EMT User Guide
Copyright
Rhode Island Patient Tracking System – EMT User Guide
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General Information

Getting to know PHEMS

The Public Health Emergency Management Suite, or PHEMS, was developed as a result of the Station Nightclub fire in 2003. An evaluation after the tragedy highlighted the importance of establishing a more consistent system of communication among health care and public health partners.

PHEMS is designed to provide improved situational awareness during day-to-day operations, planned events and large-scale disasters.

The system is routinely used in private and municipal EMS transport vehicles, and in emergency departments, but can also be utilized by an Incident Commander or Transport Officer at the scene of an emergency, in the Rhode Island Department of Health Operations Center or the State Emergency Operations Center or by federal partners who may be responding to an event of national significance.

The Public Health Emergency Management Suite is made up of four modules, providing the abilities of bed capacity monitoring, critical messaging, patient tracking, and reporting:

The Hospital Capacity System or HCS allows for real-time bed tracking and diversion status at all Rhode Island healthcare facilities. In the event of a large scale incident in the state, the system allows the EMS Transport Officer the ability to visualize the number of patients a hospital can accept. This information is critical to ensure that patient care needs are met and facilities are able to accommodate the needs of that patient or in larger scale emergencies, multiple patients. The system also has the ability to bridge with our federal partners in providing important real-time bed availability by integrating with the National Hospital Available Beds for Emergencies and Disasters System, called HAvBED. HAvBED provides a larger view of resources available within a region or nationwide.

The second module of PHEMS is the Patient Tracking System, or PTS, which you will learn how to use in this manual. PTS allows direct EMS-to-hospital notification of an incoming patient and the accurate tracking of a patient from the initial point of encounter by EMS personnel to that patient’s final healthcare destination. PTS also has the ability to handle tracking of patients during a mass-casualty incident or MCI. This system is being built to link the federal patient tracking system, called the Joint Patient Assessment and Tracking System or JPATS, which is used for disasters of national significance.

The third module of PHEMS is the Electronic Patient Care Report or ePCR, which should be available in 2012. Patient data that is entered into the system by EMS personnel will be translated into a final Patient Care Report, saving time as filling out a paper form will no longer be needed.
The final module of PHEMS is the event calendar, which allows emergency management partners to enter, track and search for emergency preparedness and response training exercises and opportunities, allowing for better coordination of planning and training. The information can also be put into the National Exercise Schedule, to enhance regional and national coordination of exercises.

The Patient Tracking System

The Patient Tracking System, commonly referred to as PTS, is a software application with two specific functions, EMS-to-hospital notification of an incoming patient and individual patient tracking. PTS allows for point to point tracking of routine patients or in the case of a Mass Casualty Incident, or MCI, when many patients are involved and the resources of one hospital can get overwhelmed. PTS is designed to share vital patient information with the hospital and allows for more time on patient care.

All EMTs are required by Rhode Island Department of Health Prehospital Care Protocols to use PTS to make notification to the receiving facility prior to arrival. Use of this system by EMS does not preclude a call to medical control. EMS should do both.

A major advantage of using PTS over calling the ED for notification is that it usually takes less time to enter information than it takes to talk to a Hospital Staff Member on the phone—especially for a non-critical patient. Upon arrival at the ED, the staff there will already be aware of the patient’s name, date of birth and chief complaint.

PTS also aids hospital staff in managing the flow of patients coming into their facility, preparing for surge in the event of an MCI, and monitoring daily surges of non-MCI patients when EMS volume is high.

As you are about to learn, the Patient Tracking System is an easy-to-navigate software program enabling EMS personnel to make direct and real-time contact with the receiving health care facility.
Rhode Island Department of Health Prehospital Care Protocol

Effective 8/1/2011, the Rhode Island Department of Health Prehospital Care Protocols states that for those services participating in the RI Patient Tracking System (PTS), the EMT is required to utilize the PTS system, if available. In such cases, the PTS entry shall serve as the routine pre-arrival notification to hospital staff.

Computer Connection

The PTS software application is internet based. There is no software to download.

This connection is completed by obtaining a unique network number from the designated computer and registering it with the server. This unique number is called the MAC Address (Media Access Control address). This allows the computer to be recognized by the system automatically eliminating the need for user name and password.

Website address

https://www.rimedicalresponse.org/PTS
System Components

Laptop Computer

The Patient Tracking System is accessed via a laptop computer.

