EHR User Guide

Index

In this reference guide, you'll receive an overview of the ESO EHR application. New ESO EHR Users are encouraged to review this guide first in order to learn the basics of entering an EHR in the system.

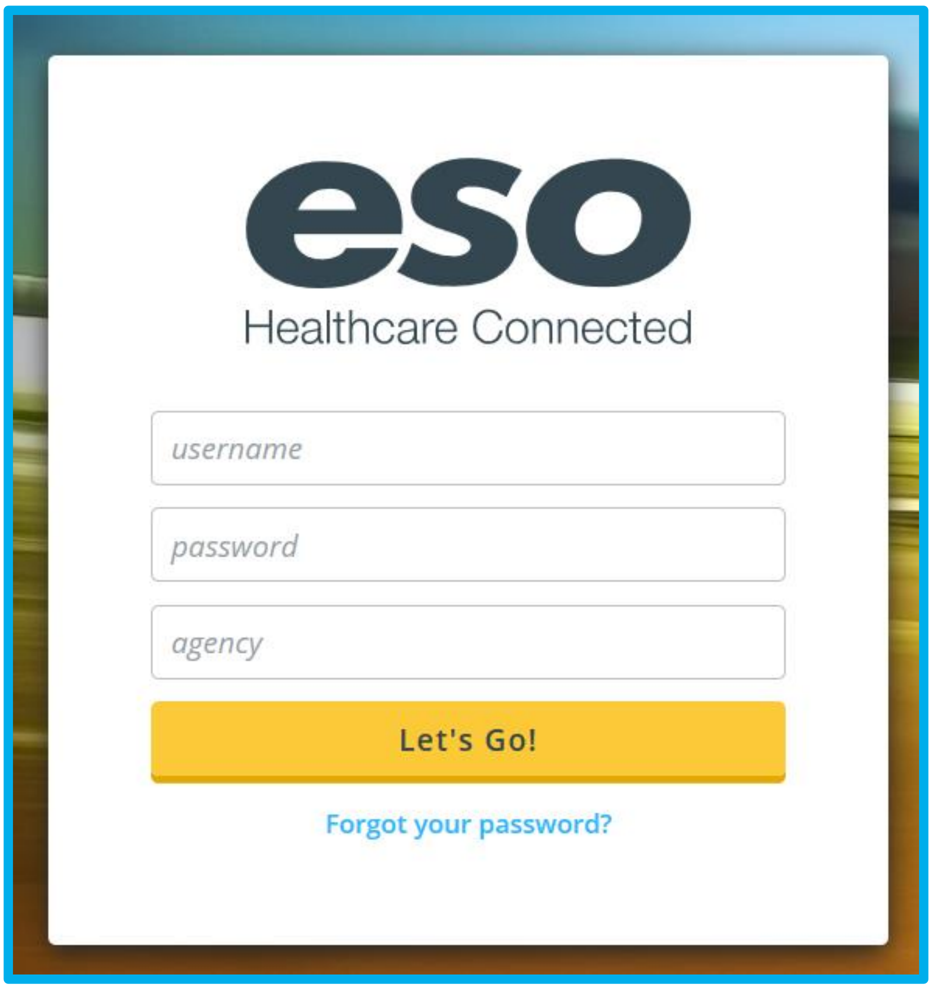
Navigation Page Logging In

To log in, go to https://www.esosuite.net/EsoSuite, enter your Username, Password, and Agency ID, then click "Let's Go"!

- Username and Agency ID are **NOT** case sensitive.
- Password **IS** case sensitive!

Be sure to keep your login information in a safe place.

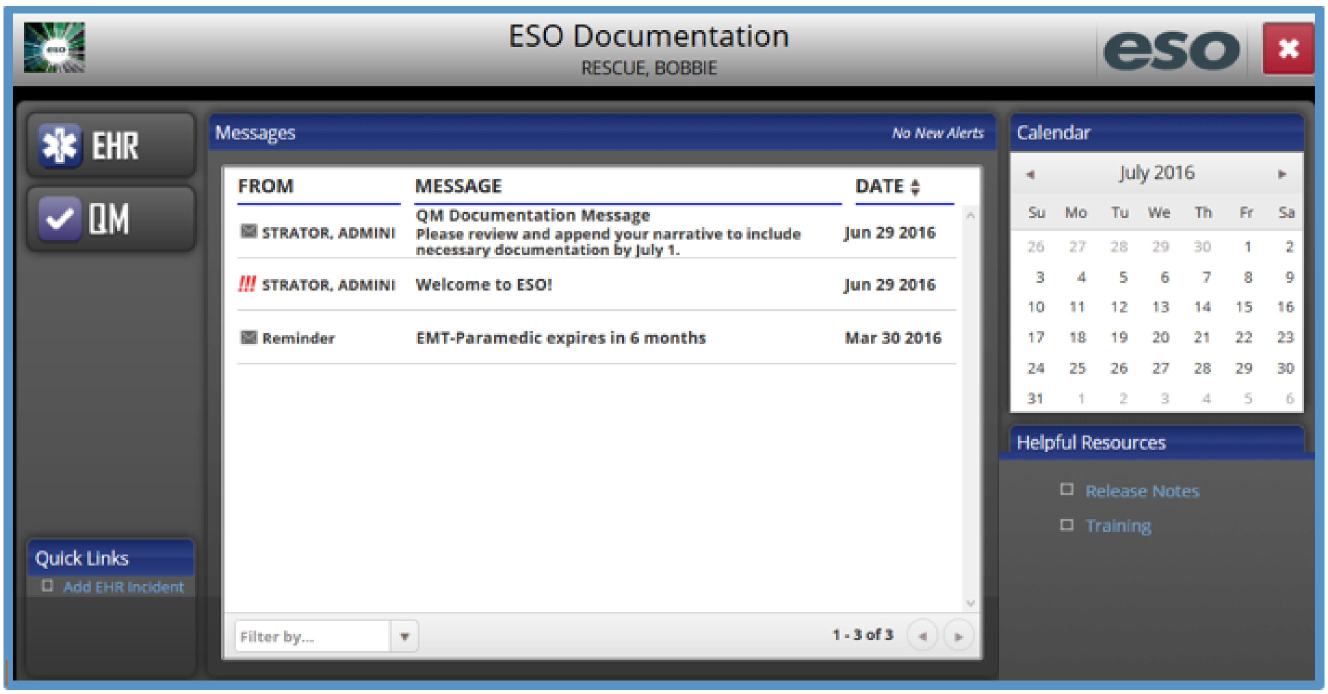
If you forget your password on either the Web or Mobile application, please use the *Forgot your password?* Link on https://www.esosuite.net/EsoSuite to send yourself a password reset email.



Navigation Page

The ESO Navigation Page is the portal to all of your service's ESO applications. It also houses QM messages, support information, and the messaging component of the system.

The navigation panel on the far-left side of the page allows you to access all ESO applications such as ePCR, Fire, Personnel Management, Reports, Quality Management (QM), and Administrative Console. Your view of the navigation panel will be determined by your assigned the Security Role as well as what your service has purchased.



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Messages

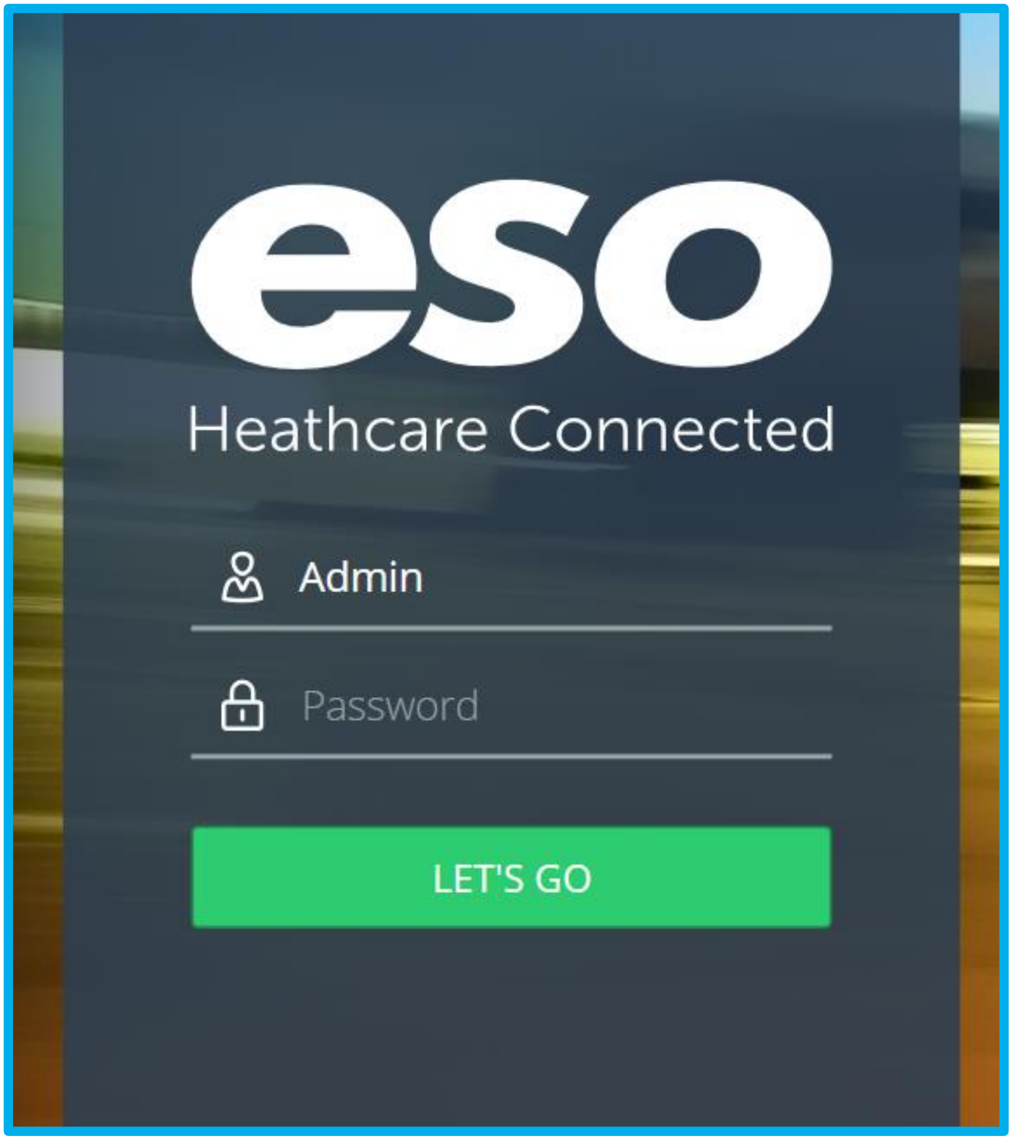
This area can display three types of information that require your attention:

1. Quality Management (QM) messages
2. Agency Alerts: Messages for all users who have access to your ESO environment
3. Impending credential expiration Reminders

Logging In

If ESO Mobile is purchased and installed on your device, start the program by clicking on ESO EHR in your app list. To log in, go, enter your Username, Password, and click "Let's Go"! Be sure to keep your login information in a safe place.

If you forget your password, please use the Forgot your password? link at www.esosuite.net to send yourself a password reset email.



Navigation/Home Page

Many of the features on the ESOSuite.net Navigation page are also on the EHR Mobile Home Page

1. Private message Alerts
   a. For the user who has logged in.
   b. For additional crew who will be added when shift is set.
   c. Each user must enter their login password to access their private messages.

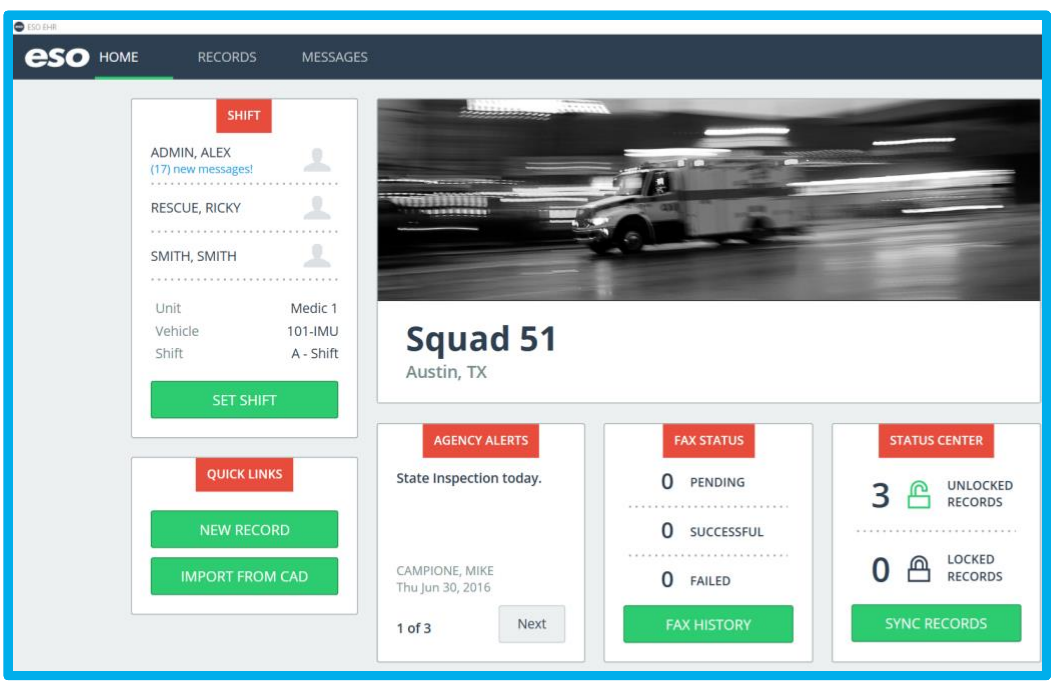
2. Agency Alerts are **not** private and can be viewed by all users.

3. Set Shift
   a. Allows for all crew, unit, vehicle and shift fields to be prefilled to provide as default in each record written on this device.

4. Fax Status and Fax History

5. Record Status Center
   a. The status of records currently residing on this mobile device.
   b. What is seen and accessible is based on security role of the crew.
   c. The Sync Records button, pulls up ALL records on this device to elect which shall be "synced" to the web.

6. To initiate a new record
   a. New Record
   b. Import from CAD



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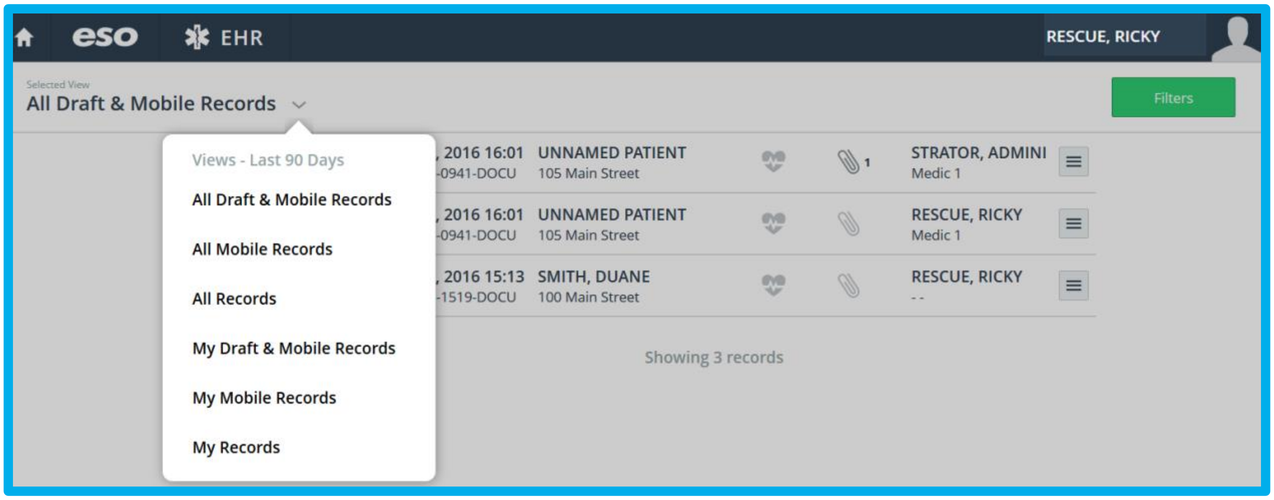
EHR Landing Page

To go to the ESO EHR landing page, click on the Electronic Health Record, EHR link in the navigation panel.

Incidents available to a user's view is based on their assigned security role. This page provides many features and operations related to each EHR.

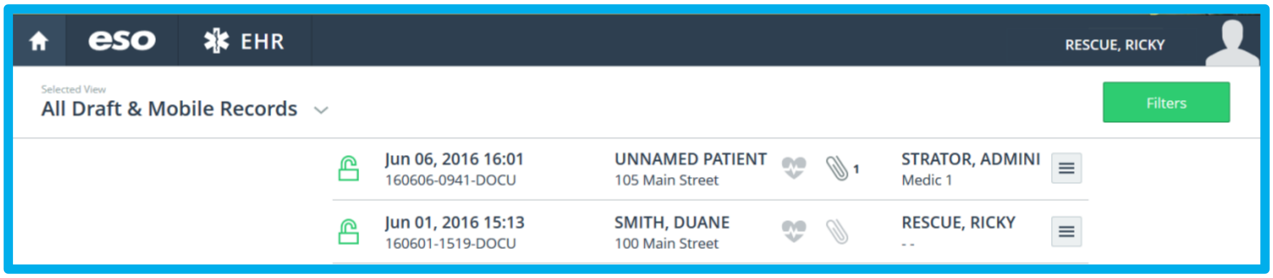
If the incident you are looking for is not immediately available in the current view, you may change the view by using 1 or 2 features. These features are meant to provide you with the best combination of your patient record default and/or search results.

The default view is all Draft (unlocked) and Mobile records for the last 90 days. In the upper left under "Selected View" you will click the arrow to reveal the drop-down menu of available views for the types or records you'd like to see and choose one.



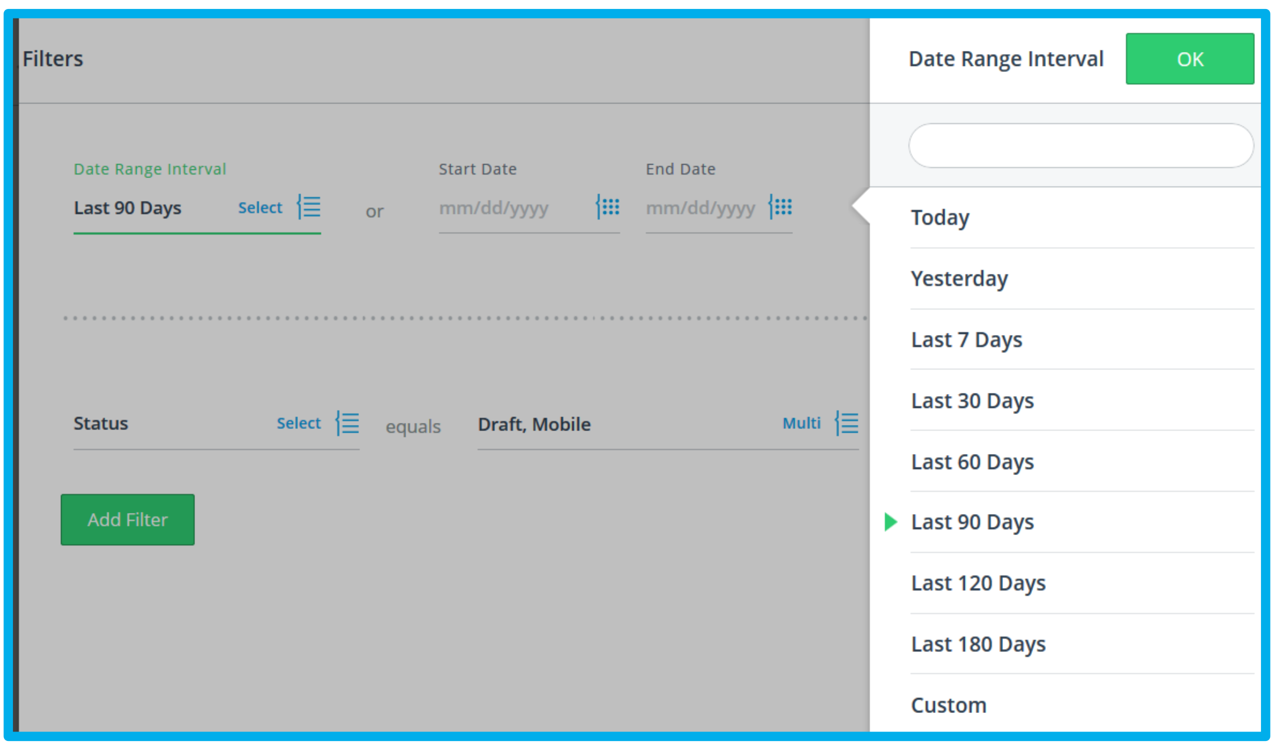
Log into web application > EHR

The chosen view can then be narrowed by using the 2nd feature: Filters, located on the right upper side.

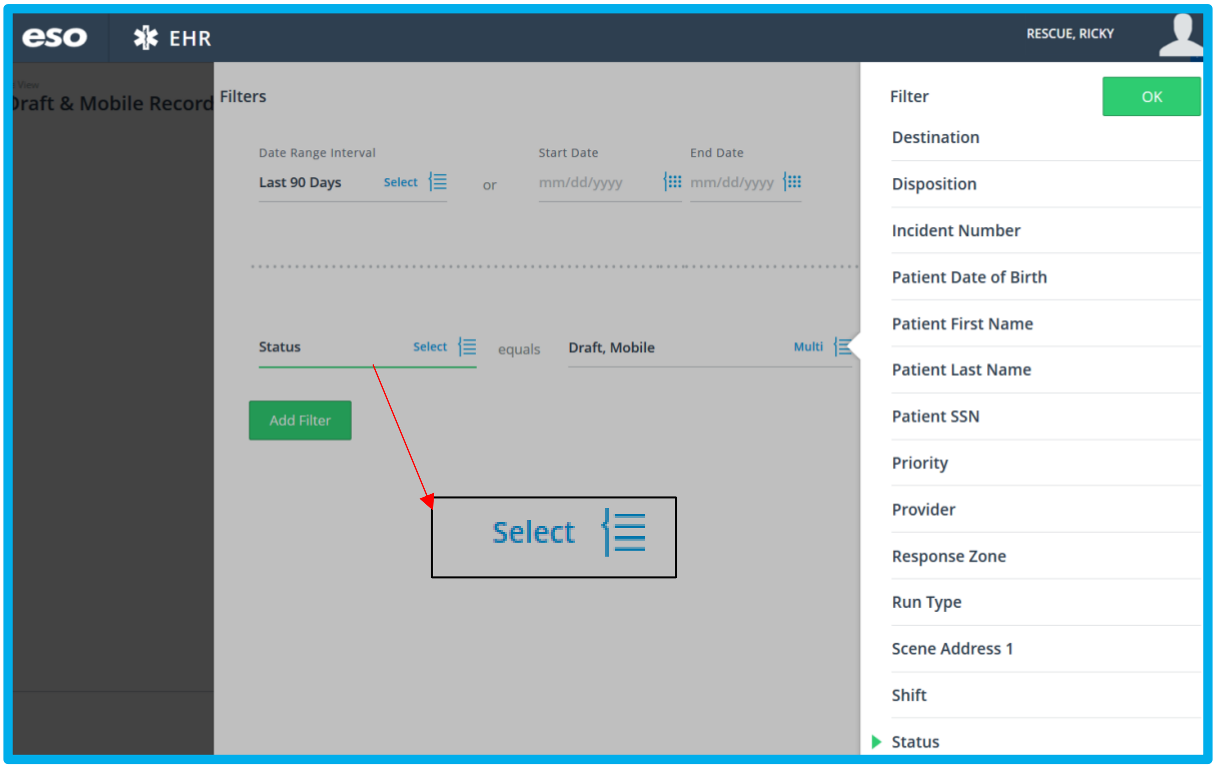


Log into web application > EHR

Use the single select slider menu to reveal additional choices for Date Range Interval. By choosing "Custom", simply use the number pad to select the date range



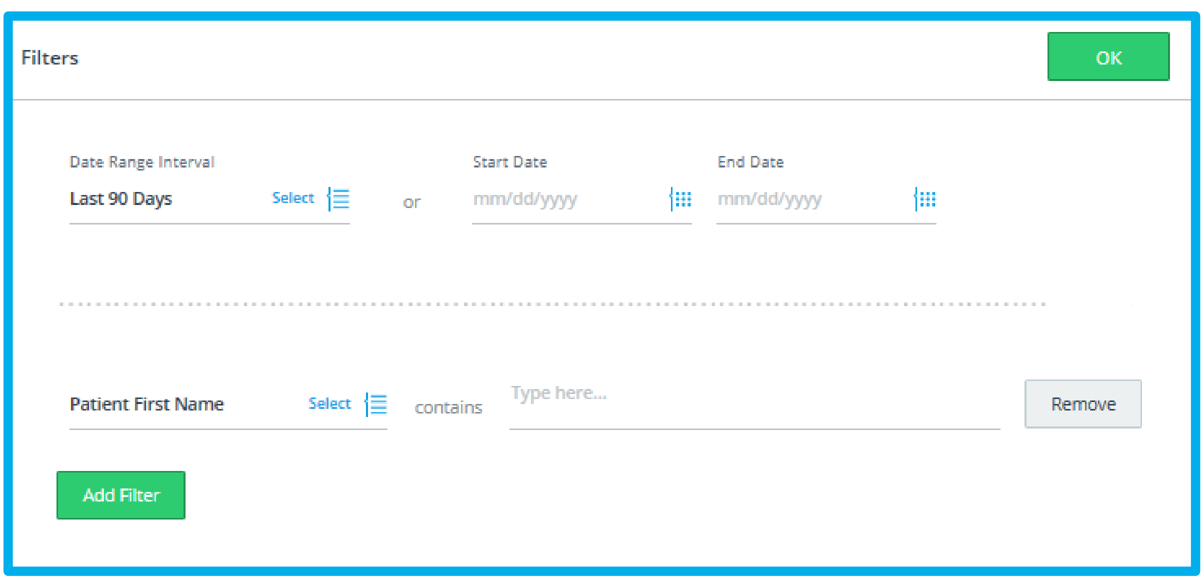
Log into web application > EHR > Filters



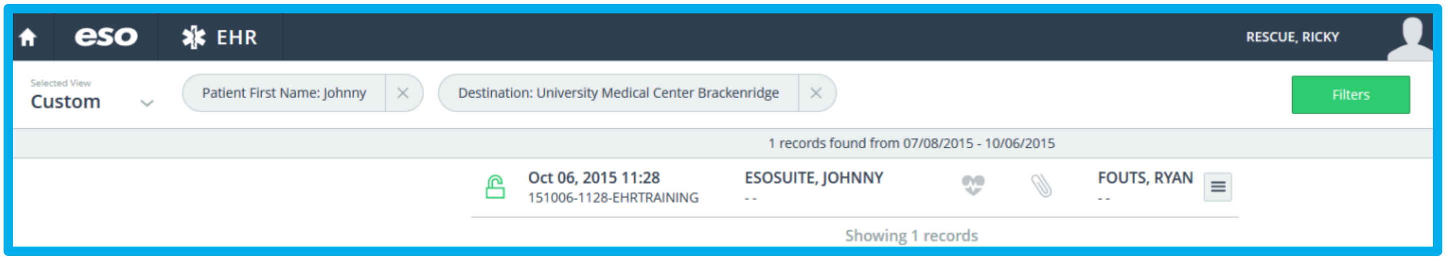
Log into web application > EHR > Filters

To add additional Filters, choose the Add Filter button under the **Date Range** Interval and single select a filter(s) to assist in your search.

For each added filter, you may be asked to type the desired search item, or single/multi select from a list. Filters may be added or removed as needed. Click "OK" to view your results.



Log into web application > EHR > Filters

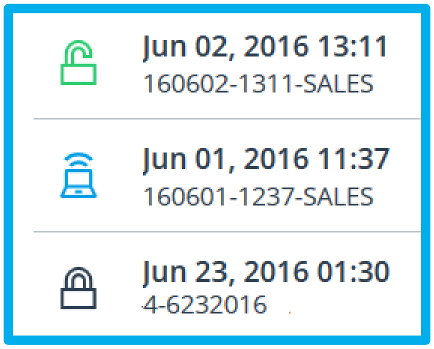


Log into web application > EHR > Filters > OK

During your search, the filters will be visible above. You are able to widen your search by removing one or more filters.

Record Icons

The icon to the left of each record, provides the reader a quick look as to its "status".

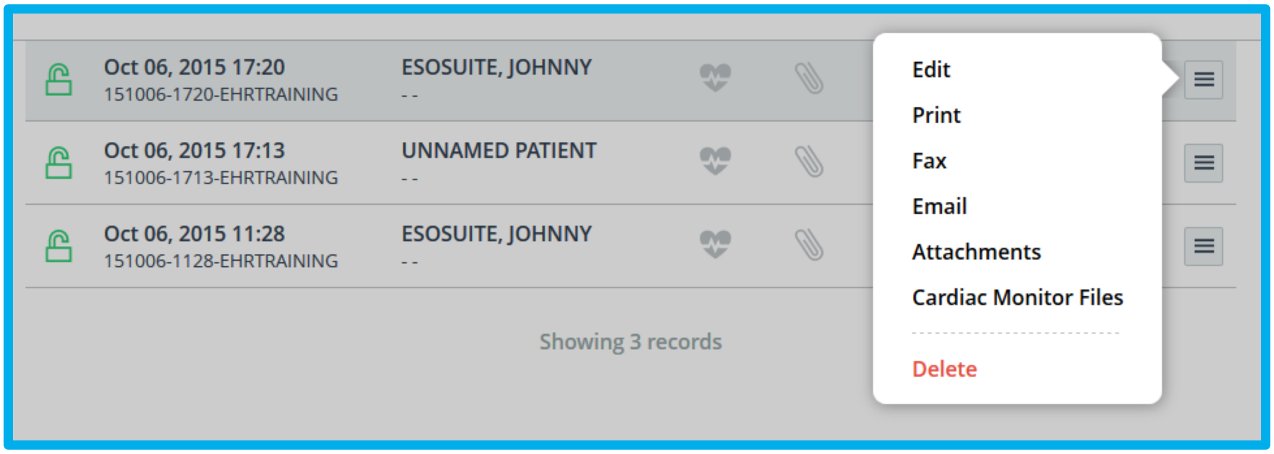


← This record is stored on the web application and is unlocked/draft status

← This record is out on a mobile device and has yet to be "synced" to the web. Only a printed view is available here.

← This record is stored here on the web application and is locked.

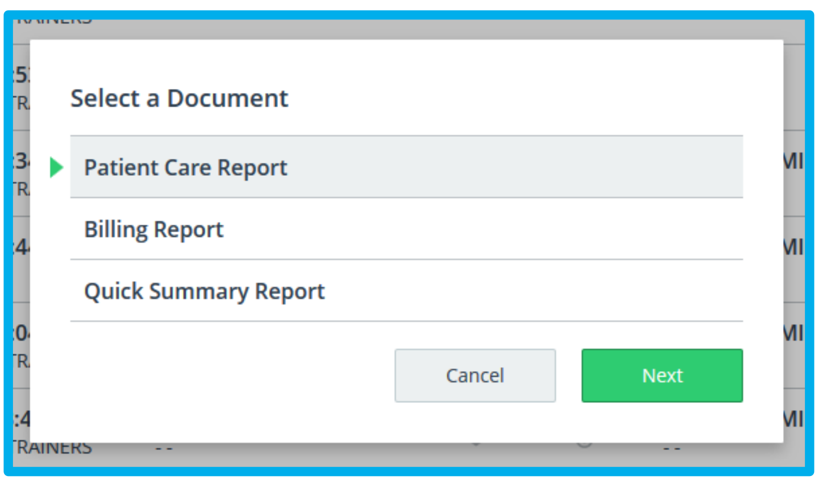
In whatever view, you choose for the EHR Landing Page, notice the "row menu" to the right of each record. Clicking this menu reveals many record operations, based on its status and the user's security role.



Log into web application > EHR > Row Menu

Edit – reopens the record to view and/or edit

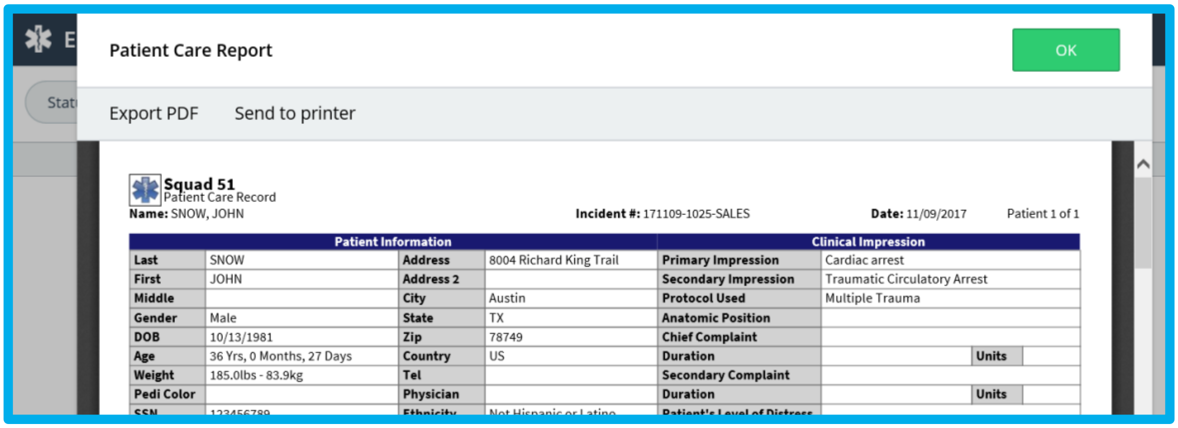
Print - allows the user to view/print a copy of the EHR:
Patient Care Report, Billing Report (PCR + Billing + signatures + attachments) OR Quick Summary Report for quick info access of limited demographics, treatments and vitals, to give report or print.



Log into web application > EHR > Row Menu > Print

To print using the HTML default option, click "Send to Printer"

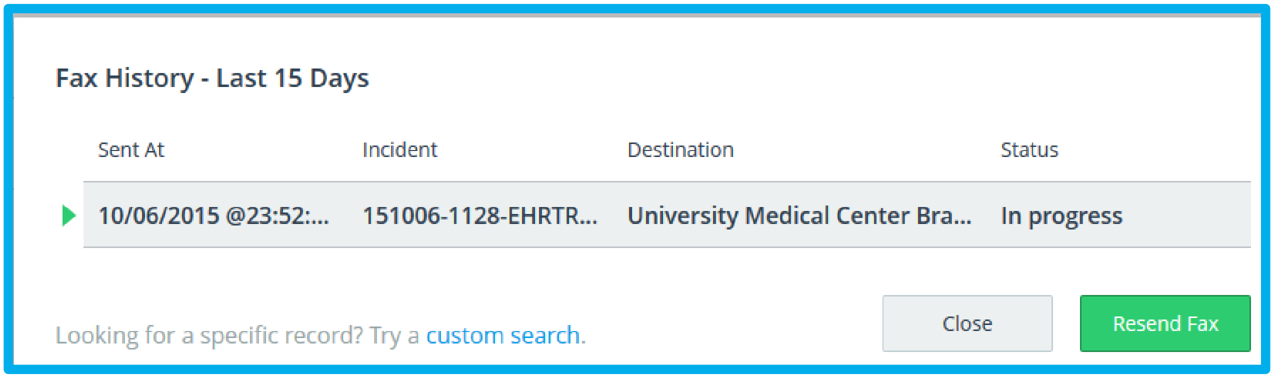
Note: When "Export PDF" is chosen, you will be asked to Save *before printing.*



Log into web application > EHR > Row Menu > Print

Fax/email - Allows the user to fax or email to the destination listed on the record. The fax number and/or email must be set up prior to the fax/email button being active (see the Administrative section for instructions on how to set up hospital fax numbers/email addresses).

Fax History – Review fax history, resend from history any failed faxes.



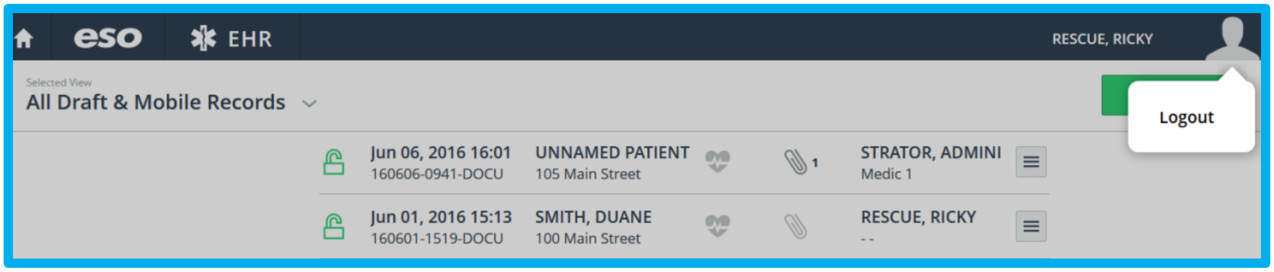
Log into web application > EHR > Fax History

Attachments - To view and/or attach documents to the record, choose attachments. The dialog box will appear to allow the user to download/delete or edit description of available attachments OR point to a chosen file to attach to its record.

Cardiac Monitor Files - To view them, click this operation. When downloaded, the reader must have the appropriate proprietary Monitor/Defibrillator viewer installed on their computer to view them. The files are also viewable in the printed view without downloading.

Unlock/Delete - The ability to delete, undelete and "unlock" records are based on security role.

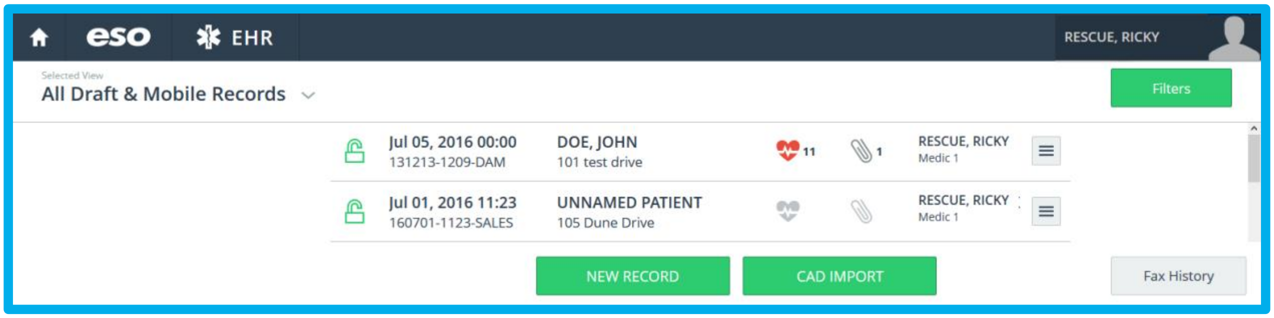
To log out, click anywhere in the upper right-hand corner near your name or near the silhouette to bring up the word "Logout" click on Logout and the program will shut down.



Log into web application > EHR > Logout

To add an incident, Click the NEW RECORD button located at the bottom of the page.

The Incident Detail screen will appear, allowing you to enter incident information.



