

For packet
①

Budget

1/23/06 - (13)

AmbuPro EMS Incident Management System

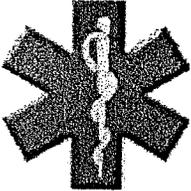
Overview

With this system, your EMS organization will be supplied with all the required hardware and software including complete installation and training. The hardware for your ambulances will consist of a ruggedized, mobile laptop/tablet computer complete with docking station, articulating mounts, and associated power supplies, converters, and cabling. This laptop/tablet will be capable of communicating (using a secure wireless network device) to your main server, where the AmbuPro Master Database will be located. In addition, the AmbuPro EMS application will also be installed on a single Workstation to facilitate Quality Assurance and Claims/Billing functions.

Benefit

This advanced EMS system will place vital patient and incident information at the fingertips of your EMT's resulting in improved patient care. Because of AmbuPro's unique TurboChart technology, not only will the quality of your Incident documentation be drastically improved, but your documentation time will be cut in half... resulting in quicker return to service for your community. AmbuPro's workflow management then seamlessly and efficiently moves the Incident through the organization, resulting in improved Quality Assurance and Claims Management, with nothing "falling between the cracks". In short, this system will help you to provide the town with a superior Emergency Medical Service by:

- Improving patient care (EMT's armed with Patient and Incident History make better life-saving decisions)
- Doubling the quality of our documentation (and avoiding costly litigation) in half the time (resulting in better service to the community)
- Providing you with the advanced EMS tools to better manage your ever-increasing regional and state requirements
- Streamlining the claims and billing process thru electronic, paperless communications (resulting in improved collections)



TOWN OF FAIRHAVEN

MASSACHUSETTS

FIRE DEPARTMENT / EMERGENCY MEDICAL SERVICE

146 Washington Street, Fairhaven, MA 02719

Phone: 508 994-1428 Fax: 508 994-1515

Emergency # 911



October 13, 2005

To Whom It May Concern:

This letter is written to provide a recommendation for OCI Software and more particular AmbuPro Emergency Medical Information management System.

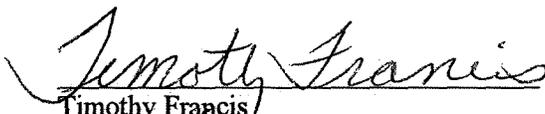
The Fairhaven Fire Department is a Fire and EMS based department, who was in need of a faster, more efficient way to handle our growing amount of patients and calls for the ambulance, AmbuPro does just that. We have had this system since June 2005 and we can't imagine ever having to return to handwriting SARFs again.

AmbuPro is a very easy to use system, proven by the speed that we were able to train our 20+ members of this department, all of whom were proficient within days of training. The storage of patient medical information and the ability to look up that information quickly is an asset in patient care. Other features that we find beneficial are reports for QA/QI purposes, speed of billing, tracking of ambulance and skill uses, the ability to efficiently look up a patient report and tracking personnel. The Toughbooks provided are extremely durable as they can go from ambulance to hospital and back without a scratch.

In addition, the technical service provided by OCI Software is top notch. Updates are provided when they become available and when a server glitch in our department caused a problem with log ins, we were up and running again within hours.

This department recommends OCI Software and AmbuPro to any Fire/EMS Departments, Emergency Medical Services or Hospital that is looking to the future of the EMS Service.

Sincerely,


Timothy Francis
Chief of Department

TF/ka


Lt. Todd Correia
Officer of Training and EMS Coordination



Philanthropic Association of Swansea, Inc.
DBA SWANSEA AMBULANCE CORPS
285 Wilbur Avenue
Swansea, MA 02777-2621



October 11, 2005

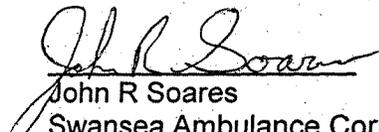
To whom it may concern:

AmbuPro EMS is an advanced Emergency Incident Management System and it has become central to the way our organization provides emergency services to our community. It provides this department with comprehensive, accurate and reliable information. In turn, this not only benefits the Swansea Ambulance Corps, but also the community we serve.

Although AmbuPro EMS is a very comprehensive and powerful software application, we have found that it is very easy to use. As a result, complete training of a new EMT is accomplished in just a few hours. Once trained, our EMT's have secure access to treatment protocols and vital Patient/Incident history in the field... improving life-saving decisions by having access to better information. In addition, by significantly improving our incident documentation, we have reduced (if not eliminated) exposure to legal challenge... and we've done it in a fraction of the time, which results in quicker return to service for our community.

While the benefits this system provides in the field are truly remarkable, the back-office functionality provided by AmbuPro EMS is both unique and valuable. Using AmbuPro's built-in workflow, quality assurance (QA/QI), and claim/billing support functions, we are able to easily and accurately manage the increasing needs of our organization. In addition, we are able to use AmbuPro EMS information for everything from meeting state and regional requirements to identifying trends for staff training.