Panasonic CF-19 laptop computers have been provided to EMS agencies.

This “Toughbook” computer is a fully-rugged and convertible PC. It is housed in a magnesium alloy case, which makes it able to withstand drops, shocks, vibration and extremes in temperature. Because it has no cooling fans, the computer may be very warm to the touch. This is normal. The keypad and ports on the laptop are sealed to protect it from various weather conditions.

This laptop features a touchscreen which can be transformed (rotated, and then folded down – LCD screen facing up) into a handwriting or drawing tablet.

The battery on these laptops was built to last more than four hours. However, it may need to be recharged, using the provided docking station and/or AC adaptor.

Barcode Scanner

If your PTS laptop has been equipped with a barcode scanner, this component can be used to input wristband numbers into the PTS.

In order for the barcode scanner to work, the laptop must be in the docking station. Although each patient’s barcode number could be entered into the system manually, this device will reduce entry errors and help the process run more smoothly and efficiently.

Services who deploy PTS equipment in a portable environment, may not have received barcode scanners. If your PTS system does not include a barcode scanner, you can still enter the barcode number manually via the onscreen or computer keyboard.
Wristbands

EMS personnel will give each patient one of two types of wristbands (one for a Mass Casualty Incident, one for a routine incident - see below). These wristbands have barcodes which can be scanned into the PTS using the barcode scanner. Under each barcode is the ID number for that bracelet which may be entered manually in case of a scanner malfunction.

In the event of a routine incident, this type of wristband shall be utilized:

In the event of an MCI, emergency personnel shall use this type of wristband:

Optional Front Screen

Your vehicle may be equipped with a touch screen display in the front of the vehicle. This will show a duplicate image of the laptop screen display. The touch screen display will also allow you to control the laptop from the front of the vehicle. The laptop has to be in the docking station and front screen option enabled. To enable the front the screen from the laptop, press and hold the blue “fn” key (bottom left corner of keyboard) and press F3 key. If the laptop is restarted while outside of the dock, you will have to re-enable the front screen for it to work.
Entering Patient Information

Step 1: Access Patient Tracking System (PTS) Website

Click on the Internet Explorer icon on the desktop. Once Internet Explorer window opens, the PTS webpage should be automatically displayed. If another website is displayed, click on the Favorites Tab and select Patient Tracking System. This should automatically open the PTS window.

If you are having problems accessing the PTS website, please refer to the Troubleshooting Guide at the end of this manual.

Step 2: Enter ID Band/Tag Number

Make sure the cursor is flashing in the ID band/Tag Number box on the screen. If it is not, use the touch screen and click on the box to make the cursor appear. Take a new PTS wristband and scan the barcode. In order for the scanner to read the barcode, it must be held at least 4 to 5 inches away. When scanning the barcode, start with the wristband close to the scanner (with the red “X” on the barcode) and slowly move it away until you hear a beep. The patient’s barcode number should then appear on the screen and automatically go to step 2 (Select MCI screen).

You may also enter the barcode number manually and then click next to continue. You can use either the touch screen or keyboard to enter the ID Band/Tag Number.

**TIP:** If no number is entered when you scan or type in the patient’s tag number, then click on the Tag Number box and try again
If the wristband used is already in the system, you will receive a message indicating that the number has already been assigned to another patient. Acquire a new band, press OK to return to the Patient ID band screen and repeat the scanning steps.

Step 3: Select MCI

If the patient was not involved in a Multiple Casualty Incident (MCI), select: “Routine Patient (No associated MCI)”.

If the patient was involved in an ongoing MCI and it is listed on the screen, select that MCI for the patient.

NOTE: It is very important that patients that are involved in a multiple casualty incident are always associated with an already established or newly created MCI event in PTS. This will allow state officials to properly track patients from such an event.
If the MCI has not yet been declared, click the “Declare new MCI” button to create one for other PTS users. You will be prompted to make sure you wish to enter a new MCI incident. If so, click “YES” and “OK”. Other responders will then be able to enter their patients under the newly created MCI. This will also trigger an email notification of the event to certain Rhode Island Department of Health staff.

You will now have the option to give the MCI a title. Naming the MCI helps other responders in selecting the appropriate MCI, especially when multiple incidents are occurring simultaneously. This step is optional, yet strongly recommended if time allows. After naming the MCI, press the “Declare” button.
NOTE: It is also possible to declare an MCI on the Patient Tracking System without scanning a tracking band and/or entering patient information.