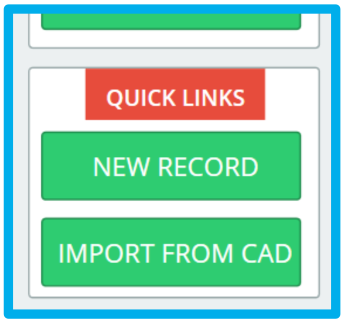
Log into web application > EHR >

If the Computer-Assisted Dispatch (CAD) interface is active:

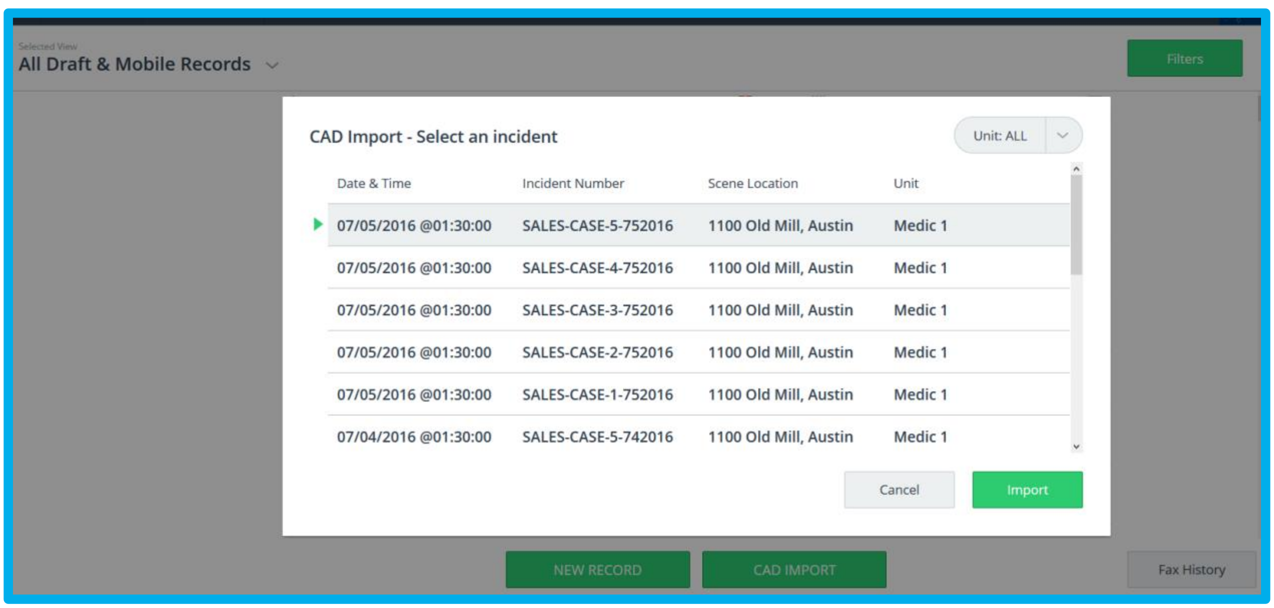
Click the CAD button to see a list of any incidents that are available for import.

In **EHR Mobile**

Once the shift has been set, the CAD queue will be filtered by the Unit listed in the shift setup.



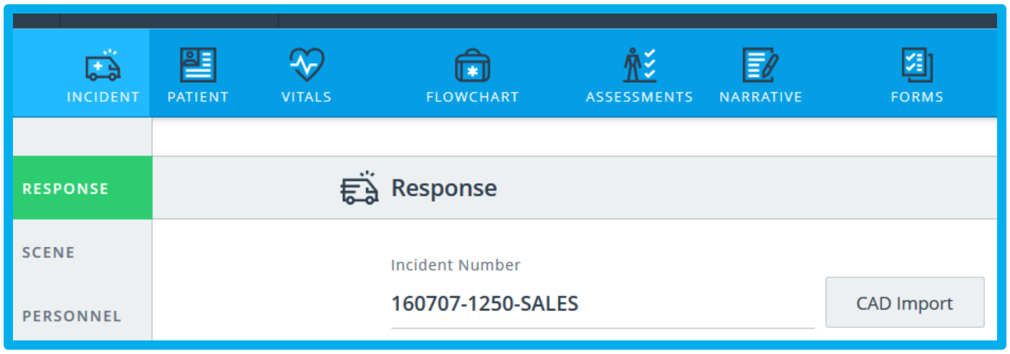
New Record and Import from CAD are located on the navigation page in EHR Mobile.



EHR > CAD Import

Selecting an incident will automatically open up a new incident detail and pre-fill any mapped fields.

Within the record on the Incident tab, a “CAD Import” Button will be available to update the CAD data in to the record, as per below.



EHR > New EHR > CAD Import

Editing an Incident

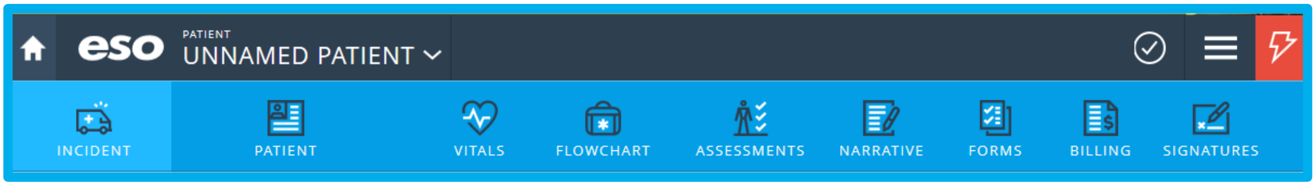
An Incident may be viewed/edited by clicking on its entry in the incident list or via its Record Operation menu to the far right. The record will open and default to the Incident page.

Note: *Access to the EHR module and the ability view and edit records is based on the security role of the user. Any record available in a user's view may be edited based on its status.*

- **Unlocked records**
  - All fields may be edited by the crew listed in the personnel section of the record.
  - Non-clinical fields may also be editable by Admins and those with the security roles of either EHR Supervisor or EHR Manager

- **Locked records**
  - The only editable fields are non-clinical fields and the listed personnel, Admins, EHR Supervisors and EHR Managers may edit them.

- **Mobile records** (as seen from esosuite.net)
  - These records still reside on the mobile device
  - Mobile records may be viewed as a printed view only for all listed personnel on that record, Admins, EHR Manager and EHR Supervisor.
    - Once the Mobile record is synced to esosuite.net, it will convert with the same readers' able to read/edit as described above for locked or unlocked records.



EHR > Inside EHR

From left to right, these are the buttons at the top of the page:

Within an Incident, the HOME button (designated by the icon of a house) brings you back to the EHR landing page (incident list).

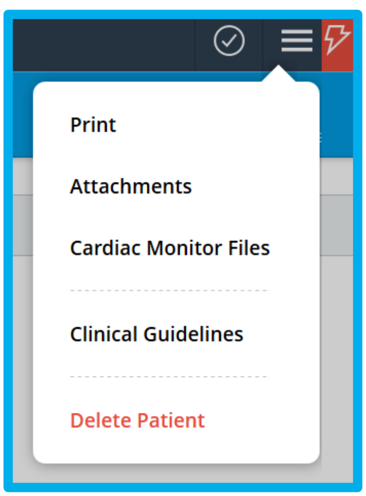
The down arrowhead to the right of the patient name will allow you to add additional patient(s) if you are documenting a report for more than one patient on a scene.

The arrow beside the name is also a popover menu that contains patient name (s) for that particular run.

The record operation menu to the far right or "row menu" offers an option to delete a patient added that is not needed.

The CHECK symbol takes you to the validation process for the report. You will be offered the option to Lock a record once all validations have been met.

The Record Operations menu (row menu) contents are below:



Print allows the author/reader to print the record within the record

Attachments allows the author/reader to make or view attachments

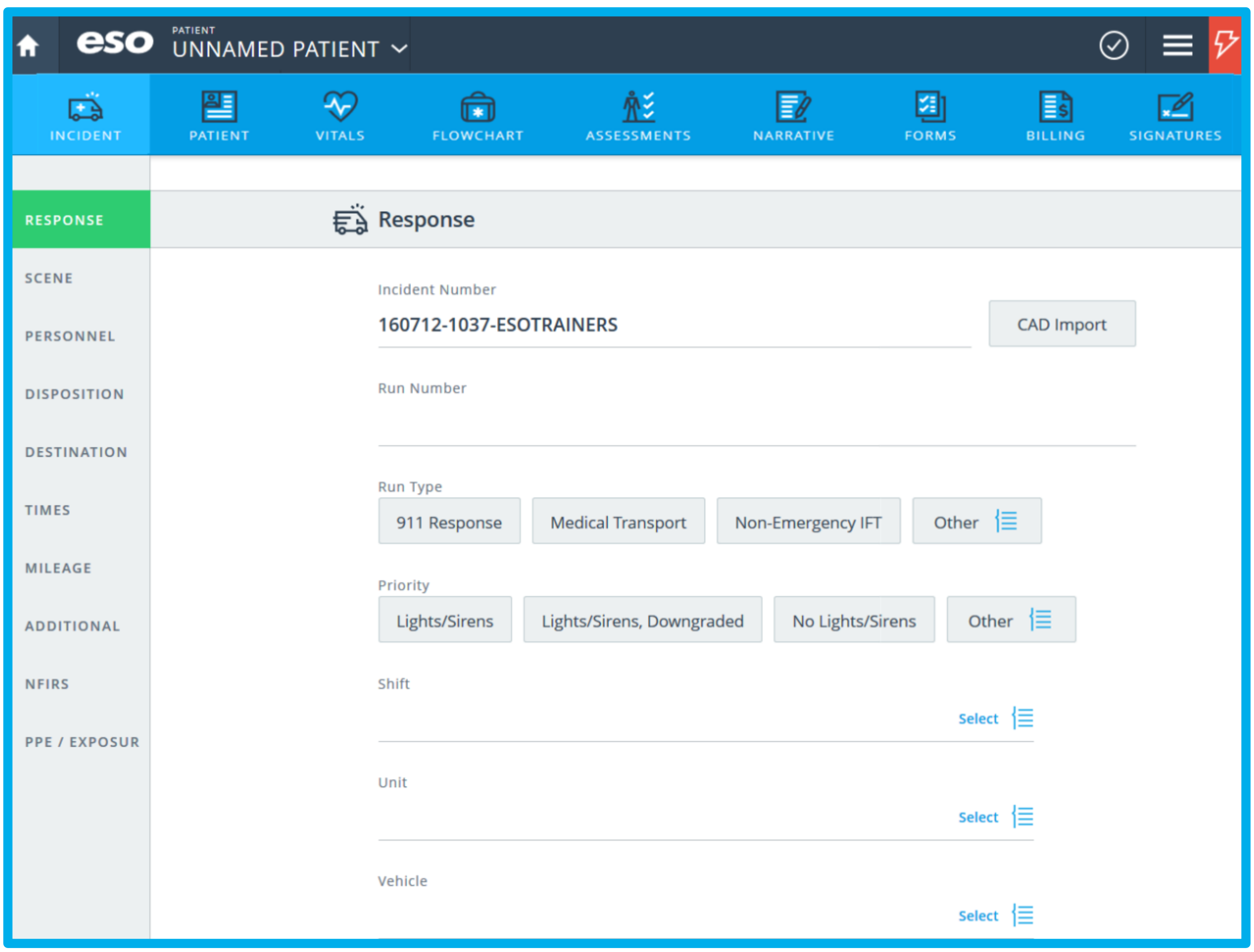
Cardiac Monitor Files allows the author/reader to view available cardiac monitor files imported to this record

Clinical Guidelines allow for available protocols or guidelines that may be uploaded by the administrator for viewing

Delete Patient allows the author to delete a patient that has been added to this incident.

Beneath the navigation bar are tabs used to navigate between EHR sections. These tabs are covered in detail in the following sections of this guide and are identical for Mobile and esosuite.net EHR entry.

INCIDENT	**NARRATIVE**
PATIENT	**FORMS (Specialty Patient)**
VITALS	**BILLING**
FLOWCHART	**SIGNATURES**
ASSESSMENT	



EHR > Inside EHR> Incident Details Tab > Response

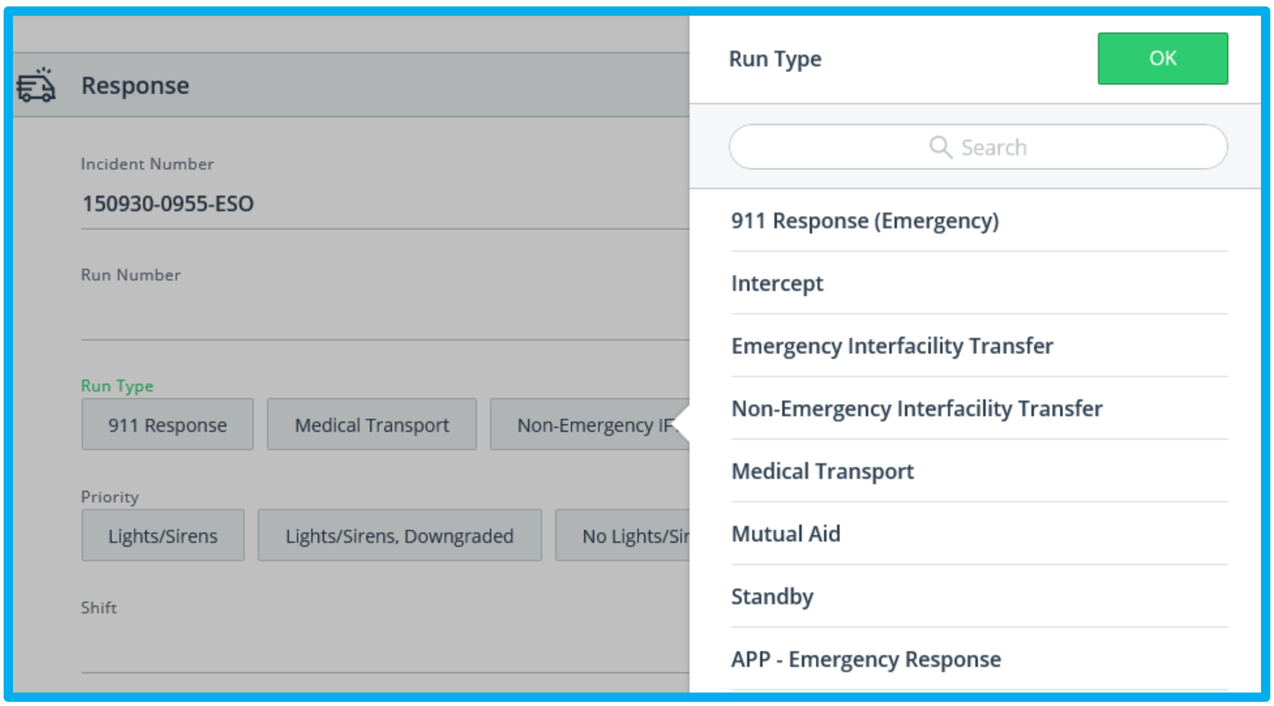
The Incident Detail screen provides access to the fields that relate to general incident information. Fields do not need to be completed in a particular order, and not every field needs to be completed in order to move to other screens.

Incident Information -Response

The Incident Number is an auto-generated number comprised of the chart creation date/time, followed by your service's ESO Agency ID. This number IS overwritten with your CAD incident number and can be modified/replaced with any desired Incident number.

Run Type

Select one of the Quick Pick options or choose "Other" to see a full list of options.

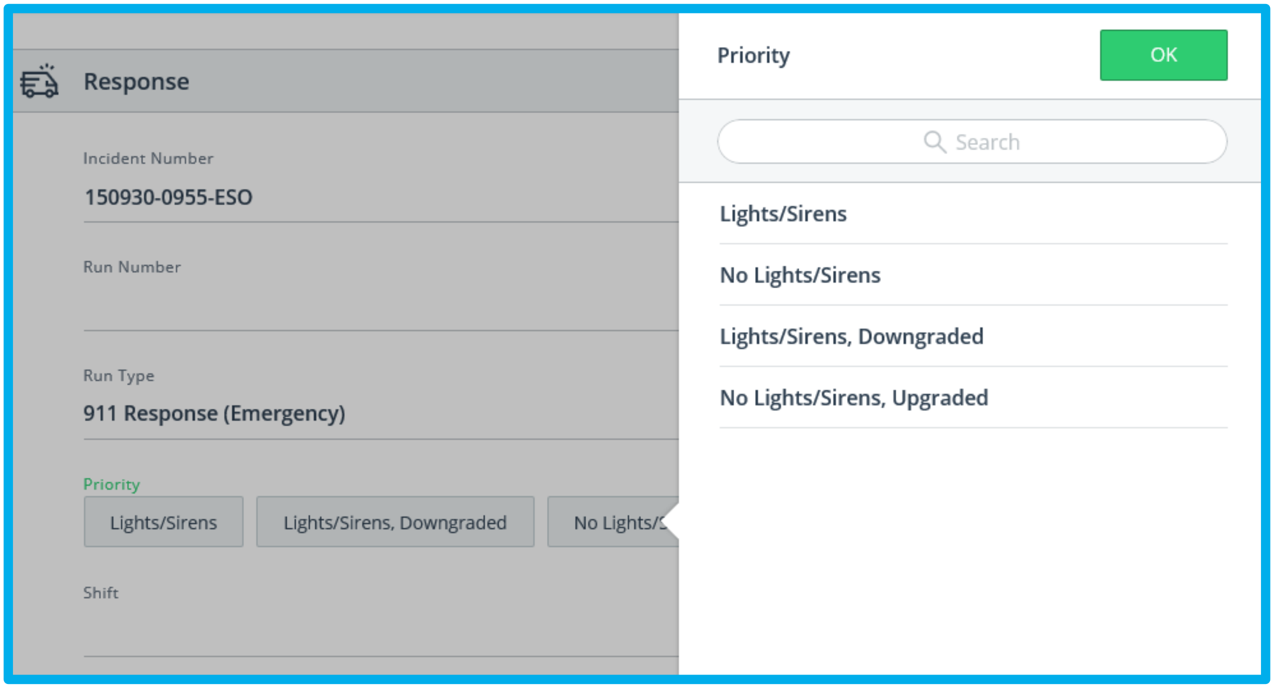


EHR > Inside EHR> Incident Details Tab > Response > Run Type

Select the desired option and the selection panel will close entering the selected option or Click "OK" to close the section panel.

Priority

Select one of the Quick Pick options or choose "Other" to see a full list of options.



EHR > Inside EHR> Incident Details Tab > Response > Priority

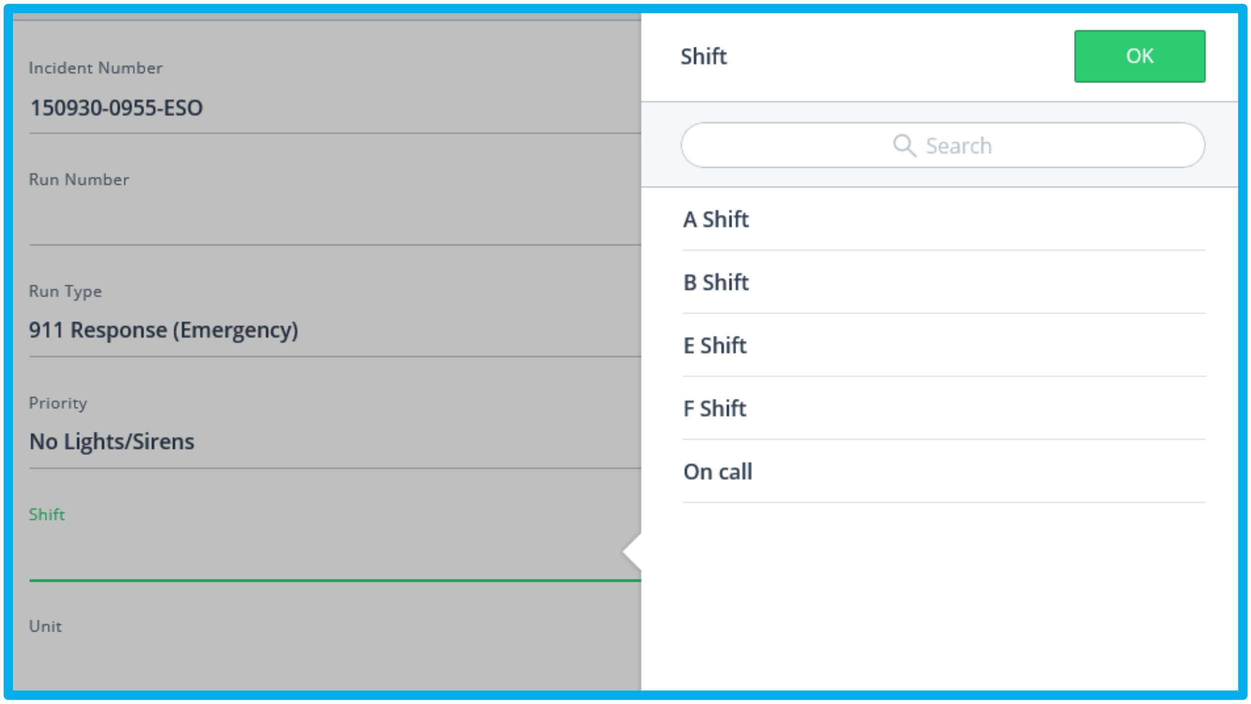
Select the desired option and the section panel will close entering the selected option or Click "OK" to close the section panel.

Shift

Select the row menu option 

(section panel) to open the section panel of available choices.

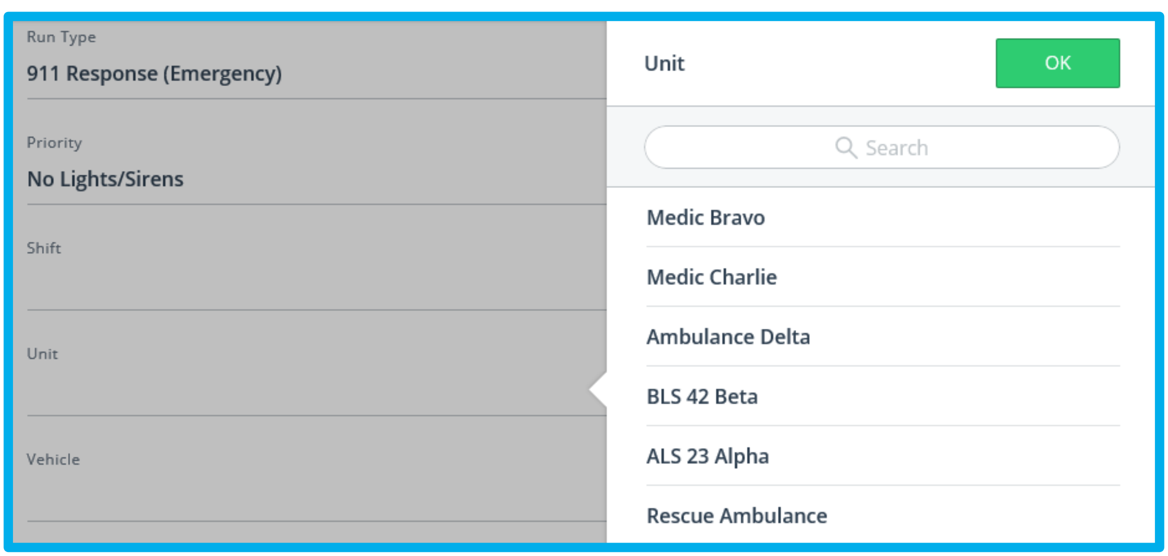
Select an option or Click "OK" to close the panel.



EHR > Inside EHR> Incident Details Tab > Response > Shift

Unit

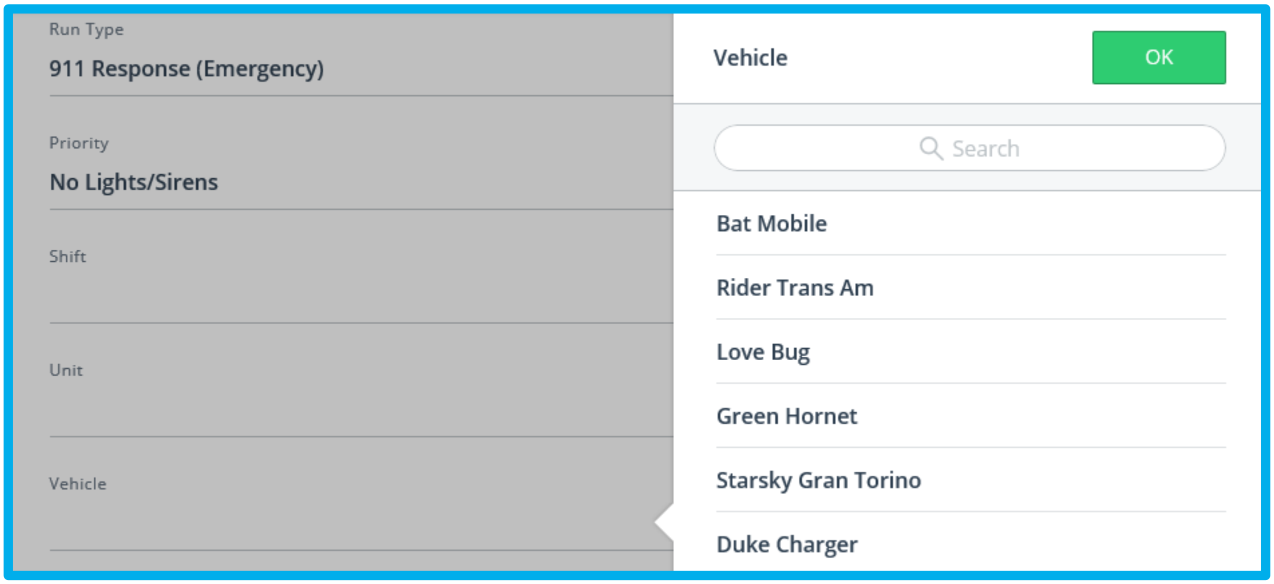
Select the row menu option Select to open the section panel of available choices. Select an option or Click "OK" to close the section panel.



EHR > Inside EHR> Incident Details Tab > Response >Shift

Vehicle

Select the row menu option Select to open the section panel of available choices. Select an option or Click "OK" to close the section panel.



EHR > Inside EHR> Incident Details Tab > Response > Vehicle

Incident Information – Scene

Predefined

Predefined incident locations were entered into the software as part of your new company setup process.

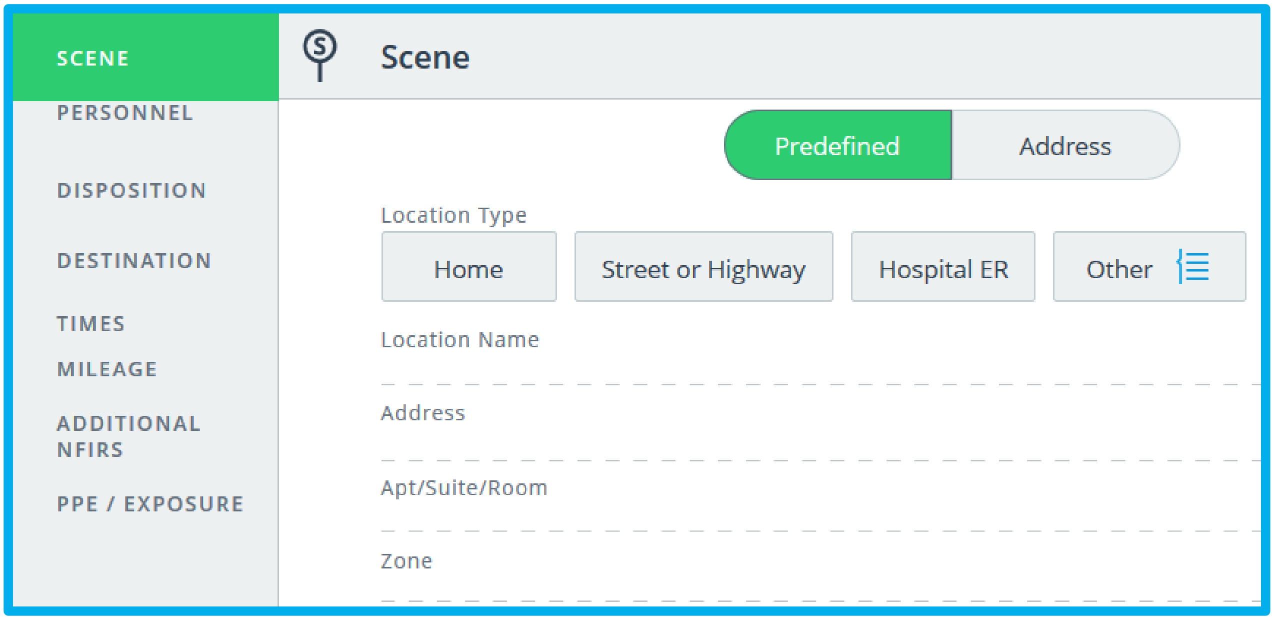
To take advantage of these common locations:

Select a Scene Location Type.

A list of common incident locations of that location type will populate the slider menu to the right under Location Name, if available.

Choose the appropriate Location Name from the drop-down menu, and the incident address will auto-populate the correct fields.

NOTE: ***When using the Predefined feature, the Scene Address cannot be modified. If an address has changed or is incorrect, choose "Address" and enter the correct address. Report the incorrect information to your administrator so that it can be corrected in the administration section. Refer to the Administration Section for instructions on how to modify or add common incident locations to your company configuration.***



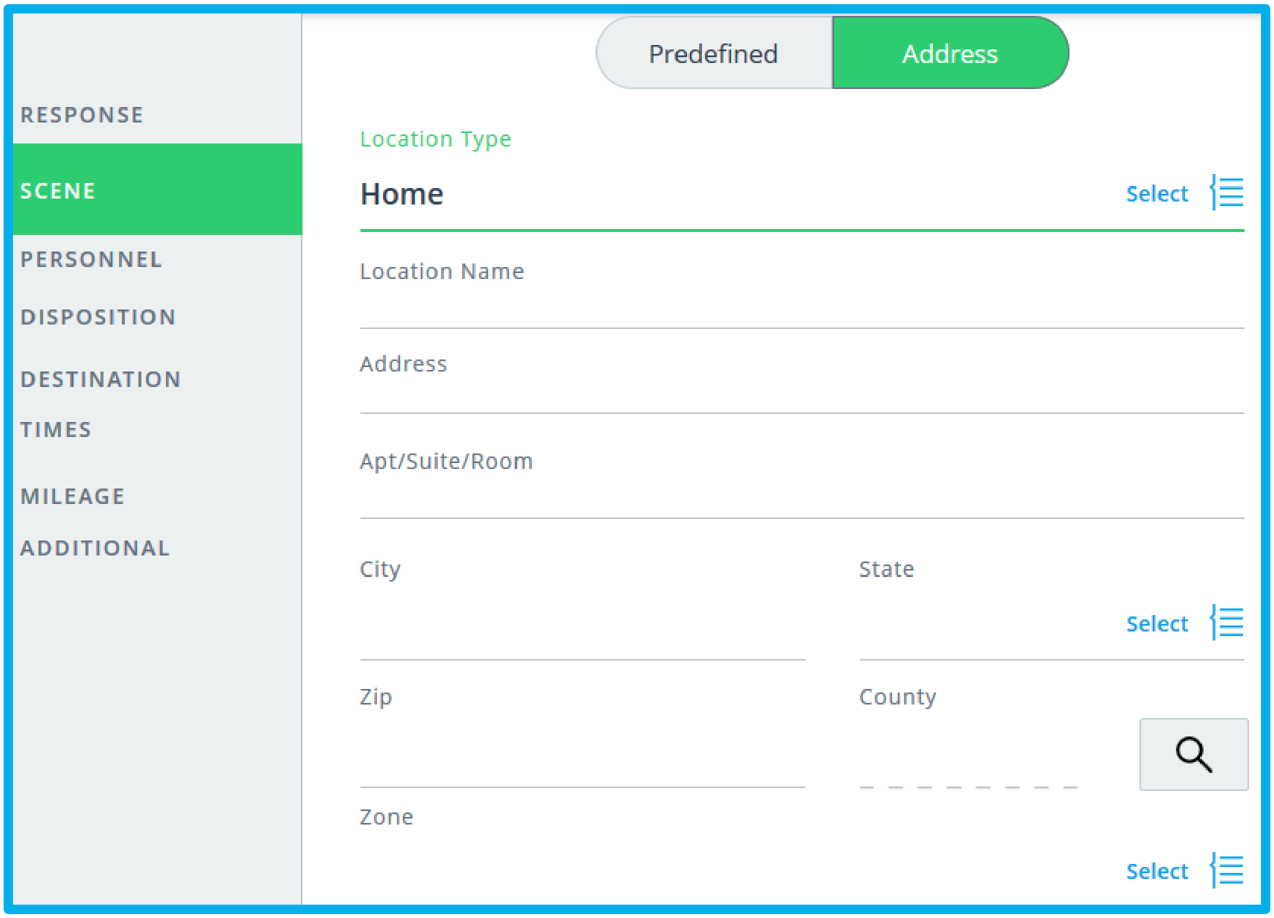
EHR > Inside EHR> Incident Details Tab > Response > Scene > Predefined

Address

Common location types are built into the system to improve data accuracy and increase user input efficiency. Select "Address" if the location you desire is not in the slider menu to the right to type in the address.

Zip Code/City Look-up

If you enter the zip code and/or the City name, then click on the magnifying glass next to County, the City, County and State of the incident location will auto-fill or provide a list of choices from which to choose. NOTE: The county field is not an editable one. If you have manually typed in an address, use the magnifying glass to populate the county name.



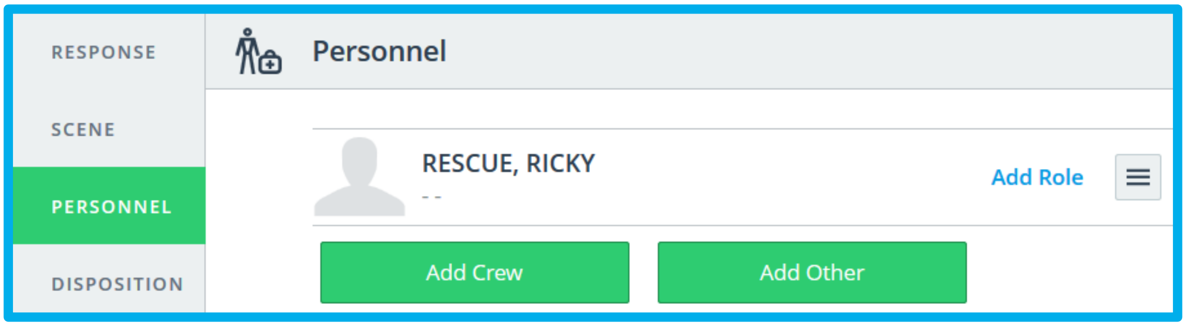
EHR > Inside EHR> Incident Details Tab > Response > Scene > Address

Personnel

Add personnel by clicking either the "Add Crew" or "Add Other" button.

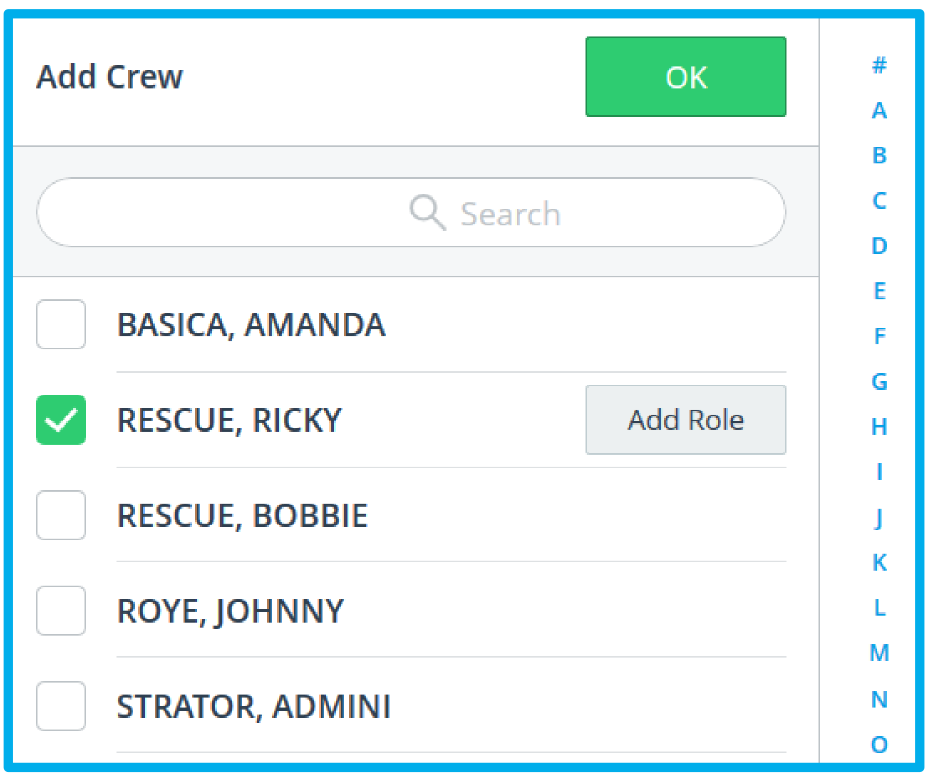
> **NOTE:** ***The person who is logged in will automatically be included in the personnel list.***

Add Crew

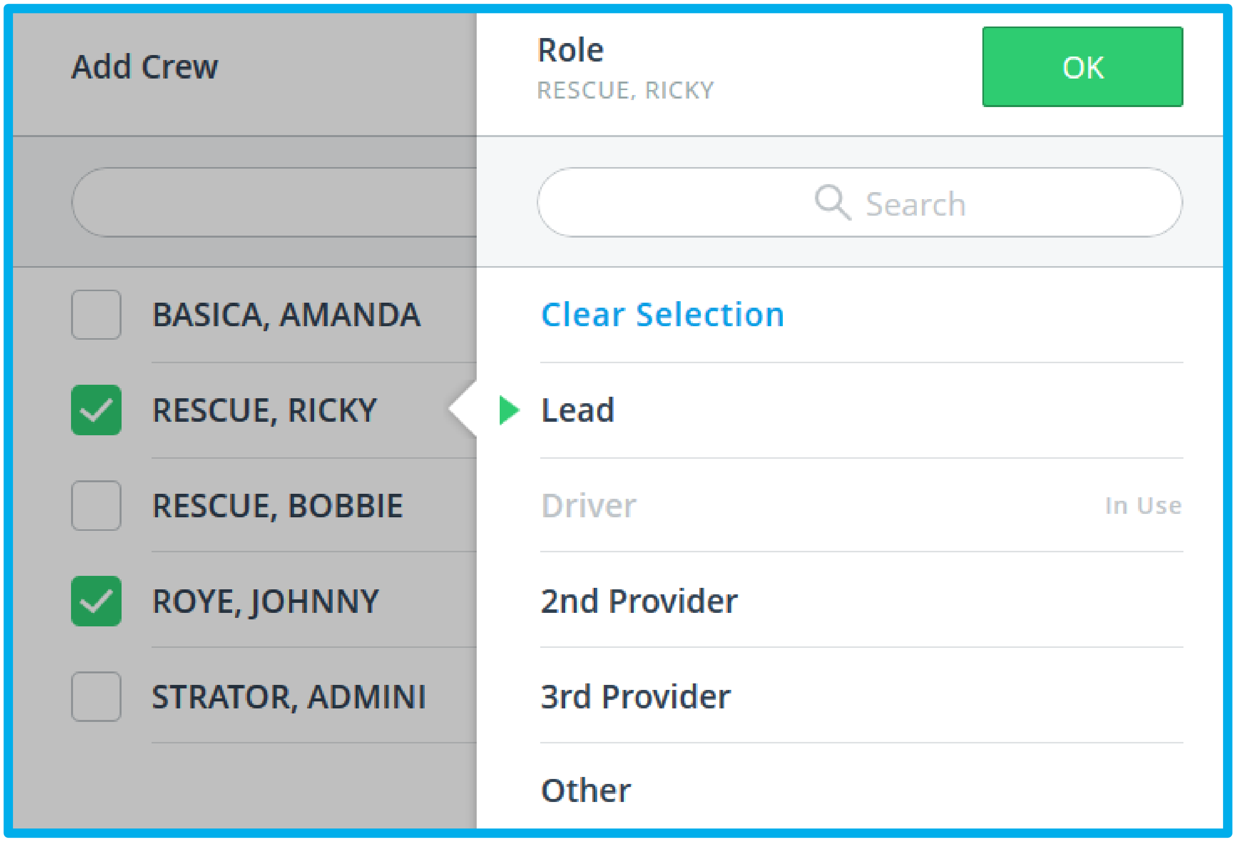


EHR > Inside EHR> Incident Details Tab > Response > Personnel

Select the appropriate crew members and select "OK" or "Role."