In conclusion, AmbuPro EMS is a quality product that we have used to improve our ALS service to the community. OCI Software (the company that designs, develops, markets, and supports AmbuPro EMS) is a service-oriented company focused on not only providing the best product, but also superior product training and technical support. I strongly recommend the AmbuPro EMS solution to all EMS organizations, but especially those operating at (or transitioning to) the ALS level.


John R Soares
Swansea Ambulance Corps
General Manager



MANSFIELD FIRE DEPARTMENT

*10 Plymouth Street
Mansfield, MA 02048
Tel 508/261-7493
Fax 508/261-9798*

Robert P. Bellavance
Fire Chief
rbellavance@mansfieldma.com

Richard M. Towne
Deputy Fire Chief
rtowne@mansfieldma.com

www.mansfieldma.com/firedept.html

October 12, 2005

Mr. Ken Furtado
OCI
678 State Rd.
Dartmouth, Ma 02747

Dear Ken,

I just wanted to drop you a note to let you know how pleased we are with your AmbuPro software. As you know, we have been operational since June of this year. Even though our experience is limited to a few months, we have found that our savings in time alone has made it worthwhile. What was once a cumbersome task is now just a few simple mouse clicks. Your system has also allowed for a more efficient billing procedure, and we fully expect this will lead to increased collection rates. The elimination of paper records has solved a storage problem. In short, your product has done everything you said it would. In addition, I'd like to extend a thank you to Doug and yourself for helping us solve an ongoing communication problem between stations. Your time and effort was much appreciated. Please feel free to use us as reference.

Respectfully,

Richard M. Towne
Deputy Chief

REGION V

DATE 12/5/2005		SERVICE / AGENCY Swansea Ambulance Corps		RUN NO. 1234		C-MED NO. 2MRP		Med. Rec. #		Time		Mileage Start		10001	
NAME John Smith		Crew Members		Cert.		Cert. No.		Call Received		12:01 PM		Mileage Scene		10010	
HOME ADDRESS 123 West Main Rd.		1. Craig EMT-1309978896		P		123456		Dispatched		12:01 PM		Mileage Hospital		10020	
		2. Mark EMT1090932795		P		123456		Responding		12:01 PM		Mileage End			
		3. Scott EMT-1187042001		B		123456		On Scene		12:06 PM		Total Mileage		10	
CITY Swansea		STATE MA		ZIP 02777				Leave Scene		12:16 PM					
INCIDENT ADDRESS 195 East Near Exit 3		SS # 012-34-5678		TELEPHONE #				At Hospital		12:26 PM		Dept. Use			
RESPONSIBLE PARTY / EMPLOYER		INSURANCE American Commerce Insur		POLICY NUMBER 1234565789ABC				In Quarters				Other Emergency Resp Agencies At Scene		Clinical Impression	
PR 1		AGE 71		D.O.B. 01 / 02 / 1934		Sex M		LOCAL MD		REASON FOR CALL MVC				Multi-system Trauma - Closed Head Injury	
ALLERGIES: <input checked="" type="checkbox"/> UNK <input type="checkbox"/> NKA <input type="checkbox"/> LATEX								MUTUAL AID							
MEDICATIONS: <input checked="" type="checkbox"/> UNK <input type="checkbox"/> NONE															
HISTORY: <input type="checkbox"/> ASTHMA <input type="checkbox"/> CA <input type="checkbox"/> CARDIAC <input type="checkbox"/> COPD <input type="checkbox"/> DIABETES <input type="checkbox"/> Other:		<input type="checkbox"/> HIGH BP		<input type="checkbox"/> PSYCH <input type="checkbox"/> SEIZURE <input type="checkbox"/> STROKE / CVA / TIA										CC-DNR No	

UOA we found a 71 y/o M. Patient involved in a collision (auto rollover vs. auto). Patient is the driver located in the front, unrestrained and ejected. Patient loss of consciousness unknown. Severe exterior vehicle damage occurred in the front on the left side. Vehicle rate of speed was high. No skid marks are present at scene. Moderate interior vehicle damage occurred. No airbags present in vehicle. Windshield starring is present. Steering wheel is damaged. Patient is not ambulatory. Patient airway and is now secure. pt. Aprox. 40' away from vehicle in apparent distress. LOC is responds to pain. Pupils are unequal. Eyes open - unresponsive. Verbal response is none. Motor response is withdrawn in pain. pt. right pupil dilated 5mm, left 2mm non-reactive. Respirations are present and labored via O2 at a rate of 8 with SaO2 = 88%. Lungs are clear & equal bilaterally. Abdomen is firm and distended. Skin is pale, cool and dry. Lips are pale. Nailbeds are pale. Capillary refill is 4 secs. Distal pulses are weak. Femoral pulses are strong. Carotid pulses are strong. Heart sounds are present and regular. EKG Rhythm is Sinus Tachycardia. Severe Deformity noted on front of right Head, proximal. pt. has depressed deformity to temporal region. Moderate Contusion noted on front of right Chest. Moderate Abrasion noted on front of right Abdomen. Severe Deformity noted on front of right Leg - Femur, proximal. Severe Contusion noted on front of right Abdomen.

