

ESO Frequently Asked Questions

Who do I call with technical questions or problems related to ESO?

BioTech On Call representative

Who do I call with questions or problems specifically related to documentation?

For an urgent problem outside of business hours (M-Thr 0900-1700), contact the EMS Division On Call representative

For non-urgent problems or questions, send an email to rayres@unifiedfire.org

Who do I contact with Feedback on the system or settings?

Use the electronic form located in the “ESO Suite” tab on the employees page of the UFA website

What are the available ways to upload cardiac monitor files?

The cardiac monitor file should be uploaded to the cloud via Wi-Fi connection after every medical call. Providers should NOT use the USB option for two reasons: First, this will take quite some time, second, PHI will be saved onto the USB and onto the device desktop. Using the cloud option protects this data from loss.

How do I transfer the EHR from the engine to the ambulance if the engine arrives first?

In this scenario, the engine should start the call using the CAD import for their vehicle, use the mobile-to-mobile transfer option to send the call to the ambulance crew when care is transferred. The ambulance crew will then use the CAD import for their vehicle to continue and finalize their portion of the report. The ambulance does not need to document interventions or care provided before care was transferred to them. The engine does not need to document care provided by the ambulance. The engine should use the disposition “care transferred to other professional unit” and mark as “UTO” any information they did not get while they had patient care. Both units in this case will complete an EHR.

It is possible in this scenario to add the ambulance crew to the record, sync it to the cloud and then complete the original report on the web, this is not the best practice. Using this option, if there is a gap in WiFi connectivity, no documentation or access to the patient record is possible. WiFi connectivity is much improved, however, it is best practice to use ESO mobile which can operate without WiFi connectivity up to the point when patient care is transferred to another agency or receiving facility.

Can I use my mobile phone or personal computer to complete my EHR or other reports?

While this is possible, it is NOT a good idea to do this. Although no information from the EHR or incident reports are cached on the host computer, it is best practice to use a Unified Fire Authority device for all patient care and incident reporting.

What is the easiest way to enter patient demographic information?

Best practice is to use the driver's license scan feature in EHR to gather patient demographic information. Scanning the DL minimizes spelling errors and takes a fraction of the time of manual entry. After the information is scanned, it is important to verify address and phone number as this information may have changed since the DL was issued.

The second-best practice is to use the "Patient Import" button to search a database of recent patients. This list includes patients who have been entered in the ESO system in the past 150 days and will bring in demographic information, allergies, history, meds, etc. Again, it is important to verify with the patient that the information is still accurate. To use this feature, you will need at least two of the following three data points: patient last name, SSN, DOB. Once entered, all instances of matching patients will appear and you must select one. We recommend that you use the most recent option. The reason this is the second-best practice is that any manual entry allows for spelling errors and will propagate spelling errors or other manual data entry errors from previous patient contacts.

What is the best way to record patient insurance information?

The best practice is to take a picture of the patient's insurance card(s) and social security card using the camera attachment feature in ESO mobile. This is the small camera icon in the top right corner. Taking a picture of these cards and adding them to the record does not eliminate the need for certain data validation requirements, however, it ensures that accurate information is provided to UFA's billing agent and makes it more likely that the patient's insurance provider is billed instead of the patient themselves. This is a critical form of patient advocacy to ensure that the patient themselves is not burdened with undue healthcare costs when they have insurance coverage.

ESO is currently developing an insurance card scanning feature, similar to the current driver's license scanning feature.

What is the difference between "Chief Complaint" and "Impression"?

See the "EHR Instruction" document located on the "ESO Suite" tab on the employees page of the UFA website for detailed description(s) of all specific tabs.

What is the difference between a "Disposition" and an "Outcome?"

A Disposition is what the EMS provider(s) did with the patient. An Outcome is the hospital term for patient diagnosis, treatment and admit or release. EMS Division is working with the area hospitals to set up a Health Data Exchange which will provide automatic patient feedback within the ESO Suite for patients transported to hospitals. In order to make this work, it is critical that the patient encounter number is accurately documented in the report (not the medical record number). Best practice is to use the GeTac scanner to scan the patient's hospital wristband or registration stickers into the EHR before clearing the hospital. Scanning reduces data entry errors and makes your life easier.

Can I just use the “no patient found” disposition if I don't provide any patient care?

The only time “cancelled on scene/no patient found” is an acceptable disposition is when the unit has an “on scene” time recorded with dispatch and no patient, as defined in UFA Policy and EMS Protocol is found on scene. Any time an individual is assessed, we must use one of the patient evaluated or treated outcomes. In the scenario of a motor vehicle accident, where the driver refuses evaluation, use the “patient refused evaluation/treatment (no transport) disposition. This covers UFA in the case that the person ultimately ends up having needed medical care by documenting the fact that they refused evaluation, treatment, and transport when asked.

Refer to the NEMESIS Extended Data Definitions