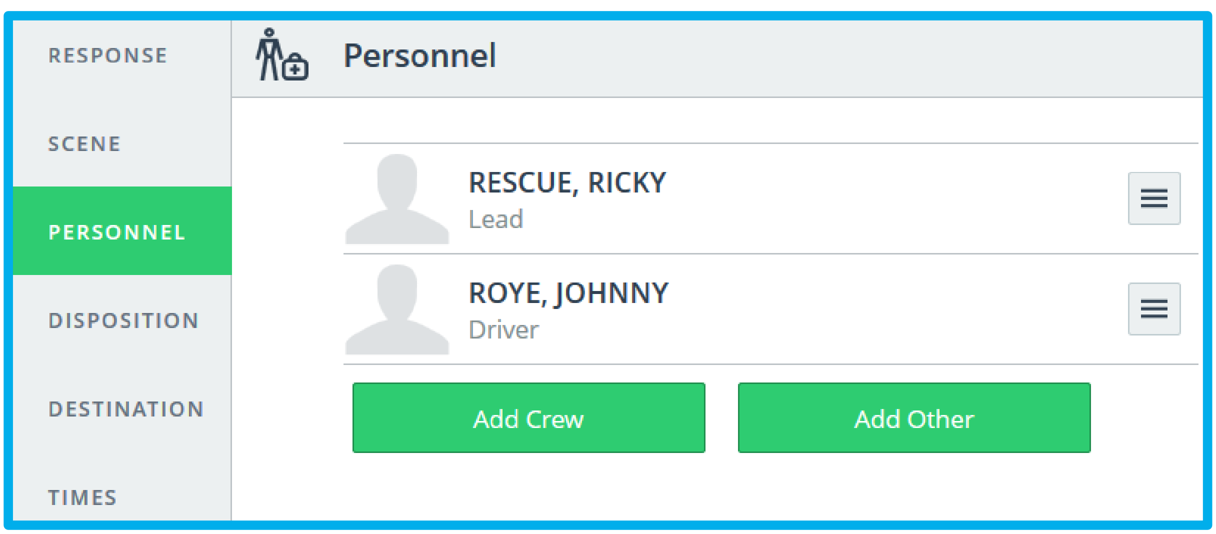


EHR > Inside EHR> Incident Details Tab > Response > Personnel > Add Crew



EHR > Inside EHR> Incident Details Tab > Response > Personnel > Add Crew

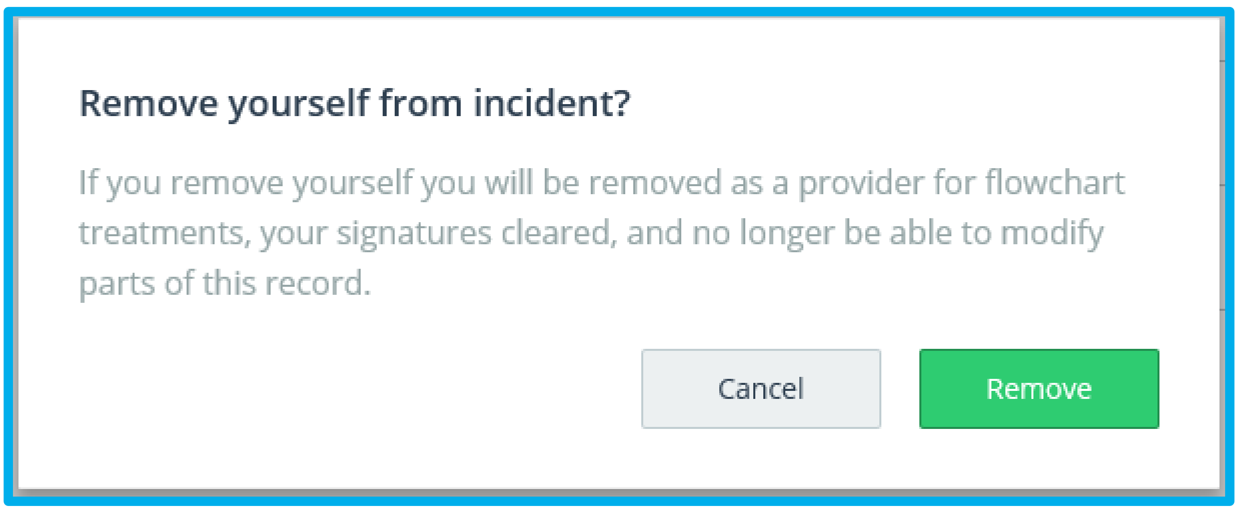
Personnel roles can be edited from either the Incident Details page or the personnel selection list. The LEAD position is the person responsible for writing the patient care report for that particular call.



EHR > Inside EHR> Incident Details Tab > Response > Personnel > Add Crew

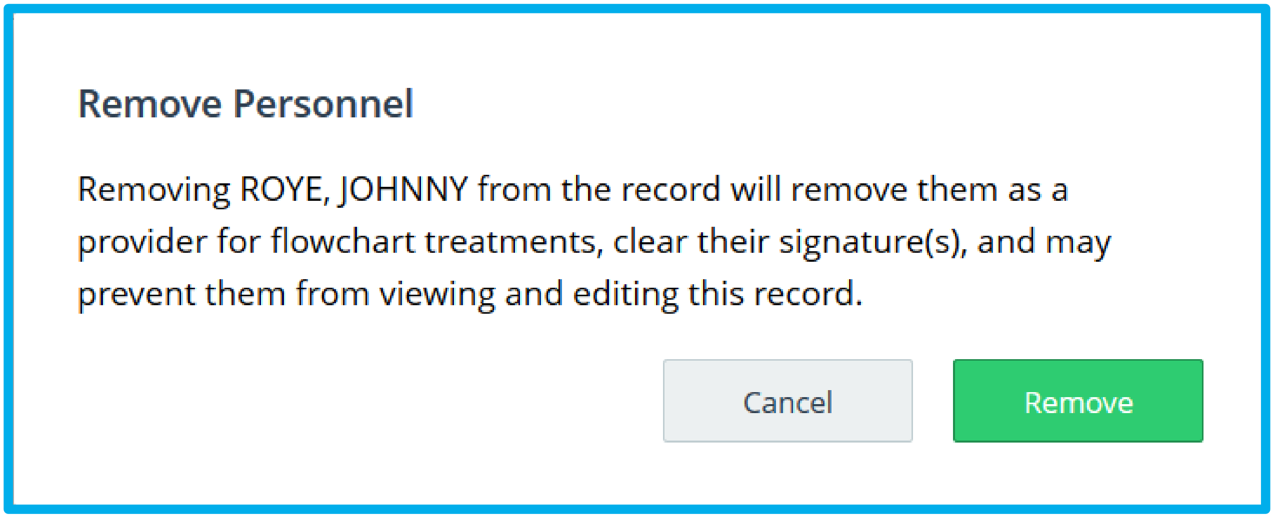
To Edit or Delete Personnel use the Row Menu in the right-hand column.

NOTE: ***If a logged in user tries to remove themselves from an incident they will receive the following message.***



Select "Remove" to continue or "Cancel" return without deleting.

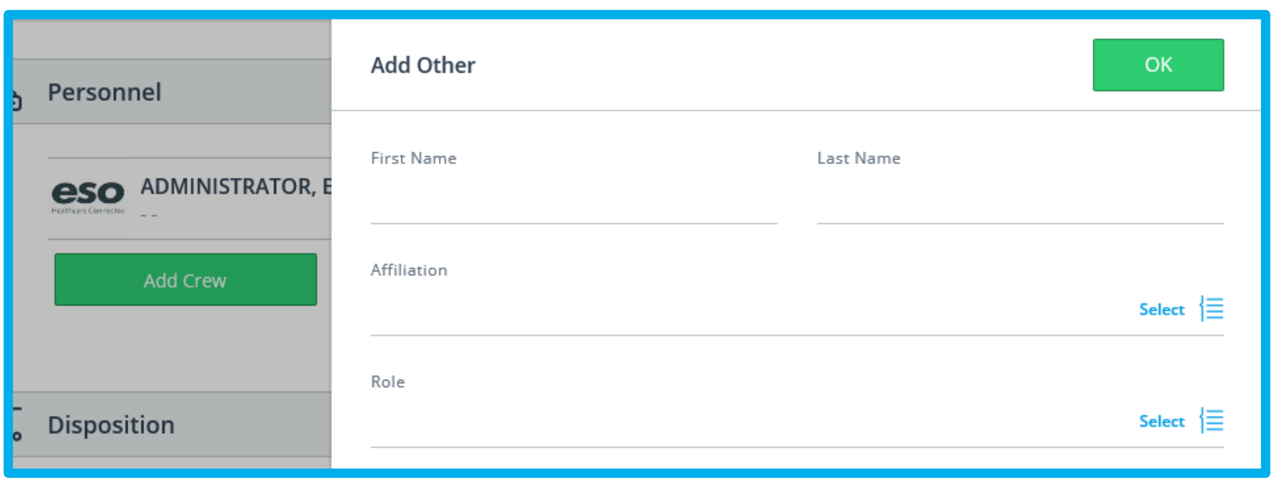
Deletion of other Personnel will see the following message:



Select "Remove" to continue or "Cancel" return without deleting.

Add Other

Use "Add Other" to add personnel to the incident list who are not part of your agency.



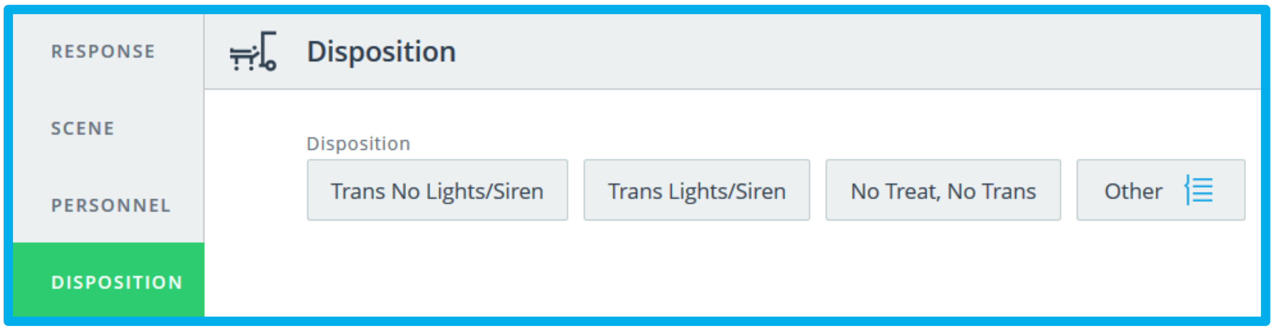
EHR > Inside EHR> Incident Details Tab > Response > Personnel > Add Other

Enter the individual's name, affiliation and associated role.

Disposition

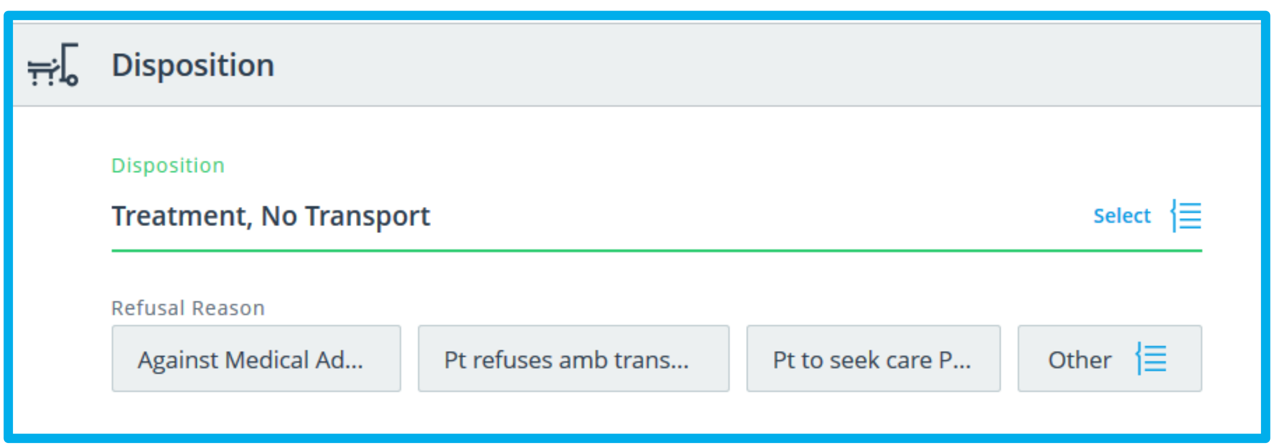
The disposition of the incident drives the availability of other fields as well as determining which fields are considered mandatory in the validation routine.

Select one of the Quick Pick options or choose "Other" to see a full list of options.

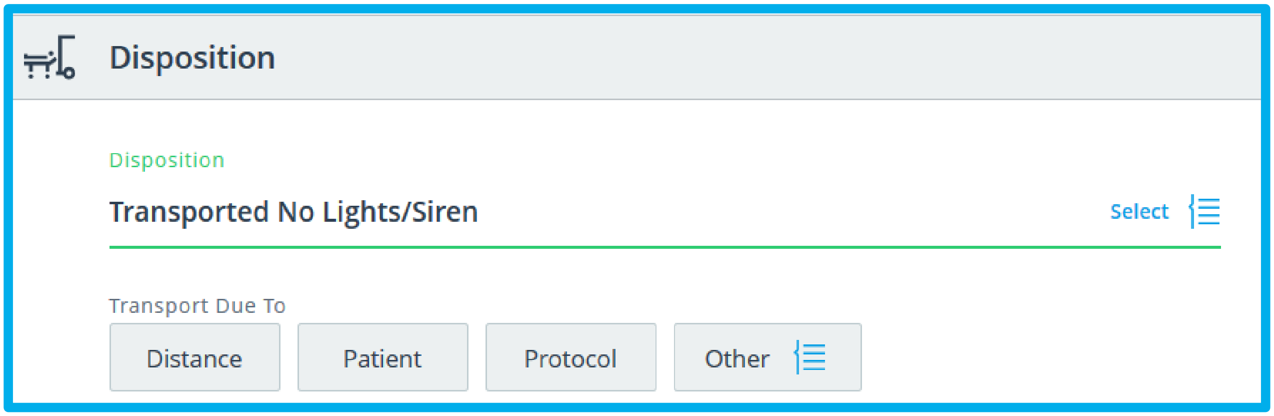


EHR > Inside EHR> Incident Details Tab > Response > Disposition

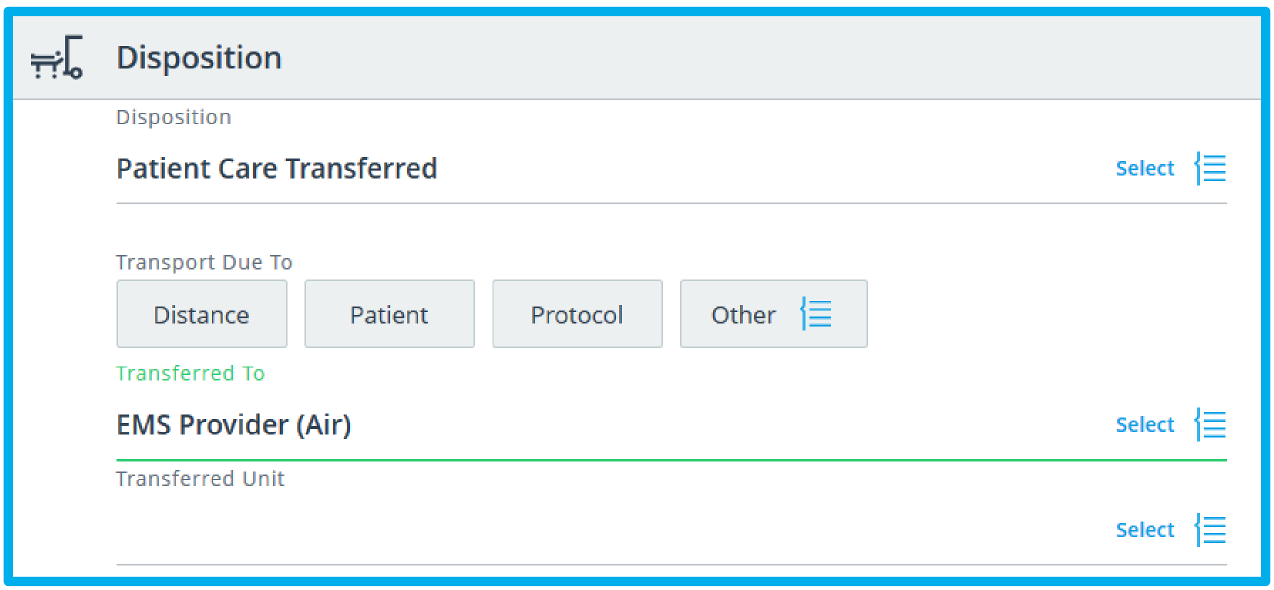
See below examples of data field changes based on disposition selected. Complete the data fields as appropriate.



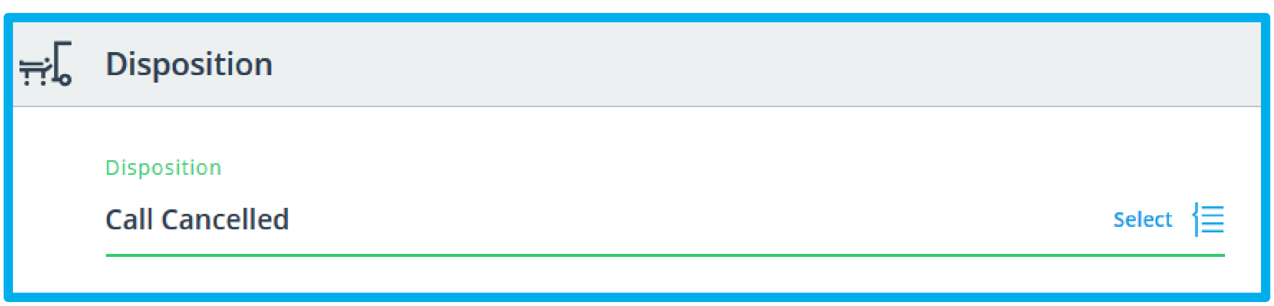
EHR > Inside EHR> Incident Details Tab > Response > Disposition > Select



EHR > Inside EHR> Incident Details Tab > Response > Disposition > Select



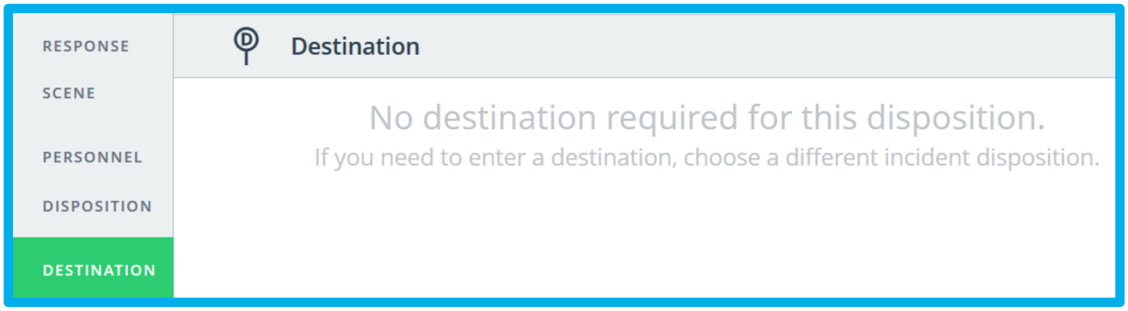
EHR > Inside EHR> Incident Details Tab > Response > Disposition > Select



EHR > Inside EHR> Incident Details Tab > Response > Disposition > Select

Destination

The Destination section is needed when a patient is transported. Entering any of the transported options in the disposition section will open up the destination options.



EHR > Inside EHR> Incident Details Tab > Response > Destination

Predefined

Predefined destinations were entered into the software as part of your new company setup process.

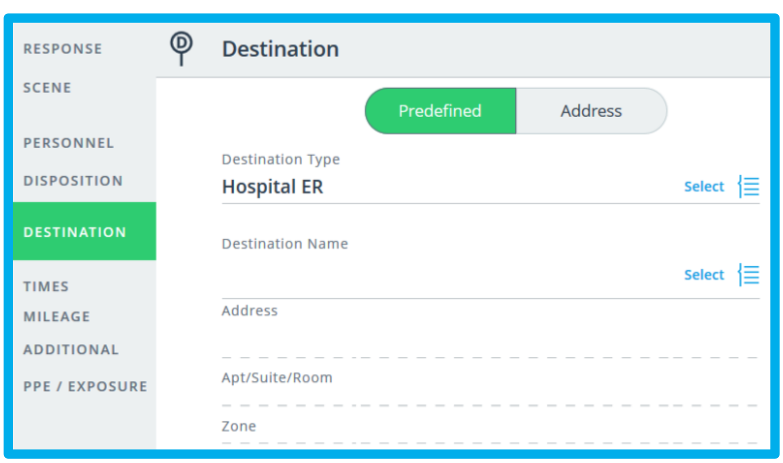
To take advantage of these common locations:

Select a Destination Type.

A list of common destination locations of that location type will populate the slider menu to the right under Location Name, if available.

Choose the appropriate Location Name from the drop-down menu, and the incident address will auto-populate the correct fields.

NOTE: ***When using the Predefined feature, the Destination Address cannot be modified. If an address has changed or is incorrect, choose "Address" and enter the correct address. Report the incorrect information to your administrator so that it can be corrected in the administration section. Refer to the Administration Section for instructions on how to modify or add common incident locations to your company configuration.***



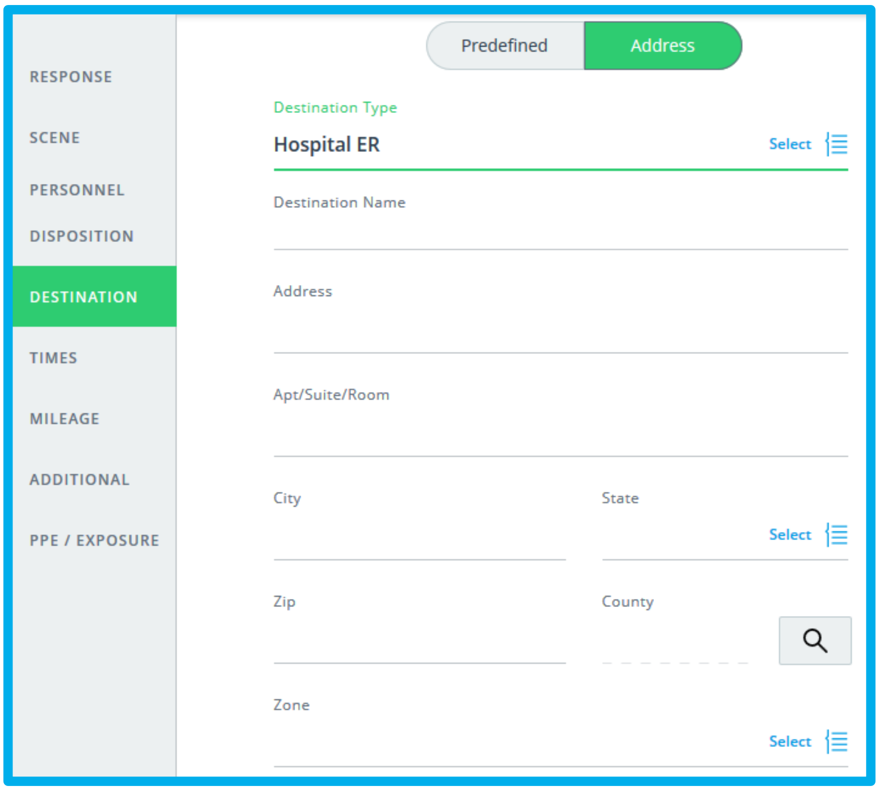
EHR > Inside EHR> Incident Details Tab > Response > Destination Pre-Defined

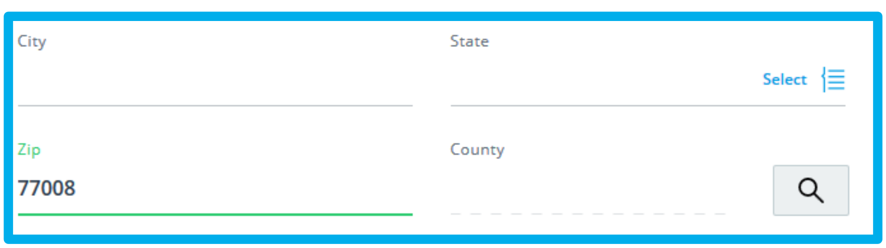
Address

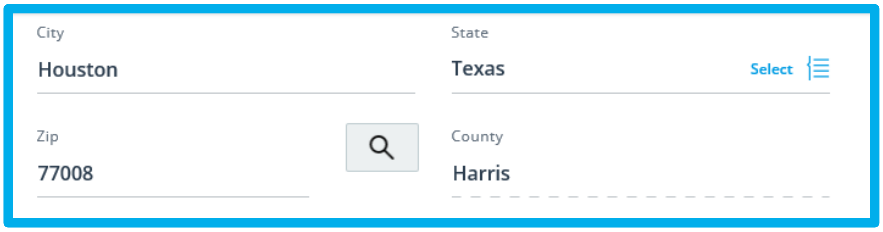
Common destination types are built into the system to improve data accuracy and increase user input efficiency. Select "Address" if the destination you desire is not in the slider menu to the right.

Choose the Destination Type, then complete the entry of the address.

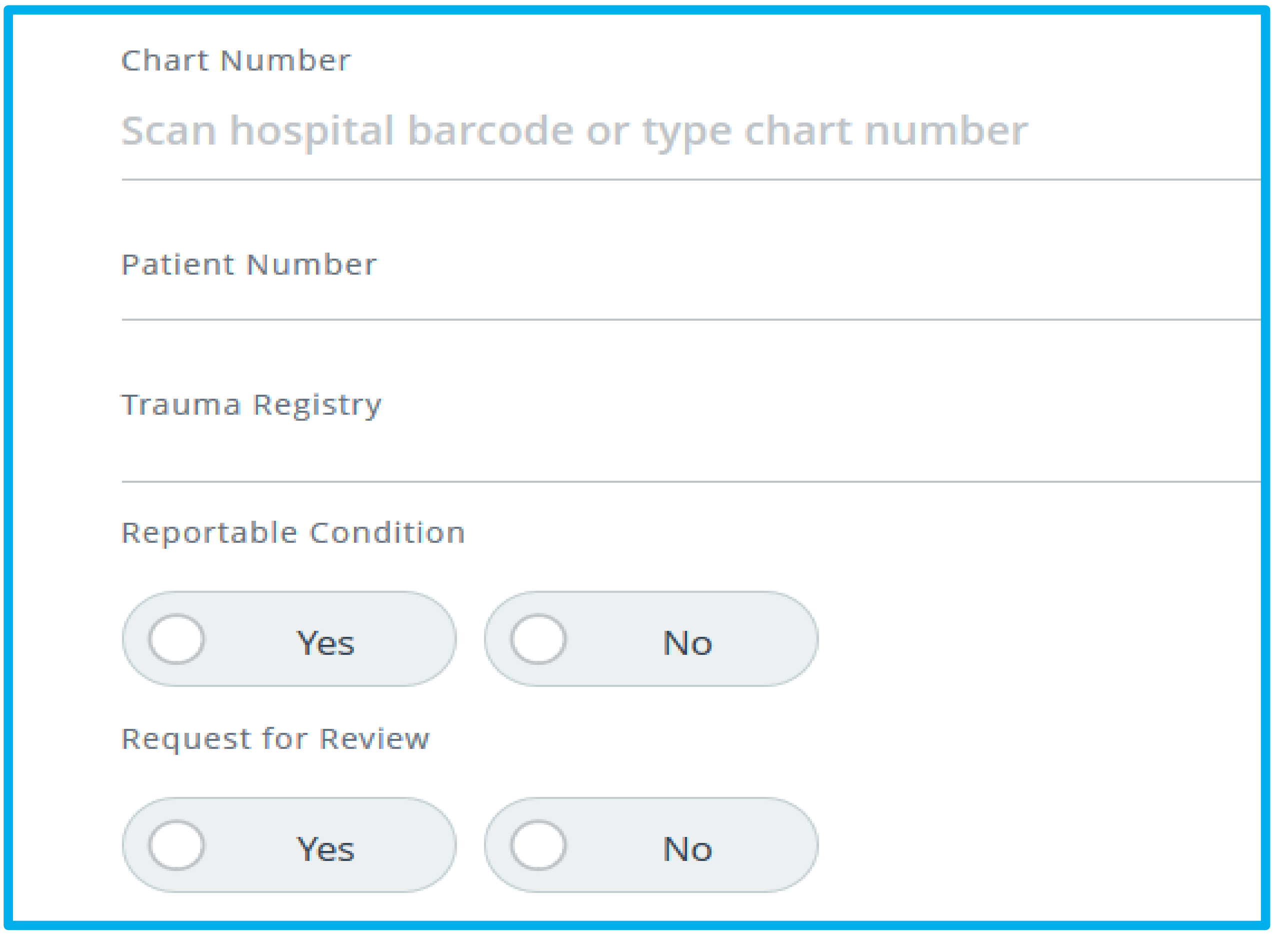
Zip Code/City Look-up: Enter the zip code and/or city name, then click the magnifying glass next to the "county" field and all other fields will auto-populate OR a list of choices will be displayed for you to choose.







EHR > Inside EHR> Incident Details Tab > Response > Destination > Address



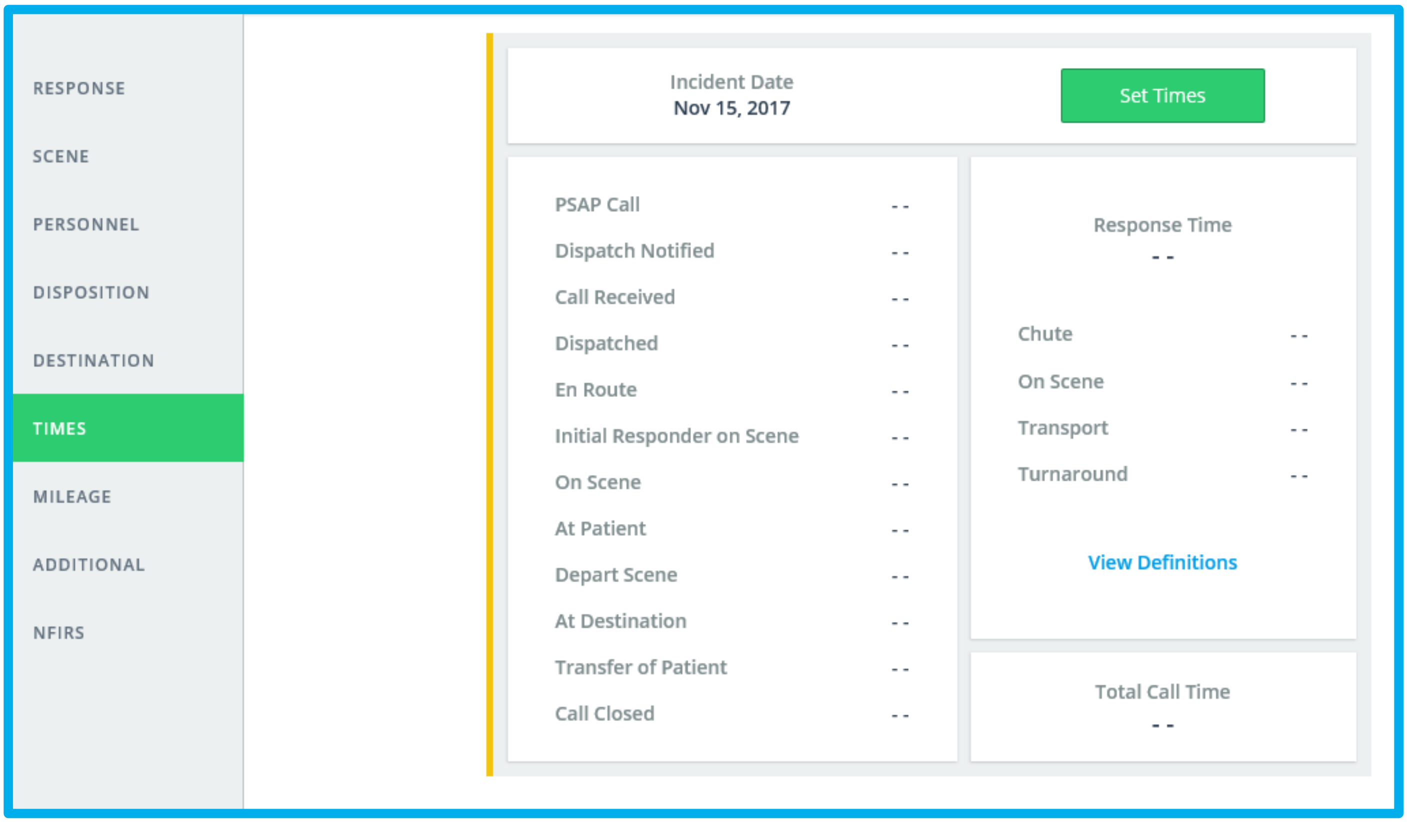
EHR > Inside EHR> Incident Details Tab > Response > Destination

Chart Number, Patient Number and Trauma Registry may not be required. If your service collects any of these, the fields may be used. Reportable Condition is also optional. Request for Review is an option crews may use should they need to discuss the call with someone at the agency. An Ad Hoc Report can be created to catch all records with a Request for Review for follow up.

Incident Times

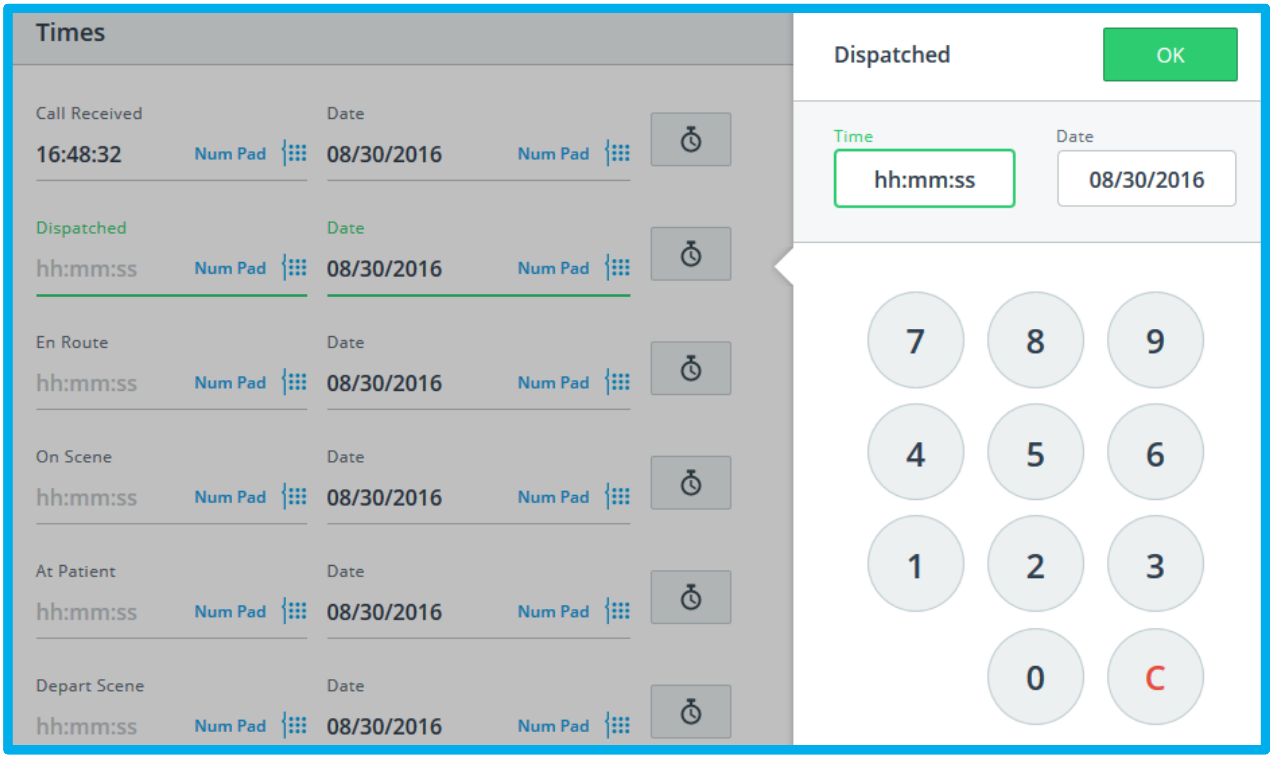
Incident time fields are editable based on the patient disposition. Times not relevant to the disposition will not be editable (i.e. At Destination Time is not available when a patient is not transported).

Adding Incident times can be done by using the Set Times button.



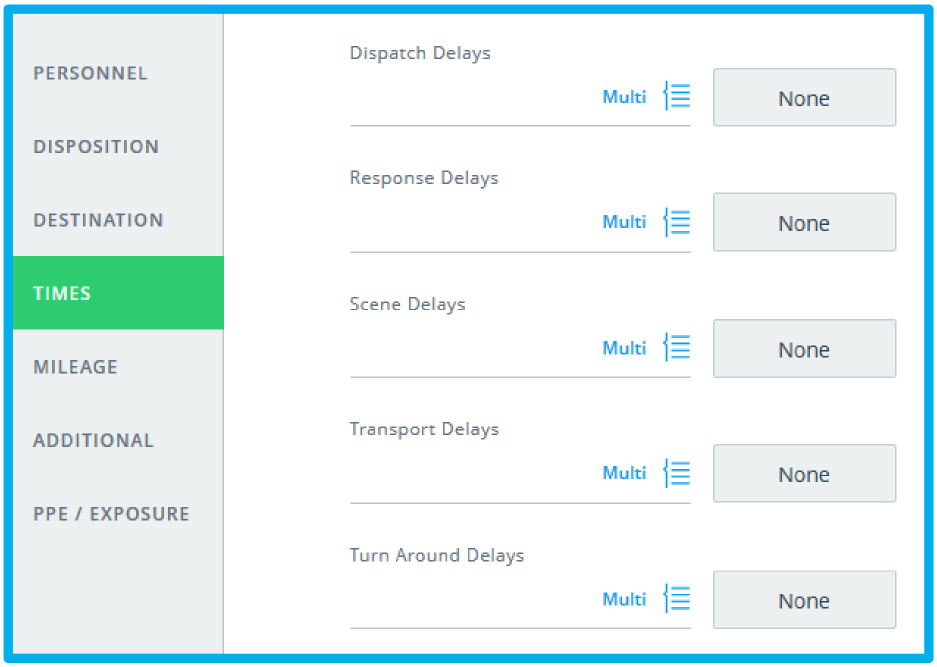
EHR > Inside EHR> Incident Details Tab > Response > Times

The "Num Pad" option will display a numeric pad to enter Time and/or Date. Select "OK" when complete.



