



JANET T. MILLS
 GOVERNOR

MICHAEL SAUSCHUCK
 COMMISSIONER

J. SAM HURLEY
 DIRECTOR

Change Notice		
Notice #	Title	Date Issued
#2021-06-25-02	Image Trend Elite (MEFIRS) Change Notice	June 25, 2021
Superseded	Released By	System Impacted
N/A	Maine EMS	MEFIRS
Implementation Date	July 1, 2021 at 00:00 EST	

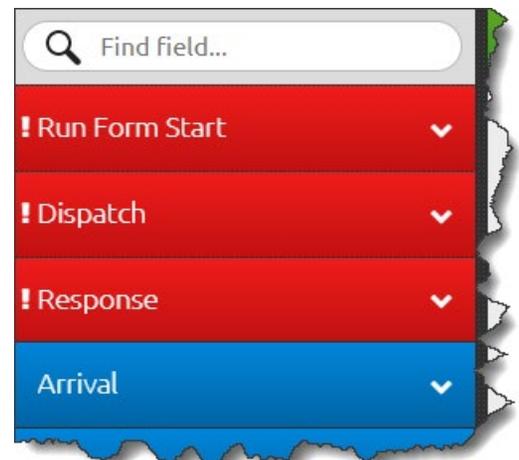
In our continued effort to improve the quality of the emergency medical services (EMS) data, Maine EMS is releasing an update to the patient care reporting system (MEFIRS) on July 1, 2021 at midnight. No action is required by you or your agency for these changes to take effect. All questions regarding this change notice and the associated changes can be sent to Jason Oko, Maine EMS Data & Preparedness Coordinator, by emailing jason.a.oko@maine.gov.

- **New Run Form-**

- **Description of the change**

- Maine EMS Will be adding EMS Run Report 4.1 as an option under the Incident list and making it the default run form.
 - This updated run form follows a logical sequential flow as a response to an EMS incident typically would flow.

- *Dispatch*
 - *Crew Information*
 - *Unit Information*
 - *Dispatch Information*
 - *Incident Address*
 - *Response*
 - *To scene*
 - *Arrival*
 - *Other agencies on scene*
 - *Scene Information*
 - *Patient Condition*
 - *Patient Information*
 - *Patient Closest Relative*



• **Excellence** • **Support** • **Collaboration** • **Integrity** •

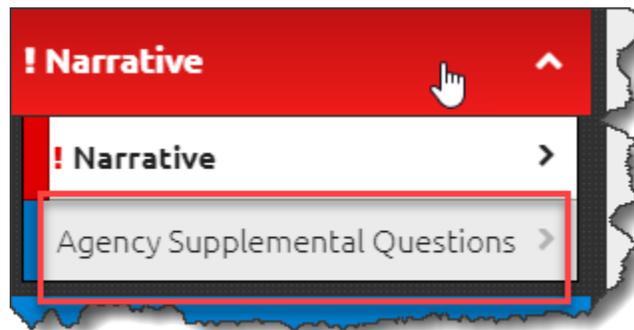
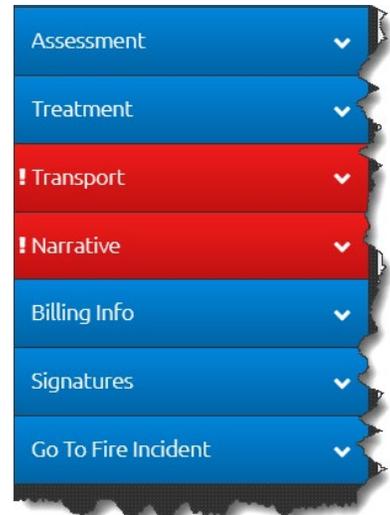
PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

- *Assessment*
 - *Patient Complaint*
 - *Patient Assessment*
 - *Vital Signs & Stroke Assessment*
 - *Patient History*
 - *Protocols*
- *Treatment*
 - *Procedures*
 - *Medications*
 - *EKG*
- *Transport*
 - *Transport Information*
 - *Destination Information*
 - *Destination Address*
- All *Agency Supplemental Question* have been moved to their own panel on the *Narrative* section.