After accessing the Patient Tracking System website, you will notice a yellow colored “Declare new MCI” button in the upper right-hand corner of the screen. You can press this button to declare a new MCI without having to enter a patient into the system. You will then be prompted to confirm your selection and enter a title for the MCI, as stated above.

Step 4: Select Triage Code

If the patient was involved in an MCI, select the color code that matches the patient’s triage tag.

TIP: On most MCI events, a patient may already have been triaged prior to being placed into the transport vehicle. One of the bar code labels may be removed from the MCI Tag to scan into the Patient Tracking System.
Select the proper triage code per RI EMS Protocols based on the severity of the patient’s injury or illness.

**RED (Immediate):** Patients who have severe injuries and can be helped by immediate transportation to a hospital.

**YELLOW (Delayed):** Patients whose injuries are moderate but are medically stable and transportation can be delayed.

**GREEN (Minor):** Patients with minor injuries whose transportation is less urgent.

**BLACK (Deceased):** Not to be used in the prehospital setting.

NOTE - In all cases, patients’ condition must frequently be evaluated for condition changes that would result in a change in triage status, patient care, and urgency of transport. Delay is acceptable for those with lesser injuries as those more critical are treated and transported to the proper receiving facilities.

**Step 5: Enter Patient Last Name**

Enter the patient’s LAST NAME. Click **Next**.

If patient’s name is unknown, type “**UNKNOWN**”
Step 6: Enter Patient First Name

Enter the patient’s FIRST NAME. Click Next.

Step 7: Enter Patient Middle Initial/Name (Optional)

Enter the patient’s MIDDLE NAME or MIDDLE INITIAL. Click Next.
Step 8: Enter Date of Birth

Enter in the patient’s date of birth in (MM/DD/YYYY) format. Click “Next”.

If the information is entered is in the wrong format or is an invalid date (i.e. 02/31/2011), the “Next” button will be shaded and box surrounding the date will be red.

**TIP:** If this information is unavailable, just click ADULT, CHILD, or INFANT.

Step 9: Select Gender

[Image of gender selection options: Male, Female, Not Known]
Step 10: Select Incident Type

The patient tracking system is only capable of designating the patient’s most serious medical condition. Due to this fact, you must decide if the patient’s most serious medical condition is related to an injury or an illness, based on your assessment of the patient. Select the appropriate choice.

- For Trauma, follow steps 10.1 - 10.3
- For Medical go to step 10.4 – 10.5

NOTE - Some choices will automatically bring up more applicable choices not listed here. See Appendix A for full list of choices available.
Step 10.1: Trauma - Select Primary Injury Cause

If the patient is suffering from a Trauma/Injury, you will be brought to the following screen. Select the Mechanism of Injury.

Select Injury Cause:
- Assault
- Burns / Electrocuting
- Drowning
- Environmental / Animal
- Fall
- Hazardous Material
- Injury
- Vehicular
- Other Injury
- Undetermined Injury

Step 10.2: Trauma - Select the Primary Injury Location

Select Injury Location:
- Abdomen
- Back
- Chest
- Eye
- Foot
- General / Global
- Genitalia
- Hand
- Head / Face
- Hip / Pelvis
- Lower Extremity
- Neck
- Upper Extremity
- Other
Step 10.3: Trauma - Select Primary Injury Type

- Amputation
- Crush
- Laceration
- Other Injury
- Bleeding - Controlled
- Dislocation / Fracture
- Pain without Swelling / Bruising
- Multiple Injuries
- Bleeding - Uncontrolled
- Gunshot
- Puncture / Stab
- Impalement / Foreign Body
- Soft Tissue Swelling / Bruising
- Burn

Step 10.4: Medical - Select Suspected Illness

- Allergic Reaction
- Behavioral / Psychiatric
- GI Problem
- OB / GYN
- Shock / Hypovolemia
- Neurological
- Cardiac
- Hemorrhage
- Pain (Non-Cardiac)
- Other Illness
- Poisoning / Overdose
- Diabetic
- Undetermined Illness
Step 10.5: Medical - Select Illness Detail

You may enter a brief note about the patient’s condition or treatment (limited to 70 characters). The hospital will have the ability to read the note once they “Acknowledge” your patient on their computer.
Step 12: Select Receiving Healthcare Facility

Choose which health care facility which the patient will be transported to. Each hospital’s diversion status is displayed in real time as queried from the Hospital Capacity System.