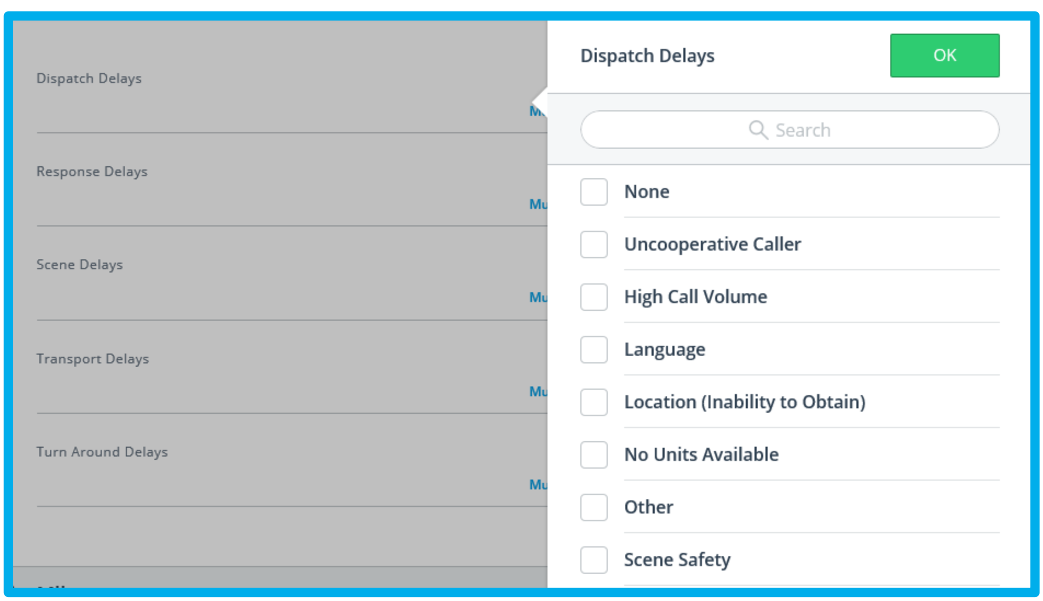
Inside EHR> Incident Details Tab > Response > Times > Set Times

Delays are included in the Times section. The user can document any of 5 different types of delays by selecting the Multi option or if "None," simply select "None" in the far-right column. A free text field will be available to describe the delay in more detail.



Inside EHR> Incident Details Tab > Response > Times > Delays

Multiple delays can be added by selecting the desired options then clicking "OK."



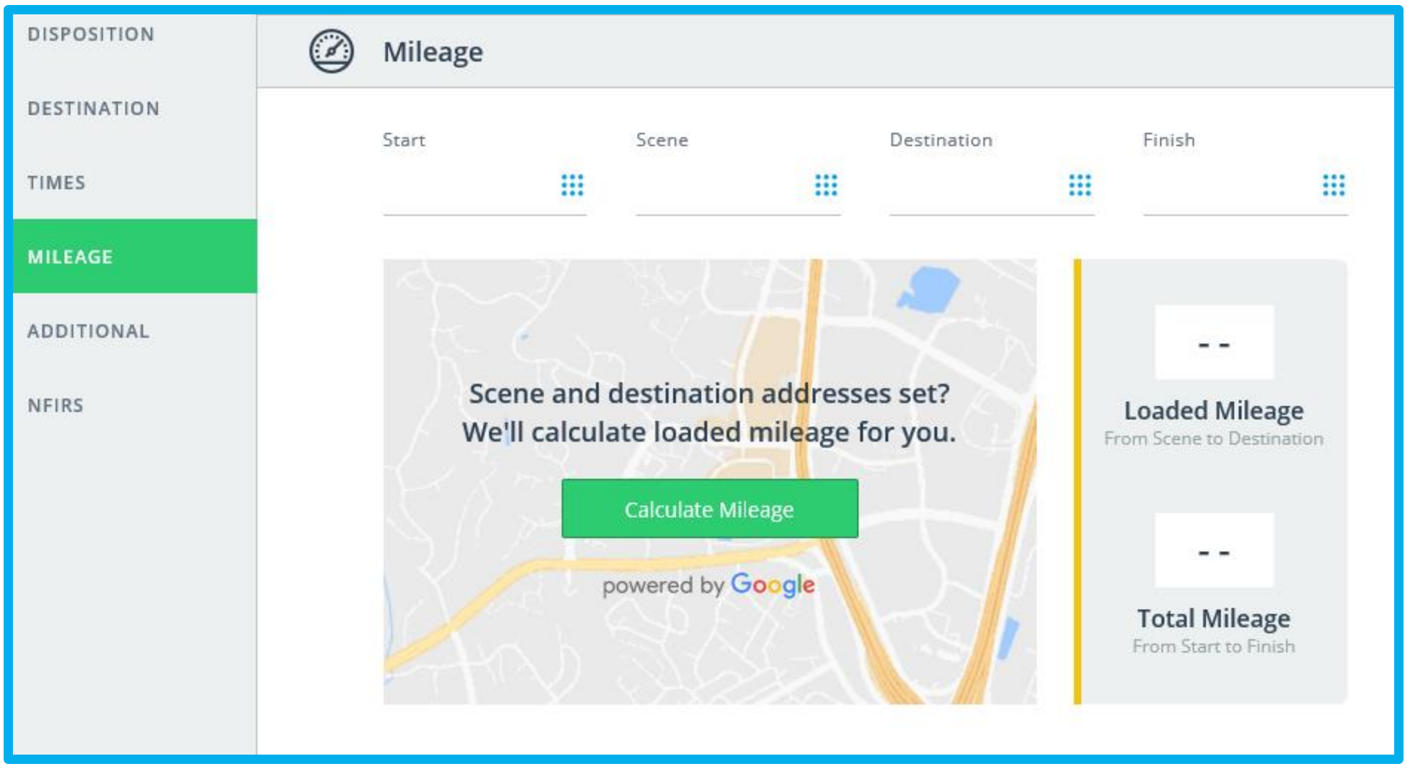
Inside EHR> Incident Details Tab > Response > Times > Delays

Mileage

The "At Scene" and "At Destination" fields may be populated if you select a transport option for the disposition. The loaded miles will auto-fill based on the numbers you enter in the fields.

"Start" and "End" mileage can be used to track the total vehicle mileage from dispatch to completion. When entered, these fields will auto-populate the Total.

When a valid Scene Address and Destination Address are entered, the “Calculate Mileage” option can be used. “Calculate Mileage” requires an internet connection but will auto-calculate your loaded miles using Google Maps.



Inside EHR> Incident Details Tab > Response > Mileage

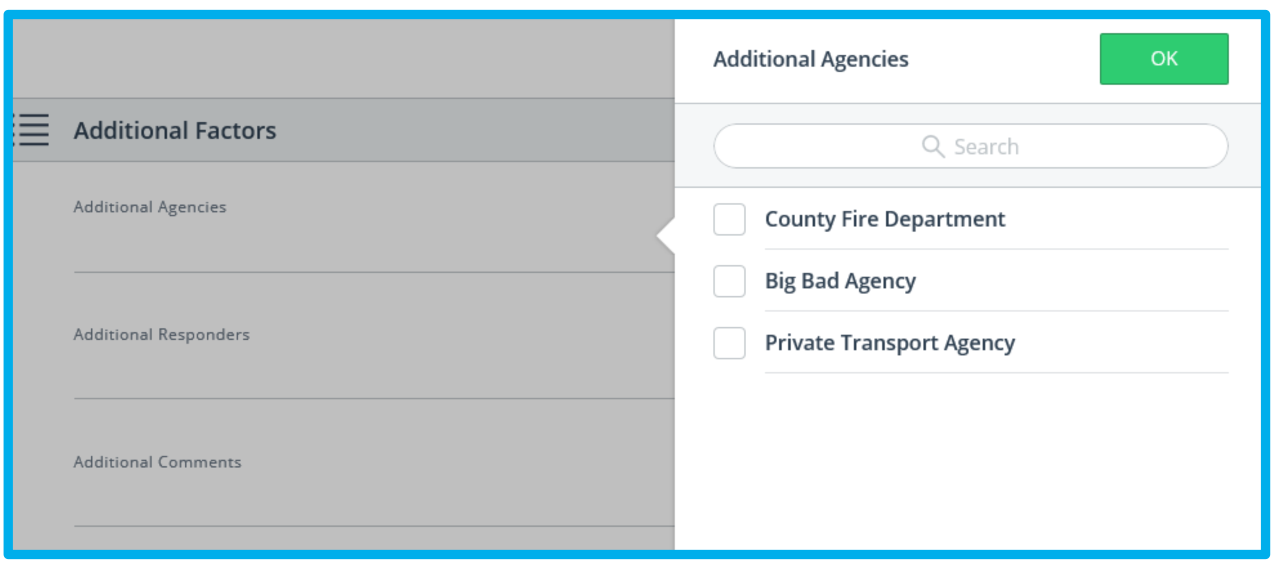
Additional

Use this section to document any other factors that pertain to this call.

Additional Agencies and Additional Responders can be added by using the Multi-select menu.

Inside EHR> Incident Details Tab > Response > Additional/Factors

Select one or multiple choices and click "OK" to complete the entry.



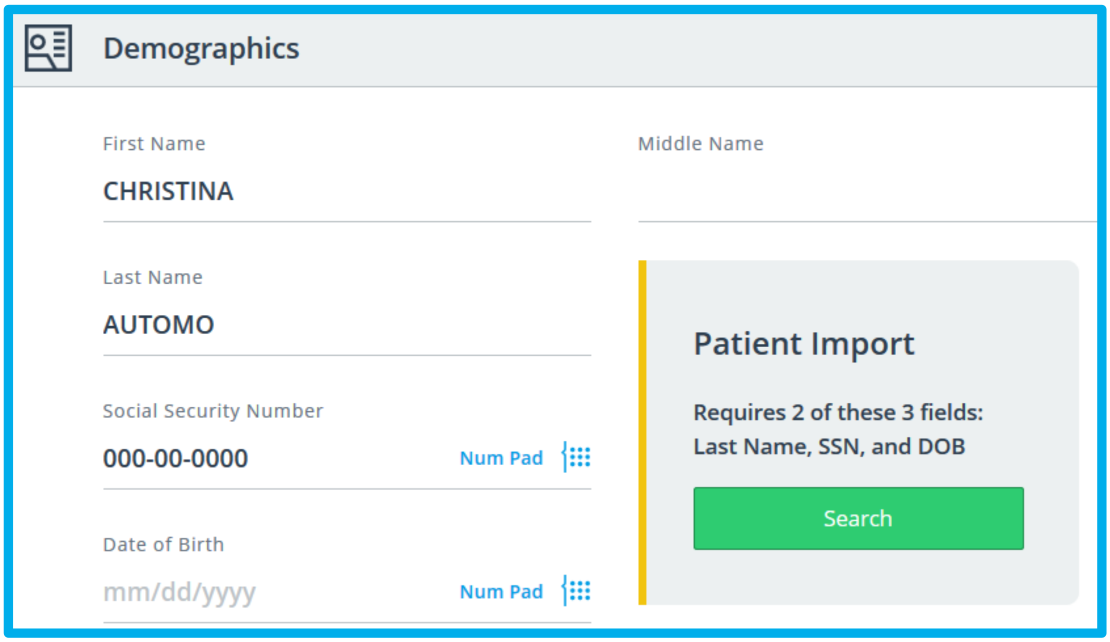
Inside EHR> Incident Details Tab > Response > Additional/Agencies

Patient Look Up

If you think a patient was transported by your organization on a previous occasion (and the function has been enabled in the Admin console), you can look up the patient.

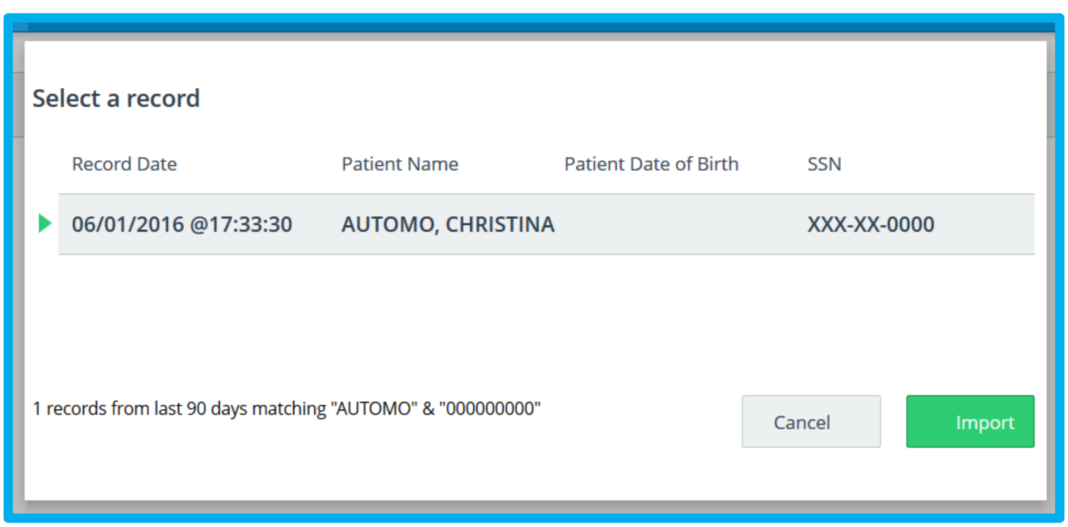
Enter the patient's last name, date of birth, and/or social security number (you must enter two of these three types of patient demographics).

Click "Search."



Inside EHR> Patient > Demographics

After clicking "Search", highlight the desired entry in the results and choose "Import".



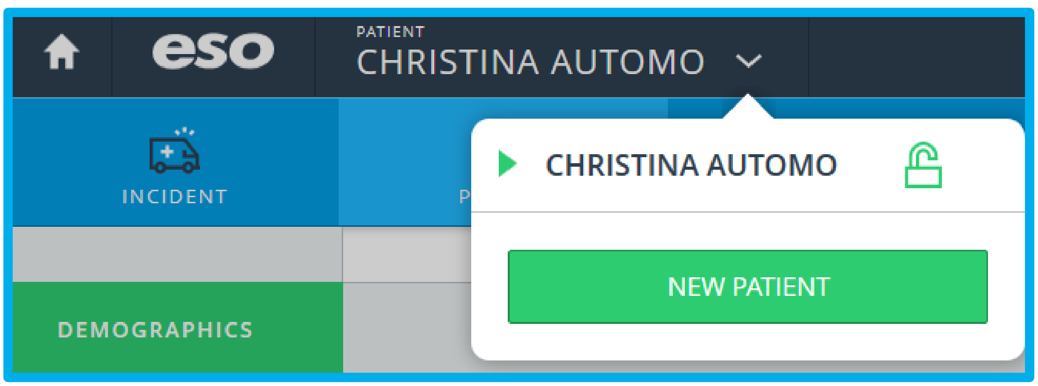
Inside EHR> Patient > Demographics >Search

Once imported, the Patient Data fields as well as any previously entered medications/allergies, medical history, and/or billing information will auto-fill with the data from the chosen encounter. If a patient has been seen multiple times, the information provided will be from the most recent patient encounter. All data is editable and you may update their information.

If no patient is found in your lookup, simply enter the demographics manually.

Adding an Additional Patient

To document an additional patient on a call, click the down arrow next to the patient's name. Select "New Patient" and a new demographic data page will appear so that you may enter the new patient information.

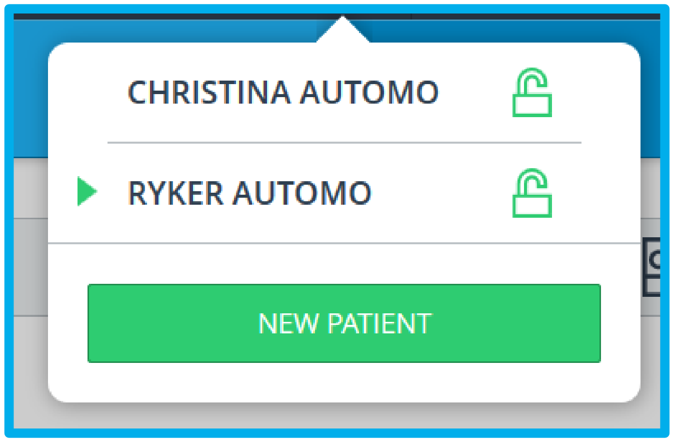


Inside EHR> New Patient

After entering new information and switching tabs, note that the additional patient name has been added to the upper tool bar. Information specific to the incident will copy for this patient on the incident detail page. Patient specific information (i.e. Disposition, at patient side time, etc.) will not auto populate.

The arrow next to the name below indicates which patient is currently active on your screen. You can easily toggle between the patients.

Add additional patients as needed.



Inside EHR> New Patient

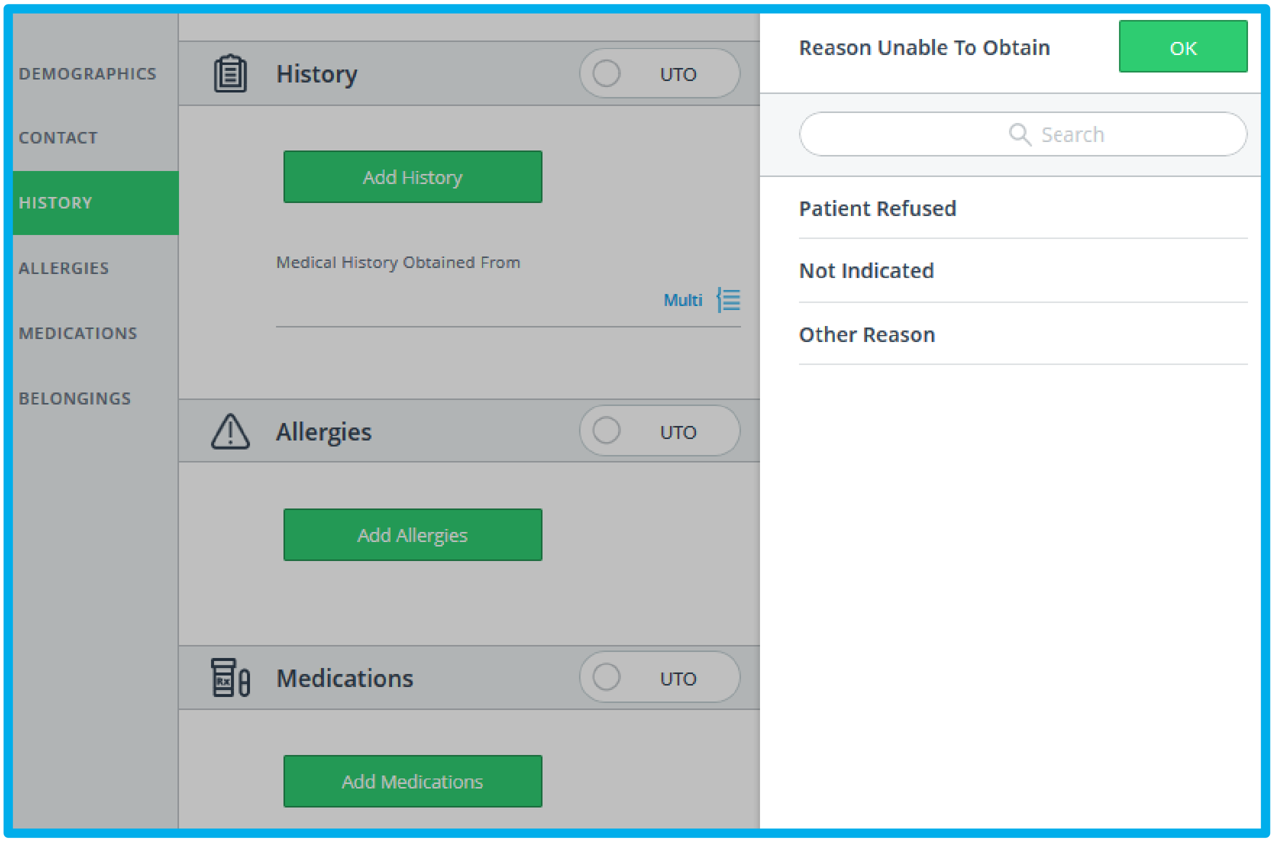
Adding Medications/Allergies/History

To add Medications, Allergies or History:

Select the "Add" button for the desired section.

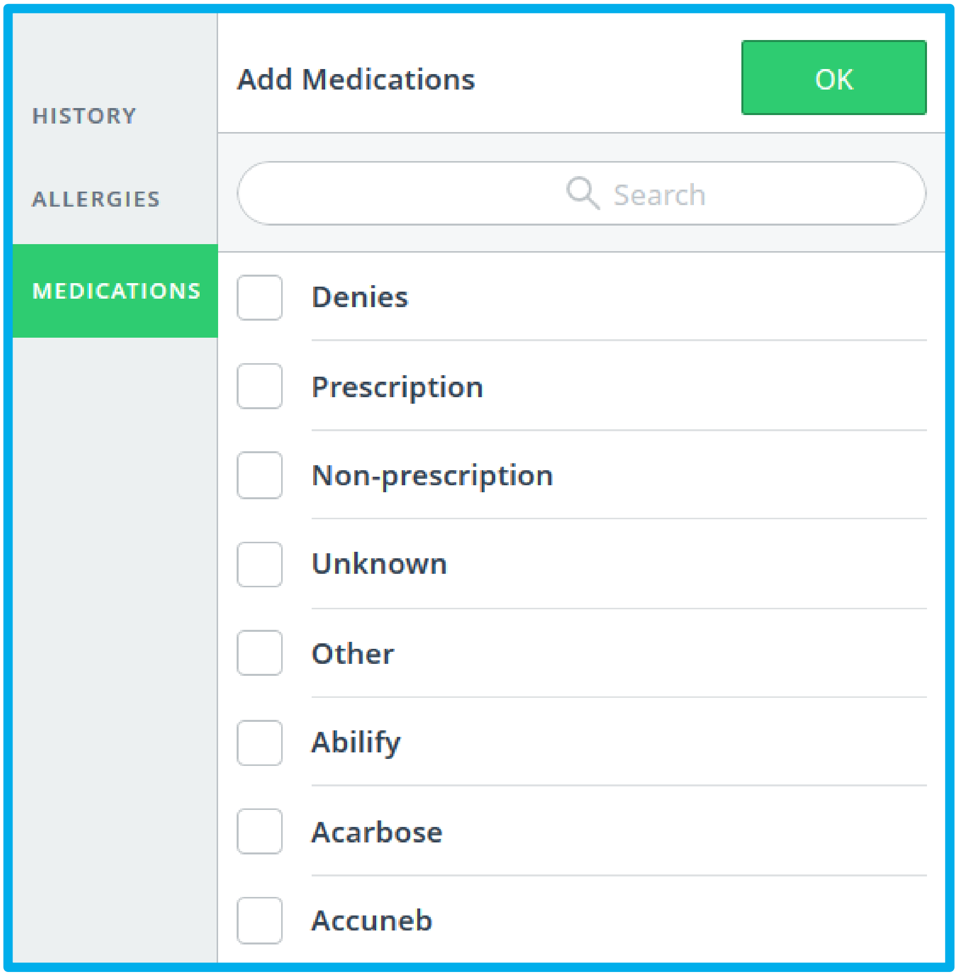
If unable to obtain, choose the radio button with "UTO" and select the reason you were unable to obtain that category.

NOTE: ***You will see Medication, Allergies and History in the Jump link on the left. You can enter those by selecting the icon or you can finish with one section and Add Allergies or History from the main view.***



Inside EHR>Patient > History > Unable to Obtain

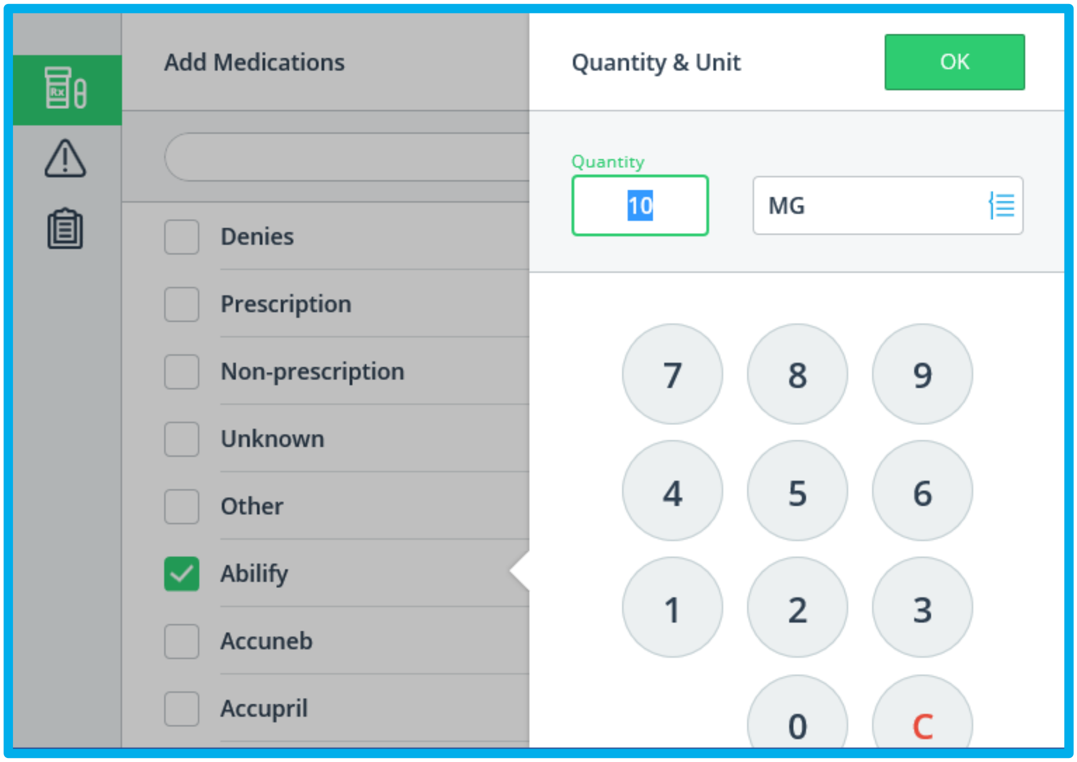
You can scroll to the desired Medication(s) or use the list search to type in a name and have it take you to the medication. Select one or more medications.



Inside EHR>Patient > Medications

Once a medication is selected, the "Add Dose" option will be available (if active in your admin console).

For any History, Medications or Allergies not found in the list, choose "Other" in the appropriate category. Then use the comment option to document all "Other" medications, or history or allergies found not to be present.



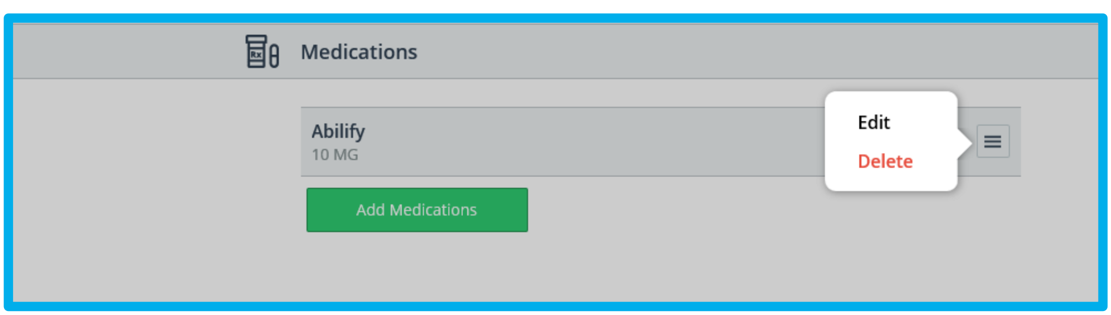
Inside EHR>Patient > Medications > Add Dose

Add dose gives the user the option to enter the quantity and measure of the medication the patient is taking. Select "OK" to confirm your entry.

When you have completed all of your medications select "OK" again to return to the main screen.

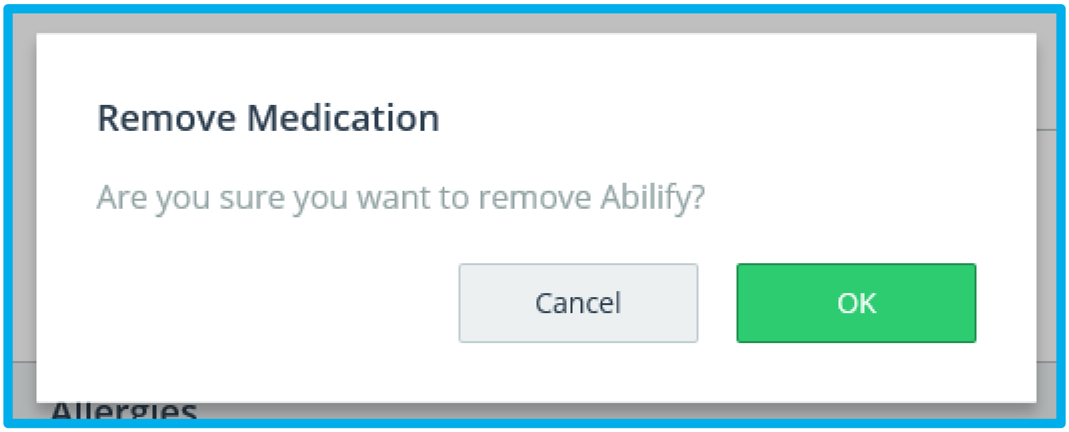
If you prefer to enter Allergies and History at this time, select the icon in the jump link section instead of "OK" to continue documenting.

To Edit or Delete an entry, select the row menu on the right.



Inside EHR>Patient > Medications > Edit/Delete

Choosing Delete will prompt you with a confirmation message.



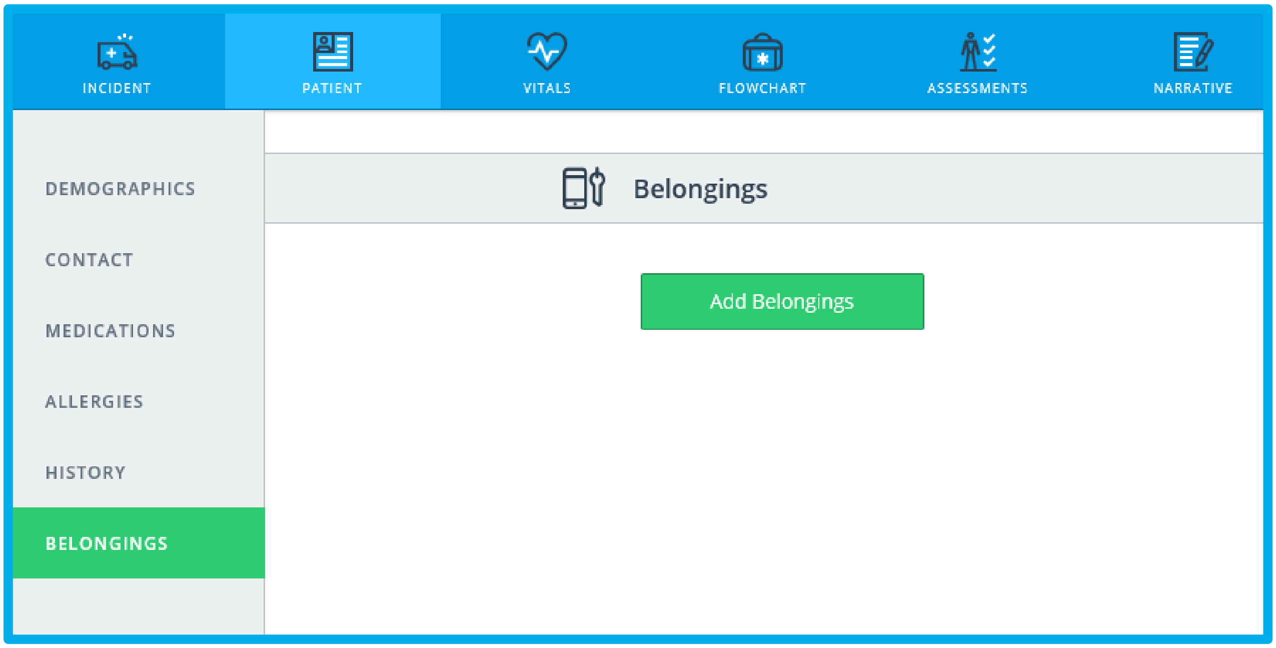
Inside EHR>Patient > Medications > Delete

Select "OK" to Delete or "Cancel" to continue without deleting.

Documenting Personal Items

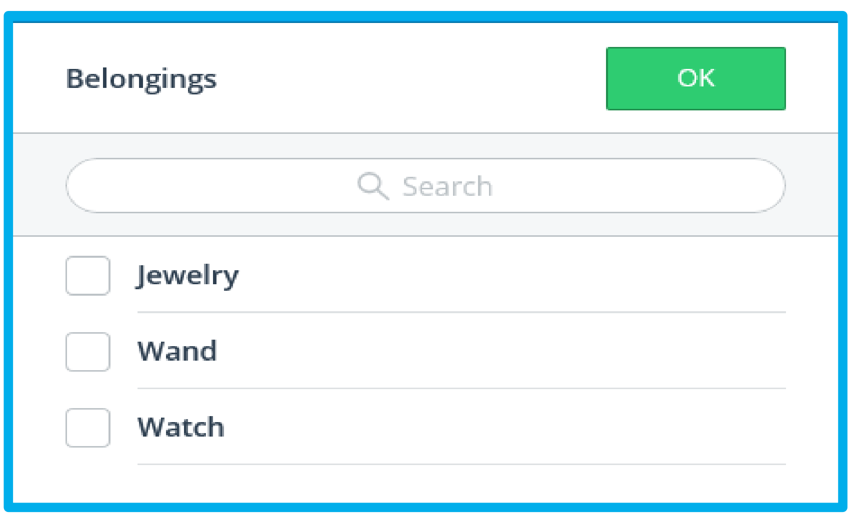
From the Patient Information screen, you can easily log any patient personal belongings that change hands during an incident:

Scroll to "Belongings" or use the jump link to take you to the Belongings section.



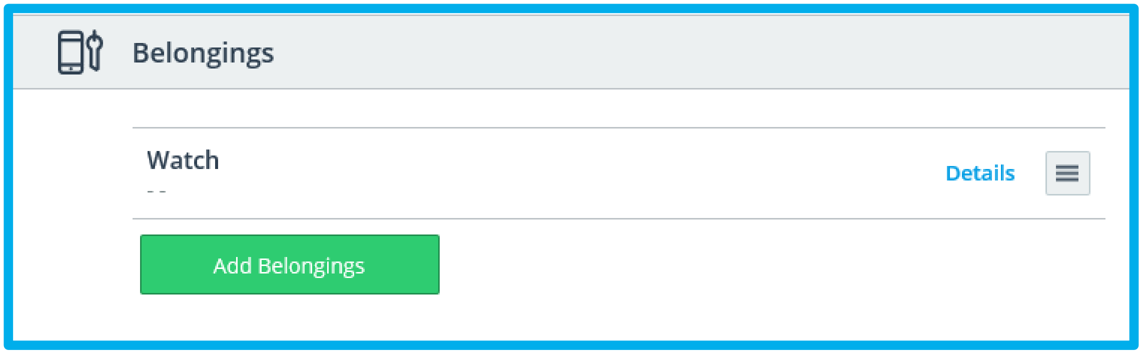
Inside EHR>Patient > Personal Belongings

Select "Add Belongings"



Inside EHR>Patient > Personal Belongings > Add Belongings

Choose from the list provided and select "OK" when finished.

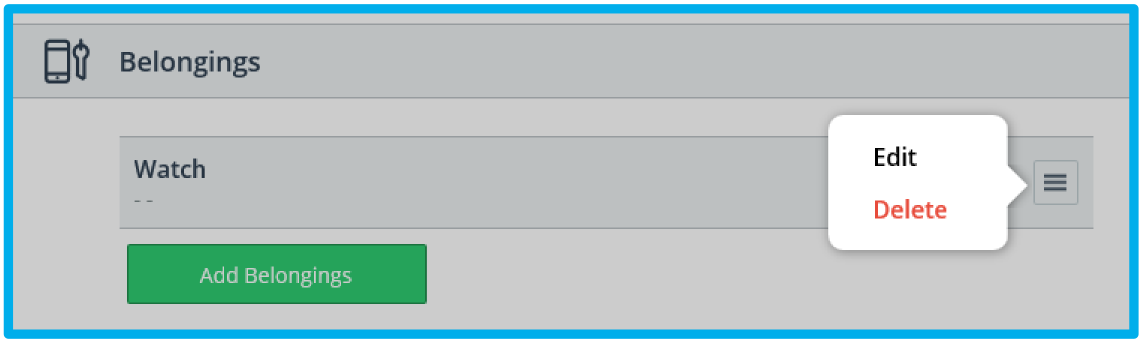


Inside EHR>Patient > Personal Belongings > Add Belongings > Details

To enter additional information, select "Details."

Inside EHR>Patient > Personal Belongings > Add Belongings > Given to

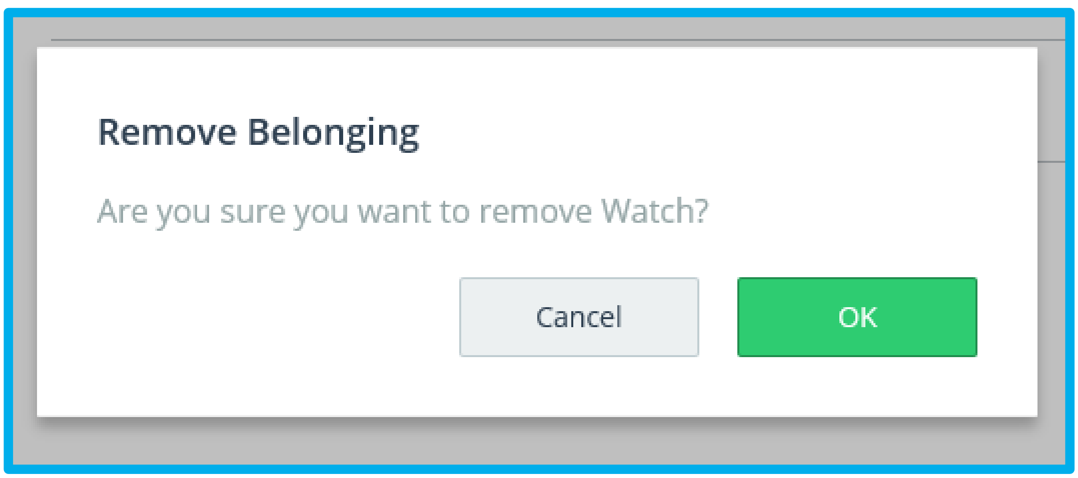
Selecting "Details" will open up a shelf to enter additional information related to the Belonging.



Inside EHR>Patient > Personal Belongings > Add Belongings > Edit/Delete

Selecting the row menu on the right will allow you to Edit or Delete the information related to that Belonging.

