cerebral performance of the patient at the time of discharge from the Hospital.

The following image is an example of the disposition tab. (See page 75)



Note the yellow fields in this example of the Disposition tab, they indicate required fields.

Patient Signature Tab

Patient / Authorized Representative Signature

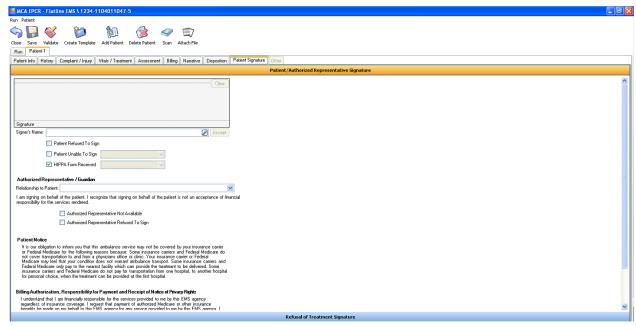
(Displayed by the gold bar until a sub-panel is selected) The grey text area is where the cursor can be placed and a signature can be entered. A clear button is provided incase of errors, this button will clear the field. Enter the appropriate signature and select "Accept" to save the signature.

- Signer's Name The patient name.
- Accept This button saves the signature and signer's name.
- **Reset** This button will clear both the signature and signer's field.
- Patient Refused to Sign Put a check in the box for this field if the patient refuses to sign.
- **Patient Unable to Sign** If the patient is unable to sign put a check in the box for this field and then choose the reason that the patient in unable to sign in the drop down menu.
- HIPAA Form Received This field is checked by default stating the patient has received the HIPAA form.

Authorized Representative / Guardian - Use this section if the patient guardian or authorized representative signs on behalf of the patient

- **Relationship to patient** Choose the relationship of the signer to the patient (may be health care provider).
- **Authorized Representative Not Available** Put a check in this box if the patient authorized representative is not available.
- **Authorized Representative Refused to Sign** Put a check in this box if the authorized representative refuses to sign.

The following image is an example of the Signature tab. (See page 76)



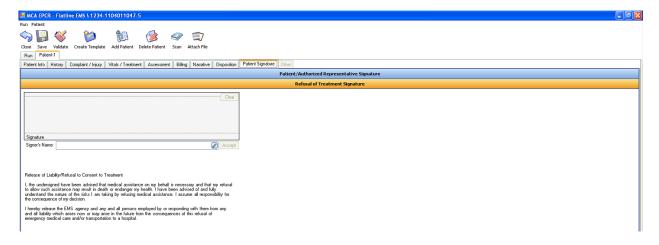
In this Vital/Treatment example, the gold panel indicates the current work area. The blue panels display the in-active panels. All panels work the same, when selected the title bar changes color and additional information is displayed. Choosing a different tab will open additional information about the run report.

Refusal Signature

(The panel is displayed in blue until selected at which time it turns gold to indicate it is the active panel) The grey text area is where the cursor can be placed and a signature can be entered. A clear button is provided incase of errors, this button will clear the field.

- Signer's Name The patient name.
- Accept This button saves the signature and signer's name.
- **Reset** This button will clear both the signature and signer's field.

The following image is an example of this refusal panel.



Witness Signature

If a witness signature needs to be captured use this panel. Click accept to save a captured signature.



The blue panel is now gold to indicate the current work area.

Continue to page 78 to learn about additional features and tools

Additional Features, tools, and tips

Validation

Report validation is used to ensure the completeness and validity of the patient care record. Including EMS documentation logic, billing requirements, national EMS data requirements and state EMS data requirements.

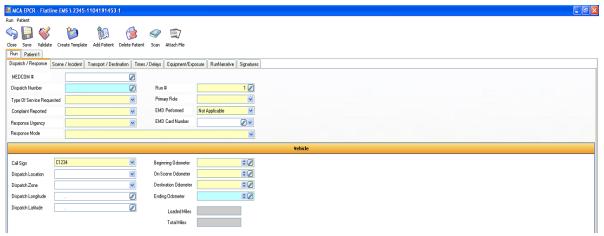
This section of MCA's client application user guide will highlight some common tool, tips, and best practices for report validation.

Required Fields

Required fields will appear as **gold** in color as seen in the image below. These fields will be required in order to validate the patient care record.

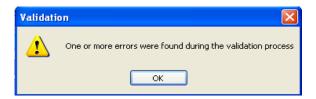
Agency Preferred Fields

Agency preferred fields appear as **blue** in color. These elements have been configured by your agency's administration and are not required in order to validate a PCR. Agency preferences are simply in place to remind the user to complete the fields.