- We have added to the very first tab, now called “*Run Form Start*” the following items:

Run Form Start

Unit Notified by Dispatch Date/Time:	<input type="text"/>	<input type="text"/>	<input type="button" value="⊙"/>
Unit En Route Date/Time:	<input type="text"/>	<input type="text"/>	<input type="button" value="⊙"/> <input type="button" value="⊖"/>
Unit Arrived on Scene Date/Time:	<input type="text"/>	<input type="text"/>	<input type="button" value="⊙"/> <input type="button" value="⊖"/>
Arrived at Patient Date/Time:	<input type="text"/>	<input type="text"/>	<input type="button" value="⊙"/> <input type="button" value="⊖"/>
Type of Service Requested:	<input type="text"/>	<input type="button" value="v"/>	<input type="button" value="☰"/>
Primary Role of the Unit:	<input type="text"/>	<input type="button" value="v"/>	<input type="button" value="☰"/>
Incident/Patient Disposition:	<input type="text"/>	<input type="button" value="v"/>	<input type="button" value="☰"/>

- **Reason for Change**
 - This run form has increased visibility rules that are intended to guide the end-user experience while entering data into the electronic patient care report (ePCR).

- For example, if the *primary role of the unit selected is equal to “Non-Transport Rescue”*, we will now be able to limit the fields in the following ways:
 - Hide the *Transport* section
 - **Effect on users**
 - There is a new flow to the run form that will be guided by visibility rules that will show the user options related to the *Type of Service Requested*, the *Primary Role of the Unit*, and the *Incident/Patient disposition*.
 - The form has several validation rules built off of times, so the most important times (*Unit notified by Dispatch Date/Time*, *Unit En-Route Date/Time*, *Unit Arrived on Scene Date/Time*, and *Arrived at Patient Date/Time*) on the form have been moved to the first panel as well
- **Patient Refusals**
 - **Description of the change**
 - These elements are only required on patient refusals and they are consistent with the requirements found in the Maine EMS Prehospital Treatment Protocols
 - When a disposition indicating any type of patient refusal is selected, the *AMA – Against Medical Advice* section becomes required. In addition to indicating the *Patient Refusal Reason*, the following fields will be required.
 - *AMA Type*
 - *List Specific Items Refused*
 - *Disposition Instructions Provided*
 - If the *Disposition Instructions Provided* are equal to “Other”, a free text description field will be required.
 - *AMA Initial Disposition*
 - *AMA Interventions*
 - *The Patient Alternative Plan*
 - *Is the patient oriented to person, place, time, & event?*
 - *Is the patient unimpaired by drugs or alcohol?*
 - *Is the patient competent to refuse care?*
 - *Has the patient been advised that 9-1-1 can be re-accessed?*
 - *Is the patient over 18 Years of age or emancipated?*
 - This will only be required if the patient’s age indicates they are not over 18 years old.
 - *No medical care or only BLS care rendered?*
 - **Reason for the change**
 - In an effort to improve the quality of documentation for patient refusals these items were deemed necessary to fully capture the patient refusal process.
 - **Effect on users**
 - The above items will be required on patient refusals, currently, the only element required on a patient refusal is the *Patient Reason for Refusal*.

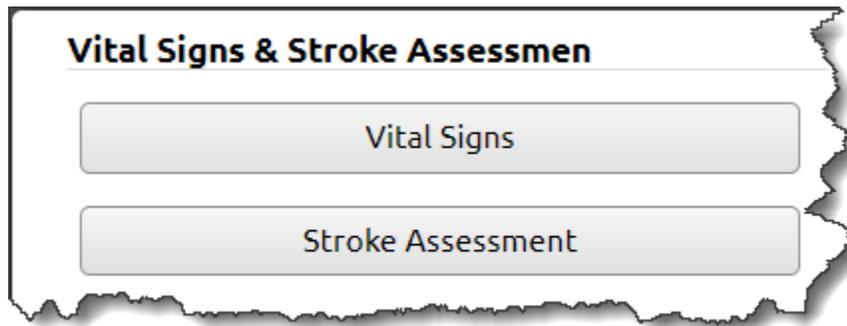
- **FAST-ED**

- **Description of the change**

- Maine EMS has moved these elements from a worksheet to the vital signs power tool and the vital signs grid in the patient care report itself.
 - The following fields will be required when a patient has any abnormal finding on a Cincinnati Pre-Hospital Stroke Assessment
 - *Facial Palsy*
 - *Arm Weakness*
 - *Speech Changes*
 - *Eye deviation*
 - *Denial Neglect*
 - *Stroke Scale Severity Score* (this field calculates automatically)
 - The FAST-ED elements will only be required when there is an abnormal finding on a *Cincinnati Pre-Hospital Stroke Assessment*
 - The *tPA+/- Worksheet* will only be required if the *Stroke Scale Severity Score* is four (4) or higher.

