



## OC-MEDS – SYSTEM MANAGEMENT AND SUPPORT

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### I. AUTHORITY:

*Health and Safety Code, Division 2.5, Section 1797.204; California Code of Regulations, Title 22, Section § 100171(f).*

### II. APPLICATION:

This policy describes management and support of the Orange County Medical Emergency Data System (OC-MEDS).

### III. DEFINITIONS:

**System Administrator:** An individual person or persons who maintain primary responsibility for the day-to-day management and administration of the OC-MEDS at the System (County) level.

**Agency Administrator:** An individual person or persons who maintain primary responsibility for the day-to-day management and administration of the OC-MEDS at the EMS Provider Agency level.

**Base Hospital Administrator:** An individual person or persons who maintain primary responsibility for the day-to-day management and administration of the OC-MEDS at the Base Hospital level.

**Facility Administrator:** An individual person or persons who maintain primary responsibility for the day-to-day management and administration of the OC-MEDS at the Receiving Facility (Hospital) level or County Coroner.

**Downtime:** A period of time whereby the OC-MEDS or some of its components are offline or non-functional, to the extent that near real time electronic documentation and/or data transmission is temporarily unavailable. Examples of “downtime” include but are not limited to:

- Device/tablet malfunction
- Device/tablet unavailability
- High-risk situations where carrying such a device may endanger the provider during patient care
- Loss of access to the documentation host/server due to failure or planned maintenance
- In the case of a Base Hospital, loss of power or inability to connect to the internet

**Short Term Downtime:** A period of “downtime” that is expected to last no more than 60 minutes or in which the cause of the “downtime” is known and is expected to be resolved quickly.

**Prolonged Downtime:** A period of “downtime” that is expected to last more than 60 minutes or in which the cause of the “downtime” is not known and a resolution is not expected soon.

**EMS Worksheet:** An paper form that is intended to provide an organized method to *temporarily* capture relevant patient care information. EMS Worksheets should be clearly labeled “Not part of the patient medical record” and should not include any carbon copy or NCR pages that allows for copies to be distributed.

**Base Hospital Worksheet:** An paper form that is intended to provide an organized method to *temporarily* capture relevant medical control information. Base Hospital Worksheets should not be printed in any manner that allows for copies to be distributed.



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### IV. SYSTEM ADMINISTRATION

#### A. Orange County EMS:

1. OCEMS will maintain a full-time System Administrator and at least two alternates.
2. System Administrator(s) will manage the daily operations and upkeep of the system at the county level, including:
  - a. Data element administration
  - b. State / Federal data compliance
  - c. System-based settings management
  - d. System-based user account management
  - e. System technical support management
  - f. System Vendor contract administration
  - g. Education and training support for the utilization of OC-MEDS
  - h. Support OC-MEDS utilization for QA/QI activities

#### B. EMS Providers Agency:

1. Each EMS Provider Agency should maintain at least one Agency Administrator and up to three alternates (depending on the size of the agency) to manage the daily operations and upkeep of their own agency's system.
2. The Agency Administrator(s) will be the liaison for the System Administrator.
3. The Agency Administrator(s) will manage the daily operations and upkeep of the system at the individual agency level, including:
  - a. Agency-based settings management
  - b. Agency-based user account administration
  - c. Agency-based technical support
    - i. Computer tablet support
    - ii. Electronic Prehospital Care Report (ePCR) Software set-up and basic troubleshooting
  - d. Ancillary / supportive services management (If applicable), including (but not limited to):
    - i. CAD Integration Maintenance
    - ii. Internet Service Provider Maintenance



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- e. Staff education, training, and evaluation
- f. Utilization of OC-MEDS for QA/QI activities

### C. Base Hospitals:

1. Each Base Hospital should maintain at least one Base Hospital Administrator and up to two alternates to manage the daily operations and upkeep of their own Base Hospital system.
2. The Base Hospital Administrator will be the liaison for the System Administrator.
3. The Base Hospital Administrator will manage the daily operations and upkeep of the system at the individual base hospital level, including:
  - a. Base Hospital user account administration
  - b. Base Hospital-based technical support
    - i. Computer support
    - ii. Electronic Base Hospital Report (eBHR) Software set-up and basic troubleshooting
  - c. Staff education, training, and evaluation
  - d. Utilization of OC-MEDS for QA/QI activities

### D. Facilities:

1. Each Hospital should maintain at least one Facility Administrator and up to three alternates (depending on the size of the facility) to manage the daily operations and upkeep of their hospital specific OC-MEDS interface.
2. The Facility Administrator will be the liaison for the System Administrator.
3. The Facility Administrator will manage the daily operations and upkeep of the system at the individual hospital level, including:
  - a. Facility-based settings management
  - b. Facility-based user account administration
  - c. Staff education, training, and evaluation
  - d. Utilization of OC-MEDS for Hospital Discharge Data Summaries (HDDS), Ref. OCEMS Policy 300.50.