- Facilities that are accepting will be shaded green with an “A” in parenthesis
- Facilities that are diverting will be shaded red with a “D” in parenthesis
- Facilities that have been forced open will also be shaded red and will be marked with a “F” in parenthesis.
- Facilities that are closed due to an internal or external disaster will be shaded black with an “X” in parenthesis.
- Facilities that are offline will be shaded gray with a “?” in parenthesis
- Facilities that are currently not in operation will be grayed out and not selectable

During a disease outbreak or other special circumstances, you may be directed by the Department of Health to transport an “Alternate Care Site”. You can access these facilities or facilities in other states by selecting the appropriate tab in the upper right corner of the screen.

**NOTE** - When using PTS for training, always select “SIMULATION HOSPITAL” as the receiving facility. The simulation hospital is listed on the second screen which can be accessed by clicking the down arrow button shown under list of hospitals.
Step 13: Select Estimated Time of Arrival

Select the estimated time of arrival at the receiving health care facility.

### New Patient

Select ETA:

- 0 - 5 min
- 5 - 10 min
- 10-15 min
- 15-20 min
- 20-25 min
- 25-30 min
- > 30 min

**TIP** - If any of the information is in red, it has not yet been submitted into the PTS. When the text turns blue, submission to the PTS has been successful.

Step 14: Review Summary

A summary of the information entered will appear. If you need to change any information, click the “Edit” button for the field you need to change. If all of the information entered is correct, click “Submit Patient”
Step 15: Hospital Call Back

The receiving facility may request you to contact them directly by phone. If a callback is requested, the following message will appear on your PTS screen. This will be accompanied by an audible alert tone. The phone number to call back will be displayed on also.

Step 16: Changes in Patient Information or Reciving Facility

If at any time, after the patient information is submitted, information needs to be changed, the change can be made by the EMT. Simply press the edit button next to the appropriate field, which will bring you to that corresponding entry screen. Select the updated information and press “Return”. Once back at the summary screen you must now select the “Update Patient” button.

NOTE – Although it is possible to change receiving facilities, it is required that you call both of the facilities and advise them of the change. This is required because neither hospital will receive a PTS notification when you make the change.
Step 17: Adding Multiple Patients

More than one patient may be entered simply by pressing the “New Patient” tab at the top of the screen. This will bring up a fresh patient entry screen, then proceed again starting with Step 1.

Patients can then be managed on the top right corner labeled “Patients”. If you need to make any changes to one of the patients, click on the patients name and that will bring up the summary screen for that patient.

Step 18: Final Disposition

When patient arrives at the receiving health care facility, click “Arrived”. The PTS screen will be cleared and ready for your next patient.

- If the patient refuses transport to receiving facility after patient information has already been submitted into PTS system, choose “Elopement”.

- If patient is transferred to another EMS vehicle, a helicopter, or non-participating hospital, choose “Transferred out of RI-PTS”

**TIP:** If more than one patient is being transported, then can all be arrived at the same time from the “Patients” screen by clicking “All Arrived”

**NOTE:** The use of the “Arrived” button is an important function of the PTS system. Not only does it allow the hospital to access and manage the patient, but it will also clear the current patient from your screen and prepare you for the next patient.
Troubleshooting

Frequently Asked Questions (FAQ)