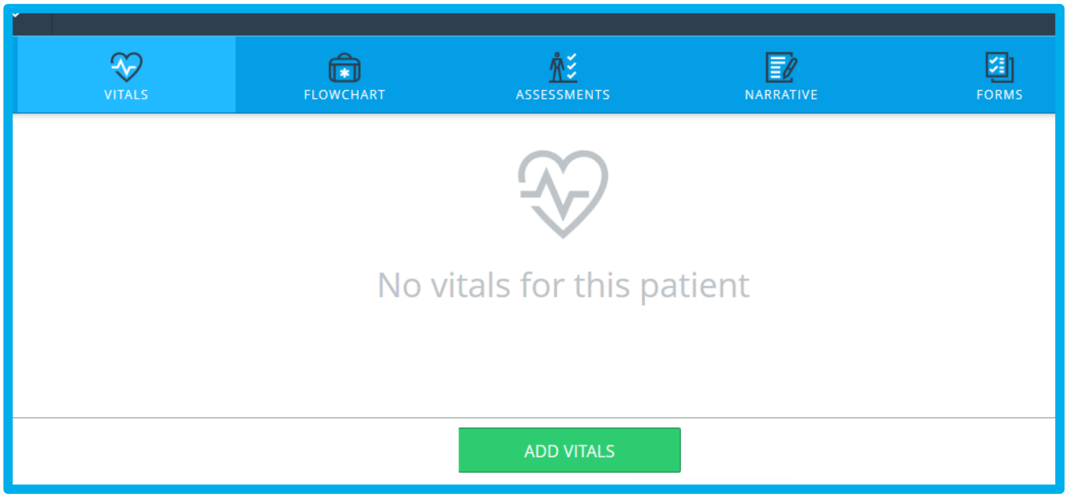
Selecting "Delete" will prompt the user to confirm the deletion of the Belonging.



Choose "OK" to Delete or "Cancel" to continue without Deleting.

To add vital signs:

After clicking on the vitals tab click the green "ADD VITALS" button located at the bottom of the page.

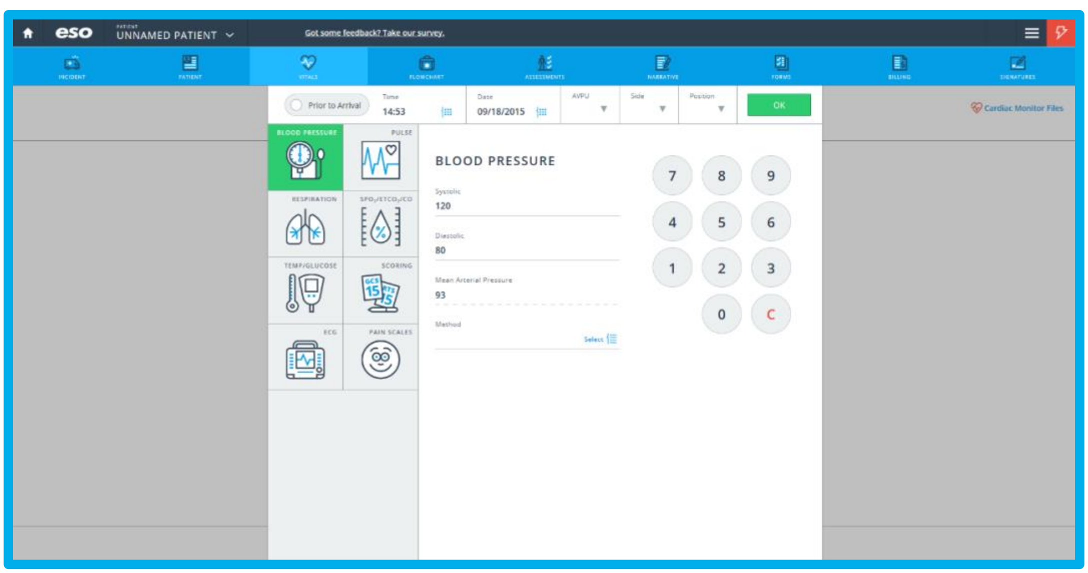


Inside EHR > Vitals

Modify the date if necessary (the date will default to the call received date, and the time will default to the current time).

Tab and type through to enter data after clicking each specific item on the left of the page.

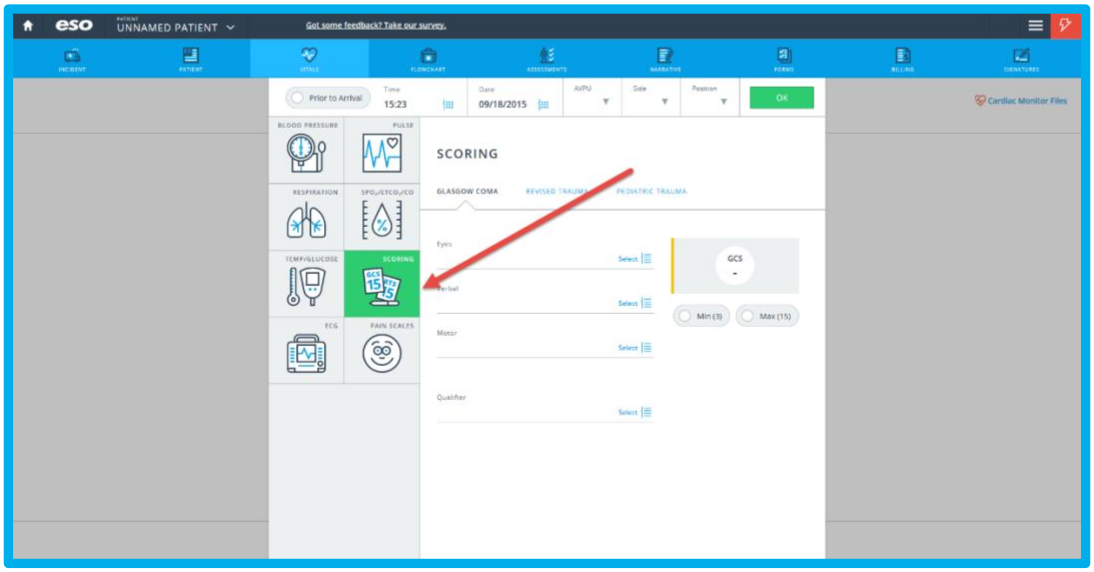
Select "OK" after completing your entry.



Inside EHR > Vitals

Trauma Scoring

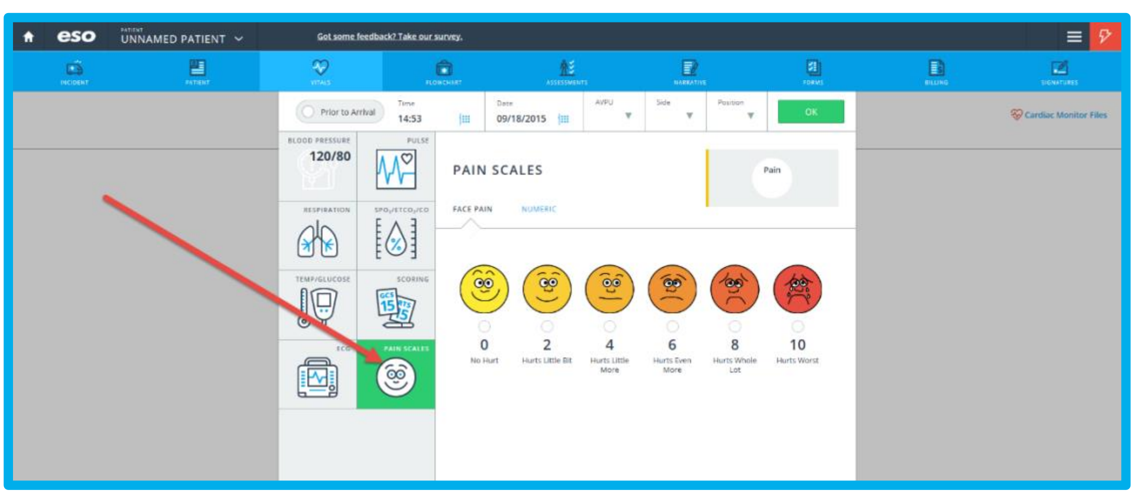
Select the Trauma Scoring tab. Document the patient's Glasgow Coma Scale information as applicable. The software will auto-calculate the Revised Trauma Score based on the GCS, BP, and RR for this set of vital signs. A pediatric trauma score is also available as necessary.



Inside EHR > Vitals > Trauma Scoring

Pain Scale

Select the Pain Scale tab located below the Scoring tab. The numerical and the Wong-Baker pain scales are helpful tools for determining and documenting pain levels. Select the number or the face the patient selects in order to describe his/her pain.

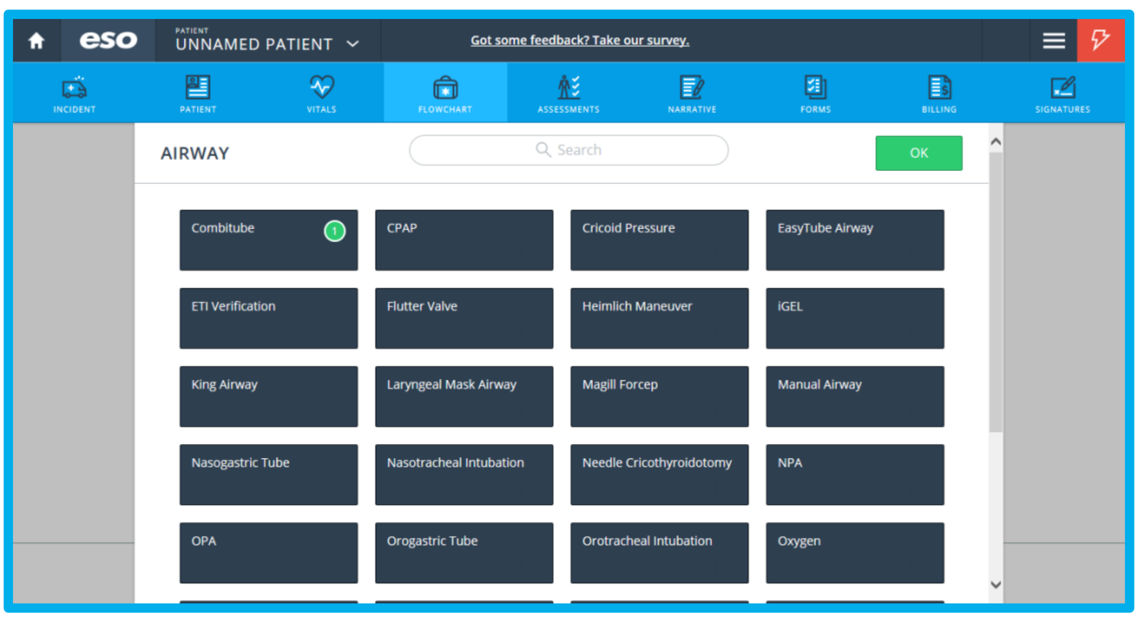


Inside EHR > Vitals > Pain Scale

Select a treatment category from the bottom of the screen.

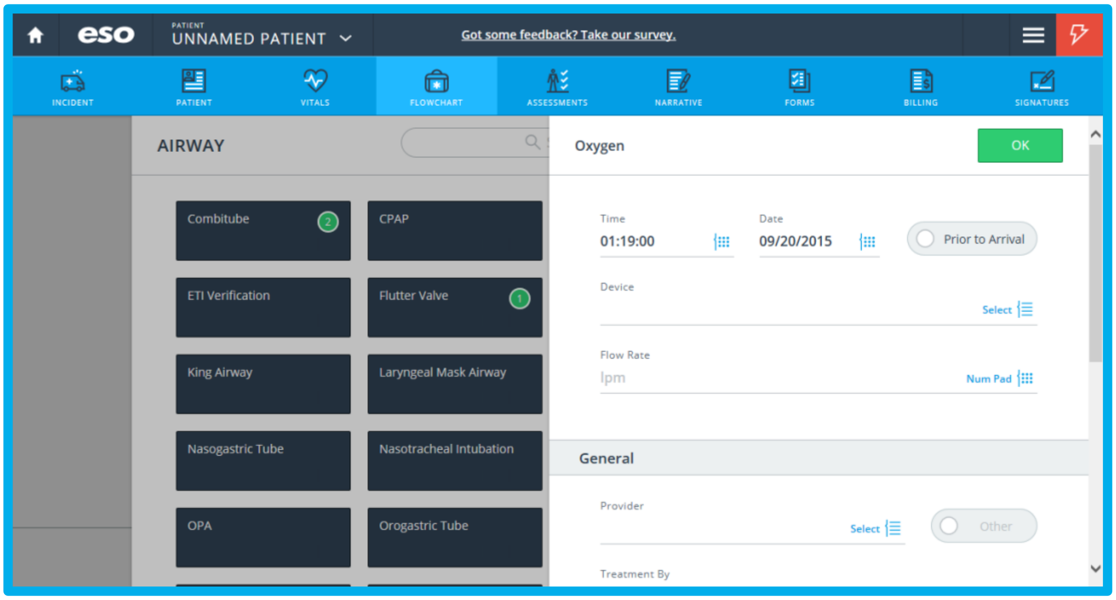
Inside EHR > Flowchart

The appropriate fields will open based on the category you select and treatments in your protocol.



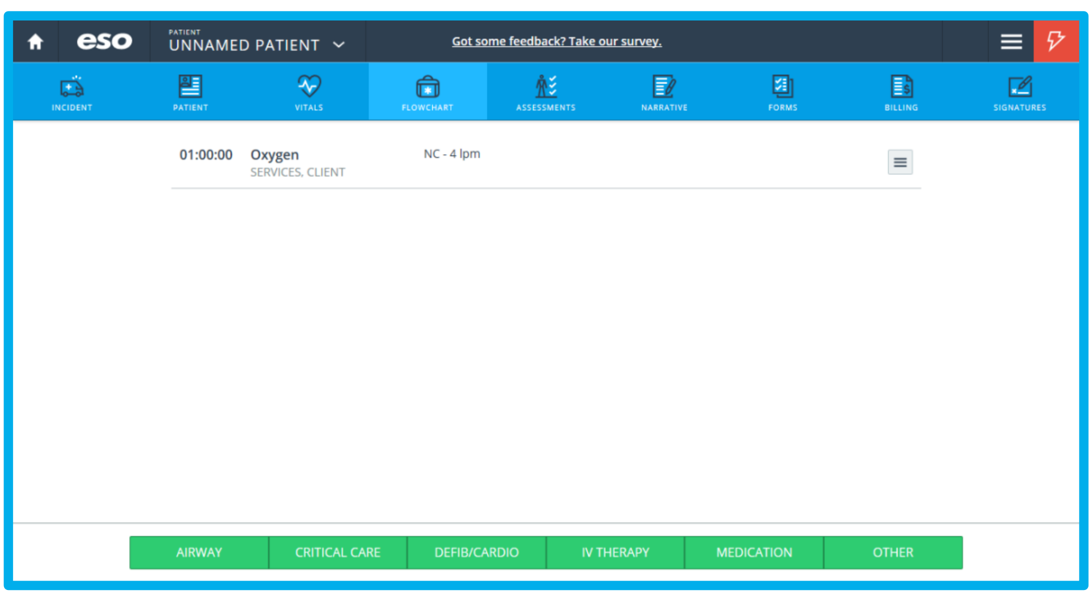
Inside EHR > Flowchart > Airway

For example, select the Airway category, then select Oxygen. Continue to populate all appropriate data, including any slider menu selections to the right. You may utilize the search field as needed at the top of the screen.



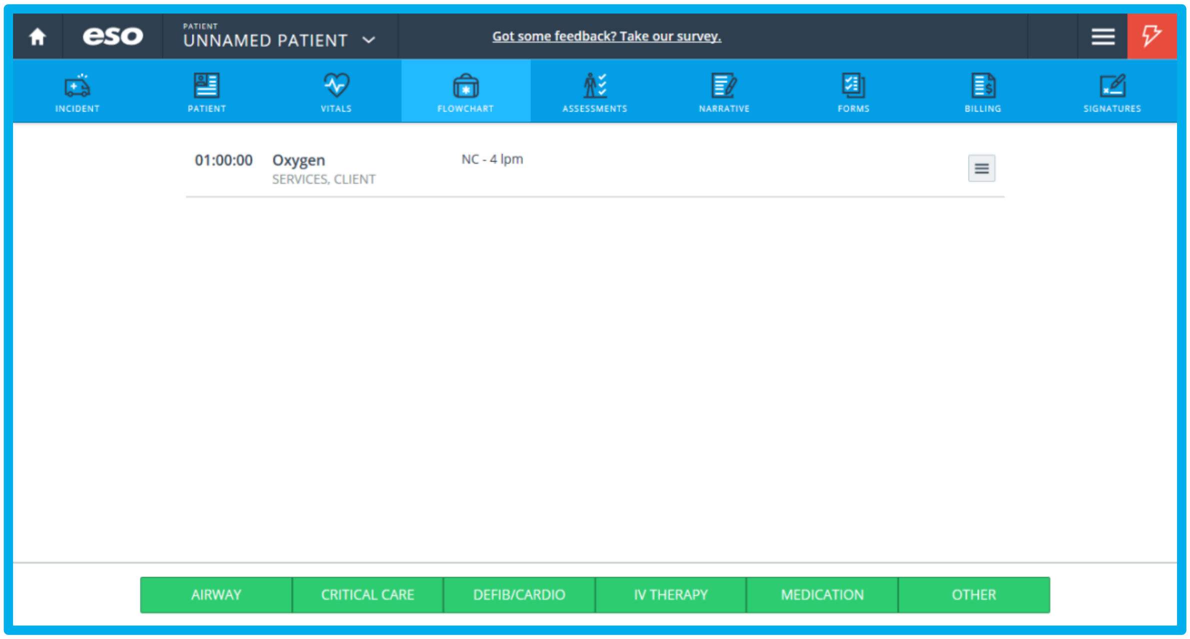
Inside EHR > Flowchart > Airway > Oxygen

When the field is completed click the "OK" tab. To edit the entry, click the icon to the far right of the treatment to either "Delete" or "Edit" the selection.



Inside EHR > Flowchart

A completed data grid will look like the image shown above. The provider will default to the lead provider on the incident details page but can be edited as necessary from within each flowchart item.

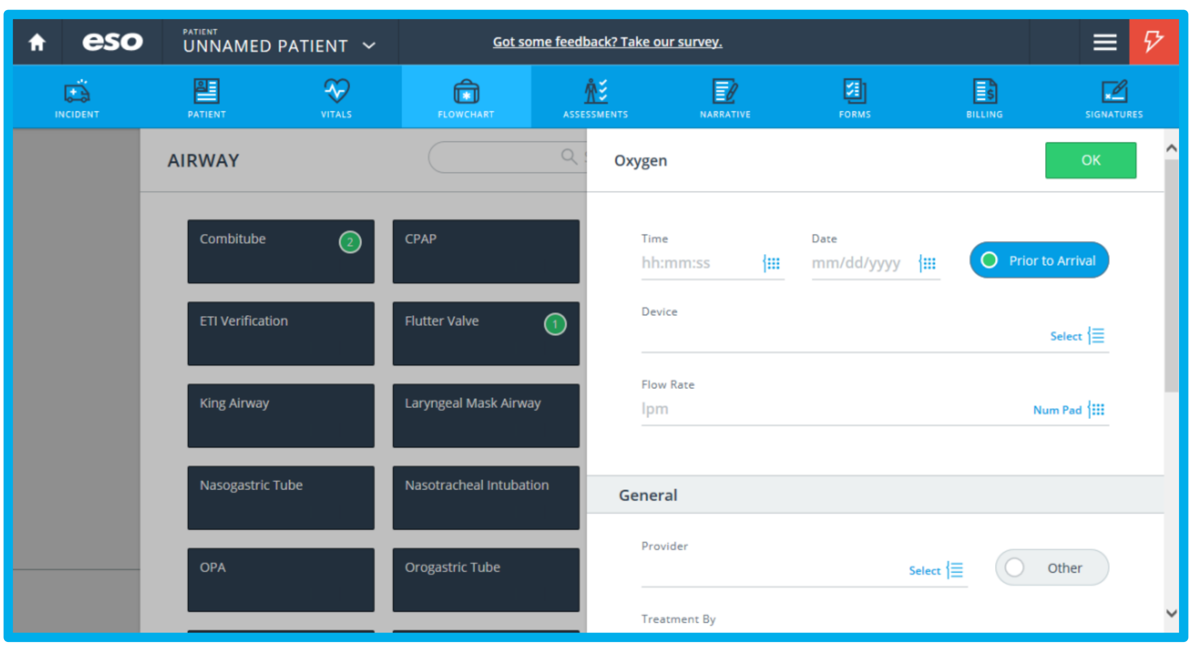


Inside EHR > Flowchart

Select the icon to the far right of each treatment listed to either "Edit" or "Delete" the intervention.

Documenting First Responder Aid (PTA)

Document any First Responder aid by choosing "PTA" in the treatment area chosen as shown below.

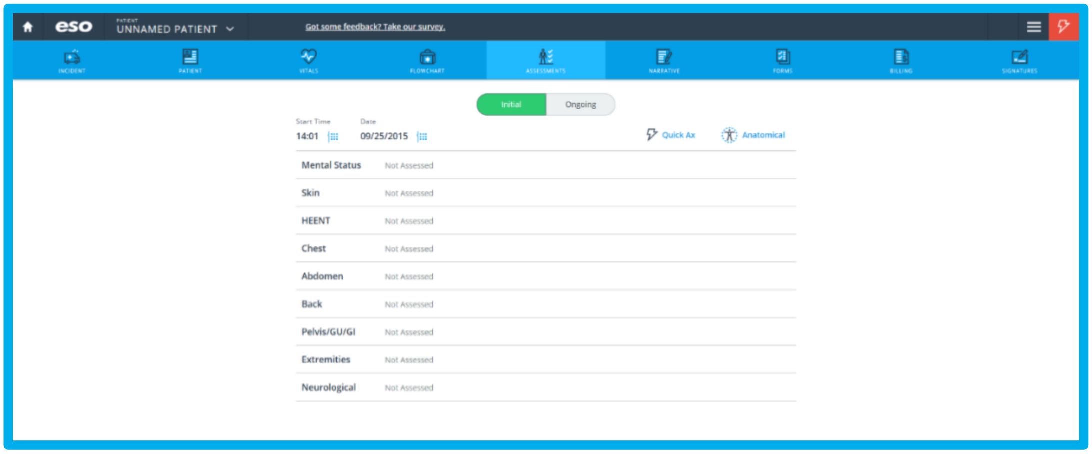


Inside EHR > Flowchart > Oxygen> PTA

The flowchart is editable at any time while a chart in in the "Draft" status.

There are two assessment options in the assessment page: Initial and Ongoing (tabs at the top). Enter the time of your assessment at the top left of the screen.

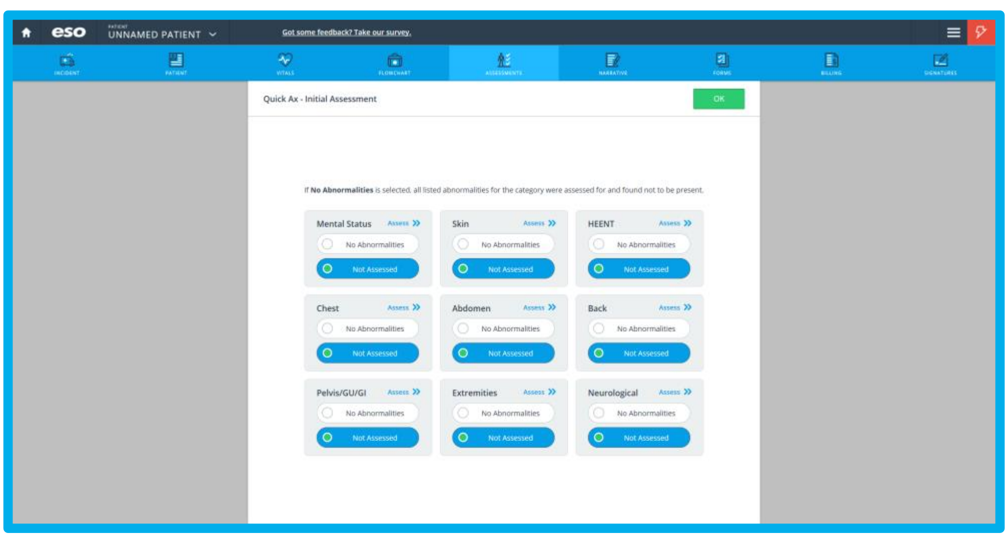
Initial



Inside EHR > Initial Assessment

Select the Assessment Quick AX at the top left of the screen to enter a quick assessment.

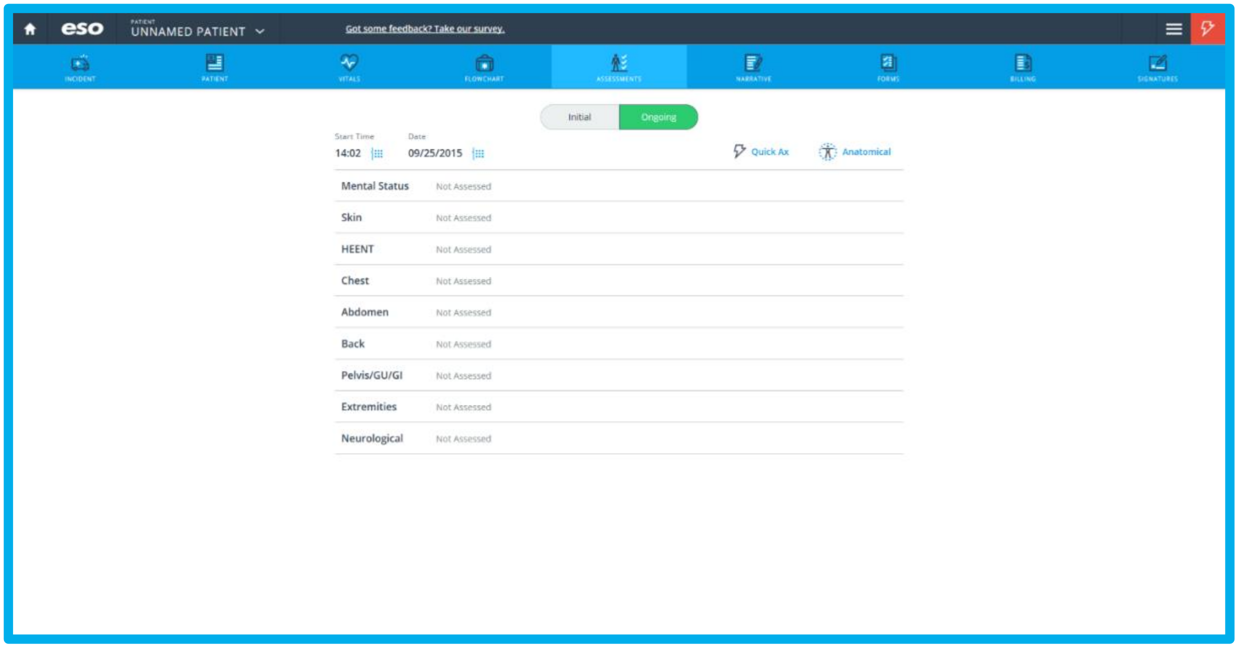
This view can be used to quickly indicate that there were no abnormalities to body areas, or that certain areas were not assessed.



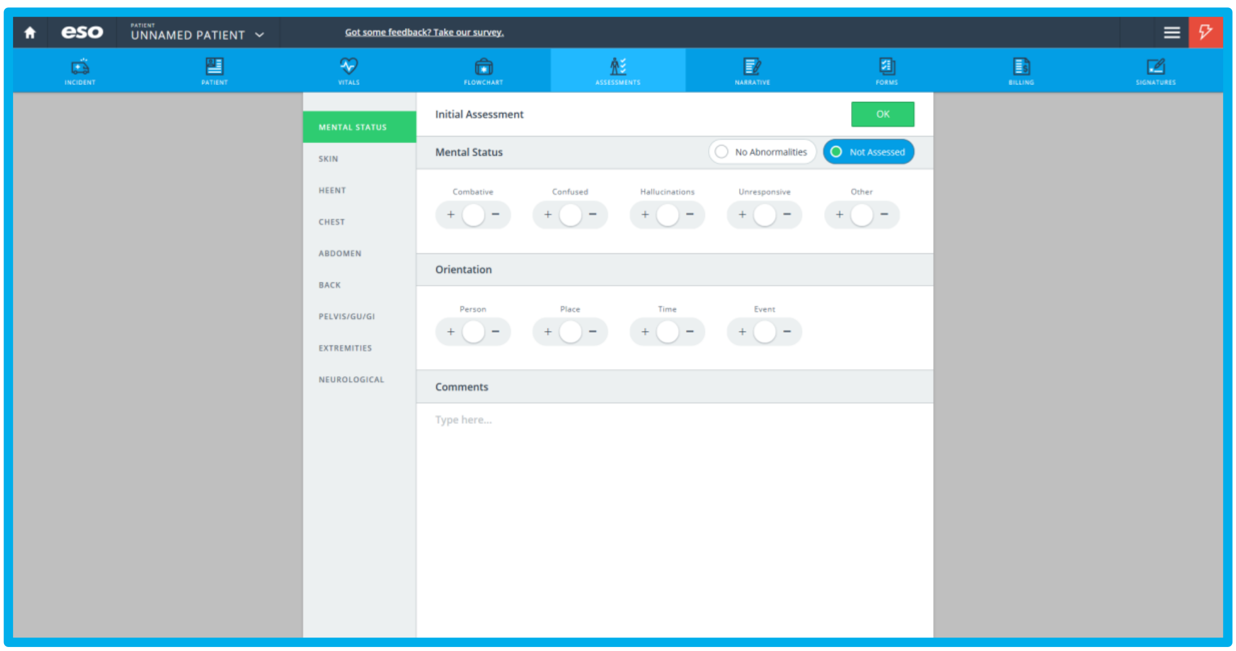
Inside EHR > Assessment > Quick AX

To document assessment of a body area in more detail, select that area and add details as appropriate. Choose the affected body area on the left and then indicate pertinent positive or negative findings by selecting the "+" or "–" next to the affected area. Comments can be made as necessary in each section in the area located at the bottom of the page.

Ongoing



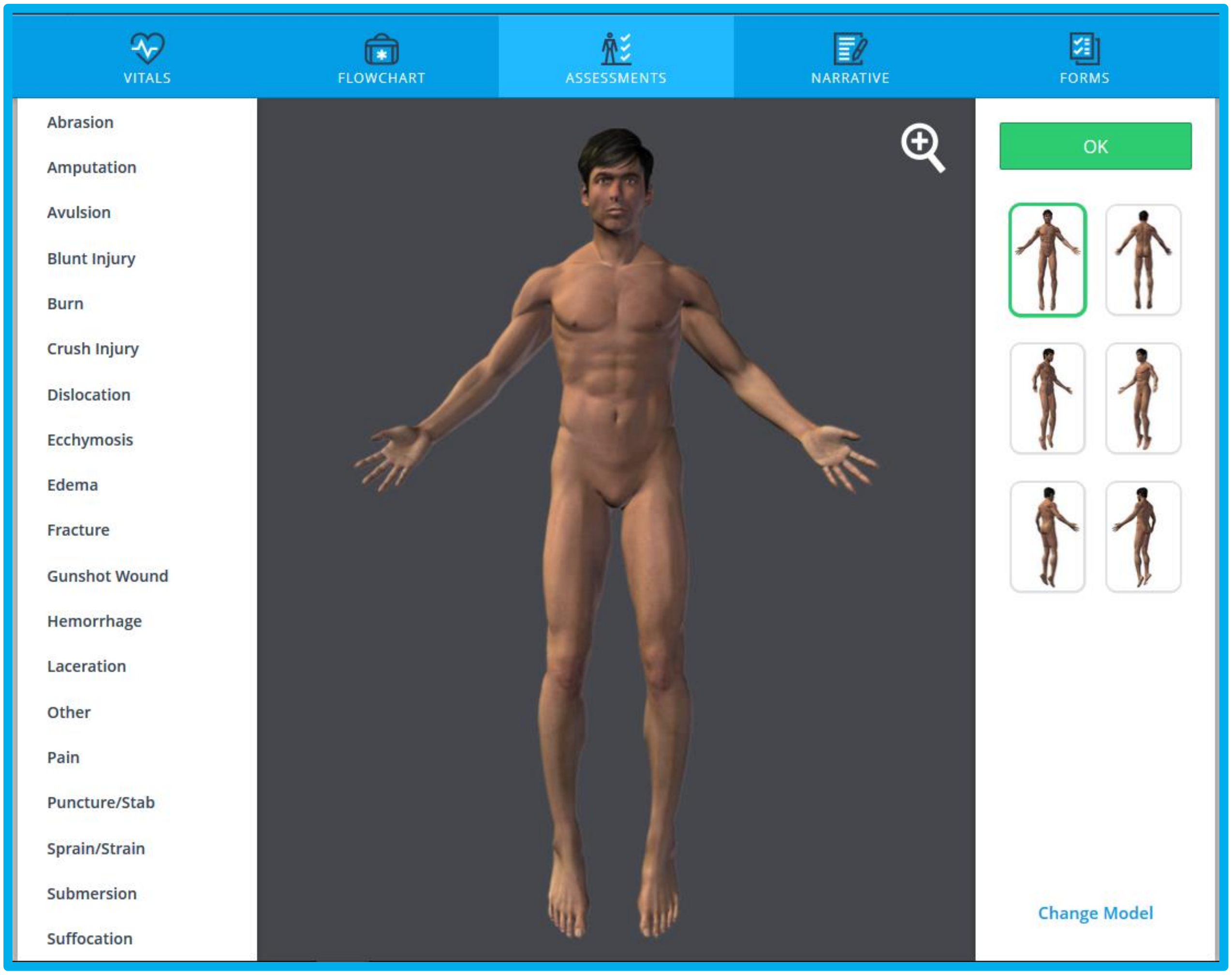
Inside EHR > Assessment > Ongoing



Inside EHR > Assessment > Ongoing > Mental Status

Anatomical Man/Family

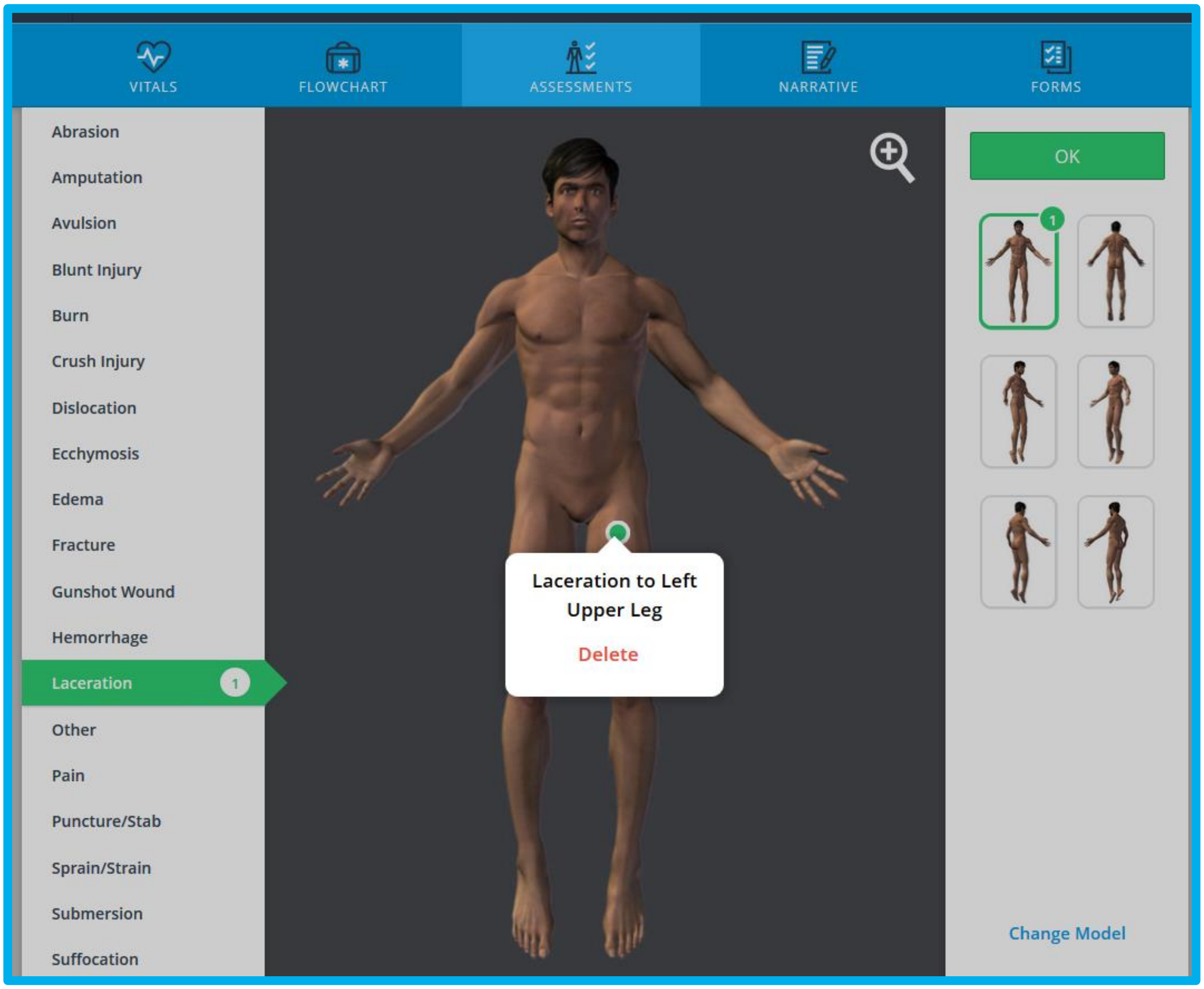
To indicate traumatic injuries, select the Anatomical link in the upper right corner in order to display an anatomical figure. You also may modify the figure to represent an adult male or female, a child, or infant by clicking the Change Model link located at the bottom right.



