2020 ESO EMS INDEX:

COVID-19 SPECIAL EDITION AGENCY CHECKLIST

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OVERVIEW

As outlined in the ESO EMS Index: COVID-19 Special Edition there are a number of data points EMS organizations should use to understand their experience relative to others, appropriate documentation of PPE, rate of PPE, recording of vital signs and information flow relative to potential exposures and confirmed COVID-19 cases. This checklist provides actionable steps your agency can take to leverage data in addressing COVID-19.

SECTION ONE
911 CALLS

As indicated by the Index, overall calls to 911 dropped significantly across the U.S. during the initial phases, with as much as an 18% drop in January-April 2020, the most restrictive period of lockdown Since that time, calls have returned to baseline or even increased slightly. Fewer calls to 911 does not necessarily mean that the community you serve has suddenly gotten healthier. It may indicate a hesitation to call 911 for a real emergency based on fears around contracting COVID-19.

TAKE ACTION

Review your 911 call data call types monthly. In doing so, you'll identify trends and ensure you have enough crew resources to respond to the call volumes you're seeing. Recognize that decreases in call volume appear temporary and, in the absence of a return to more restrictive re-opening Phases, are unlikely to recur.

Pinpoint drops in specific call types and consider creating messaging to draw awareness to issues that can have medical harm to patients if an EMS service is not deployed. For example, share the signs of heart attack on your website or social media pages.

SECTION TWO PERSONAL PROTECTIVE EQUIPMENT

In alignment with CDC and WHO guidance, the use of personal protective equipment (PPE) has skyrocketed among EMS agencies as providers responded to COVID-19 related calls. The lack of PPE supply saw a national shortage and gear reuse. In the Index, we noted that 40% of agencies reporting reusing masks.

TAKE ACTION

Document your PPE usage. If you don't know your PPE utilization rate, it will be much more difficult for you to assess your true needs. Encourage firefighters, EMTs, and medics to always document PPE usage as part of their call response to ensure you have a complete picture of your usage.

Use the data collected around PPE reuse and overall PPE usage to support requests for additional PPE.

SECTION THREE
VITAL SIGN DOCUMENTATION

With any outbreak, there are always a number of additional data elements you should capture to best treat patients and understand disease trends in your area. COVID-19 is no exception. Two vital signs you should document for COVID-19 are temperature and pulse oximetry. According to the Index, temperature was documented in 66% of EMS calls while pulse oximetry readings were added to the ePCR 90% of the time.

TAKE ACTION

If recording temperature and pulse oximetry (SPO2 levels) are not currently part of your COVID-19 protocols, add them to your list. These two vital signs can help you better assess whether or not a patient may have COVID-19.

Demonstrate to providers on the "why" behind collecting the data and ensure your ePCR has appropriate fields turned on for collecting and monitoring entry of those elements. EMS providers, like all medical professionals, are more likely to collect data when they understand the usage and medical benefit to patients.

SECTION FOUR
CONNECTING THE DOTS

A unified response to COVID-19 builds credibility when seeking support from legislators, offers a stronger care network for patients and helps leverage resources when needed. One of the key partners EMS agencies should work with are their hospital teams. The Index notes that when hospitals share outcomes back with EMS it is easier and faster to determine potential exposures.
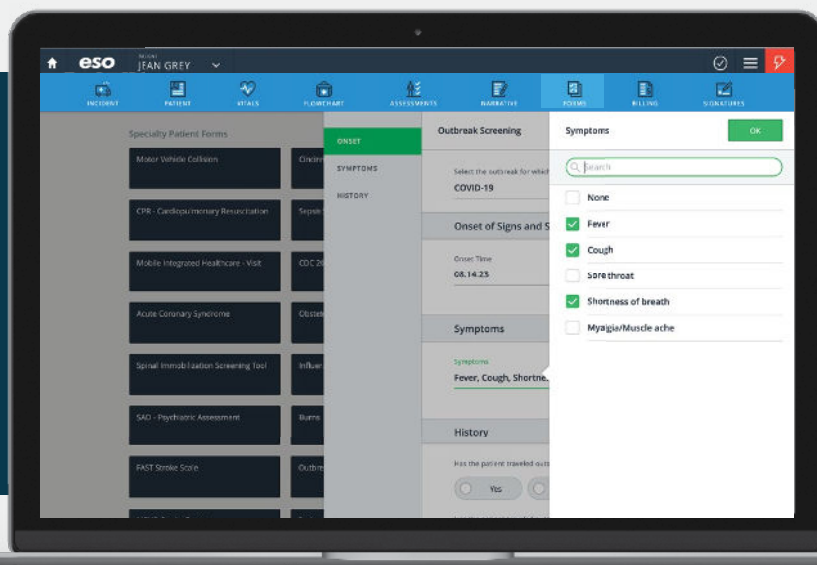
TAKE ACTION

Set regular meetings with your local hospital teams. Use the data you've collected on the EMS side of the house to help inform your hospital partners about what you're seeing in the field.

Create a protocol for sharing COVID-19 outcome data. Sharing COVID-19 outcome data with first responders is protected by HIPAA and encouraged by multiple federal agencies. In doing so, you'll be able to have faster insight to potential crew exposures and gain data to inform how you treat patients suspected of COVID-19. Automated, bidirectional data exchange such as **ESO Health Data Exchange** can facilitate speed to insight and secure data delivery.

Meet ESO Electronic Health Record (EHR)

ESO EHR makes it easy to product quality EMS clinical documentation. Yet it's so advanced, it actually gives you back more data than you put in. Learn how your agency can benefit from ESO EHR.