1) Why do I need to use PTS?
2) Why won’t the barcode scanner read the bracelet?
3) When I scan the bracelet, why does a message box appear that tells me that the bracelet is already assigned to another patient?
4) What do I do if the scanner accidentally scanned a bar code and a number is entered?
5) Can I type in a bracelet number on my own instead of scanning it?
6) Can I use the keyboard on the laptop to enter information instead of using the touchscreen?
7) What do I do if I started filling out patient information and then don’t transport the patient?
8) Should I call the hospital when I mark the patient as a RED?
9) Is it ok to call the hospital even though I submit the patient information through PTS?
10) I forgot to click arrived at facility and patient record is still listed, what do I do?
11) What happens if I forget to click “Arrived”
12) How do I change patient information after I click submit?
13) What do I do if the patient’s medical illness or trauma type is not listed?
14) What should I enter when the patient has multiple injuries to different parts of the body?
15) What should I enter if the patient has multiple medical problems that are being treated?
16) What should I enter if the patient has a medical problem as well as a trauma injury?
17) Why does PTS respond “connection if unavailable” when I attempt to submit information?
18) Why do I get a pop up message when I attempt to close the Internet Explorer window?
19) What is considered an MCI?
20) Who is responsible for clearing MCI’s off the screen when the MCI is over?
21) What do I do if I accidently declare a new MCI?
22) Can I edit a patient’s information after I click arrived?
23) Can I view a past patient’s information that I can’t see anymore?
24) Who do I contact for technical support when I have a problem?
25) What do I do when I don’t know a patient’s name or birthdate?
26) How can I see if a Hospital is diverting?
27) I closed the PTS window. How do I start it up again?
28) I opened up Internet Explorer and I don’t see the PTS window. What do I do?
29) When I try to open up PTS, I get an error message stating the page can’t be displayed?
30) When I open up the PTS, why does it ask for a user name and password?
31) Why does it display “Activation Failed” when I attempt to activate the PTS website?
32) When I’m typing, why do numbers appear instead of the letters?
33) Why is my front monitor not displaying the computer screen?
34) How do I report a problem or suggestion in regards to the PTS system?
Frequently Asked Questions (FAQ)

1) Why do I need to use PTS?

All EMT’s are required by protocol to make notification to the receiving facility prior to arrival. The PTS also helps ER staff manage the flow of patients coming in to their facility. A major advantage of using the PTS over calling the ER for notification is that it usually takes less time to enter information than it takes to talk to the nurse, especially for a non-critical patient. Upon arrival at the ER, the staff will already be aware of the patient’s name, date of birth and chief complaint.

2) Why won’t the barcode scanner read the bracelet?

This problem may be caused by one of the following:

1. Sometimes it may be difficult to properly line up the bracelet with the scanner’s laser cross hair pattern. The scanner must be at least 4 to 5 inches away from the wrist band. The center target cross hair pattern must be aimed at the square bar code on the bracelet.
2. If the scanner laser cross hair pattern is not showing, the lighting in the patient compartment might be too dim. The scanner is motion activated and needs enough ambient light in the patient compartment to detect any movement. Try turning on additional lights.
3. The scanner might not be working properly. Make sure that the red LED on the front of the scanner is illuminated.

3) When I scan the bracelet, why does a message box appear that tells me that the bracelet is already assigned to another patient?

You might have a bracelet that might have already been used that was not attached to a previous patient. Dispose of the bracelet and use a new one.

4) What do I do if the scanner accidentally scanned a bar code and a number is entered?

The bar code scanner reads any bar code. Almost every item in the world is labeled with a bar code for inventory tracking or item identification. Click the back button, then press the Clear key on bottom right corner of on screen keyboard

![Clear Key]

5) Can I type in a bracelet number on my own instead of scanning it?

Yes, the Patient ID Band/Tag Number is located just below the square bar code and is a 7 digit number. You can enter it using either the touch screen or laptop keyboard.
6) Can I use the keyboard on the laptop to enter information instead of using the touch screen?
   Yes, you can use the keyboard to enter information into fields such as Patient ID Band/Tag Number, Name and date of birth.

7) What do I do if I started filling out patient information and then don’t transport the patient?
   If you have already clicked “Submit”, press the Elopement button. Call the ER to notify them of the change.
   If you have not clicked “Submit”, then click the refresh button which is located to the right of the website address or close Internet Explorer and restart PTS.

8) Should I call the hospital when I mark the patient as a RED?
   Yes, a RED patient is a critical patient and direct communication with ER staff will be extremely beneficial to patient care. The ER most likely will request a Call Back if you mark the patient as a RED.

9) Is it ok to call the hospital even though I submit the patient information through PTS?
   Yes, if the patient’s condition is unusual, it will help to contact the ER to give them more information to help them properly prepare for the arrival of the patient (i.e. notify respiratory therapy, security, trauma room, request medical control, etc).

10) I forgot to click arrived at facility and patient record is still listed hours later, what do I do?
    Select the tab with patient’s name and then click Arrived. This may be done at any time after arriving at the hospital.

11) What happens if I forget to click Arrived?
    The hospital will not be able to access the patient in the PTS until you click “Arrived”.

12) How do I change patient information after I click submit?
    On the final page, you can press the edit button next to each field of information. This will bring you back to that field. Make the change and then click Return. Then click Update Patient.

