



OC-MEDS – SYSTEM MANAGEMENT AND SUPPORT

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.

Service Administrator: An individual person or persons who maintain primary responsibility for the day-to-day management and administration of the OC-MEDS at the Service (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: A 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.



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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.

IV. SYSTEM ADMINISTRATION

A. Orange County EMS

1. OCEMS will maintain a full-time System Administrator and at least two alternates.
2. System Administrators will manage the daily operations and upkeep of the system at the county level, including:
 - i. Data element administration
 - ii. State / Federal data compliance
 - iii. System-based settings management
 - iv. System-based user account management
 - v. System technical support management
 - vi. System Vendor contract administration

B. EMS Providers

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

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:
 - i. Base Hospital user account administration
 - ii. Service-based technical support
 1. Computer support
 2. eBHR Software set-up and basic troubleshooting

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 Dashboard and Patient Registry systems.
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:
 - i. Facility-based settings management
 - ii. Facility-based user account administration