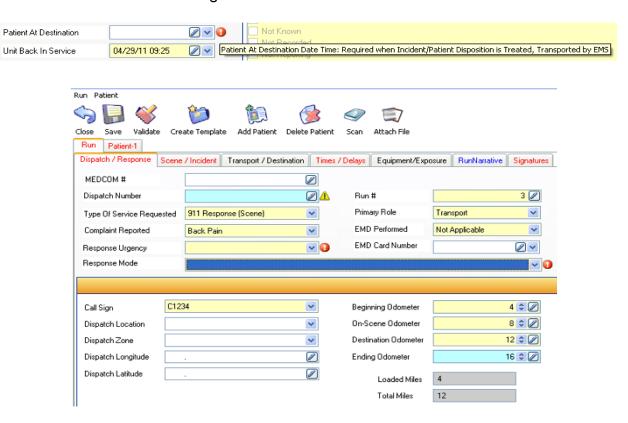
This images shows required fields in gold and agency preferred fields in blue.

Once a report is completed choose the validate icon located in the tool bar to begin the validation process. Once validation is complete if errors are found you will see the prompt shown below.



Click the "OK" button to remove the validation error. The patient care report will now display error(s) with various colors and symbols. The validation system is a "drill down" type system allowing you to follow a bread crumb trail down to the source of the error. The main tabs (the Run tab & the Patient tab) will be displayed in **Red** indicating at least one validation error within these tabs. From here the sub tab will also be displayed in **Red** indicating that there is at least one error within this tab. Finally you will see a **Red** icon with an exclamation point which will be located beside the field that is either missing data or contains an error. Here is an image of the validation error indicator.

When you see these validation error indicators you can mouse over them to receive a message about the validation. The error message will indicate if the field in question is simply required or has become invalid due to conditional documentation logic.



Continue to page 78 to learn about the various Reasons for validation errors:

Reasons for validation errors: 0

Basic required fields: The most common requirement throughout the report entry process are basic requirements. These fields are required in order to complete the report. If you mouse over the error indicator the message will state that the field is required as seen in the image below.

These fields can be effected by other elements throughout the report becoming conditional requirements. For example: If you have set the call disposition as "Treated and Transported" stating that you have transported the patient to a facility the "Arrived at Destination Date and Time" field will conditionally become required. Read more about conditionally required fields below.



Conditionally required fields: These fields become required or invalid due to validation rules. There are over 100 validation rules throughout the report that can be triggered by various elements.

Conditional requirement will not validate with just any data in the field. The values chosen will need to be acceptable within the validation rule. **Example of a validation rule:** If you select "Treated and Transported" as the call disposition then it is implied that you have transported the patient to a facility. This will trigger a validation rule that will require you to enter a date and time for the "Arrived at Patient" field. Another example would be if you set the "Complaint Reported" field as "Traffic Accident" then the fields related to motor vehicle accidents such as "Safety Equipment Used" will become required. These conditional requirements validation errors will display themselves the same way standard required fields do by displaying the red exclamation point.

The only visual difference with conditional requirements is that when you mouse over a conditional validation error indicator (red exclamation point) you will be shown the text for the validation rule as seen in the image below. This is called a "Tool Tip". Read tool tips to determine validation errors.



Continue to page 81 to learn about "Agency Preferred Fields".

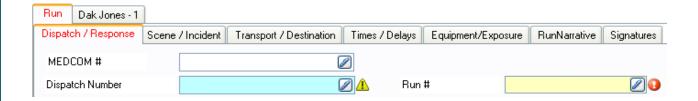
Agency Preferred Fields: Agency preferred fields are managed by agency administration. Preferred fields appear as **blue** in color. Upon validation, agency preferences will display a yellow caution icon as an error indicator as seen here.

The image below displays the visual difference between required fields and agency preferred fields

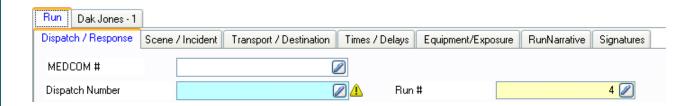


In addition to field validation indicators for agency preferences there are also validation indicators for tabs as well. These indicators will help you recognize at a glance if a tab is missing one or more required fields or only missing one of more agency preferred fields. This allows you to quickly see what type of field is being flagged by validation within a given tab without the need to actually open the tab in question.

The first image displays that the "Run" tab and the "Dispatch / Response" tab contains errors. The red color indicates that at lease one required field is invalid.

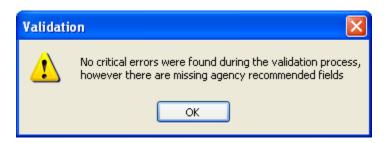


The second image displays the "Run" and the "Dispatch / Response" tab as **blue** in color. This indicates that these tabs are only missing one or more agency preferred fields and that all required fields have passed validation.



