

One of the most demanding challenges of Electronic Patient Care Report's (PCR's) for the Emergency Medical Services (EMS) companies is the "ease of use".

Over the twenty plus years I have spent in EMS, changes in the documentation of PCR's have become more time consuming and painful for EMT's and Paramedics. For some reason EMS crews are renowned for lack luster documentation. When I began my career as an EMT on the street in a 911 Basic Lifesaving Service (BLS), documentation took up about fifteen minutes of our orientation. Then it was all about patient treatment and fast response to a comprehensive care facility. We documented very little. Our spelling and grammar was even worse than our lack of documentation. I will never forget the catch phrase of my first partner, who was a great EMT skill-wise, but dreadful speller. On every DNT he documented that the patient "singd the Run From."

As time went on, the need for better documentation became more apparent and establishments started to place importance on clear, concise, and comprehensive PCR's. This was looked at with repulsion and distaste from most EMS personnel. "We are here to treat patients not spend our time documenting," I've heard this phrase uttered over and over again. Documentation on paper PCR's did get remarkably better, however, it was still not great. For years there was talk here in my state that we would one day go to Electronic PCR's. Oh my, the things those EMS personnel had to say about that was incredible.

Then it happened, the electronic PCR's, just like everyone talked about. The massive and weighty laptops were the feared fangs of the cobra. No one wanted to document anything, because it was new, tedious, and took up extensive time. Time that EMS employees could be regenerating.... (I.e. eating, sleeping, and watching TV). We hated the electronic PCR documentation on laptops.

In an attempt to create a more user friendly experience we changed our software provider. After more complaints, incomplete, and "lost" PCR's we again tried another software provider. Still met with complaints, I began to doubt that documentation was ever going to progress when all the employees hated both the software and the hardware they were using. I was at a loss. I started aggressively searching for something that would fit the company's needs.

We were looking for the following hardware attributes for Electronic Patient Care Report's (ePCR's)

- 1) Light and mobile. We needed our PCR hardware to be light and mobile, but at the same time we needed durability. EMS personnel tote cumbersome equipment every day and adding another piece was just not an option.
- 2) Cost efficient. The Laptops we had been using previously were very expensive, and being a tax based service we needed something that would give us more bang for LESS buck.
- 3) User friendly. We started looking for something that would decrease the learning curve. We needed a device that was so easy to use a child could use it.
- 4) Multi-task. We had to have a device that would serve multiple purposes for our agency.

We discovered the iPad.

iPads are light, mobile, and with the Griffin case very durable. They are very cost efficient. We can purchase multiple iPads for the cost of one laptop. iPads are readily available, can be purchased anywhere, and they require very little set up. The iPads are user friendly and simple to navigate through. Most school age children operate iPads on a daily base. The iPads also allow us to multi-task. We can install applications that are EMS, Fire, and Rescue oriented, guaranteed to help our employees. Now we only needed a program to work with the iPads.

We were looking for the following attributes in software for electronic PCR's.

- 1) Non-repetitive. EMS personnel expressed interest in software that only ask pertinent questions, and only ask for them once. Some of the other software was terrible at asking for the same information repetitively. Medics and EMTs do not have time to fill out repetitive forms.
- 2) Only asking pertinent information. Some information is not meant to be asked or answered in a pre-hospital setting. PCR's in the pre-hospital environment should be concise but to the pre-hospital point. The in-depth questions can be answered at the Emergency Department.
- 3) Easy navigation. The easier a PCR is to navigate through, the faster EMS can finish and prepare for another call. If it takes a map to navigate through the program, employees are not going to like it. The complaints continue and unproductive time increases.
- 4) Continuous Quality Improvement (CQI). We must have a program that includes good CQI properties. CQI of PCR's in the pre-hospital care setting is very important not only to the employee, but also the administration and billing departments.
- 5) Technical Support. In Emergency medicine we CAN NOT wait for a software issue to get fixed. We are open 24 hours a day, seven days a week, 365 days a year. (24/7- 365). When we have a breakdown we need it taken care of immediately.
- 6) Flexibility. Not every EMS service is the same, not every EMS service has the same protocols, and not every EMS service responds to the same types of calls, so flexibility is a must in the software we were looking for.
- 7) A program that is integrated with our current billing software. We must have a program that can be integrated with the current billing software our billing department uses.
- 8) Program that was innovative. We needed a program that was changing with the expanding EMS need and that was willing to not only work with us but for us.

What we found.

While at an EMS conference in Las Vegas, Nevada I happened upon a booth that was demonstrating the iPCR program on the iPad. I watched the demonstration and talked to the technicians at the booth. I thought that this iPCR program deserved a closer look. On arriving back at the office, I set up a meeting with the billing department and, we looked at the program in detail from A to Z. This was something we wanted to try.

The iPCR program was very concise. It was created by Paramedic's for Paramedic's. The pertinent information that the iPCR program gathered was perfect for the data collection in a pre-hospital setting. Navigating the system was as simple as navigating the iPad itself. The "ease of use" was incredible. The quick tabs in the program were simple, precise, and allowed for back and forth navigation. Our CQI program fit right into the CQI of the program. The ready-made reports work great, with different studies and QA's. The technical support is second to none. The teams at Forté that are assigned to iPCR are friendly, knowledgeable, and very prompt. They work respond promptly to our calls. Flexibility of the program allows it to be completely customized to meet our needs. The mandated fields, changes in names, and medicines, are just a click away. The engineers work so close with our billing department, the integration with the billing software is seamless. Forté has gone above and beyond to ensure communication. The people at Forté Holdings are very proactive. New and innovative versions of ePCR are released as needed. The releases are iPad application upgrades which make the process easy to complete.

Implementation of the iPCR program went very smooth; the support staff at Forté Holdings is very accommodating and knowledgeable about the program. We literally unboxed an iPad, uploaded the App, and sent it with a crew to try. They completed the PCR, and LOVED the program. As an administrator you hear all types of protests, but not ONE employee complained about the iPCR program or the implementation of it. The crews have taken care of the iPads because they appreciate them so much. I highly recommend and have recommended iPCR to many EMS and Fire agencies.