## V. TECHNICAL ASSISTANCE AND SUPPORT

### A. Tier 1 – Provider Agency Level

1. EMS Providers, Base Hospitals, and Facilities should be prepared to provide basic level technical support to maintain their own systems. Basic level support includes:



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- a. Tablet/Computer(including operating system) troubleshooting and maintenance
  - b. Internet connectivity troubleshooting and maintenance
  - c. Local ePCR / eBHR Software basic troubleshooting and maintenance
2. EMS Providers, Base Hospitals, and Facilities should attempt to troubleshoot to resolve issues prior to requesting Tier 2 (System) support, including:
- a. Documentation of the problem and evaluation of several examples to support a system issue and not a staff utilization problem.
  - b. Documentation and evaluation to support that the problem is outside of the EMS Provider level configuration.
  - c. Issues that can not be resolved at the Tier 1 (Agency) level should be referred to the Tier 2 (System) level. EMS Providers utilizing a third party PCR system may move directly to Tier 3 when appropriate.
- B. Tier 2 – County (System) Level
1. Orange County EMS will provide intermediate level technical support for the entire system, including:
    - a. System settings management and troubleshooting
    - b. CAD integration monitoring and data mapping
    - c. Service settings guidance
    - d. Notification of system updates
    - e. System-wide technical issues investigations
  2. Issues that can not be resolved at the Tier 2 (System) level will be referred to the Tier 3 (Vendor) level.
- C. Tier 3 – Vendor Level
1. The OC-MEDS Software vendor will provide advanced technical support for the entire system, including:
    - a. Database / server troubleshooting and maintenance
    - b. Issues that require software development to correct
    - c. Overall technical guidance

## VI. SYSTEMWIDE DOWNTIME NOTIFICATION PROCESS

- A. During a “downtime” event, OCEMS will notify EMS providers, base hospitals, and receiving hospitals using focused / rapid communication methods to ensure that field and hospital personnel are aware of the status of the system in as timely a manner as possible.



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1. EMS Providers will be contacted through their dispatch centers. Upon receiving notice that the system is down, EMS Dispatch Centers should send notification to EMS units via their communications systems.
  2. Base Hospitals and Receiving Hospitals will be contacted through their existing emergency medical communications network system.
- B. OCEMS will notify EMS Provider Agency, Base Hospital, and Facility Administrators via email with more detailed information pertaining to the nature of the downtime event.

### VII. DOWNTIME GUIDELINES

#### A. EMS Provider Agencies:

##### 1. Short Term Downtime:

- a. In the event of a device or local software malfunction, EMS providers should first attempt to troubleshoot the issue if it will not in any way compromise patient care.
- b. If the device and local ePCR software is functional, but there is an issue with posting/syncing, transfers, and/or CAD downloads, EMS providers should continue documentation using the ePCR until these services have been restored. Once restored, the ePCR should be posted as soon as possible.
- c. If the problem is not able to be corrected, EMS personnel should notify their management and switch to the use of an EMS Worksheet for patient care documentation and notify their Agency Administrator of the problem.
  - i. The "worksheet" should not be distributed to other healthcare providers.
  - ii. The "worksheet" should be retained by the EMS provider and entered/transcribed to OC-MEDS as soon as possible.
  - iii. Once the electronic record is complete, the "worksheet" should be destroyed pursuant to state and federal document destruction guidelines and/or provider agency policies and procedures.
- d. If the Short Term Downtime event compromises any standards as set forth in OCEMS Policies 300.10 or 300.30 immediate notification to OCEMS is required.

##### 2. Prolonged Downtime:

- a. During prolonged system or device "downtime", the provider may document relevant patient care information on an EMS Worksheet.
  - i. The "worksheet" should not be distributed to other healthcare providers.
  - ii. The "worksheet" should be retained by the EMS provider and entered/transcribed to OC-MEDS as soon as possible.
  - iii. Once the electronic record is complete, the "worksheet" should be destroyed pursuant to state and federal document destruction guidelines and/or provider agency policies and procedures.



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b. All Prolonged Downtime events require immediate notification of OCEMS.

**B. Base Hospitals:**

**1. Short Term Downtime:**

- a. In the event of a device or local software malfunction, Base Hospital personnel should first attempt to troubleshoot the issue if it will not in any way compromise medical control.
- b. If the device and local eBHR software is functional, but there is an issue with receiving transfers and/or posting/syncing, base hospital personnel should continue documentation using the eBHR until these services have been restored.
- c. If the problem is not able to be corrected, base hospital personnel should notify the Base Hospital Administrator and switch to the use of a Base Hospital Worksheet for medical control documentation.
  - i. The “worksheet” should be retained by the Base Hospital until the information can be transcribed to OC-MEDS.
  - ii. Once the electronic record is complete, the “worksheet” should be destroyed pursuant to acceptable document destruction guidelines.

**2. Prolonged Downtime:**

- a. During prolonged system or device “downtime”, base hospital personnel may document relevant patient care information on a Base Hospital Worksheet.
  - i. The “worksheet” should be retained by the Base Hospital until the information can be transcribed to OC-MEDS.
  - ii. Once the electronic record is complete, the “worksheet” should be destroyed pursuant to acceptable document destruction guidelines.

**Approved:**

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