Inside EHR > Assessment > Ongoing > Anatomical

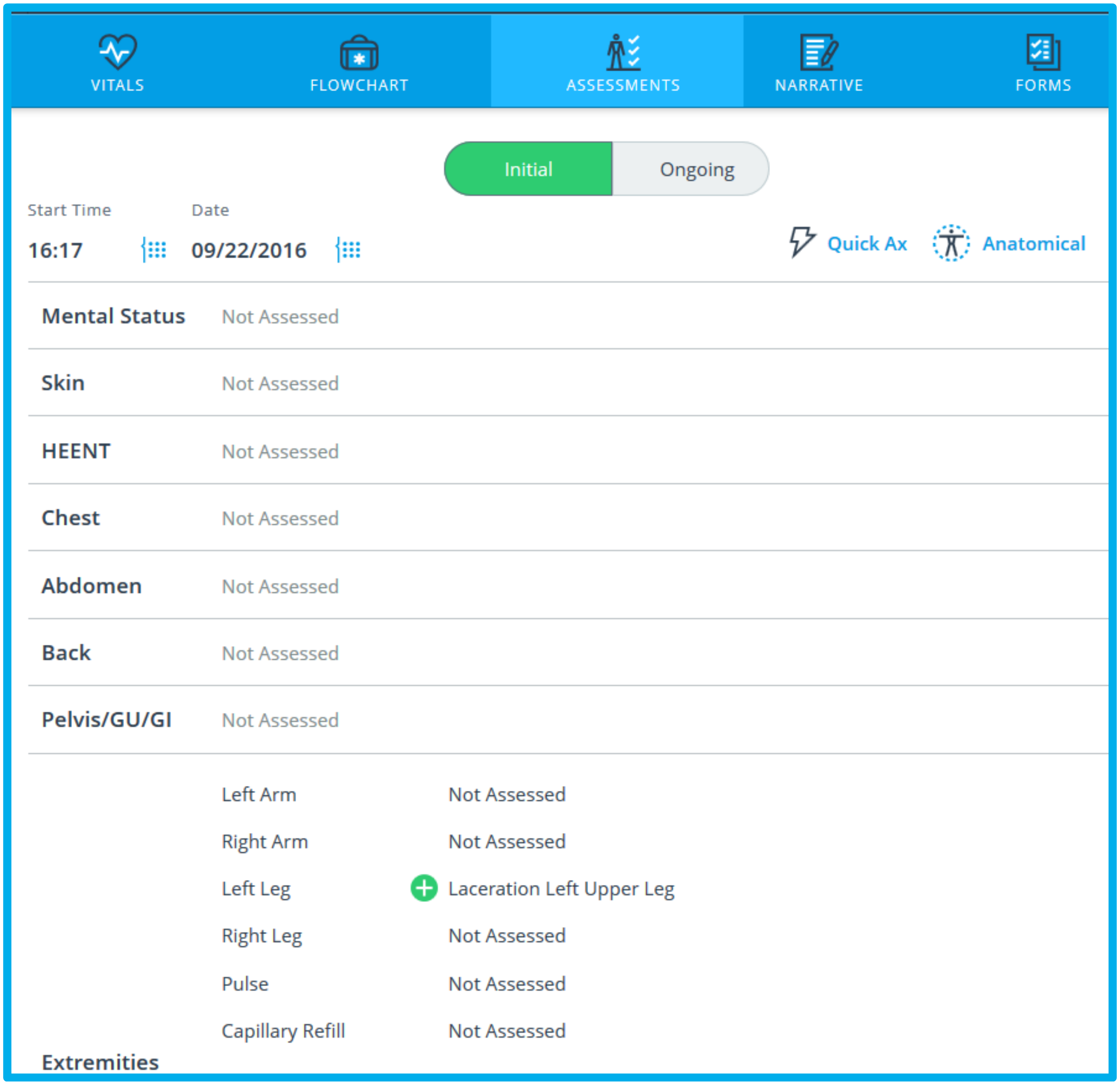
Select the type of injury on the left and then place the injury on the affected part of the body. Use the zoom feature to focus on more detailed parts of the body. You may rotate the body to show six different views.

Edit any injury selection(s) click on the injury and select "Delete" to remove this documentation.



Inside EHR > Assessment > Anatomical > Add/Delete

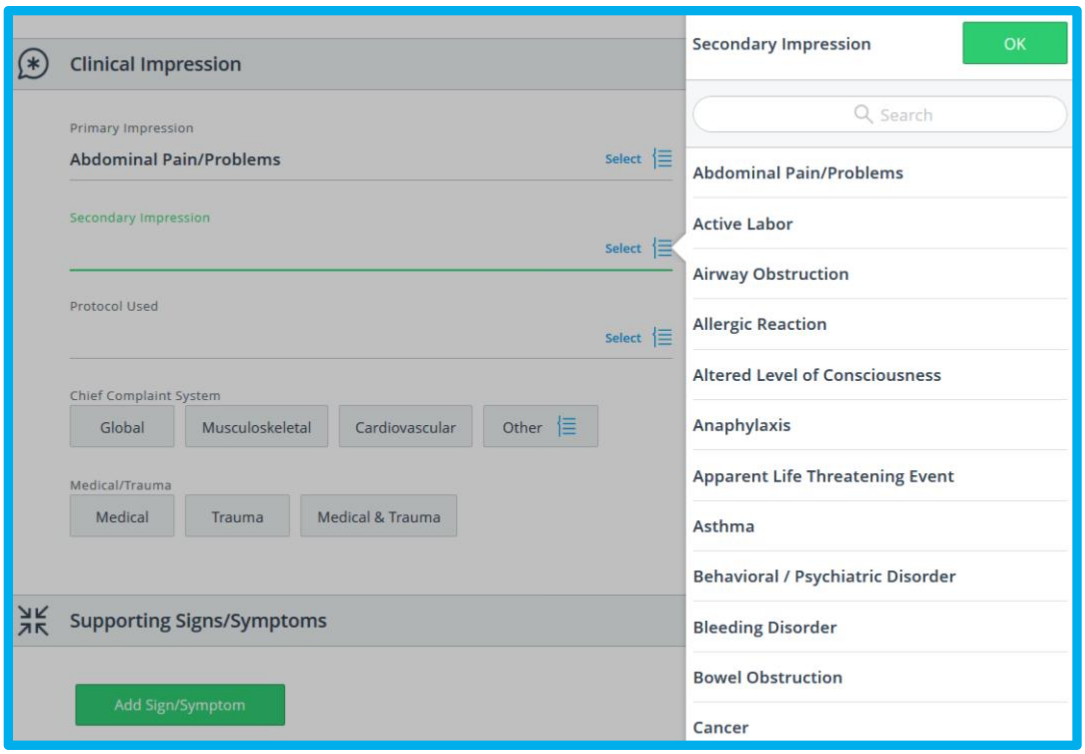
Note that all injuries placed on the body will display in the data grid and additional comments can be made in the organ system by clicking "OK" in the right upper corner.



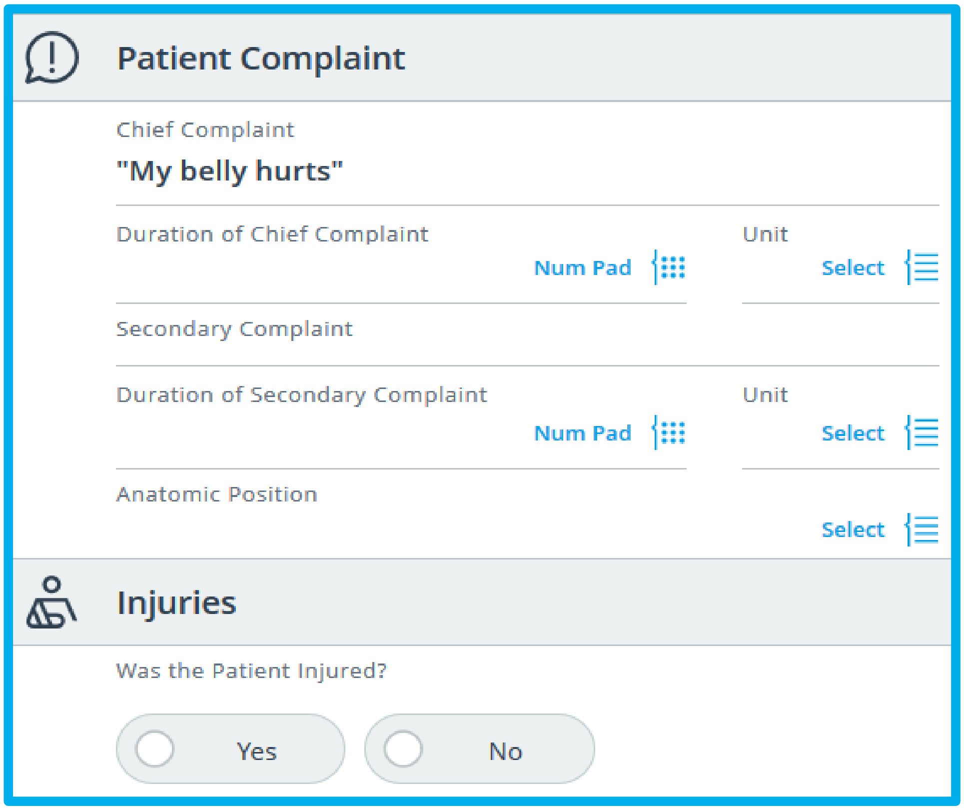
Inside EHR > Assessment > Data Grid

In addition to a written narrative, each ESO EHR is required to have Clinical Impression information recorded. **Primary Impression and at least one set of Supporting Signs and Symptoms for each treated and/or transported patient are required**. Other fields in the Clinical Impression section may be required, based on your local protocols.

In each section, click on "Num Pad" to enter numbers or "Select" to choose from a menu of options. The Chief and Secondary Complaint boxes are used to document any patient quote(s).

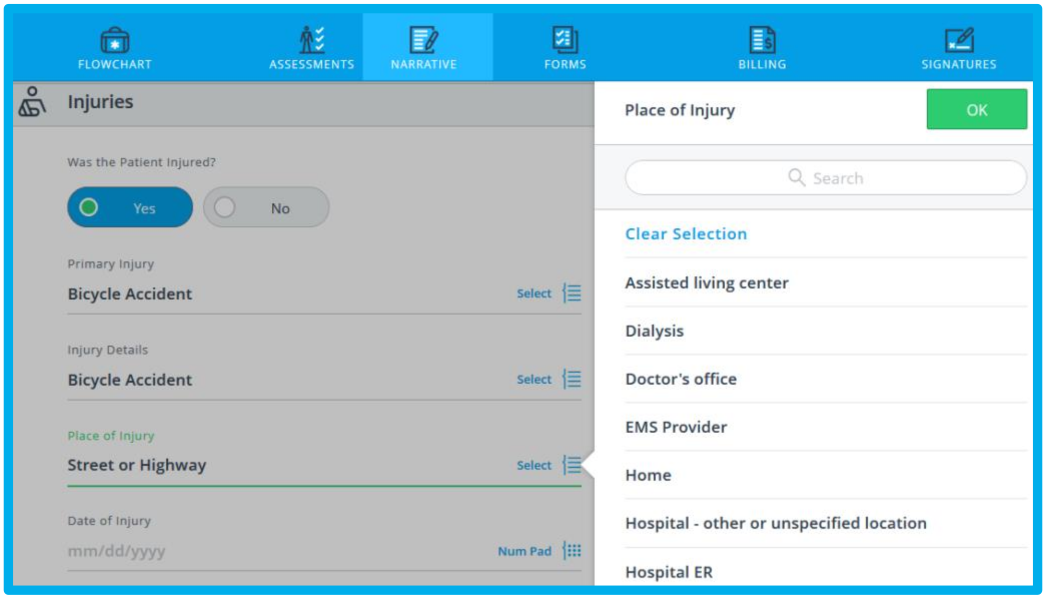


Inside EHR> Narrative > Clinical Impression



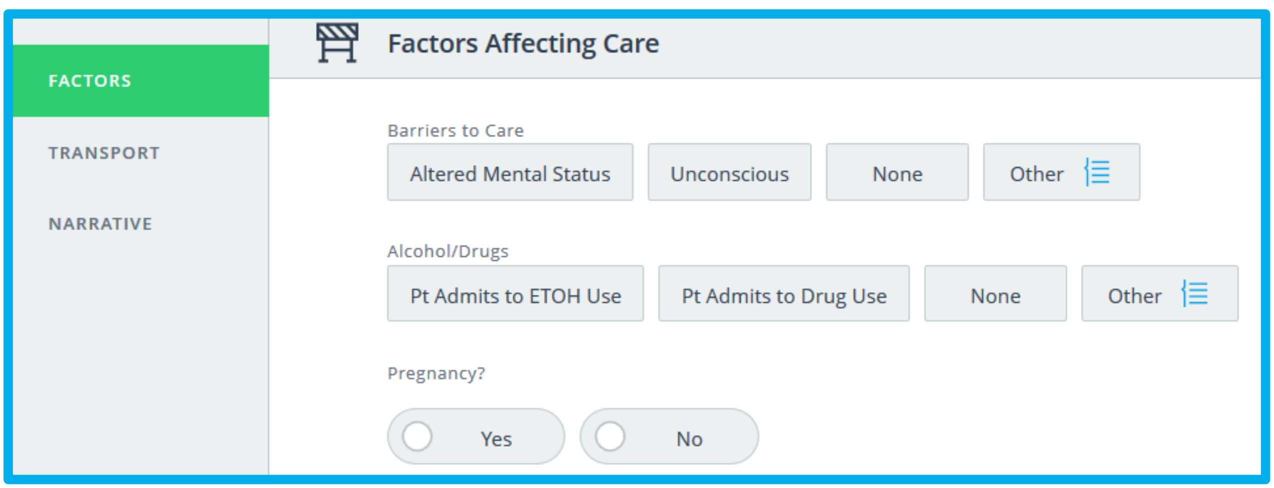
Inside EHR> Narrative > Patient Complaint

You should complete Injury details for each trauma patient. The primary details you choose will determine what other Injury details become available.



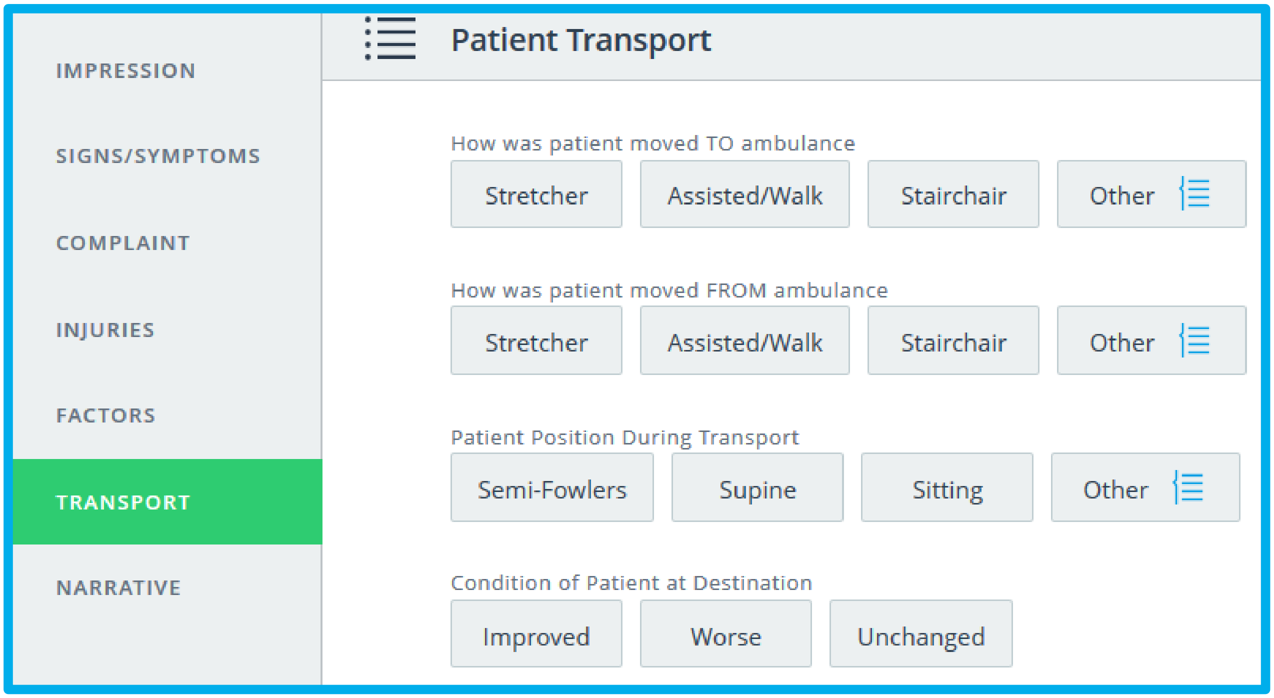
Inside EHR> Narrative > Injuries

Factors Affecting Care is a space to document issues during the phases of an EMS call.



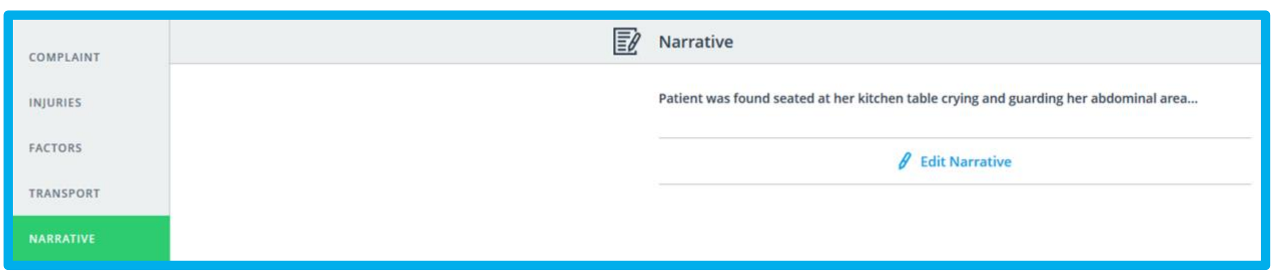
Inside EHR> Narrative > Factors Affecting Care

The Patient Transport section is for documentation of how the patient was transported to and from the ambulance as well as their position during transport and their condition upon arriving at your destination.



Inside EHR> Narrative > Patient Transport

The Narrative section is used to document subjective/objective data that isn't already recorded elsewhere in the report.

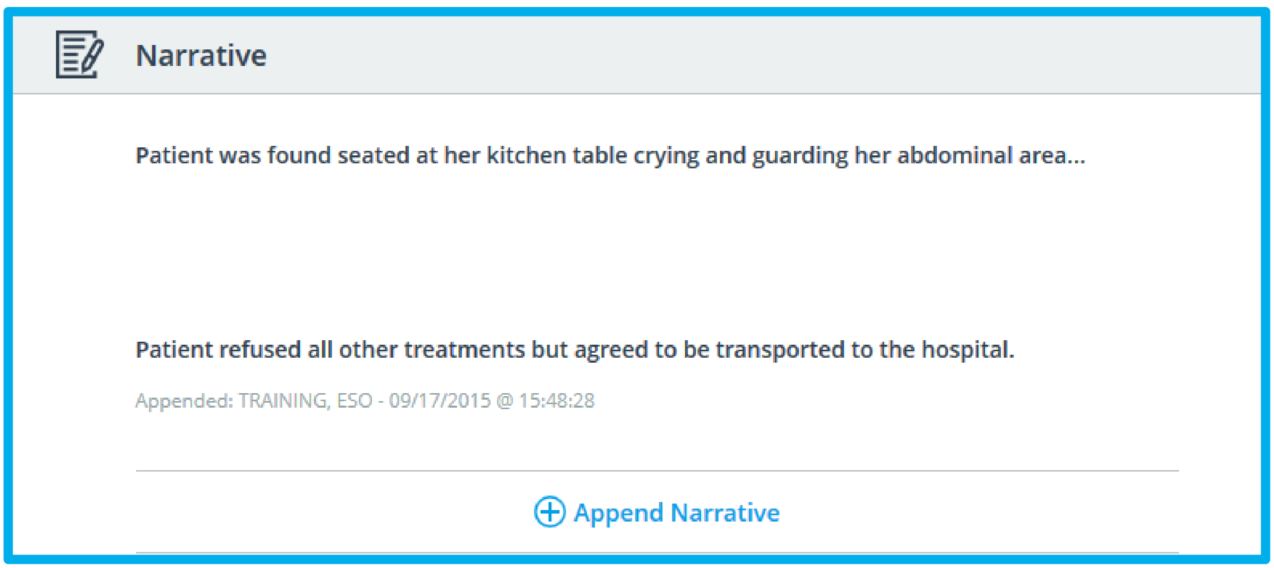


Inside EHR> Narrative > Narrative

The Appended Narrative is accessible once the call is in locked status to add any data that is pertinent but was left out of documentation (for example, failure to document oxygen administration to an intubated patient).

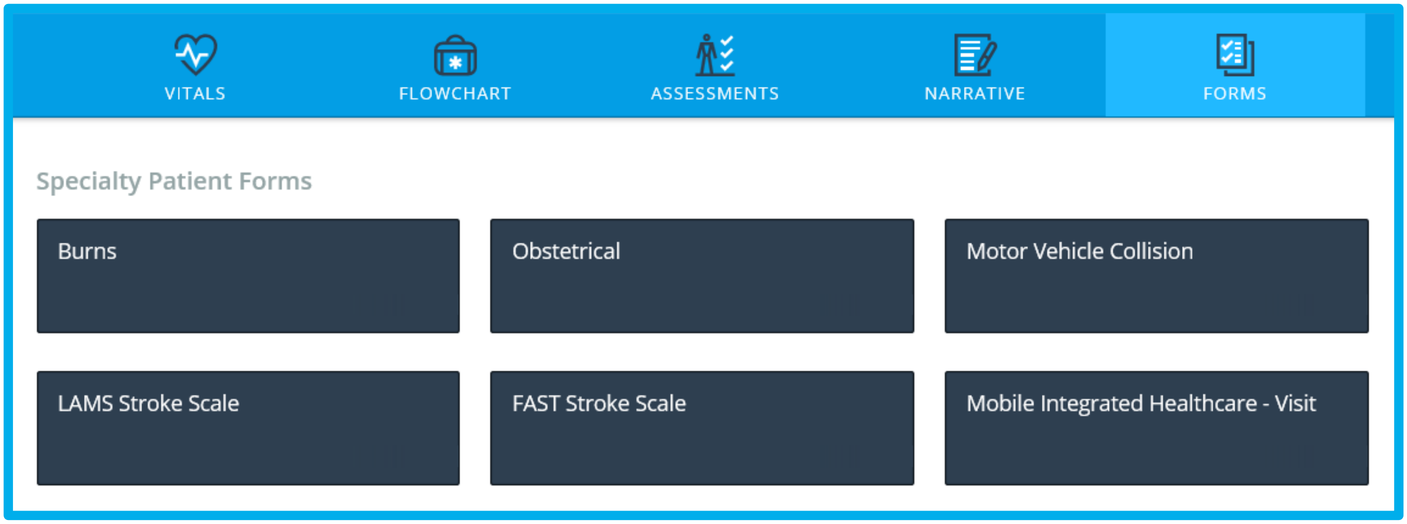
Click the blue "Appended Narrative" link to make the entry in the free text box. Once complete, click "Add" to allow that late entry to be included below the original Narrative entry. The new entry be date and time-stamped with the author's name.

Inside EHR> Narrative > Appended Narrative



Inside EHR> Narrative > Appended Narrative

Specialty Patient Forms have been added to allow detailed documentation of particular patient types. Select the specific situation you wish to document.



Inside EHR> Forms

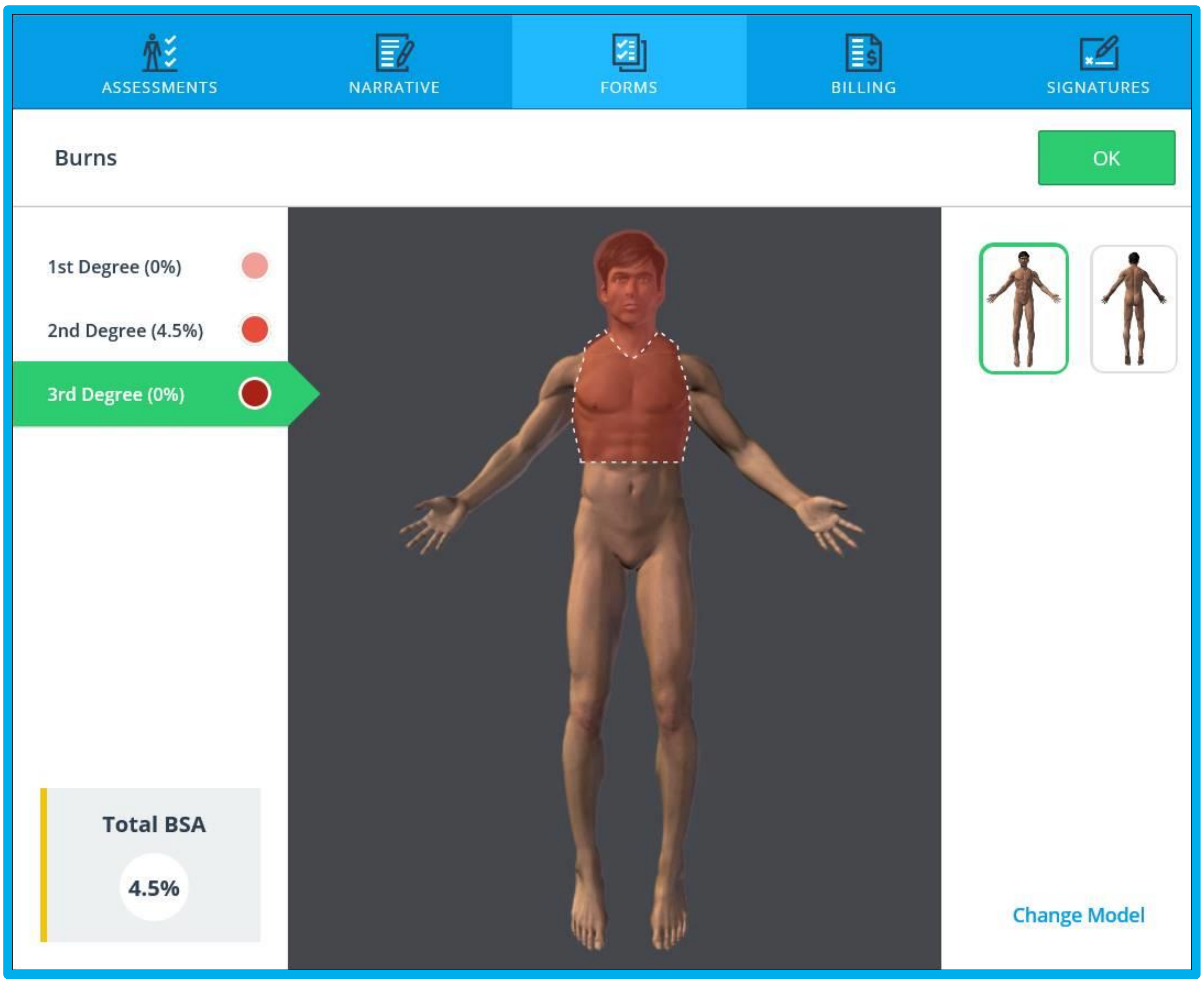
To document burns:

Select the type of burn from the input list, and place it on the corresponding body part.

The burn percentage will be figured based on the placement.

Remember that you can select the adult male or female, child or infant, and anterior or posterior view by selecting the desired diagram on the right.

To delete one of your entries, choose the appropriate area of the body and select “Delete.”



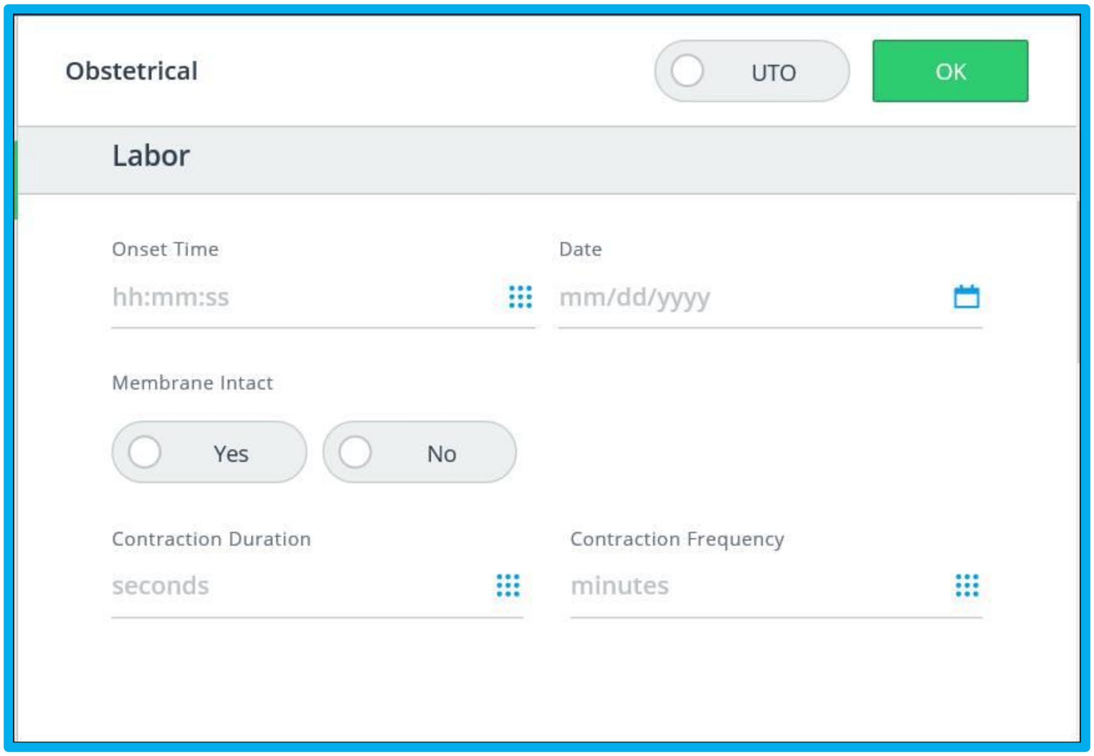
Inside EHR >Forms > Burns

To document Obstretics:

Complete each section as it applies to the pregnant patient and fill in the appropriate fields.

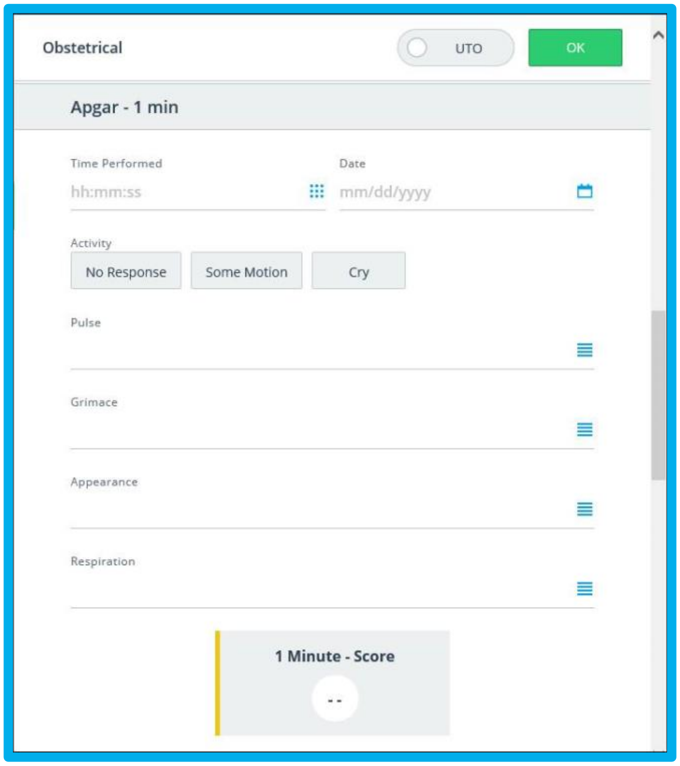
Select any High-Risk factors in the top right section of this page.

Record labor and delivery details in the bottom two sections of the page.

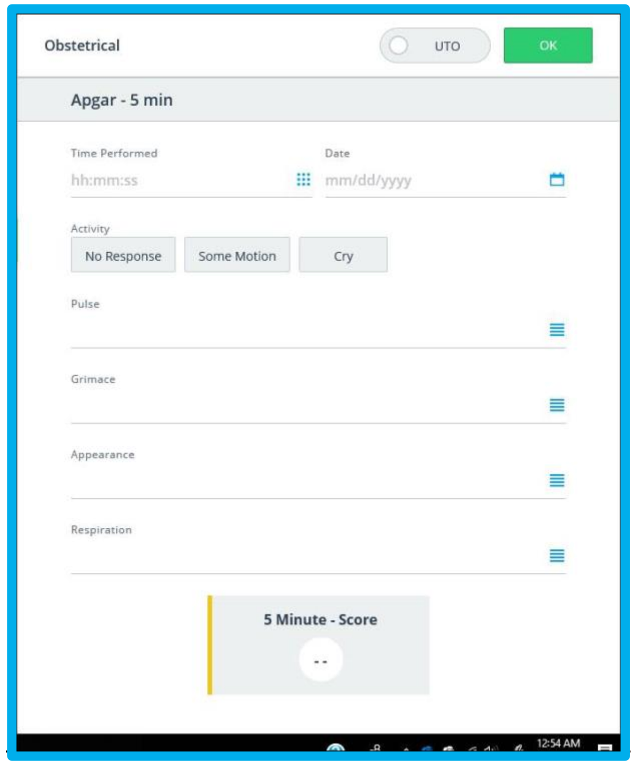


Inside EHR >Forms > Obstetrical >Labor

Access the APGAR scoring and enter the values for each element you evaluated at one and five minutes. The score will be calculated for you.



Inside EHR >Forms > Obstetrical >Apgar Score 1 Minute

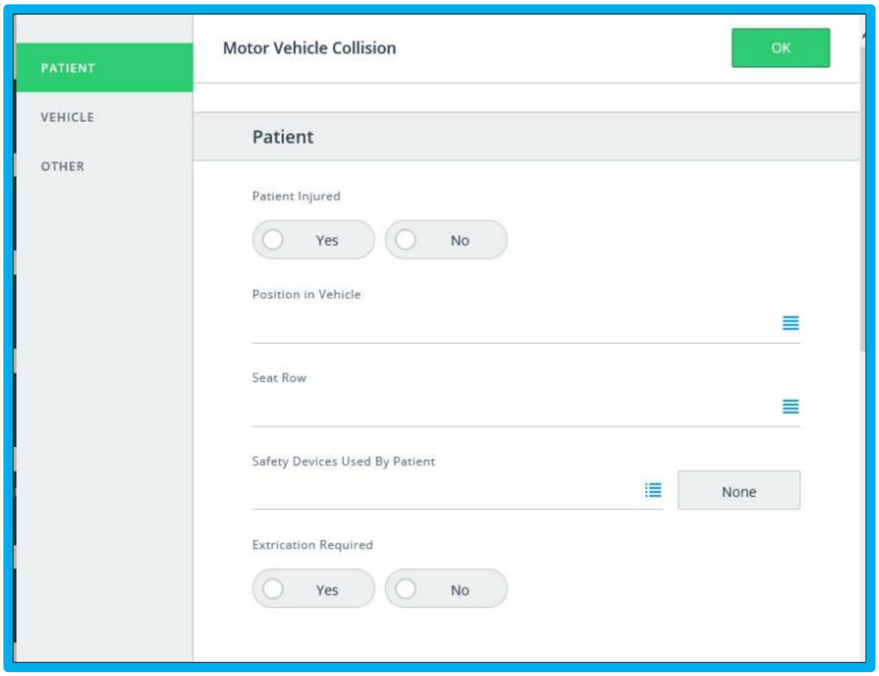


Inside EHR >Forms > Obstetrical >Apgar Score 5 Minute

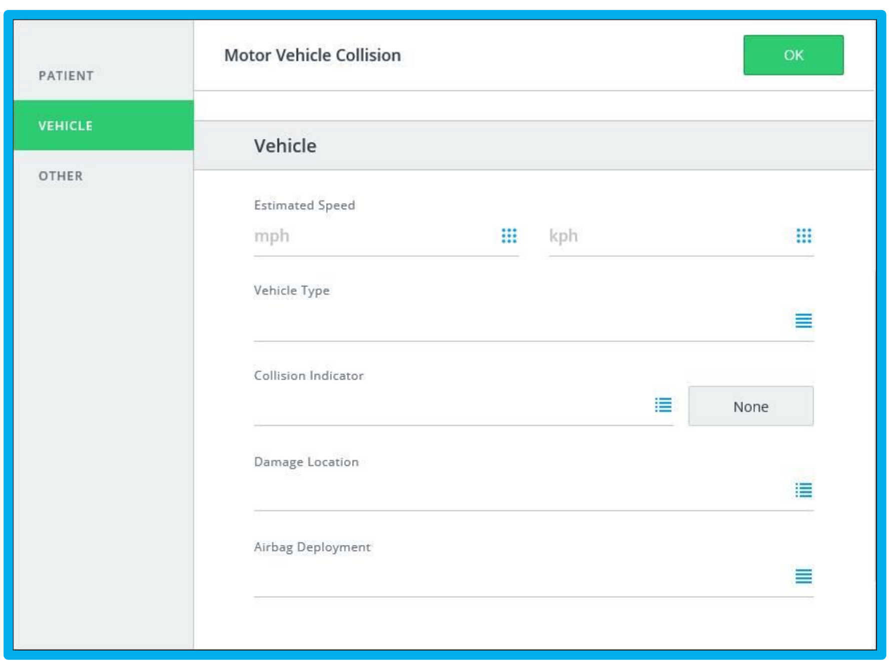
To document MVC details:

Document each section as completely as possible.

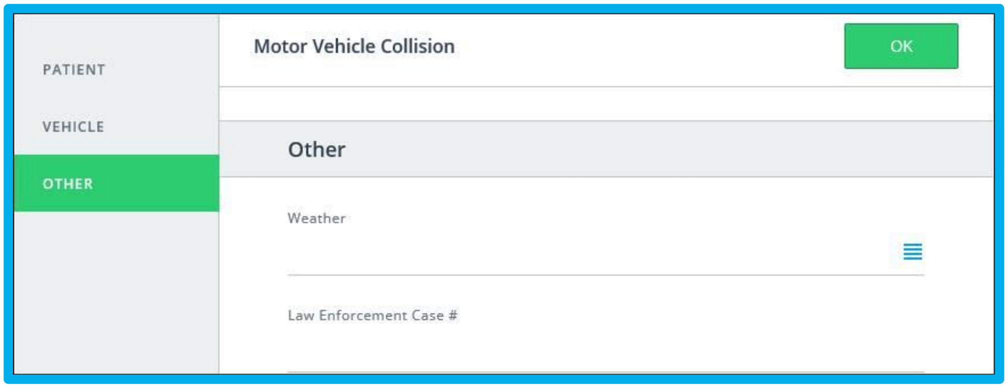
Navigate through each section: Patient, Vehicle and Other.