- **Reason for the change**

- This change will move the FAST-ED stroke assessment from the worksheet into the vital signs (Stroke Assessment) section of the run form itself.



- **Effect on users**

- Improved validation will only require a FAST-ED assessment be documented when it is indicated based on the Maine EMS Pre-Hospital Treatment Protocols.

- **Sending Facility**

- **Description of the change**

- Maine EMS has added a field to document the sending facility on an inter-facility transport when the transport is between hospitals.
 - This has been added to the *Arrival* Section, on the *Scene Information* panel

The image shows a software interface with a form containing four dropdown menus. The first three are labeled 'Incident Location Type', 'Incident Facility or Location Name', and 'Incident Facility Name'. The fourth dropdown menu, labeled 'Sending Facility', is highlighted with a red rectangular border. Below the form, there are two buttons: 'Scan Scene Facility Barcode' and 'Barcode'.

- **Reason for Change**
 - This feature will now allow the sending hospital to access the patient records that have been transported to another hospital, in the Maine EMS Hospital Hub.
- **Effect on users**
 - EMS clinicians documenting inter-facility transports between hospitals will be required to select the *sending facility* when documenting this inter-facility transport.
- **Injured Patients**
 - **Description of the change**
 - The following fields are now required when the response to *Possible Injury* is equal to “Yes”, on a 911-Scene Response.
 - *Trauma Center Criteria*
 - There is a “*Not Applicable*” value available
 - *Vehicular, Pedestrian, or Other Injury Risk Factor*
 - There is a “*Not Applicable*” and “*Exam Finding Not Present*” value available
 - *Height of Fall*
 - On a 911-Scene Response, when *Possible injury* is equal to “Yes”, and the cause of injury contains certain types of a fall.
 - A fall from ground level is considered zero feet (0)
 - *Use of Occupant Safety Equipment*
 - On a 911-Scene Response, when *Possible injury* is equal to “Yes”, and the cause of injury contains certain types of motor vehicle indicators.
 - **Reason for the change**
 - In order to allow us to collect better data regarding the severity of injury for injured patients.
 - These questions are directly tied to National EMS Quality Alliance performance measures for trauma.
 - These questions are required National EMS Information System (NEMESIS) required elements.
 - **Effect on users**
 - EMS clinicians will need to make the appropriate sections for injured patients when the *Type of Response Requested* is “*911 Response (scene)*”

- **Level of Service Provided**

- **Description of the change**

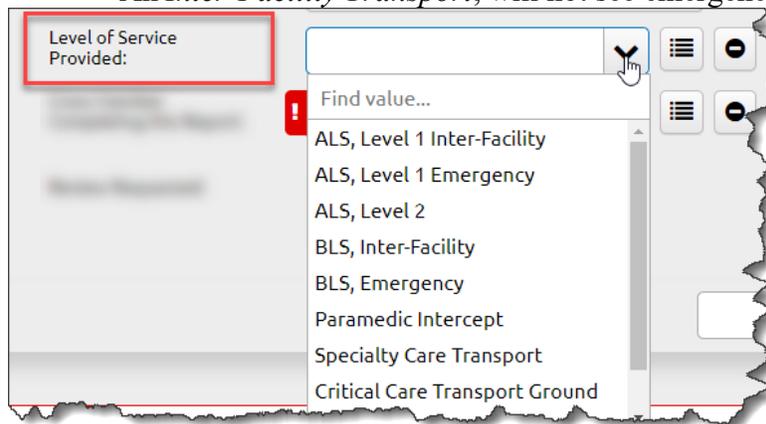
- This is actually the CMS Service Level; this question will now be required documentation on each report.
 - There are two “not” values accepted for this question:
 - Not Applicable
 - Not Recorded

- **Reason For the change**

- This is a NEMESIS required element,
- This element will replace the level of service provided question on our previous run form.

- **Effect on users**

- EMS clinicians will need to select the level of service they provided on each incident they document.
- There will be visibility rules limiting the selections here based on the *Type of Service Requested* and the *Primary Role of the Unit* for example.
 - A, *Non-Transport Rescue*, will not see inter-facility values,
 - A, *911 Scene Response*, will not see inter-facility values,
 - An *Inter-Facility Transport*, will not see emergency values



ALS, Level 2 - is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or,

by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

Manual Defibrillation/Cardioversion, Endotracheal Intubation, Cardiac Pacing, Chest decompression, Surgical Airway, or an Intraosseous Line.