Agenda

- Reminders
- Epidemiology Report
- Operational Updates
- Educational Updates
- Questions
Reminders

- OEMS Updates on our website – [www.ems.ga.gov](http://www.ems.ga.gov)
  - Not all updates are emailed out – some are posted on the OEMS COVID-19 page

- EMS Personnel → Put your email in LMS; Agencies, remind medics to login to LMS

- EMS Agencies → Update rosters and Key Personnel & Check the expiration date of your medics

Service Directors, we need your help!

- Please let your medics know that they need to have their email in the system

- As of 7/31/2020 – 4,831 (-164 since our last meeting) medics do not have an email in the system
  - Most expire next year (3/31/2021)
  - We can’t send reminders of expirations and medics can’t enter their CEUs (or sign up for classes on LMS) until they enter their email address into LMS!
  - Waiting till March 30, 2021 at 11:00pm is not a good idea
Epidemiology Report – Dr. Cherie Drenzek
https://dph.georgia.gov/covid-19-daily-status-report (as of 7/30 @ 14:50)

- Changes are based on our last meeting (7/17)
- Confirmed Cases: 182,286 (+51,011)
- Deaths: 3,671 (+567)
- Hospitalizations: 18,303 (+3,957)
- ICU Admissions: 3,354 (+618)

- COVID-19 Testing:
  - Cumulative as of 7/30/2020:
    - Total PCR: 1,541,389 (+363,167)
    - % Positive = 10.9% (+0.7%)
  - Reported on 7/30/2020:
    - PCR: 2328,925
    - % Positive: 12.6%
As of 7/30/2020 (Last 2 Weeks)

Questions for Dr. Drenzek?
Don’t Let your Guard Down

1. Don’t let your guard down:
   - On Duty
   - Off Duty
   - ANY TIME

2. Record numbers of testing

3. Record numbers of cases
Return to Work Guidance

• General:

• Healthcare Workers:

Ambulance Diversion Dashboard

• NEW State of Georgia Diversion Dashboard:
  - https://georgiarcc.org/
<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>County</th>
<th>Nodes</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grady Health System</td>
<td>Fulton</td>
<td>Overcrowded</td>
<td>Normal</td>
</tr>
<tr>
<td>Peachtree Memorial Hospital</td>
<td>Fulton</td>
<td>Overcrowded</td>
<td>Normal</td>
</tr>
<tr>
<td>WellStar Paulding Hospital</td>
<td>Paulding</td>
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<td>Normal</td>
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<tr>
<td>WellStar Kennewick Hospital</td>
<td>Cobb</td>
<td>Normal</td>
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<td>WellStar Douglas Hospital</td>
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<tr>
<td>Wayne Memorial Hospital</td>
<td>Wayne</td>
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<td>Memorial Satilo Health</td>
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<tr>
<td>Jeff Davis Hospital</td>
<td>Jeff Davis</td>
<td>Normal</td>
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<tr>
<td>Coffee Regional Medical Center</td>
<td>Coffee</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Clinch Memorial Hospital</td>
<td>Clinch</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Bacon County Hospital</td>
<td>Bacon</td>
<td>Normal</td>
<td>Normal</td>
</tr>
</tbody>
</table>
• **NEDOCS/CEDOCS STATUS**
  - Normal (green)
  - Busy (yellow)
  - Overcrowded (orange ish)
  - Severe (red)

• **DIVERSION STATUS**
  - Normal
  - CALL RCC (404) 616-6440
  - ER Diversion
  - ICU/CCU Diversion
  - L&D Diversion
  - Medical Diversion
  - Neuro Diversion (will be updated to Neuro/Stroke Diversion)
  - NICU Diversion
  - Psych Diversion
  - STEMI Diversion
  - Total Diversion
  - Trauma Diversion
  - Saturation statuses will be added
Diversion Vs. Saturation

• **Diversion** is the inability to *safely* accept incoming ambulance traffic for the specified service line.
  - ICU/CCU Diversion – no open ICU/CCU beds
  - L&D Diversion – no open L&D beds
  - Etc

• **Saturation** means the hospital is nearing capacity for whatever service line is referenced: ED, ICU/CCU, and so on.

• **TOTAL DIVERSION** hospital cannot *safely* accept EMS patients at this time.

A few points...