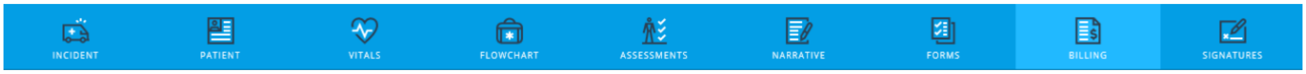
Inside EHR > Forms > Motor Vehicle Collision > Patient



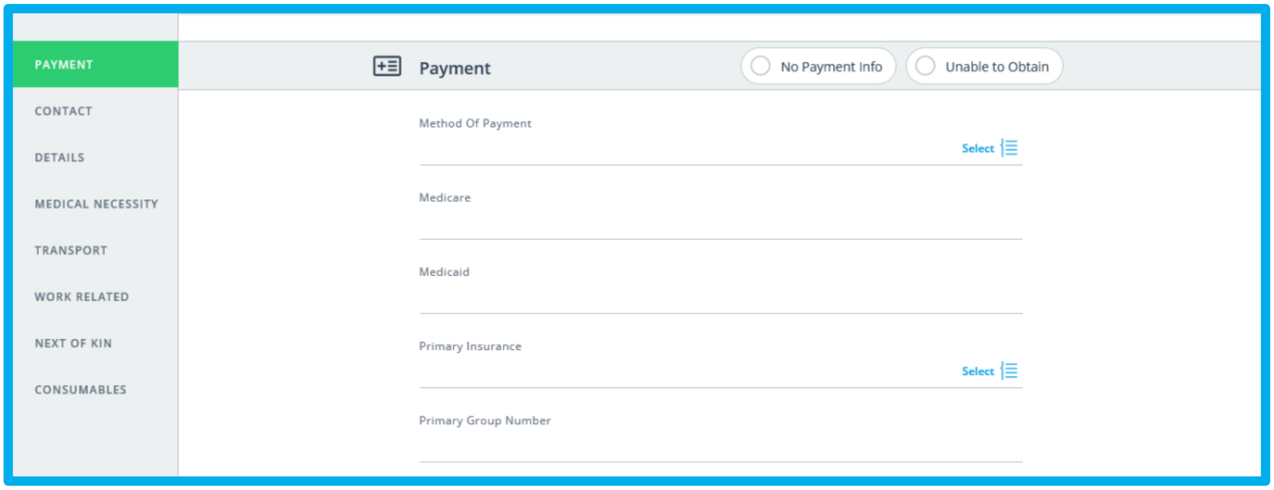
Inside EHR > Forms > Motor Vehicle Collision > Vehicle



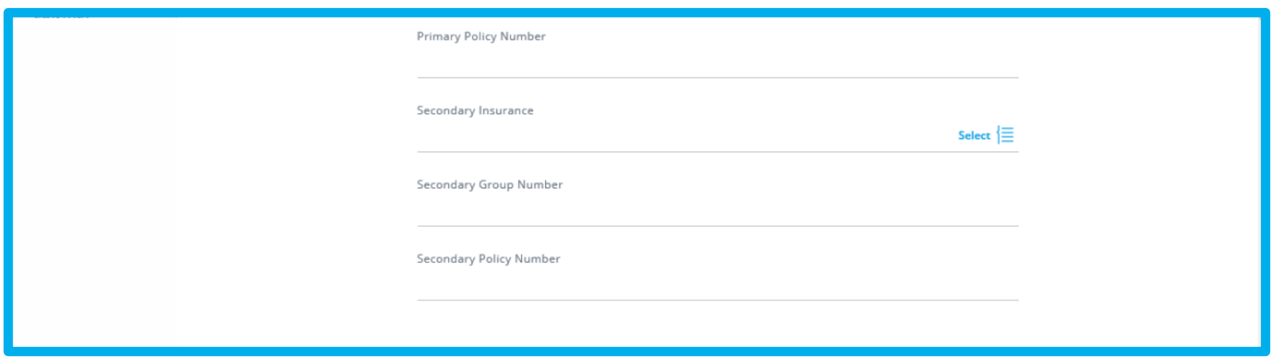
Inside EHR > Forms > Motor Vehicle Collision > Other



Payment

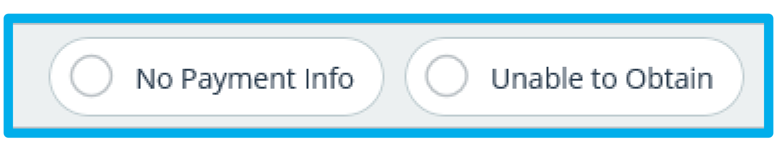


Inside EHR > Billing > Payment



Inside EHR > Billing > Payment

Select “No Payment Info” or “Unable to Obtain” when appropriate.



Selecting either of these will collapse the Payment details since no information is available. De-select the button if information later is available for you to enter and the Payment information will reopen.

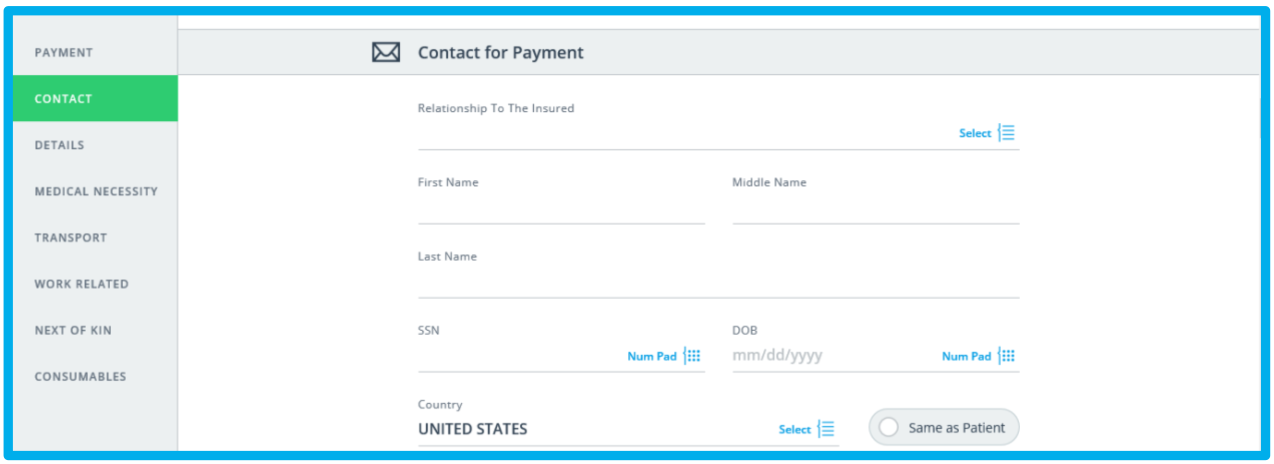
Fill in the rest of the information as appropriate.

Contact

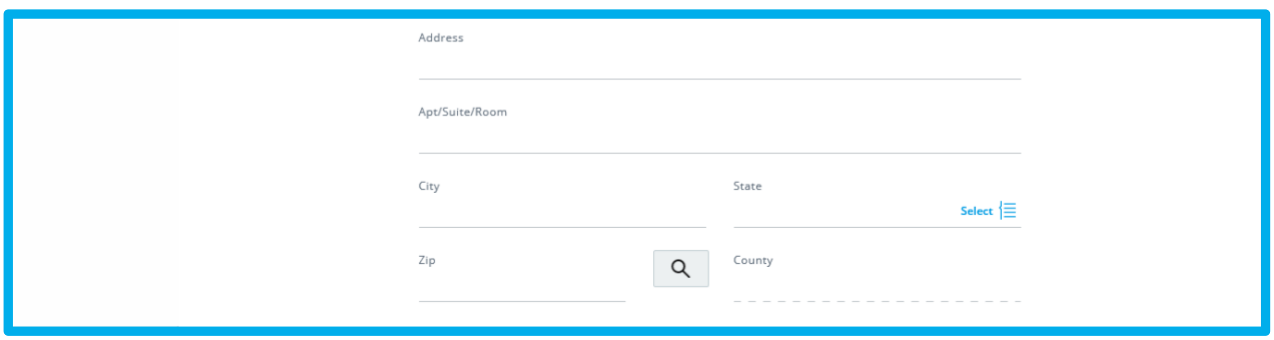
Scroll down or select the Jump links in the left-hand column to access Contact.

Contact information is the person who is responsible for payment.

Use the "Select" option to choose the relationship to the patient. If the patient is the Contact, then the demographic information will auto-populate in the fields below.



Inside EHR > Billing > Contact



Inside EHR > Billing > Contact

Use the "Same as Patient" button if the Contact lives at the same address as the patient

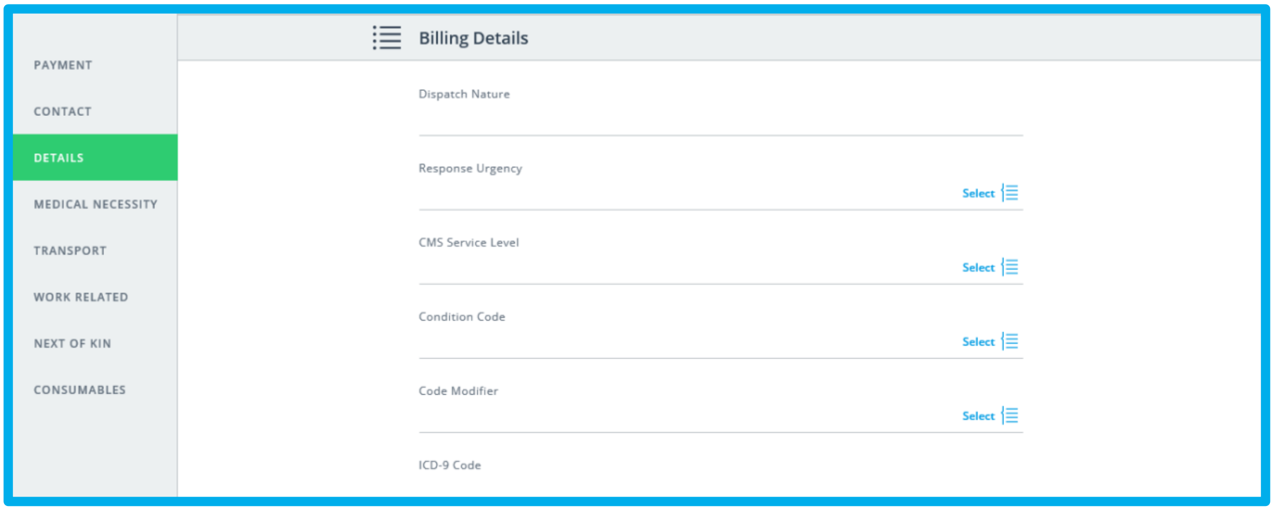
As with the other addresses in the application, enter either the city or the zip code and use the lookup

 to autofill the city, state, county and zip code.

Details

Fill in the billing details as needed. Use 

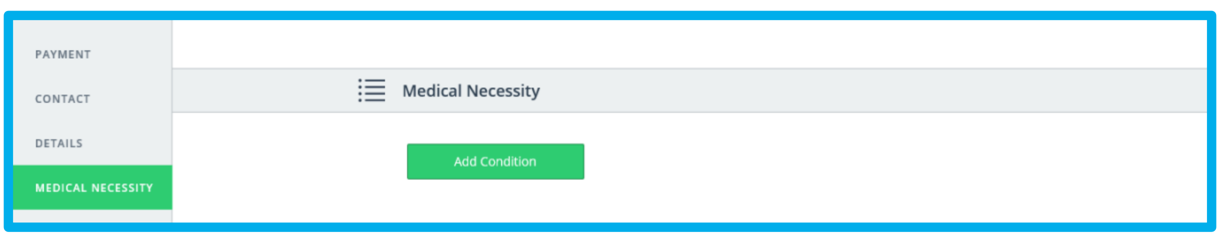
to choose from a list of available options.



Inside EHR > Billing > Details

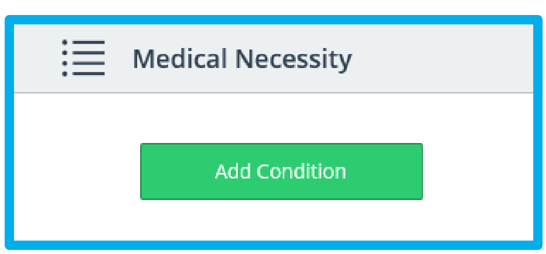
Medical Necessity

Either scroll or use the jump links in the left column to access "Medical Necessity",

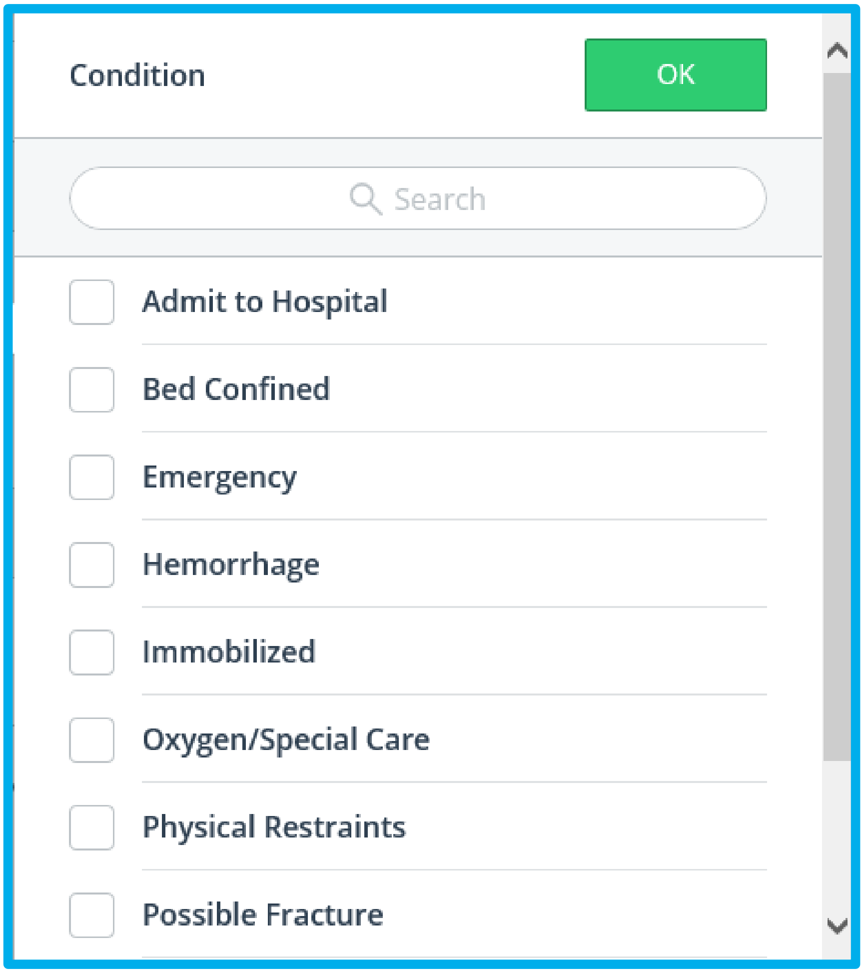


Inside EHR > Billing > Medical Necessity

Select "Add Condition" to view the Medical Necessity Options.

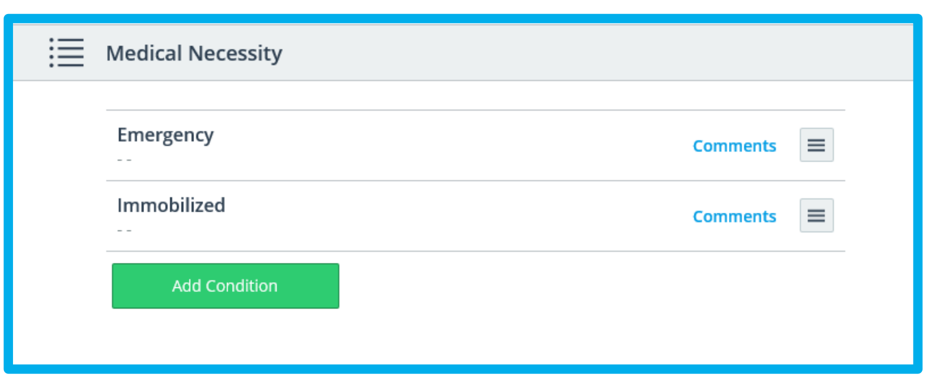


Either search or scroll to the desired condition(s), check the box and select "OK."



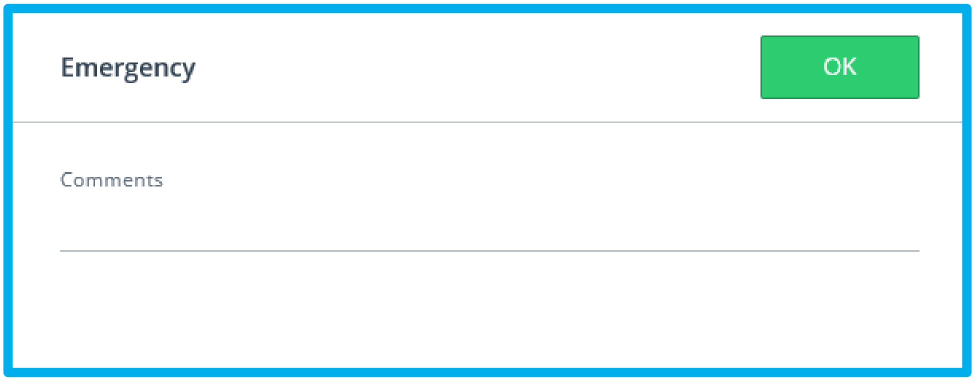
Inside EHR > Billing > Medical Necessity > Condition

Select "Comments" to enter details related to the Condition.



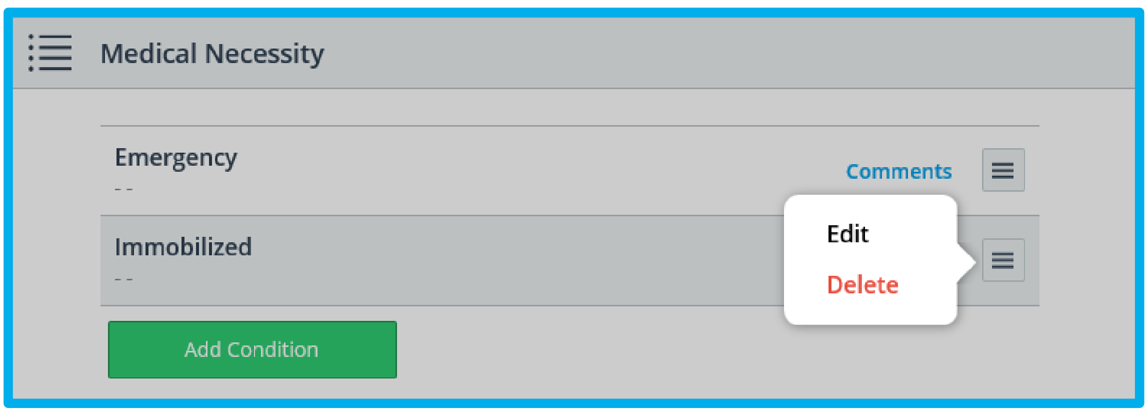
Inside EHR > Billing > Medical Necessity > Condition > Comments

Once the details are added, select "OK."



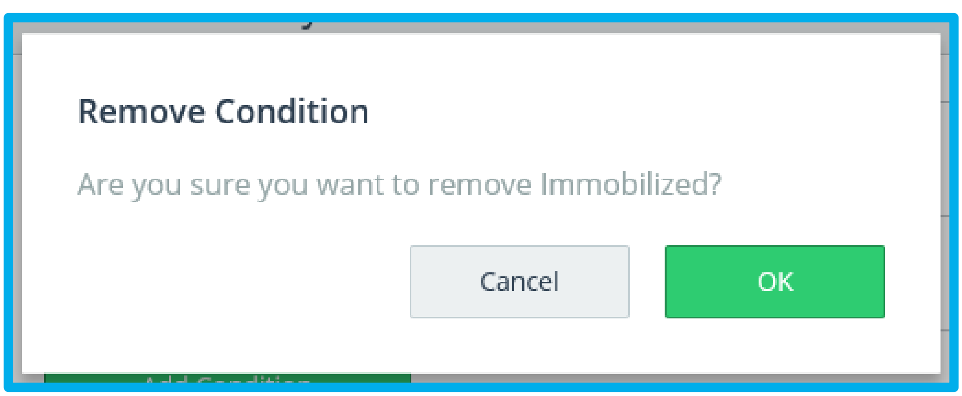
Inside EHR > Billing > Medical Necessity > Condition > Comments

To "Edit" or "Delete" a condition select the row menu in the right-hand column. If you choose "Delete" you will be prompted to confirm the deletion of the condition.



Inside EHR > Billing > Medical Necessity > Condition > Comments > Edit/Delete

Select "OK" if you want to delete or "Cancel" to continue without deleting.

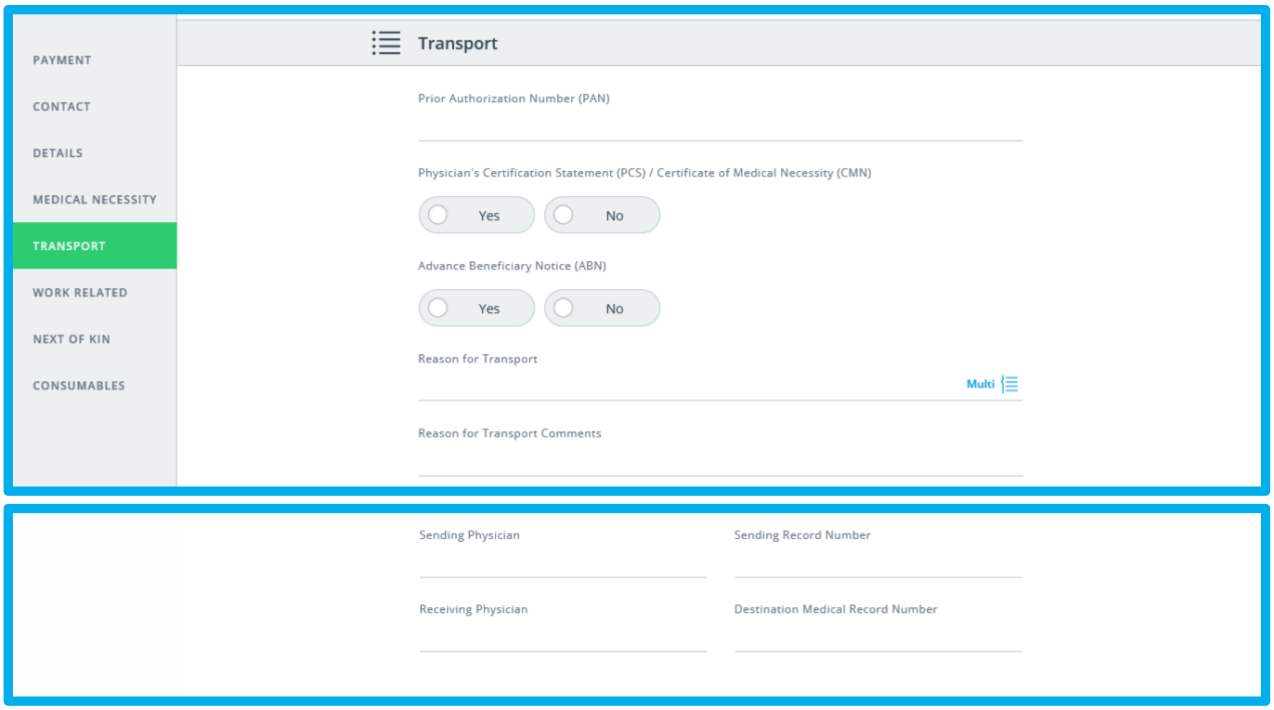


Transport

Scroll or use the jump links in the left column to get to "Transport".

The Transport section is designed to gather more information related to a non-emergency transfer.

Add details as needed in the appropriate fields.

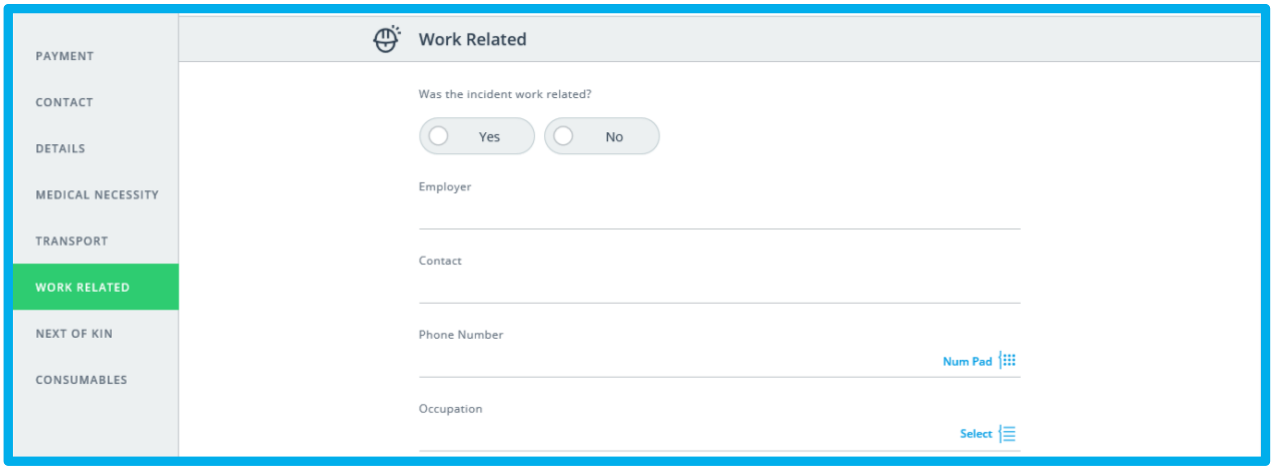


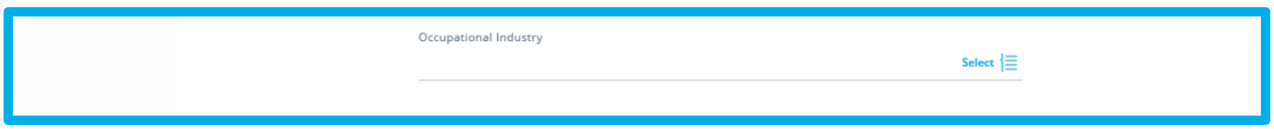
Inside EHR > Billing > Transport

Work Related

Scroll down or use the jump links in the left-hand column to access the "Work Related" section.

Fill in the appropriate fields for patients suffering from a work-related incident.

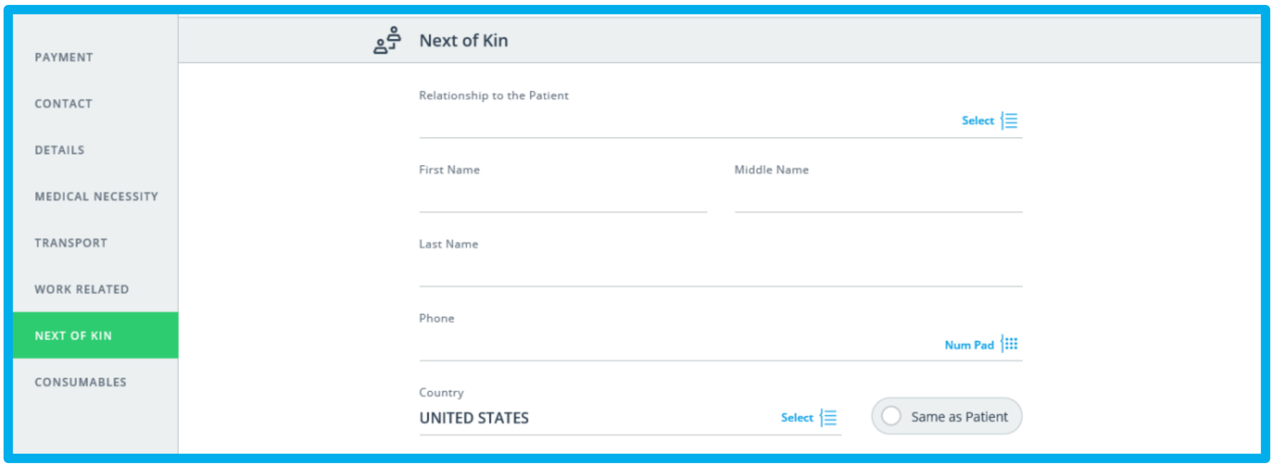


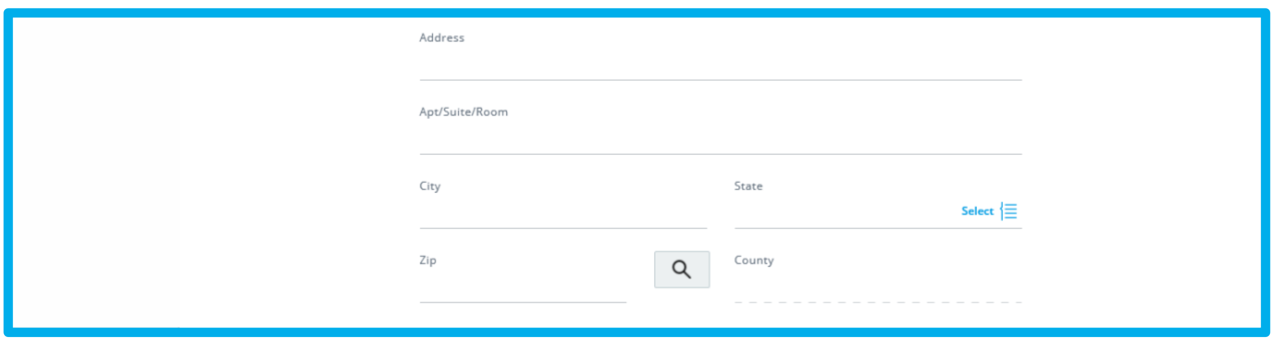


Inside EHR > Billing > Work Related

Next of Kin

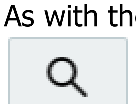
Scroll down or use the jump links in the left-hand column to access the "Next of Kin" section.





Ad Inside EHR > Billing > Next of Kin

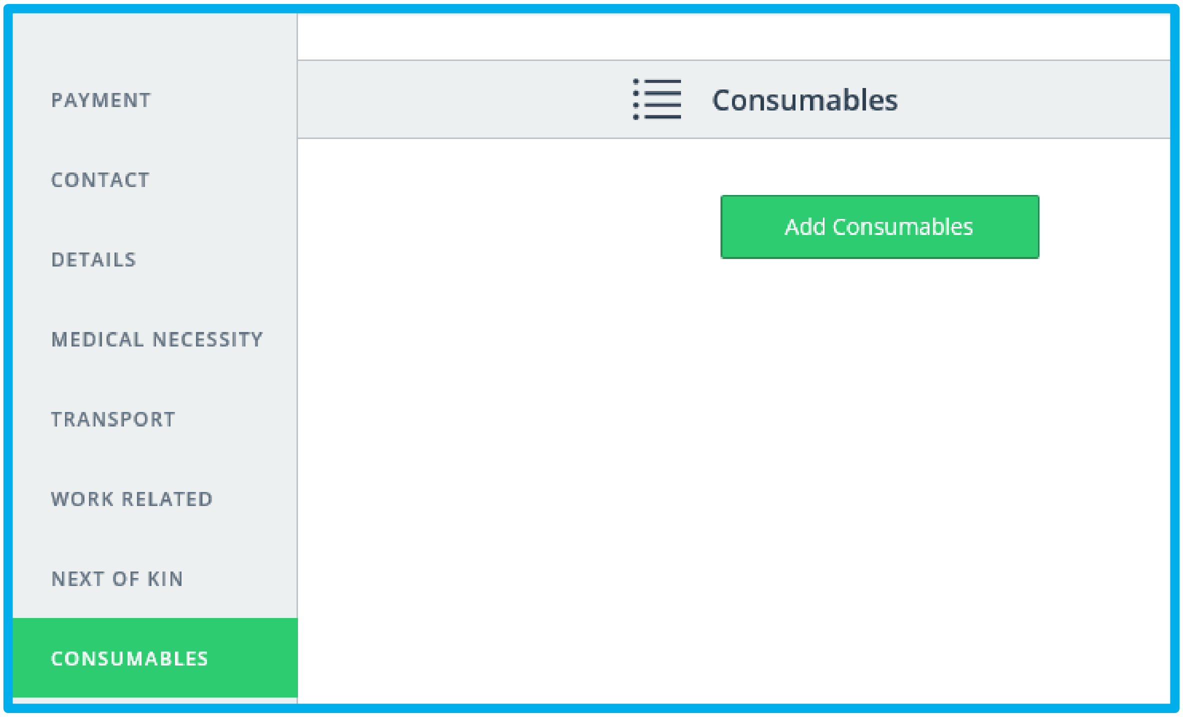
Use the "Same as Patient" button if the Next of Kin lives at the same address as the patient

As with the other addresses in the application, enter either the city or the zip code and use the lookup  to autofill the city, state, county and zip code.

Consumables

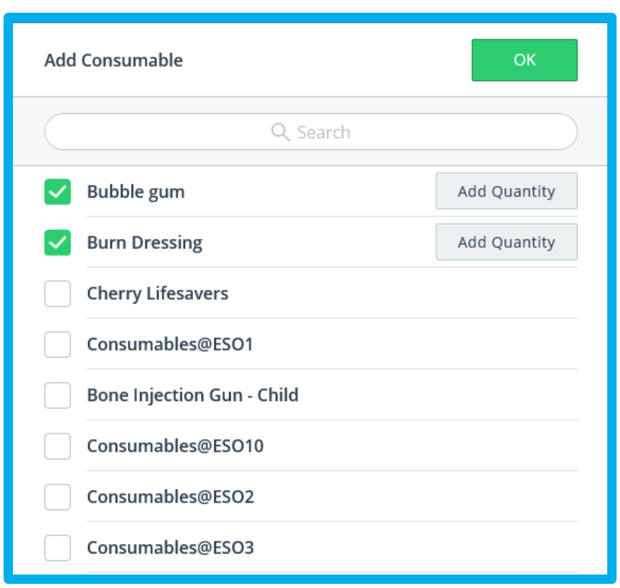
Scroll down or use the jump links in the left-hand column to access "Consumables".

The Consumable list is created by each agency within the Admin Console.

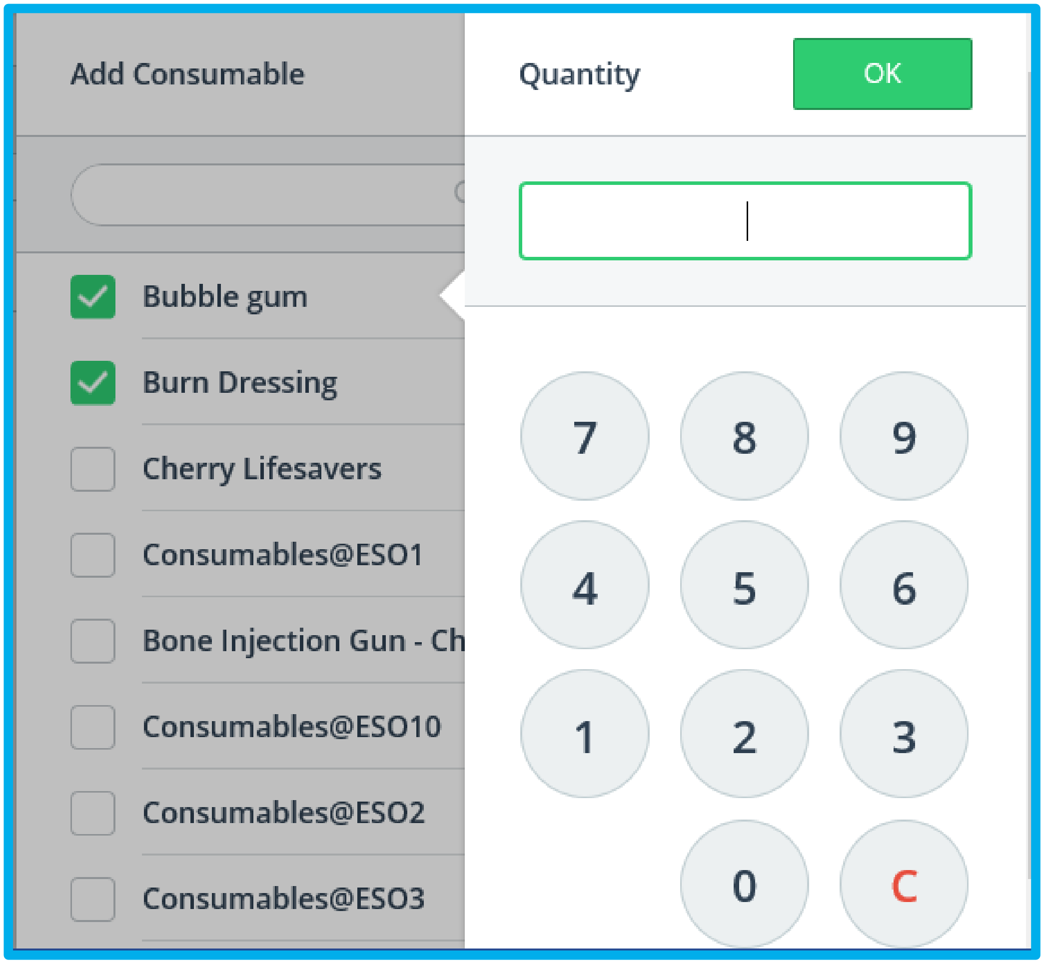


Inside EHR > Billing > Consumables

Select "Add Consumables" and a shelf will open from the right providing a list of previously entered consumables.

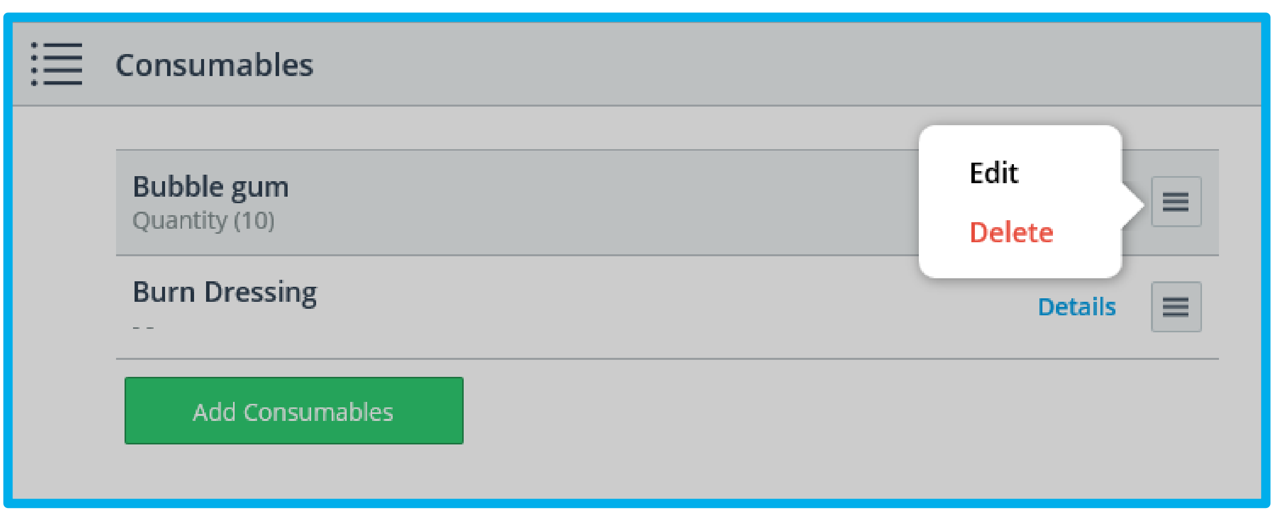


Use the search to type in a consumable name or scroll to find the desired consumable(s). Select one or several and choose "Quantity."



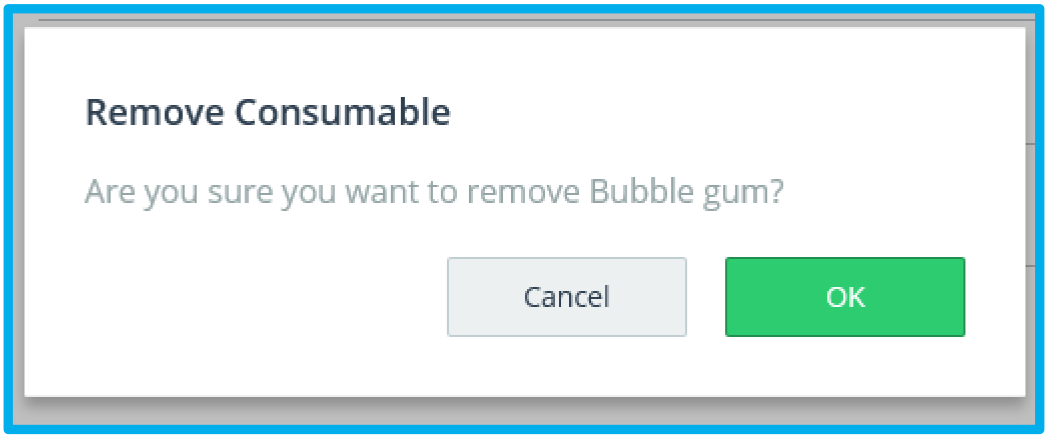
Inside EHR > Billing > Consumables > Add Quantity

Enter the quantity of that consumable used and select "OK."