13) What do I do if the patient’s medical illness or trauma type is not listed?
    Enter the closest applicable choice listed. Call the ER to inform them of the patient’s condition.

14) What should I enter when the patient has multiple trauma injuries to different parts of the body?
    Select the part of the body with the most severe injury. Consider calling the ER to give
them more information.

15) **What should I enter if the patient has multiple medical problems that are being treated?**

   Enter the primary or most severe medical condition applicable. Consider calling the ER to give them more information.

16) **What should I enter if the patient has a medical problem as well as a trauma injury?**

   Enter the most severe condition for the patient whether it be medical or trauma. Consider calling the ER to give them more information.

17) **Why does PTS respond “connection if unavailable” when I attempt to submit information?**

   This is most likely due to poor signal strength in your area (much like your cell phone bars). Wait for the connection status in the upper right hand corner to display “Online”. Then retry clicking submit button.

18) **Why do I get a pop up message when I attempt to close the Internet Explorer window?**

   There is already patient information that has been entered into the PTS system website. This may have been accidental, or possibly a patient that has not been arrived. Press Cancel to return to the PTS without losing any information.

   Press “Arrived” to clear any existing patient information prior to closing the window.
19) What is considered an MCI?

A Multiple Casualty Incident (MCI) is one that generates large numbers of patients and often makes traditional EMS response ineffective because of special circumstances surrounding the event. Such incidents may require varying levels of response.

20) Who is responsible for clearing MCI’s off the screen when the MCI is over?

Rhode Island Department of Health staff closely monitors the PTS system and clears inactive MCIs. HEALTH staff is notified via email whenever a MCI is declared.

21) What do I do if I accidently declare a new MCI?

Notify your EMS coordinator and/or dispatcher as soon as possible. They can notify a HEALTH Administrator and they will clear it from the PTS system. If rapid notification of accidental MCI declaration is not received, a representative from the State will attempt to contact your service directly.

22) Can I edit a patient’s information after I click arrived?

No. If you accidentally clicked arrived, you will need to notify the ER by phone of any changes to patient’s information or condition.

23) Can I view a past patient’s information that I can’t see anymore?

No, this is because of HIPPA regulations.

24) Who do I contact for technical support when I have a problem?

Notify your EMS coordinator who will then contact a PTS Administrator.

25) What do I do when I don’t know a patient’s name or birthdate?

Enter UNKNOWN for patient’s last name and skip first name and middle initial. If you do not know the patient’s date of birth, select Adult, Child or Infant.

26) How can I see if a Hospital is diverting?

When you get to the section of PTS where you designate where you are going to transport to (after scanning ID band and entering patient information, etc.), the hospital selections will be color coded as to their current status.
27) I closed the PTS window. How do I start it up again?

Open Internet Explorer. It should automatically log into the PTS website. If it doesn’t, click on favorites and select “Patient Tracking System”. This will open up the PTS window.

If “Patient Tracking System” is not listed in your favorites, you can enter the website in the website browser address field:

https://www.rimedicalresponse.org/pts

NOTE: Make sure you put an ‘S’ at the end of HTTP in the website so it is HTTPS

28) I opened up Internet Explorer and I don’t see the PTS window. What do I do?

Click on favorites and select Patient Tracking System. This will open up the PTS window.

If Patient Tracking System is not listed in your favorites, you can enter the website in the website browser address field:

https://www.rimedicalresponse.org/pts

(NOTE: Make sure you put an ‘S’ at the end of HTTP in the website so it is HTTPS)
29) **When I try to open up PTS, I get an error message stating the page can’t be displayed?**

1) Check the internet connection. If no internet connection is available, try reconnecting to network.

2) If you are unable to connect to the internet, contact your EMS Coordinator and explain what is happening.

30) **When I open up the PTS, why does it ask for a user name and password?**

Someone may have performed maintenance on the laptop. You will have to reactivate the link to the PTS website.

Go to your favorites and click on *PTS Activation*

If PTS Activation is not listed in your favorites, then enter the following into the web browser address box:

https://www.rimedicalresponse.org/phems/activate.aspx

(NOTE: Make sure you put an ‘S’ at the end of HTTP in the website so it is HTTPS)

You will get a pop box asking you if you want to perform this function. Click YES.

31) **Why does it display “Activation Failed” when I attempt to activate the PTS website?**

The security settings may have been altered. Contact your EMS coordinator.