• **There is no such thing as “Out of County Diversion”** – if a hospital is accepting patients for the county they are in, they are accepting all patients

• Patient choice does matter

• Respect the diversion status

• If everybody is on diversion, nobody is on diversion

• Discuss with your medical director what to do in diversion situations
Wall Times

**Dispatch to Unit Notified**

**Unit Notified to Scene**

**On Scene Time**

**Transport Time**

**Wall Time**

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**eTimes**

- **eTimes.01** - PSAP Call Date/Time
- **eTimes.02** - Dispatch Notified Date/Time
- **eTimes.03** - Unit Notified by Dispatch Date/Time
- **eTimes.04** - Dispatch Acknowledged Date/Time
- **eTimes.05** - Unit En Route Date/Time
- **eTimes.06** - Unit Arrived on Scene Date/Time
- **eTimes.07** - Arrived at Patient Date/Time
- **eTimes.08** - Transfer of EMS Patient Care Date/Time
- **eTimes.09** - Unit Left Scene Date/Time
- **eTimes.10** - Arrival at Destination Landing Area Date/Time
- **eTimes.11** - Patient Arrived at Destination Date/Time
- **eTimes.12** - Destination Patient Transfer of Care Date/Time
- **eTimes.13** - Unit Back in Service Date/Time
- **eTimes.14** - Unit Canceled Date/Time
- **eTimes.15** - Unit Back at Home Location Date/Time
- **eTimes.16** - EMS Call Completed Date/Time

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**eTimes.12** - Destination Patient Transfer of Care Date/Time

- **Definition**
  - The date/time that patient care was transferred to the destination healthcare facilities staff.

- **Data Element Comment**
  - This was added to better document delays in ED transfer of care due to ED crowding or other issues beyond EMS control.

- **MANDATORY on 9/1/2020**
  - **Please start recording this NOW!**
  - **Talk to your vendor and make sure it is on your run form.**
Extended Wall Times

- Wall times longer than 30 minutes (less if your agency has calls holding) should be escalated by the hospital staff.
- EMS Agencies should have these discussions ahead of time about how to escalate it/who to contact.

Minimum Set of Patient Information at Hospitals

- EMS Agency crew members of the vehicle that transports a patient to an acute care facility, hospital, or any other facility that requests a Patient Care Report (PCR), shall deliver a PCR to the receiving facility prior to departing the facility.
- If a full PCR can’t be left (electronically or printed), then a written or printed abbreviated PCR that includes the following MUST be left BEFORE the crew departs the hospital:
  - Pt name, gender, DOB, Hx, C/C, PE, Tx
  - EMS Agency name, incident # and names of the crew
  - Date/Time: Call Received, On Scene, FMC, Left Scene, Arrived at Destination, Injury time, LKW, ROSC
  - name of any first responder agency that had Pt contact
  - any other information available to the EMS Agency that is necessary for the continued care of the patient at the receiving facility.
Quick Reports

- [www.ems.ga.gov](http://www.ems.ga.gov)

**UPDATE (7/2/2020) EMS Quick Report Form - click on the version you need (Excel - PDF)**

The Office of EMS and Trauma has established this form to be used by EMS personnel to provide patient care information to the receiving facility upon delivery of the patient until a prehospital care report can be completed and submitted through GEMSIS Elite. This new Quick Report complies with the Emergency Rule listed above.

Notes on the Quick Report Form:

- **THIS FORM DOES NOT REPLACE THE NEED TO SUBMIT AN ELECTRONIC PATIENT CARE REPORT (ePCR).**
- Agencies should submit ePCRs to GEMSIS Elite within 24 hours of call completion, and hospitals may access those patient care reports on Hospital Hub. To gain access to Hospital Hub, please contact your [Regional EMS Director](http://www.ems.ga.gov) and they will forward your request.
- EMS Agencies may adapt this form and place their agency name on it, as long as the minimal information is kept on this document.
- By using this form or one substantially similar to it, hospitals are more quickly able to contact the agency and specifically the crews if a patient that they transported tests positive for or is suspected of having COVID-19.

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**Notes on Quick Report**

- Not a full PCR
- Not the best way to leave information (electronic is better)
- Minimum necessary information for continuity of patient care
Workforce Updates

- Reinstatements Issued: 119
- Temporary Licenses Issued: 23

Temporary Licenses

- Must have an Active State License in good standing without adverse action(s) from a U.S. State or Territory
  - Will only license, levels that are the same as GA (EMT, EMT-I, AEMT, Paramedic)
  - GA license will be equal to or below the other state license
  - OEMS needs to be able to verify via state online system, or Applicant is responsible for OOS verification form
- This is a **one-time (beginning next week)** temporary license active for 90 days
- Available until September 30th, will reevaluate mid-September
- No fee or CBC
- No more than one temporary licensed medic on an ambulance at one time
Reinstatements

• EMS license that expired due to Lapsed, Failed to Renew in 2017, 2018, or 2019
• Will be available until September 30th, will reevaluate mid-September.
• Must have a criminal background check
• Current BCLS and ACLS (if applicable)

Patient Names

• If you get an updated name (correct spelling) – ePCR MUST be corrected and re-submitted to GEMSIS Elite ASAP
• Do NOT put “Unknown Male” or “John Doe” or “Jane Doe” – if you don’t know the name, use a Pertinent Negative
Questions?

Thanks for all that you do!

• Be safe
• Be prepared
• Watch your emails