Agency Preferences continued on page 82

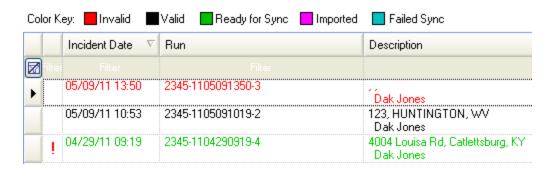
Because these fields can be set for any element within the client application they are only "Preferred / Recommended" and not "Required". This means that if a completed report is missing agency preferred fields the report will still pass validation as long all required fields (red error indicators) are completed. When a report is validated that is missing only agency preferred fields you will see the message as shown in the image below.



The image below displays three runs. One is invalid (red in color) and two have passed validation (black in color). Notice the one on the bottom has a red exclamation mark in the left hand column. This mark indicates that the report is missing one or more agency preferred fields. The mark is simply there as a reminder. In some cases preferred fields will not be possible to complete due to the open nature of agency preferences.



As you can see in the image below the report that is missing one or more agency preferred fields has been marked as complete and is ready to synch.



When validated, reports that have all fields completed (agency preferred & required) will display the message as seen in the image below stating that no errors were found during the validation process.



Attaching Documents (Physical and electronic)

As mentioned previously in this guide there are various ways to attach documents to your electronic reports. This section will describe the details for each method to attach documents.

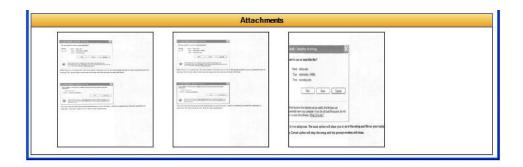
Physical Attachments

This is the most common way to attach a document using a mobile or desktop type scanner. There are two ways to do this depending on the type of scanner that you are using.

I. Auto-feeding scanner: This type of scanner is most commonly a mobile or portable type scanner. As implied these scanners will automatically feed the document through the scanner once you have inserted the document into the scanner.



To use this type of scanner simply plug it into an available USB port, have the desired run report open, insert the document that you wish to scan and that's it. The scanner should automatically feed the document. Your attachments can be seen in the attachment panel as seen in the image below.



2. Flat bed and feeder style scanners: These scanner would be commonly found on desktops in offices. These scanners require the document to be inserted and then the function to scan is done by pressing a button on the scanner or a command within the scanners software application.

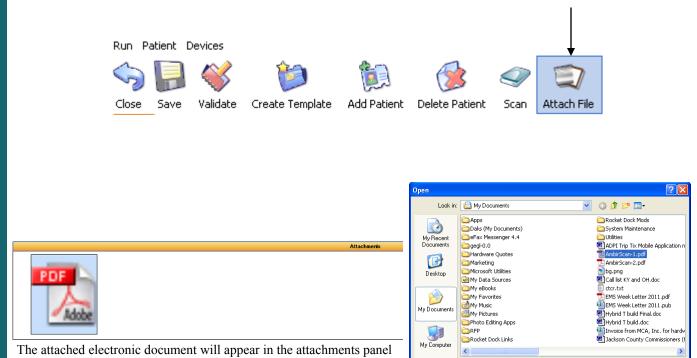


Electronic Attachments

with an image if the file type as seen here.

These documents can be added without the use of a scanner. This feature allows you to attach various common file types such as pdf, doc, tif, png, txt, xls and more.

To attach an electronic document simply click the "Attach File" icon located on your toolbar as seen in the image below. Next navigate your directory to find the desired file to attach, double click it and you're done.



Page 84

File name:

Files of type

My Network

AmbirScan-1.pdf

Open

Cancel

Importing and Exporting patient care reports

This section will explain in detail how to set up and use the import / export tool. You can export reports at any point during the entry process. This can be useful if you need to start a report on one machine and finish it on another. Also some agencies may choose to have reports checked by administrative personnel for data quality before submission to MCA servers. This tool can be used as a component to move all reports to a central location. All that is needed to import/export run reports is an external storage device. There are two options available to setup importing and exporting.

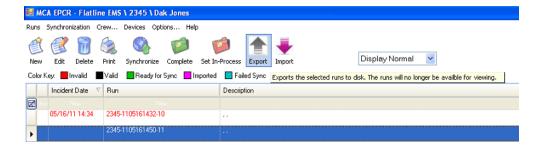
Option A: Importing and Exporting reports using a flash drive

Overview

The most basic way to transfer runs is by using a flash drive. This would require personnel to insert the drive into a USB port on the pc that contains the desired report(s), export, physically move the flash drive to the chosen workstation, insert the flash drive into a USB port and import the report(s).

How to / Setup

- 1. To export a report using a flash drive insert the flash drive into a USB port on the computer that contains the desired report.
- 2. Select the report (hold Ctrl to select more than one) that you wish to export and then click the export icon.

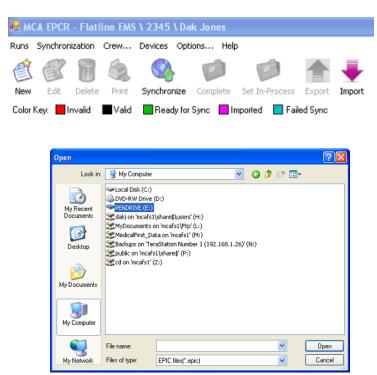


3. Next you will see a file directory appear. Use this to select the flash drive as your save location for the exported reports.