Primary clinical impression is Multi-system Trauma - Closed Head Injury.

While at scene: Monitor VS, O2, SaO2, EKG, neuro status, airway status, respiratory status and cardiovascular status. Patient transferred to ambulance via backboard to stretcher. Provided Oxygen (Dose = 15 Lpm and Route = Bvm). Provided BVM (Dose = 16 and Route = Ett). Provided C-Collar. Provided Spinal Immobilization. Provided EKG Monitor (Dose = S Tach). Provided IV - 16 Gauge (Dose = W/o and Location = Lac). Provided Blood Glucose (Dose = 112mg/dl and Route = Venous). Provided IV - 14 Gauge (Dose = Kvo and Location = R /ac). Provided Lidocaine (Dose = 80 Mg, Route = Iv and Location = Lac). Provided Traction Splint (Adult). Provided ETT (Dose = 7.5 and Location = 24 @ Lip). LOC is now responds to pain. Pupils are now unequal. Respirations are at a rate of 14 with SaO2 = 96%. Skin is now pale, cool and dry. EKG Rhythm is now Sinus Tachycardia. Provided ET Holder. Provided End-Tidal CO2 Det. (Dose = Gold and Route = Ett).

While enroute: Provided Fluid Challenge (Dose = 250 MI, Route = Iv and Location = Rac). LOC is now responds to pain. Pupils are now unequal. Respirations are at a rate of 16 with SaO2 = 100%. Skin is now pale, cool and dry. EKG Rhythm is now Sinus Tachycardia. Provided Fluid Challenge (Dose = 250 MI, Route = Iv and Location = Lac). LOC is now responds to pain. Pupils are now unequal. Respirations are at a rate of 16 with SaO2 = 100%. Skin is now pale, cool and dry. EKG Rhythm is now Sinus Tachycardia.

Upon arrival: LOC is now responds to pain. Pupils are now unequal. Respirations are at a rate of 16 with SaO2 = 100%. Skin is now pale, cool and dry. EKG Rhythm is now Sinus Tachycardia. pt. care and report given to er staff.

Time	Procedure/Medication	EMT	Dose	Route	Location
12:07	BVM	SE 56	16	Ett	
12:07	Oxygen	ME 56	15 Lpm	Bvm	
12:08	C-Collar	SE 56			
12:09	Spinal Immobilization	CE 56			
12:10	EKG Monitor	SE 56	S Tach		
12:10	Blood Glucose	ME 56	112mg/dl	Venous	
12:10	IV - 16 Gauge	ME 56	W/o		Lac
12:11	Lidocaine	CE 56	80 Mg	Iv	Lac
12:11	IV - 14 Gauge	CE 56	Kvo		R /ac
12:12	ETT	ME 56	7.5		24 @ Lip
12:12	Traction Splint (Adult)	SE 56			
12:13	ET Holder	ME 56			
12:14	End-Tidal CO2 Det.	CE 56	Gold	Ett	
12:17	Fluid Challenge	ME 56	250 MI	Iv	Rac
12:20	Fluid Challenge	CE 56	250 MI	Iv	Lac

EYES OPEN		VERBAL RESP		MOTOR RESP		GLASGOW COMA		RESPIRATIONS		SYSTOLIC BP		CONV GCS		REV TRAUMA	
1 - No Response		1 - None		4 - Withdrawn in pain		6		2 - 6 to 9		3 - 76 to 89		2 - 6 to 8		7	
Time	LOC	Pulse	BP	Resp	Pupils	Skin		EKG	Pulse Ox	EMT	Def/Car/Pac	Set			
12:07	5	100	80/p	8	Unequal	PL/CL/D		S-Tach	88	CE 56					
12:12	5	120	86/40	14	Unequal	PL/CL/D		S-Tach	96	CE 56					
12:17	5	116	90/48	16	Unequal	PL/CL/D		S-Tach	100	CE 56					
12:21	5	118	88/p	16	Unequal	PL/CL/D		S-Tach	100	CE 56					
12:26	5	117	94/50	16	Unequal	PL/CL/D		S-Tach	100	CE 56					