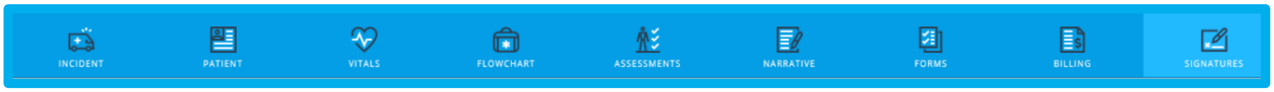
Inside EHR > Billing > Consumables > Details

To edit or delete a consumable, select the row menu on the right side. If you choose "Delete" you will be prompted to confirm that you wish to delete the chosen item.



Inside EHR > Billing > Consumables > Details > Edit/Delete

Select "OK" to delete the consumable or "Cancel" to continue without deleting.



Signatures can be obtained both on the mobile and web applications assuming each has touch screen capability or an attached mouse.

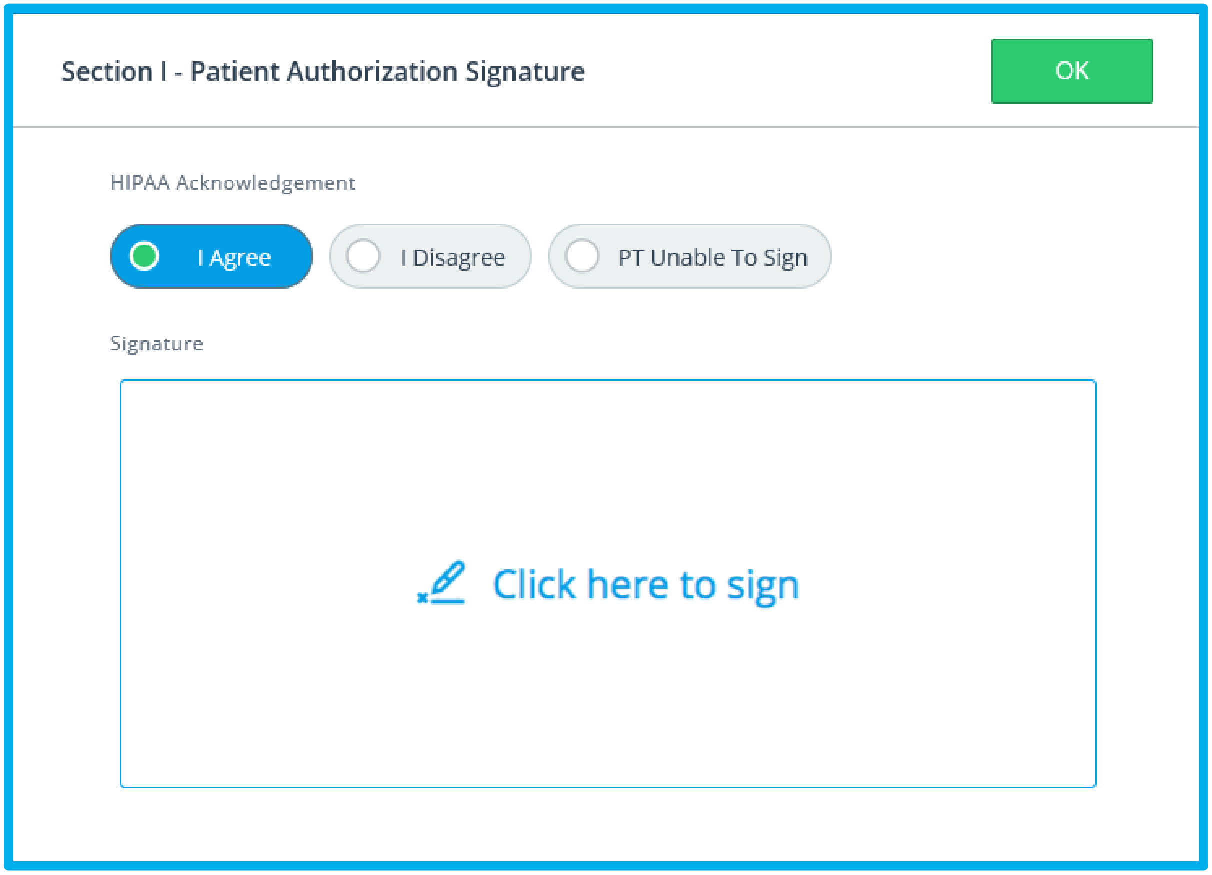
Billing Authorization

Inside EHR > Signatures> Billing Authorization

The billing authorization section is used for patients who have been transported. It is broken up into three sections. If the patient cannot sign in Section 1, then the user should go to Section II and look for an authorized representative. If none is available, then Section III should be completed and witnessed.

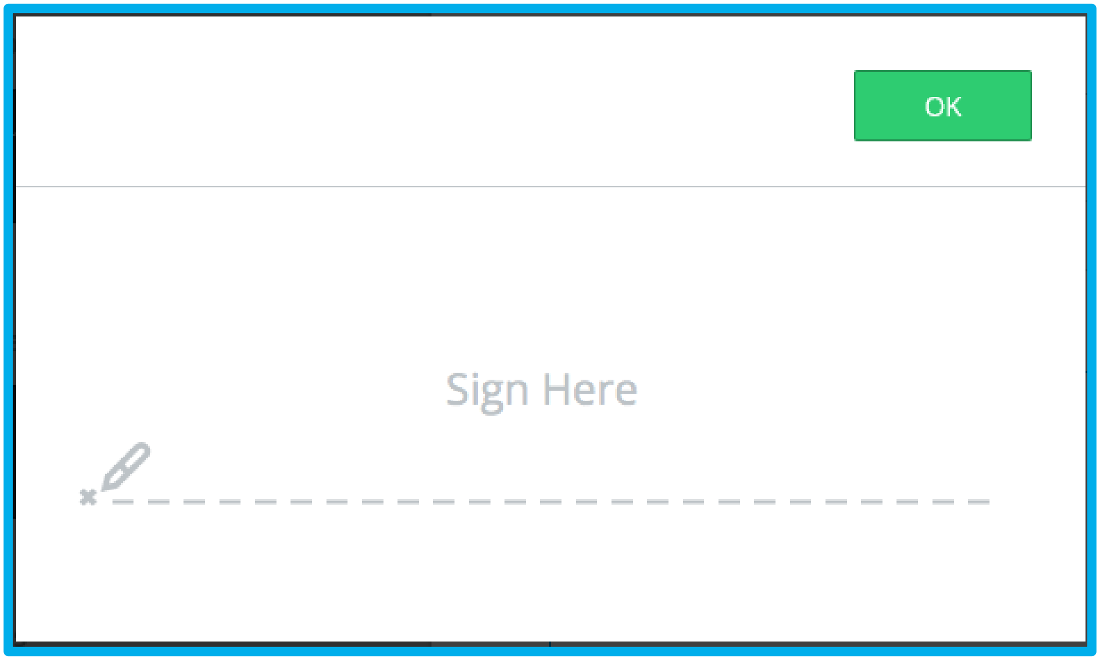
Each signature section allows for direct signatures to be captured.

Section 1 – Patient Authorization Signature



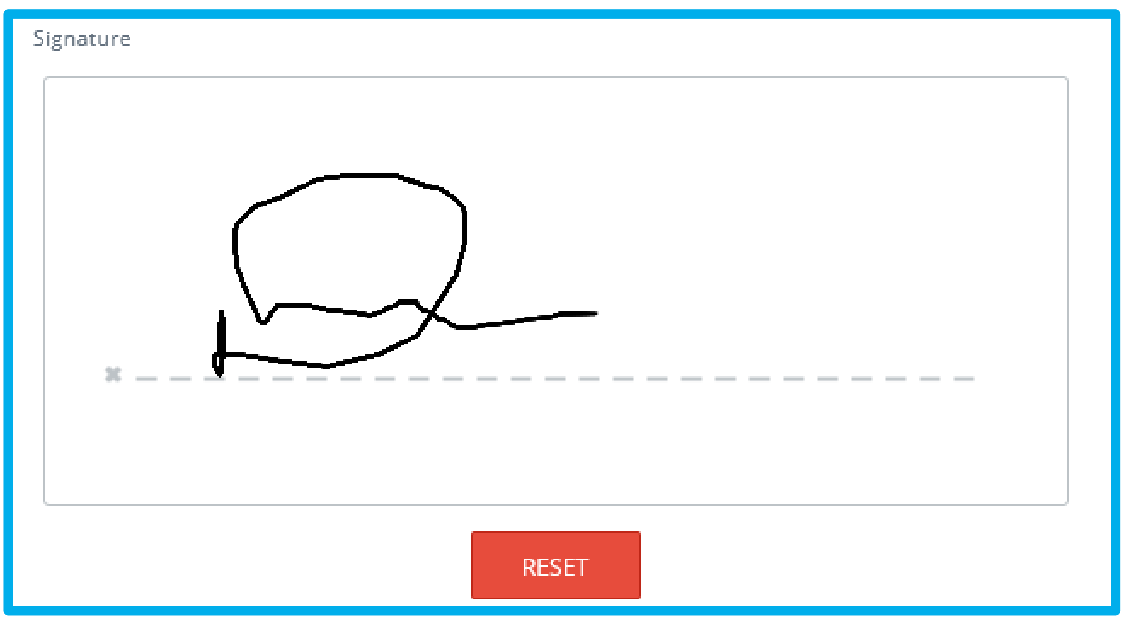
Inside EHR > Signatures > Section I - Patient Authorization Signature

Click in the box to open up a larger signature box where the signature can be captured.



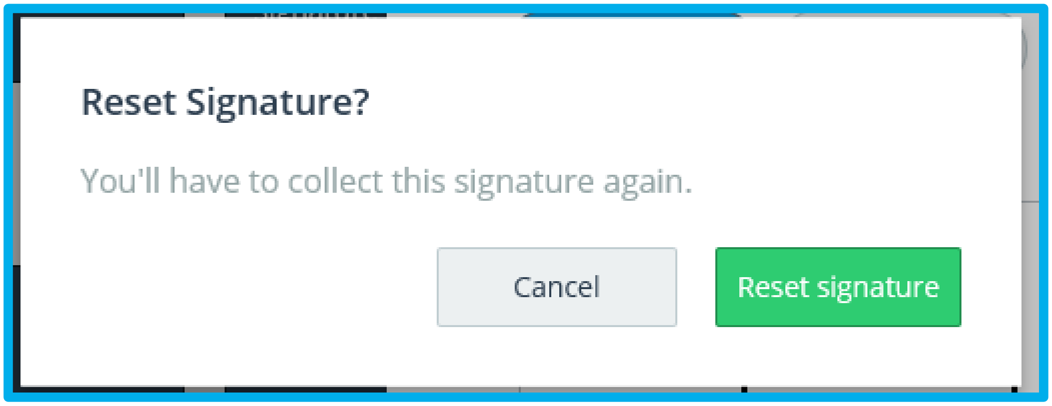
Inside EHR > Signatures > Section I - Patient Authorization Signature > Click here to sign

Have the patient sign and select "OK."



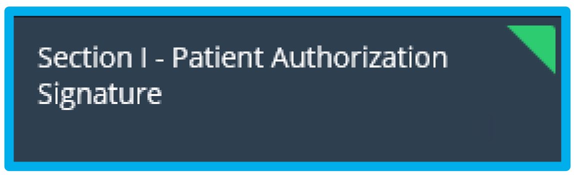
Inside EHR > Signatures > Section I - Patient Authorization Signature > Click here to sign > Reset

You can reset the signature by selecting "Reset". You will be prompted to confirm.



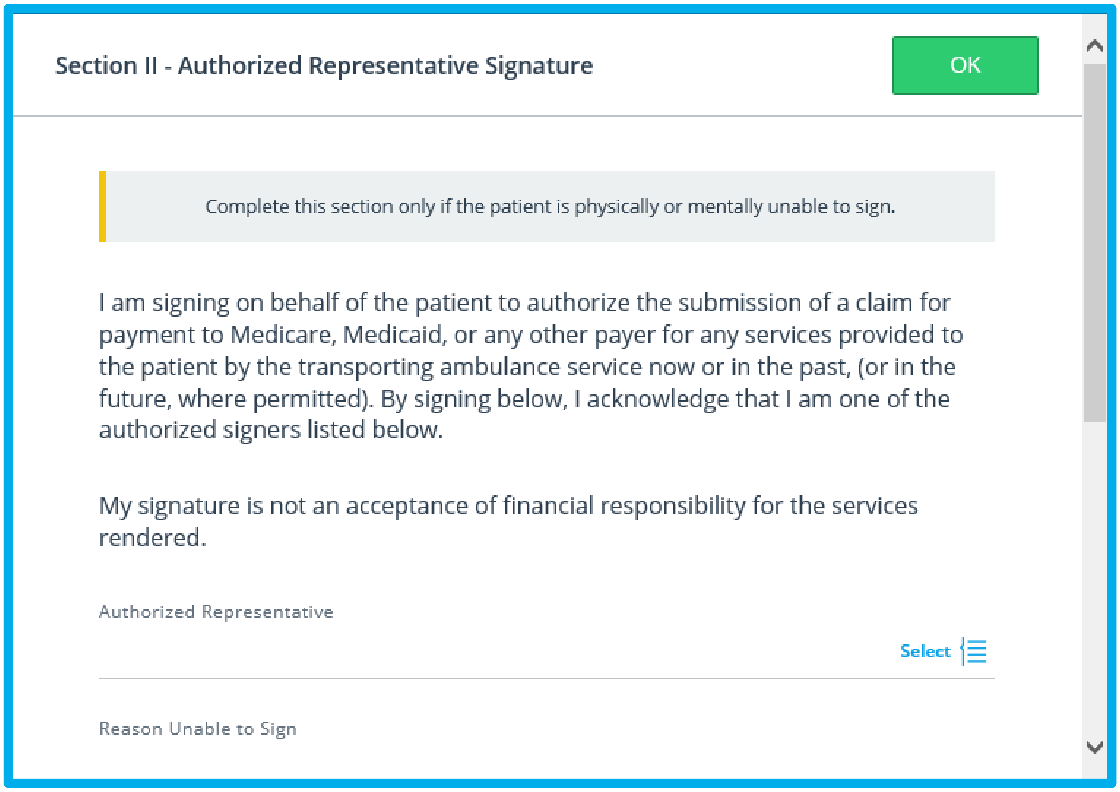
Inside EHR > Signatures > Section I - Patient Authorization Signature > Click here to sign > Reset > Reset

Select "Reset Signature" to clear it out or "Cancel" to continue and leave the signature as is.



If a signature has been captured in a section, it will be noted with a green triangle in the upper right corner.

Section II – Authorized Representative Signature



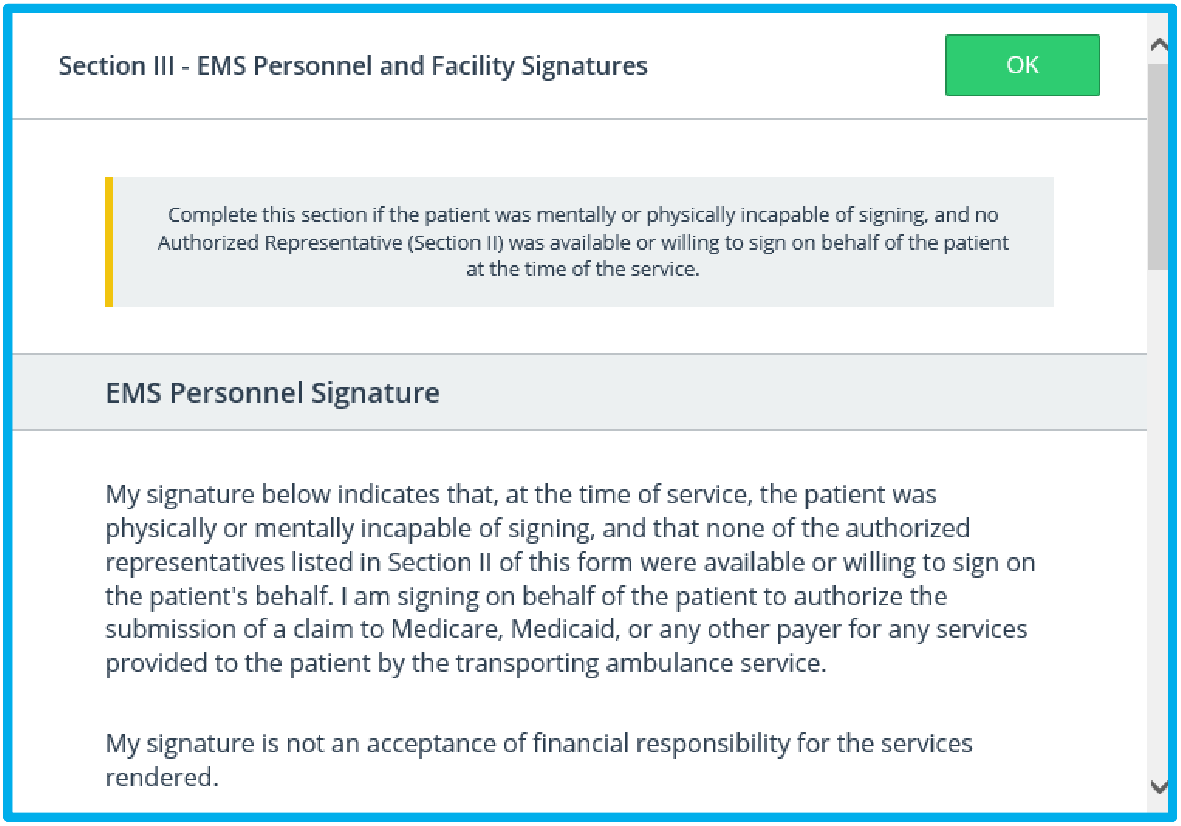
Inside EHR > Signatures > Section I I – Authorized Representative Signature

This section allows the user to choose who the authorized representative is, the reason the patient is unable to sign and to obtain the representative's signature.

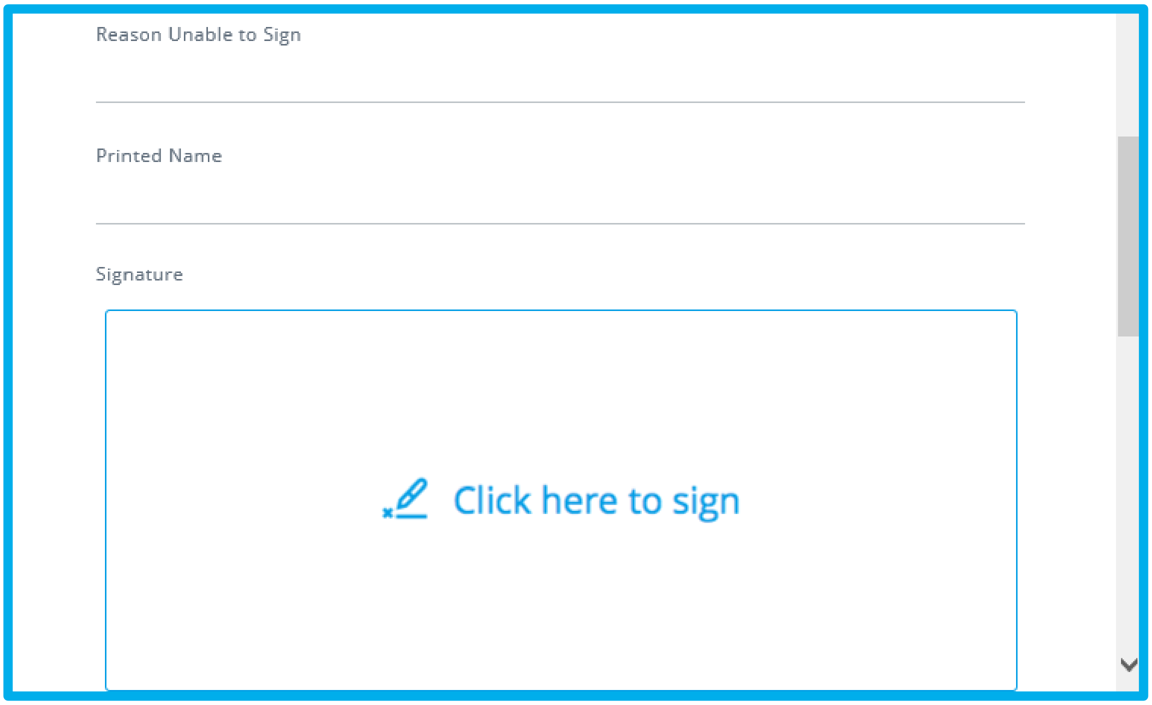
If the mandatory validation for Authorized signature is turned on, then the authorized representative must sign and the printed name must be included as well as the reason the patient is unable to sign in order to meet the validation requirement.

Signatures can be captured as shown in Section I.

Section III – EMS Personnel and Facility Signatures



Inside EHR > Signatures > Section III - EMS Personnel and Facility Signatures



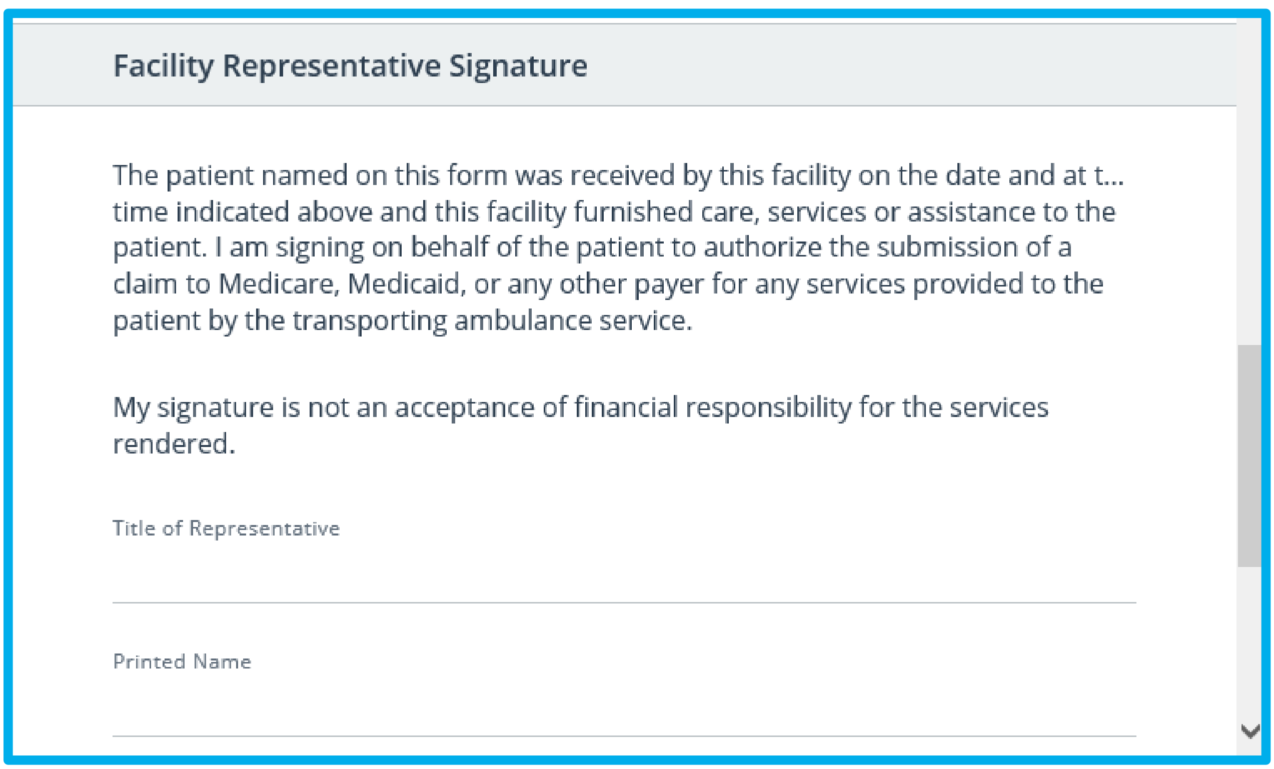
Reason Unable to Sign

Printed Name

Signature

Click here to sign

Inside EHR > Signatures > Section III - EMS Personnel



Facility Representative Signature

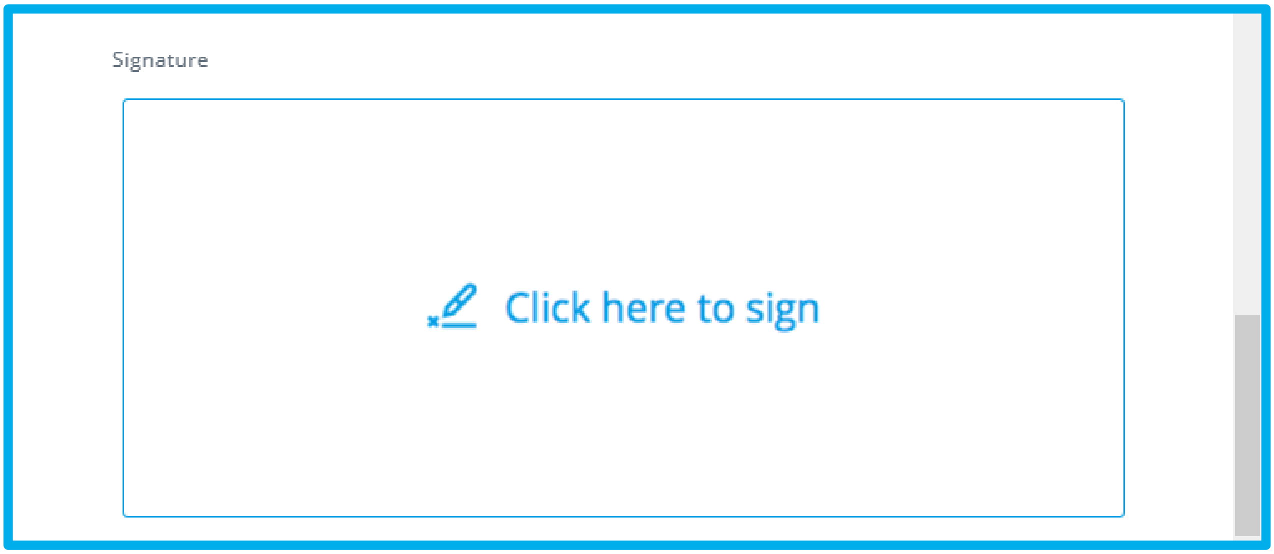
The patient named on this form was received by this facility on the date and at t... time indicated above and this facility furnished care, services or assistance to the patient. I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service.

My signature is not an acceptance of financial responsibility for the services rendered.

Title of Representative

Printed Name

Inside EHR > Signatures > Section III - Facility Signature



Inside EHR > Signatures > Section III - Facility Signature

If Authorized Signature is set as a Mandatory Validation and Section I and II are not applicable then all parts of Section III must be completed in order to meet the validation requirement.

Signatures can be captured as shown in Section I.

Standard Signatures

Inside EHR > Signatures > Standard Signatures

Standard Signatures are signatures routinely obtained.

Facility Signatures

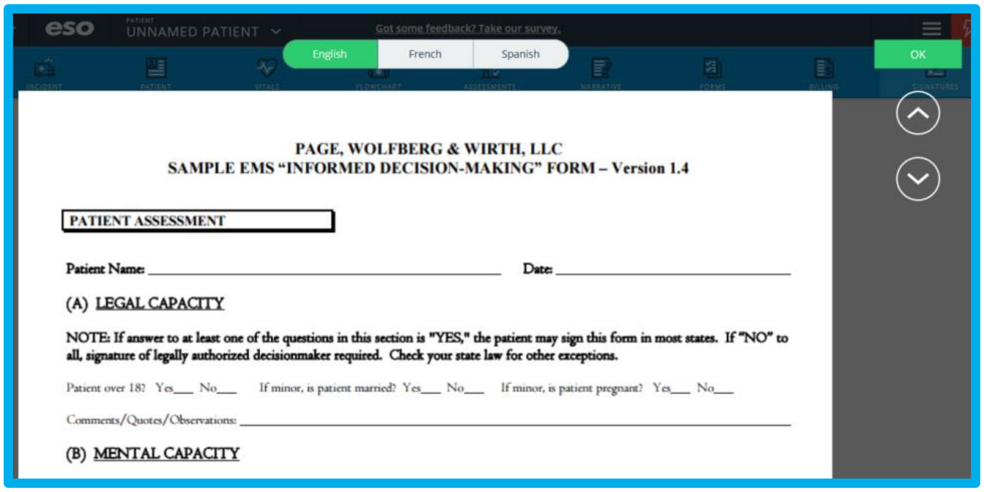
This provides a location to get signatures from hospitals or other destinations where you have transported your patient. Capturing signatures in this section is completed using the same process as shown in Section 1.

Provider Signatures

This section is for personnel on the crew to sign the EHR if required to do so. If this is set as mandatory, then the printed name and signature must be completed in order to meet the validation rule.

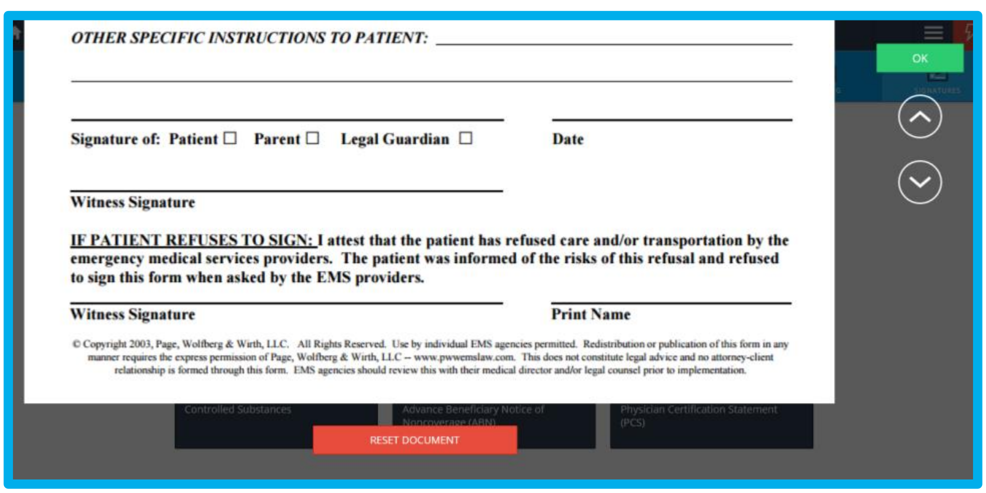
Refusal

Refusal forms can be uploaded as part of the application by an administrator using the Admin console. Forms in up to three languages can be uploaded. Patients can sign directly on the form. Use the arrows on the right or the scroll bar to view the form.



Inside EHR > Signatures > Standard Signatures > Refusal

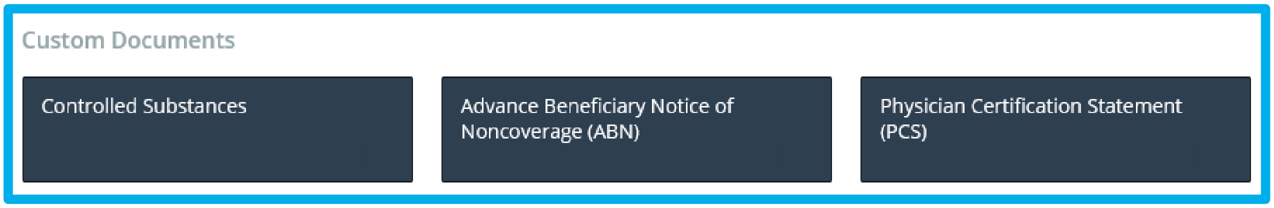
To clear the form and start over, select "Reset" at the bottom of the page.



Standard Signatures > Refusal

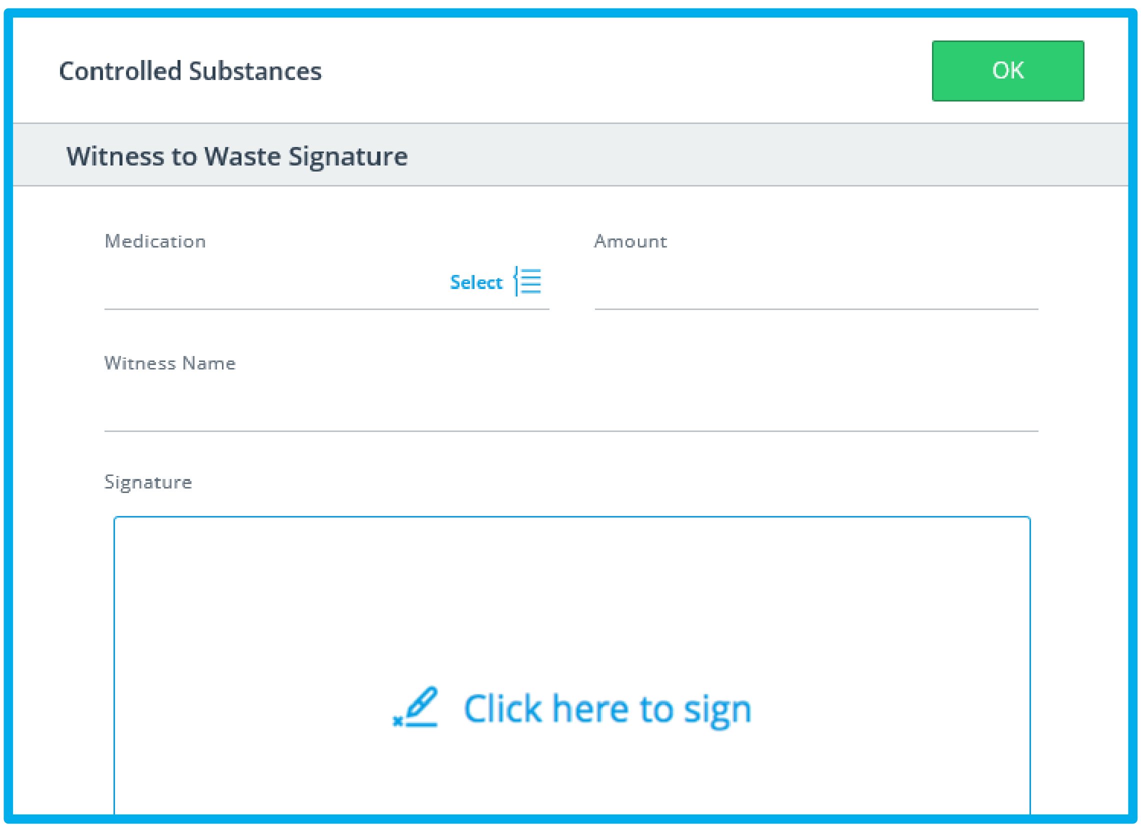
When complete, select "OK."

Custom Documents



Controlled Substances

The Controlled Substances form allows a user to document the waste of a medication (generally a narcotic) that only partially has been administered to a patient.



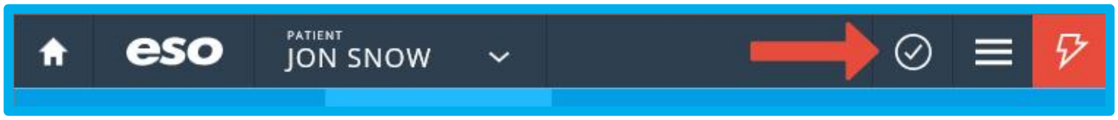
Inside EHR >Signatures >Controlled Substances >Witness to Waste

Enter the Medication, Amount, Witness Name and Signature. Up to three witness to waste signatures can be obtained. Scroll down to add others.

Custom Forms

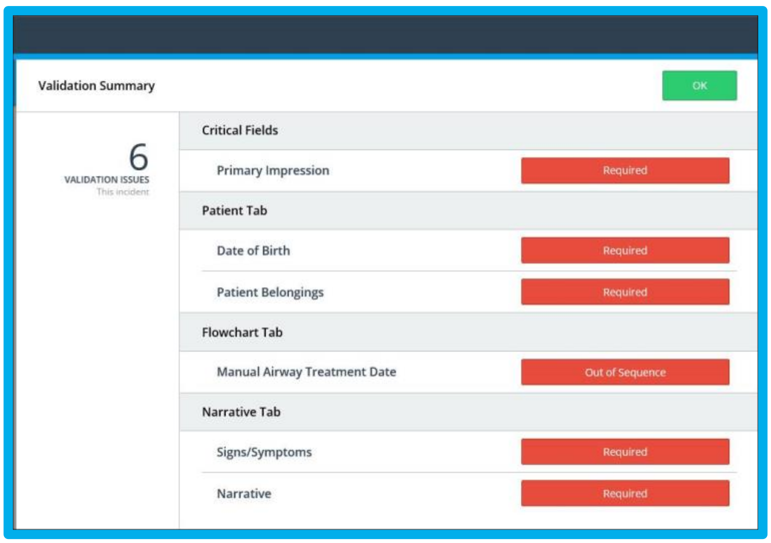
Other Custom Forms can be added by your administrator. These forms will behave like the Refusal form described above. Write directly on the forms and select “OK” to have these forms be part of your EHR.

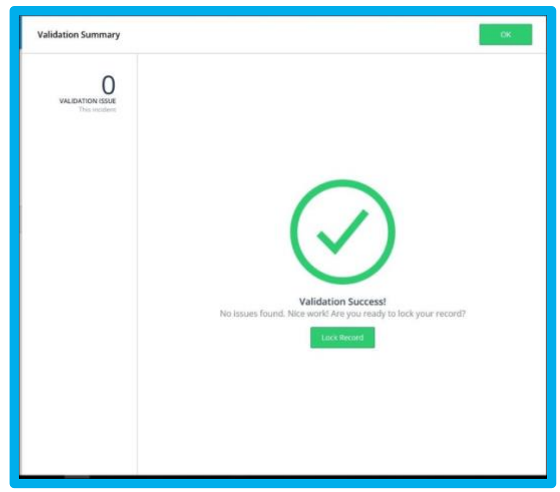
Click the check button to begin the validation process.



Inside EHR > Validation Check/Lock

The validation process reviews the report and alerts the writer of any missing or deficient data. If there is data missing in a EHR Tab section, you will see a red bar containing words/phrases such as "Required" or "Out of Sequence" in that section. Click on the red bar and you will be navigated to the field in which you need to add or modify data.





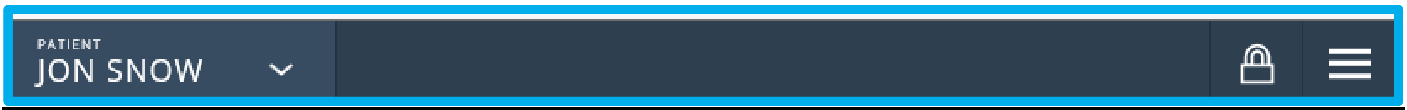
Inside EHR > Validation Check

Inside EHR > Validation Check Pass > Lock Options

If there is no missing data, you will see the screen below with the option to now lock the record. You may return to completing additional entries on the record before coming back to finalize/lock the record.

Locking

When the EHR is complete, select the "Lock" button to close your report. This will indicate that your call is complete. After your report is locked, no more clinical information can be added directly into the EHR.



Inside EHR > Validation Check Pass > LOCKED

Select "OK" to complete the lock process.

This completes the ESO EHR User Guide. Should you have any questions, please do not hesitate to contact ESO Support at **866-766-9471** option 3 or support@esosolutions.com