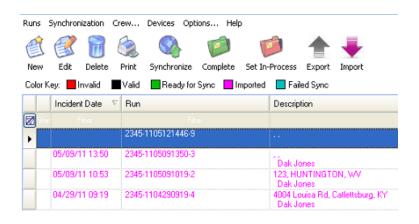


Page 85

4. Once you report(s) have been exported to your flash drive you will need to physically move it to the workstation of your choice (Note: all workstation must have MCA's ePCR client application installed in order to export or import run reports.) Launch MCA's client application and then select the "Import" icon as seen in the image below. You will see a file directory as seen below, select your flash drive and then select the report that you wish to import by double clicking it (the file name will be the full run ID number).



Imported reports will appear as pink or purple in color depending on your computer's display. This color key change can be used to track which imported runs have been reviewed.



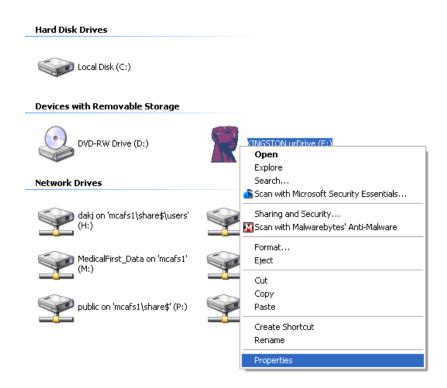
Overview / Prerequisites

The alternative method is to use a shared network drive. This is the preferred method as it is the most practical due to the fact that it does not require a potable flash drive in order to move the report(s) from one machine to another. A storage device set as shared will be accessible by any machine on the network. The most common networked shared drive setup is as follows.

- One or more wireless routers are in place within the station to allow for wireless internet access.
- An external hard drive configured as a shared drive is plugged into a stationary desktop PC (or a laptop that is always powered on and connected to the network).
- The tablet PCs for each EMS unit is configured within MCA's ePCR client application to use the shared drive as the default drive for exporting. (Continue reading for details)

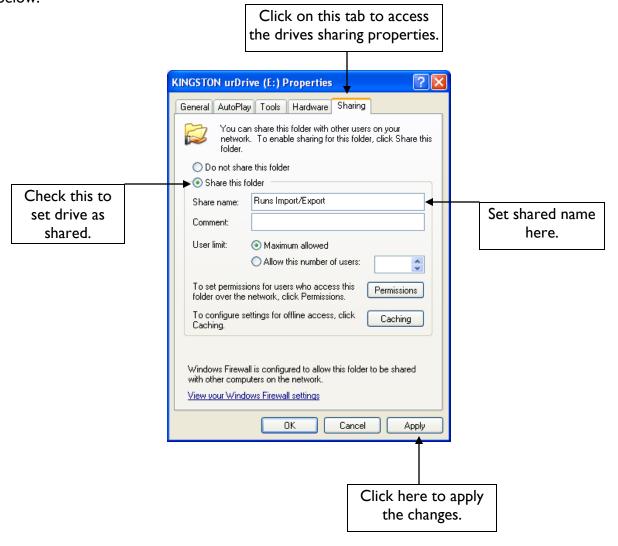
How to / Setup

- I. On the drives host machine (the one that the external drive is plugged into) click the windows start menu and then click "My Computer".
- 2. From here locate the storage device that you wish to set as shared, right click on it and choose "Properties" as seen in the image below. (continue to page 88)



Setting up a network Shared drive (continued)

- 3. From the drive's properties menu, navigate to the tab labeled "Sharing".
- 4. By default the drive will be set to "Don't share this folder" so make sure to check the option "Share this Folder".
- 5. Name the drive by typing the name in the field labeled "Share name" as seen in the example image below.



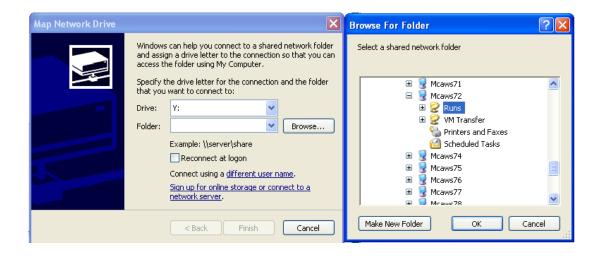
Mapping a shared network drive

Note: These steps will need to be completed on each machine that is to have access to the networked shared drive.

1. Right click on the "My Computer" icon located either on your desktop or within the start menu and choose "Map Network Drive" as seen in the image below.

