

SUMMARY: Lumetra's HIE Readiness Assessment / Survey

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Telephone survey was completed during the month of October of 33 LEMSAs. The followings were the major points of the survey:

Implementation of ePCR:

- 1) 100% of the LEMSAs participated in the survey.
- 2) 100% of LEMSAs have at least one EMS provider on ePCR in one form or another.
- 3) Approximately 78.8% of EMS providers are at Stage 3.
- 4) Of the 575 EMS pre-hospital providers, 71% are using ePCR in some capacity. Only 29% are still on paper PCRs.
- 5) 24 different ePCR software platforms are being used throughout the 575 EMS providers. The top five software vendors are MEDS, Zoll, ImageTrend, Sansio and ESO Solutions.
- 6) 68.8% of LEMSAs state they are currently able to submit data to the new CEMSIS version.
- 7) 87% (29) of LEMSAs stated they do not integrate ePCR data into the hospital EHR.
- 8) 94% (31) of the LEMSAs stated their ePCR does not interface to the hospital's EHRs.
- 9) 80% (24) stated they have seen an increase in the accuracy of the data being submitted after implementing an ePCR.
- 10) The issue regarding funding was evenly split with half (14 LEMSAs) saying funding had been a barrier and the other half (15 LEMSAs) saying it was not.
- 11) Over 93% (31) LEMSAs stated there was no increased scene or transport time for documentation completion after ePCR implementation.

Cost Considerations:

- 1) The cost ranged from \$7000 to over \$1 million for the initial cost of software.
- 2) The cost of implementation of the ePCR ranged from \$7500 to over \$1 million.
- 3) The ongoing maintenance costs range from \$6000 to \$225,000 per year.

Conclusions:

- 1) Need to standardize processes, data and systems.
- 2) Workgroups established of LEMSA representatives to cover barriers and gaps.
- 3) Each LEMSA assign a different person to each group who is responsible for working with the providers on issues concerning use of ePCRs and HIE.

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Recommendations:

- 1) Workflow standardized by mapping the process each agency uses and finding the common points and best practices.
- 2) Data standards agreed upon for entry into ePCR and transmitting data to hospitals/other providers.
- 3) A team work with various hospitals systems to establish relationships and agreements for HIE. Same team work with CAHIE to interface with community HIE.
- 4) Evaluate HIPAA further to see what barriers truly exist in data sharing. Standard use agreements put in place alone with standard security policy.
- 5) Look at current systems being used and if they are viable systems. What is the future of the ePCR company and if they are part of any HIE. Help to determine how difficult it may be to interface these systems.
- 6) Review implementation practices of those agencies that are successful and furthest along in the process. Determine best practices for implantation and lessons learned. Use them as 'coaches' to assist other LEMSAs.
- 7) Develop measurable results for success around patient outcomes and response times.
- 8) Change management team to assist LEMSAs and providers understand the need and positive impact HIE will have.

Key Concepts:

- 1) More standardization around:
 - a. Data
 - b. Processes
 - c. Coordination with hospitals
 - d. Measurable outcomes.
- 2) Response times measured in detail to verify improvement:
 - a. Through use of electronic tracking systems to track data
 - b. Communicate with hospitals.