32) **When I’m typing, why do numbers appear instead of the letters?**

The number lock function is enabled. Press the “NumLk” in the upper right hand corner of the laptop keyboard. Press it only 1 time!! Then try typing again.

33) **Why is my front monitor not displaying the computer screen?**

1. Ensure that the power is turned on to the monitor (the power button is on right side of the monitor).

2. The laptop has to be in the docking station and front screen option is enabled. To enable the front the screen from the laptop, press and hold the blue “fn” key (bottom left corner of keyboard) and press F3 key. If the laptop is restarted, you will have to enable the front screen for it to work.

3. If this does not work, contact your EMS coordinator.
How do I report a problem or suggestion in regards to the PTS system?

Problems that require immediate correction and are rendering the PTS system non-functional should be directed to your EMS Coordinator as soon as possible. This person has access to the PTS System Administrator’s Manual and may be able to resolve the problem. This person also has access to contact information for the appropriate HEALTH personnel who can further assist with the problem.

If the problem is minor and not rendering the PTS system non-functional, such as a “bug” in the system, you can send feedback directly to HEALTH personnel.

After accessing the PTS system, click on the speech bubble just to the right of the “Patient Tacking System” title at the top of the page.

This will open a pop-up box which will ask you to explain the problem or suggestion in detail.

1) Choose “PTS” as the Category

2) Choose the appropriate Type of problem

3) Enter detail about the problem or suggestion.

4) Optionally, you may enter your name and email address if you would like to be advised of the status of your request.

5) Click “Submit”
# Appendix A: Incident Type Choices

<table>
<thead>
<tr>
<th>Illness</th>
<th>Illness Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergic Reaction</td>
<td>Airway Compromise</td>
</tr>
<tr>
<td></td>
<td>Anaphylaxis</td>
</tr>
<tr>
<td></td>
<td>Itching/Rash</td>
</tr>
<tr>
<td></td>
<td>Other Reaction</td>
</tr>
<tr>
<td>Behavioral/Psychiatric</td>
<td>Homicidal Ideations</td>
</tr>
<tr>
<td></td>
<td>Suicidal Ideations</td>
</tr>
<tr>
<td></td>
<td>Other Issue</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Cardiac Arrest</td>
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<tr>
<td></td>
<td>Cardiac Dysrhythmia</td>
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<tr>
<td></td>
<td>Chest Pain / Discomfort</td>
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<tr>
<td></td>
<td>Hypertensive Crisis</td>
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<tr>
<td></td>
<td>ST-Elevated MI (STEMI)</td>
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<tr>
<td></td>
<td>Other Symptoms</td>
</tr>
<tr>
<td>Diabetic</td>
<td>Hyperglycemia</td>
</tr>
<tr>
<td></td>
<td>Hypoglycemia</td>
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<tr>
<td></td>
<td>Other Symptoms</td>
</tr>
<tr>
<td>Environmental</td>
<td>Hyperthermia</td>
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<tr>
<td></td>
<td>Hypothermia</td>
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<tr>
<td></td>
<td>Other Problem</td>
</tr>
<tr>
<td>GI Problem</td>
<td>Diarrhea</td>
</tr>
<tr>
<td></td>
<td>Difficulty Swallowing</td>
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<tr>
<td></td>
<td>GI Bleed</td>
</tr>
<tr>
<td></td>
<td>Nausea / Vomiting</td>
</tr>
<tr>
<td></td>
<td>Other Problem</td>
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<tr>
<td>Hemorrhage</td>
<td>Dehydration</td>
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<tr>
<td>Illness</td>
<td>Fever</td>
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<tr>
<td></td>
<td>Malaise</td>
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<tr>
<td></td>
<td>Weakness</td>
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<tr>
<td>Neurological</td>
<td>Altered Mental Status</td>
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<tr>
<td></td>
<td>Dizziness</td>
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<tr>
<td></td>
<td>Paralysis</td>
</tr>
<tr>
<td></td>
<td>Seizure</td>
</tr>
<tr>
<td></td>
<td>Stroke / CVA</td>
</tr>
<tr>
<td></td>
<td>Syncopal Episode</td>
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<td></td>
<td>Other Symptoms</td>
</tr>
<tr>
<td>Condition</td>
<td>Category</td>
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<tr>
<td>----------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Infant Delivery</td>
<td>OB/GYN</td>
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<tr>
<td>Labor (Preterm)</td>
<td>OB/GYN</td>
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<tr>
<td>Labor (Term)</td>
<td>OB/GYN</td>
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<td>Vaginal Bleeding</td>
<td>OB/GYN</td>
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<tr>
<td>Other Problem</td>
<td>OB/GYN</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>Pain (Non-Cardiac)</td>
</tr>
<tr>
<td>Back Pain</td>
<td>Pain (Non-Cardiac)</td>
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<tr>
<td>Chest Pain (Non-Cardiac)</td>
<td>Pain (Non-Cardiac)</td>
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<td>Eye Pain</td>
<td>Pain (Non-Cardiac)</td>
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<tr>
<td>Foot Pain</td>
<td>Pain (Non-Cardiac)</td>
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<tr>
<td>General / Global Pain</td>
<td>Pain (Non-Cardiac)</td>
</tr>
<tr>
<td>Genitalia Pain</td>
<td>Pain (Non-Cardiac)</td>
</tr>
<tr>
<td>Hand Pain</td>
<td>Pain (Non-Cardiac)</td>
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<tr>
<td>Head / Face Pain</td>
<td>Pain (Non-Cardiac)</td>
</tr>
<tr>
<td>Hip / Pelvis Pain</td>
<td>Pain (Non-Cardiac)</td>
</tr>
<tr>
<td>Lower Extremity Pain</td>
<td>Pain (Non-Cardiac)</td>
</tr>
<tr>
<td>Neck Pain</td>
<td>Pain (Non-Cardiac)</td>
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<tr>
<td>Upper Extremity Pain</td>
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<tr>
<td>Alcohol Intoxication</td>
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<tr>
<td>Drug Overdose</td>
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<td>Respiratory / Airway</td>
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<tr>
<td>Choking Episode</td>
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<td>Difficulty Breathing</td>
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<tr>
<td>Shock / Hypovolemia</td>
<td>Other Illness</td>
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<td>Injury Cause</td>
<td>Injury Case Detail</td>
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<td>--------------------------------------------------------</td>
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<tr>
<td>Assault</td>
<td>Firearm</td>
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<tr>
<td></td>
<td>Rape / Sexual</td>
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<tr>
<td></td>
<td>Stabbing / Cutting</td>
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<tr>
<td></td>
<td>Struck</td>
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<td>Other</td>
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<tr>
<td>Burns / Electrocution</td>
<td>Electrocution</td>
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<td></td>
<td>Fire / Flames</td>
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<tr>
<td></td>
<td>Lightning</td>
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<td>Smoke Inhalation</td>
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<td>Other</td>
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<tr>
<td>Drowning</td>
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<td>Fall</td>
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<td>Pedestrian Hit by Vehicle</td>
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<td>Watercraft Collision</td>
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<td>Other</td>
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<tr>
<td>Other Injury</td>
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<tr>
<td>Undetermined Injury</td>
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### Injury Location