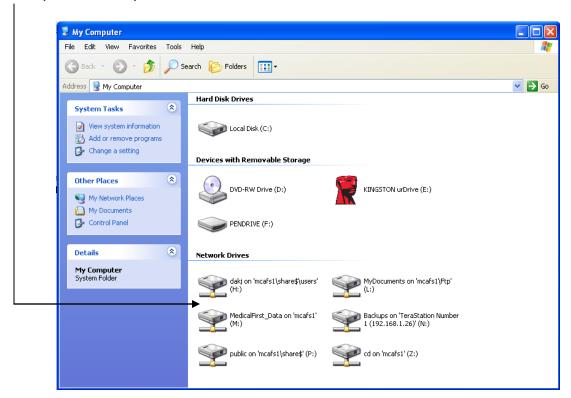


2. Next you will need to located the shared drive by using the "Browse" option located within the "Map Network Drive". Once the drive is located, select it and click "Ok".



Mapping a networked drive continued on page 90

3. Once your drive has been mapped, double click the "My Computer" icon located either on your desktop or from within your start menu. You should see the networked drive on this screen as seen here. Repeat these steps on each PC that needs access to the drive.



Continue to page 91 to learn how to set a default export/import save location.

Setting a default export / import drive

Summary

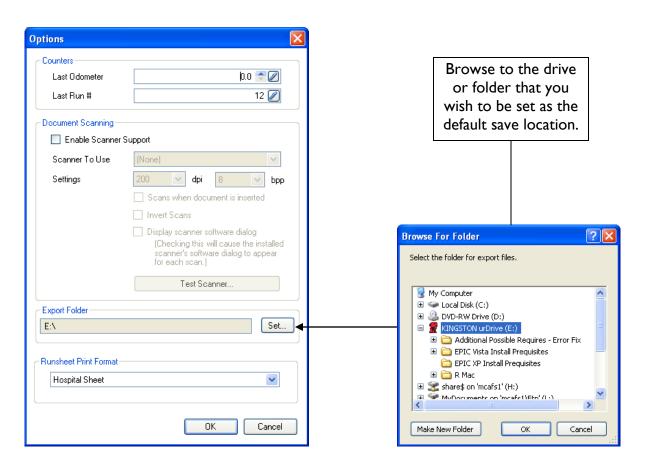
Setting a default drive to export reports to and import reports from is beneficial because crew members will not be required to browse the directory for the storage device when importing and exporting.

Setup

- I. Launch MCA's ePCR.
- 2. From the main menu navigate to the options menu as seen below.



3. From the options menu click the icon labeled "Set" found next to the section titled "Export Folder".

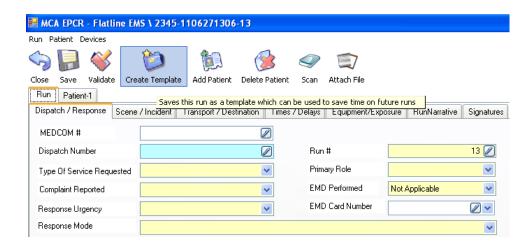


Page 91

Creating and Managing Report Templates

Report Templates are one of the most valuable tools available within MCA's ePCR application. Templates allow reports to be pre-completed to a degree with persistently redundant data. For example, templates can be created for common call types such as 911 emergency calls, frequent patients, scheduled non-emergency transports. Common receiving facilities is also another example to keep in mind when creating templates. This section of the guide will explain how to create, edit and manage report templates.

- I. Begin with creating a new run.
- 2. From here, populate only the desired fields with the information that you wish to be saved within the template.
- 3. Next click the "Create Template" icon located on the ePCR toolbar.

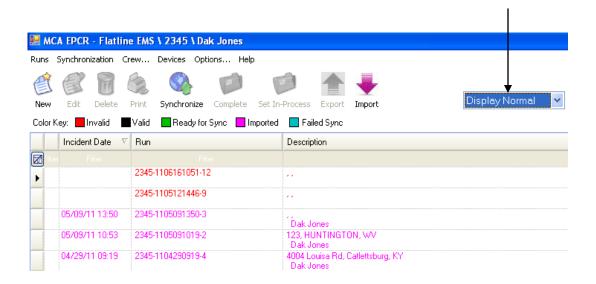


4. Finally you will see a prompt to create a name for your new template. After naming it click the save button as seen below.



Editing Report Templates

In some cases existing report templates will need to be edited due to changes associated with the information that is stored within the template. This can be done from the "View Templates" screen. The option to view this screen can be found from the main menu of MCA's ePCR application. By default this option is set to "Display Normal" as seen below. This means that the page is showing current runs only.



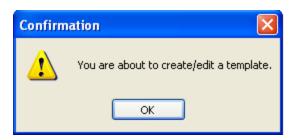
Click the drop down menu and change the option to "Display Templates". This will display only the
templates that are stored on this machine. Double click on the template that you wish to edit to open
it.