TIME:	C-MED CH	VHF	CELLULAR	HOSPITAL	TRANSPORT:	<input checked="" type="checkbox"/> EMS	<input type="checkbox"/> POV	<input type="checkbox"/> Med-Flight	<input type="checkbox"/> Transfer by	to		
				RIH	NO CARE:	<input type="checkbox"/> Refused	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Diverted	<input type="checkbox"/> DOA	<input type="checkbox"/> No Pt	<input type="checkbox"/> Other	
Printed	REPORT COMPLETED BY			ATTENDANT IN CHARGE			RECEIVED BY			MED. CONTROL PHYSICIAN		
Signature	Mark EMT1090932795			Mark EMT1090932795			Nurse			Dr. Doctor (RIH)		
Dept. Use	10											

I authorize the release of this medical report to release it to Social Security, Health Care Financing Administration, Health Care Insurance Co, its intermediaries & carriers, if needed for this or related medical claims. Copies of this authorization are to be used in place of the original & I request payment of medical insurance benefits to the party who accepts assignment or myself. I may be held responsible for payment of this claim if payment is denied from the other sources. Swansea Ambulance HIPAA Policy/Procedures also received.

SIGNATURE: 

DATE: 12/5/2005



Patient Information Worksheet

Wednesday, December 07, 2005

Page 1 of 2

Smith, John

Personal Information

Chief Complaint:

Address: 123 West Main Rd.

City/State: Swansea, Massachusetts

Zip Code: 02777

Phone #:

DOB: 1/2/1934

Age: 71

Sex: Male

Social Security #: 012-34-5678

Doctor:

Responsible Party/Employer:

Town Resident:

Insurance Information

Primary Insurance: American Commerce Insurance

Policy #: 1234565789ABC

Secondary Insurance:

Policy #:

Note:

Allergy Information

Unknown

No Known Allergies

Latex

Note:

Medication Information

Unknown

None

Note:

History Information

Asthma

CA

Cardiac

COPD

Diabetes

High BP

Psych

Seizure

Ext

None

Unknown

Note:

Vital Signs

Time	LOC	Pulse	BP	Resp	Pupils	Skin	EKG	Pulse Ox	EMT	Def/Car/Pac	Set
12:07	5	100	80/p	8	Unequal	PL/CL/D	S-Tach	88	EMT-1309978896, Craig		
12:12	5	120	86/40	14	Unequal	PL/CL/D	S-Tach	96	EMT-1309978896, Craig		
12:17	5	116	90/48	16	Unequal	PL/CL/D	S-Tach	100	EMT-1309978896, Craig		
12:21	5	118	88/p	16	Unequal	PL/CL/D	S-Tach	100	EMT-1309978896, Craig		
12:26	5	117	94/50	16	Unequal	PL/CL/D	S-Tach	100	EMT-1309978896, Craig		

Therapy

Time	Procedure/Medication	EMT	Dose	Route	Location
12:10	EKG Monitor	EMT-1187042001, Scott	S Tach		
12:10	Blood Glucose	EMT1090932795, Mark	112mg/d	Venous	
12:10	IV - 16 Gauge	EMT1090932795, Mark	W/o		Lac
12:11	Lidocaine	EMT-1309978896, Craig	80 Mg	Iv	Lac
12:11	IV - 14 Gauge	EMT-1309978896, Craig	Kvo		R /ac
12:12	ETT	EMT1090932795, Mark	7.5		24 @ Lip
12:13	ET Holder	EMT1090932795, Mark			

Patient Information Worksheet

Wednesday, December 07, 2005

Page 2 of 2

Time	Procedure/Medication	EMT	Dose	Route	Location
12:14	End-Tidal CO2 Det.	EMT-1309978896, Craig Gold		Et	
12:17	Fluid Challenge	EMT1090932795, Mark	250 MI	lv	Rac

PATIENT REFUSAL

I, the undersigned, have been advised by EMS personnel that it is advisable for me to be examined, treated, and/or transported to a medical facility. The reasons for this have been explained to me. I acknowledge that the evaluation and/or treatment provided to me by the EMS providers is not a substitute for medical evaluation and treatment by a doctor. I further acknowledge that my condition may not seem to be as bad as it actually is, and that without further treatment, the potential exists for my condition or problem to worsen. My refusal is in spite of the possibility that delays caused by refusing treatment and/or transportation by EMS may result in worsening of my condition or problem. I am aware that if my condition changes or if I decide to accept treatment and/or transportation by Emergency Medical Services, I may call for assistance again at any time. I assume the risks and consequences of my actions, and release the EMS providers, EMS services, and their agents and employees, from any liability from changes in my condition.

- Patient Refused Transport
- Patient Refused Treatment
- Specific Treatment(s) Being Refused:

c-collar

Date: 12/5/2005

Patient Name: John Smith

Witness Name: Joe Witness

Signature: _____

Signature: _____