<table>
<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
<td>Abdomen</td>
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<tr>
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</tr>
<tr>
<td>Chest</td>
</tr>
<tr>
<td>Eye</td>
</tr>
<tr>
<td>Foot</td>
</tr>
<tr>
<td>General / Global</td>
</tr>
<tr>
<td>Genitalia</td>
</tr>
<tr>
<td>Hand</td>
</tr>
<tr>
<td>Head / Face</td>
</tr>
<tr>
<td>Hip / Pelvis</td>
</tr>
<tr>
<td>Lower Extremity</td>
</tr>
<tr>
<td>Neck</td>
</tr>
<tr>
<td>Upper Extremity</td>
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<tr>
<td>Other</td>
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### Injury Type

<table>
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<tr>
<th>Injury Type</th>
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</thead>
<tbody>
<tr>
<td>Amputation</td>
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<tr>
<td>Bleeding - Controlled</td>
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<tr>
<td>Bleeding - Uncontrolled</td>
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<tr>
<td>Burn</td>
</tr>
<tr>
<td>Crush</td>
</tr>
<tr>
<td>Dislocation/Fracture</td>
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<tr>
<td>Impalement / Foreign Body</td>
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<tr>
<td>Laceration</td>
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<tr>
<td>Pain without Swelling/Bruising</td>
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<tr>
<td>Puncture / Stab</td>
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<tr>
<td>Soft Tissue Swelling/Bruising</td>
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<tr>
<td>Other Injury</td>
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<tr>
<td>Multiple Injuries</td>
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