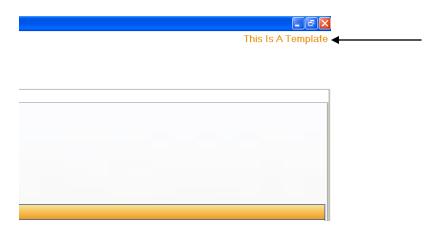
Continued on page 94

Editing Report Templates Continued

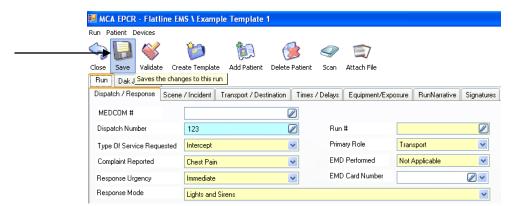
2. After double clicking a template from the "Display Templates" screen you will receive a confirmation prompt stating that you are about to create/edit a template that you will need to ok. This will help to prevent editing a template in error.



3. Once you have confirmed the template will open. The template will look exactly like a standard report. Because of this, when editing a template you will see text located near the top of the screen that states "This is a Template" as seen in the image below.



4. From here make all of the desired changes to the template and then click the "Save" located on the reports toolbar as seen in the image below. The next time this template is used the new changes will apply.

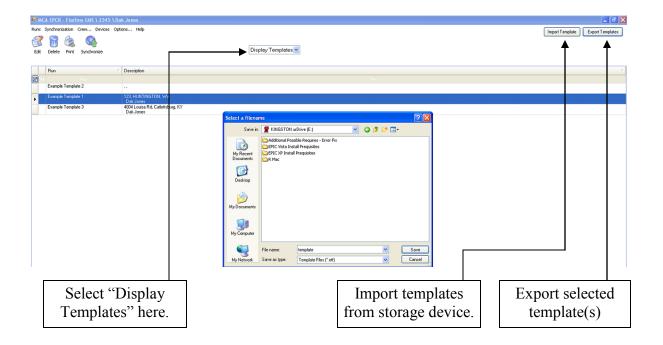


Page 94

Importing and Exporting Report Templates

This tool allows you to easily share templates between machines so that you have a consistent set of templates for each unit. This most common way to use this feature is with a portable storage device such as a flash drive.

- 1. Insert your flash drive into an open USB port on the machine containing the template(s) that you wish to export.
- 2. To display your saved templates choose the option "Display Templates" from the dropdown menu located on the application's main toolbar.
- 3. Select the template(s) that you wish to export and then click the "Export Templates" icon located in the upper right hand corner of the screen.

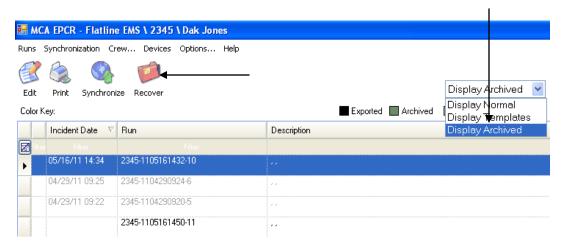


- 4. Navigate to the external storage device from the file directory menu, name your template(s) and then click save.
- 5. Reverse the process for the machines that you wish to import the template(s) onto. Just insert the flash drive containing the templates, open MCA's ePCR client application, choose "Display Templates" from the main menu, click the "Import Templates" icon, navigate to the storage device containing the template(s) then to the saved template file, select the file and then click "Open". You have now imported your template(s).

Archived Runs Recovery

This feature allows you to recover/restore archived run reports. Archived reports include deleted reports, previously exported reports and transmitted reports. This tool is intended to be used as a backup method. For instance, if you have exported reports to flash drive or external storage device and the device is lost or damaged you can return to the pc that the report was created on for recovery.

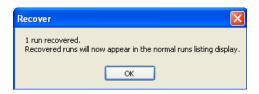
I. From the main menu of MCA's ePCR application select "Display Archived" from the drop down menu located on the main toolbar as seen in the image below. By default this is set to "Display Normal" meaning that screen will be displaying current run reports.



2. Next you need to located to reports (ctrl+left click to select multiple reports) that you wish to recover then click the recover icon located on the toolbar as seen in the image above. You will receive a confirmation prompt before the run(s) are recovered.



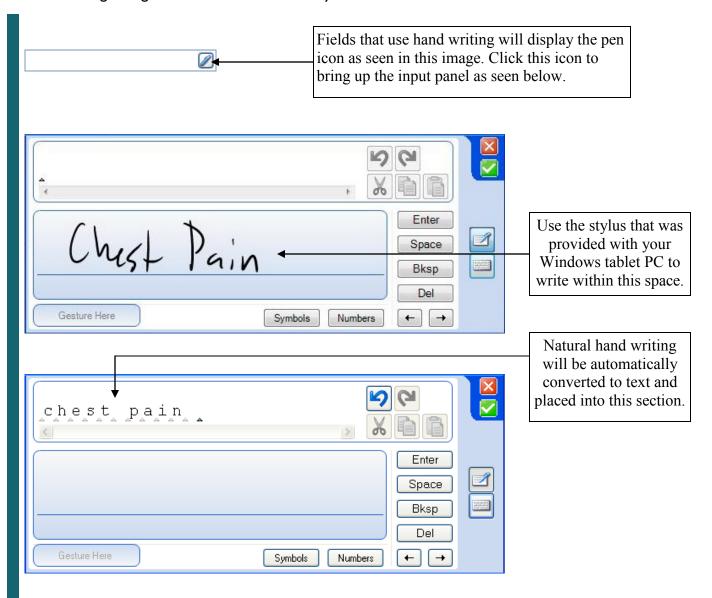
3. After you confirm recovery you will need to toggle the drop down menu back to "Display Normal". Recovered reports will now be shown on the list with the other current runs and will be able to reexport or complete unfinished reports.



Hand Writing Recognition Tips and Tricks (Windows Tablet PC Only)

This section of the guide will go over useful tips and tricks for the built in hand writing recognition tools located throughout MCA's ePCR client application.

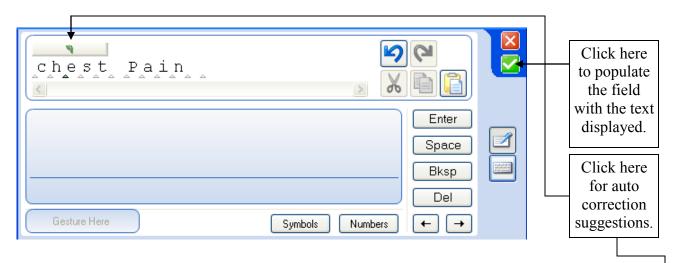
Hand writing recognition tools are available anywhere that there are text based fields.



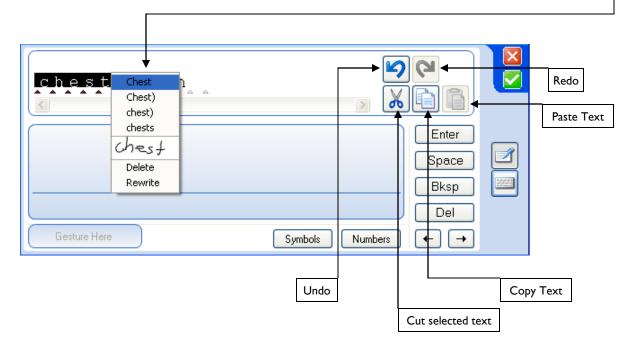
Hand Writing Recognition Tips and Tricks continued on page 98

Hand Writing Recognition Tips and Tricks Continued

Once your hand writing has been converted to text you can populate the field by clicking the green check box located in the upper right hand corner of the control as seen here. The below images will display other various components and tools that are found within the input panel control.

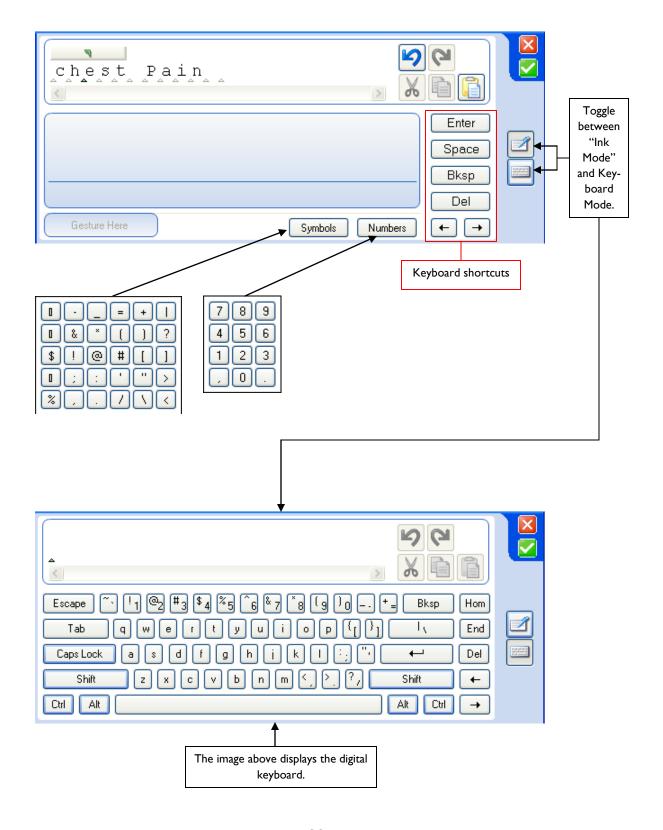


The below images will display other various components and tools that are found within the input panel control.



Hand Writing Recognition Tips and Tricks continued on page 99

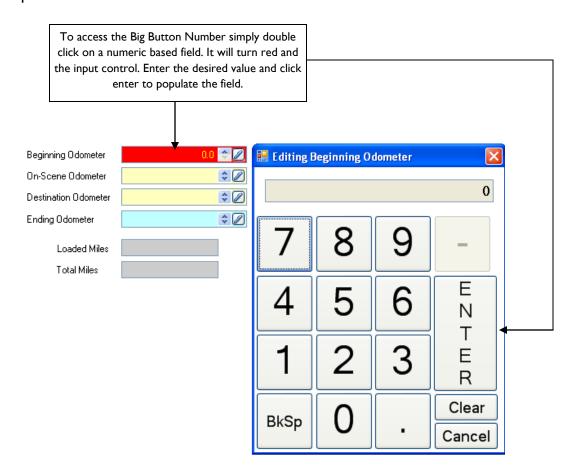
Hand Writing Recognition Tips and Tricks Continued



Page 99

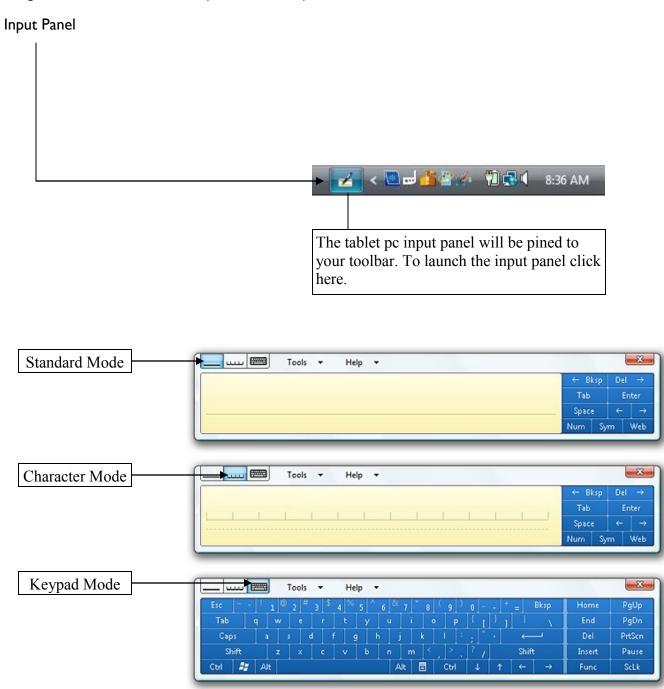
Big Button Input Controls

These control titled (Big Button Input Controls) are available for numeric based fields throughout the client application. This control can be used to more easily input numeric values within environments that are more demanding such as the back of an ambulance. This control has large buttons for digitizer input and or touch input.



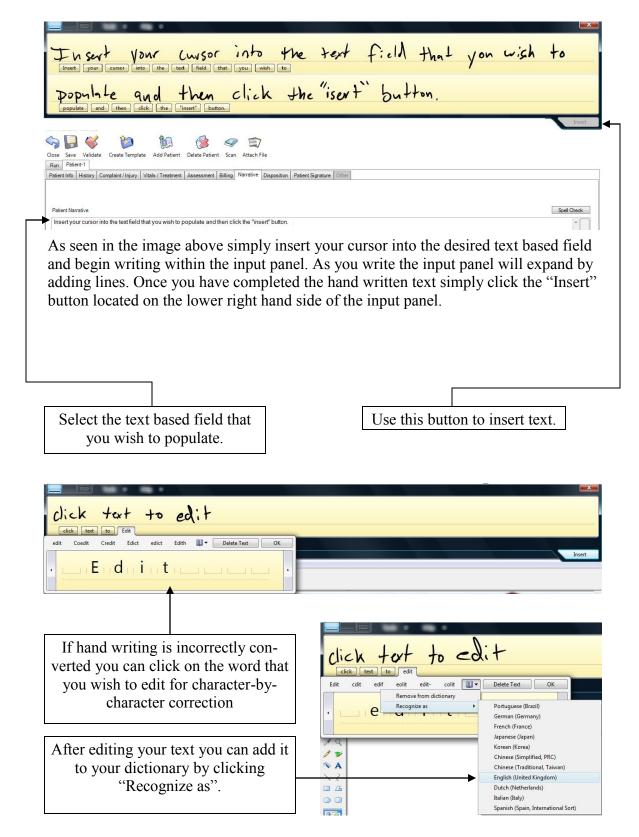
Windows Tablet Components

Microsoft Tablet PCs include built in tablet components and other various tools. We recommend that you use Microsoft's input panel for hand writing your narrative. This section of the guide will go over some of these components and how to best use them within MCA's ePCR client application. You can also find a guide/tutorial about these components within your operating system by clicking Start Menu, All Programs, and then Tablet PC (recommended).



Page 101

Windows Tablet Components Continued



Page 102

MCA's ePCR options Menu Overview

