



**Patient Outcome Reporting Tool**  
**for emergency medical services**  
**Site Champion Information Manual**

Last Updated: May 19, 2025

## Contents

<b>PORTAL TEAM MEMBERS .....</b>	<b>2</b>
<b>INTRODUCTION .....</b>	<b>3</b>
<b>Background.....</b>	<b>3</b>
<b>SITE CHAMPION OVERVIEW .....</b>	<b>4</b>
<b>What It Means to Be a Champion.....</b>	<b>4</b>
<b>Benefits of Being a PORTAL Champion.....</b>	<b>4</b>
<b>What We Ask of Champions .....</b>	<b>4</b>
<b>FAQs for Site Champions.....</b>	<b>6</b>

## **PORTAL TEAM MEMBERS**

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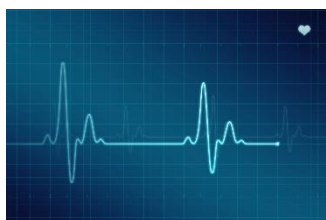
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## INTRODUCTION

Thank you for taking on the role of site champion at your agency! Your contribution to the Patient Outcome Reporting Tool for emergency medical services (PORTAL) project is an invaluable part of its implementation. This manual contains an overview of what being a champion will entail, the benefits of this project, and Frequently Asked Questions about PORTAL and being a champion.

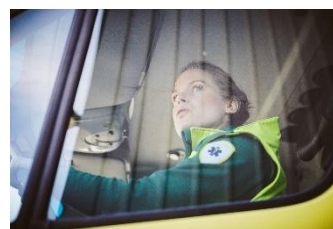
## Background



The American Heart Association (AHA) Mission: Lifeline recommends obtaining a 12-lead electrocardiogram (ECG) and administering aspirin for patients with suspected Acute Coronary Syndrome (ACS). Adherence to these guidelines shows a 39% decrease in 30-day mortality rates. However, the nature of prehospital work can make it challenging for emergency medical service (EMS) providers to be aware of their practice patterns. Opportunities to learn from evidence-based care and to review patient outcomes can be lost. To address this knowledge gap, our team has partnered with ESO Solutions, Inc. to develop an electronic tool that is easily accessible through the electronic health record (EHR). PORTAL provides automated feedback to EMS providers about care processes for patients with suspected ACS care and (coming soon) patient outcomes through the ESO EHR.

## What is PORTAL?

PORTAL is a **user-centered tool** that delivers **clinical care feedback** and **automated hospital-based outcomes to EMS providers**. PORTAL was developed to be a more streamlined way to share this information with EMS providers and address any knowledge gaps that might arise from not knowing patient outcomes. This is a personalized approach with the goal of enhancing **evidence-based practices** while also improving patient health outcomes.



## **SITE CHAMPION OVERVIEW**

### **What It Means to Be a Champion**

Site champions play an invaluable role in the implementation of new programs in healthcare settings. Champions know their local environment, what works, what does not work. Our ask is that you help to facilitate the introduction and use of PORTAL at your worksite to support a smooth implementation. To help to continue to improve PORTAL, we also ask for feedback on its use and to connect us with individuals who may be able to provide constructive feedback.

### **Benefits of Being a PORTAL Champion**

We want this to be a mutually beneficial relationship for yourself and your coworkers. The benefits of being a site champion and using PORTAL include:

- Opportunity for up to 6 free Continuing Education credits from CAPCE.
- Access to timely feedback reports on health outcomes for patients with suspected ACS.
- Being among the first to have access and key design input for an innovative tool through a grant that is funded by the National Institutes of Health (NIH).

### **What We Ask of Champions**

Over the next several months our goal is to implement and evaluate PORTAL. Our initial goal is not necessarily whether it improves practice, but rather is it feasible to implement and acceptable to EMS agencies. For each agency, there will be a two-phase launch. First is the soft launch for a limited number of users, followed by the agency-wide launch.

Below is a list of tasks that would support its implementation during the agency-wide launch at your worksite. We recognize that the time you can dedicate each week may vary, but we are asking that you aim for no more than 15-30 minutes/week. The PORTAL team is available to help make these responsibilities as easy as possible for you. If we can help through creation of materials (text, presentation, videos, education), please let us know!

#### **1) Disseminate educational resources about PORTAL to EMS providers**

Our team will provide you with several resources on how to use PORTAL, including instructions on how to navigate the ESO dashboard, register for CE credits, and access free educational materials. These are available through our website: [Portal | Department of Emergency Medicine](#). We ask that champions distribute this information to the EMS providers at their site. We also ask that champions actively encourage providers to use PORTAL through conversations, announcements, and/or other means of communication.

## **2) Provide biweekly agency feedback to the PORTAL Research Team**

Every few weeks, we will send champions a survey that will take ~5 minutes to complete. This will be a brief check-in to share how the implementation process is going at your site and how our team can assist you. We will use the information provided to continue developing PORTAL and to identify any issues that need to be immediately addressed.

## **3) Review and promote monthly report on ECG/aspirin administration**

PORTAL will give EMS providers a monthly individual report summarizing their care for patients with suspected ACS, along with a monthly summary of the agency's aggregated practices for select users with agency-level access. We ask that site champions remind EMS providers to review their individual reports. We have templated language that is available for site champions to edit and disseminate.

## **4) Recruit EMS providers for feedback opportunities**

We will seek EMS providers to share their experiences with PORTAL, and we will ask site champions to help us to identify and recruit these individuals. This opportunity will be a 30-minute interview that focuses on how feasible, appropriate, and accepted PORTAL is in the work environment. We will reach out with this request after users are more comfortable with PORTAL.

Our team knows that your job keeps you busy, and we thank you for adding on the duties of a site champion. The PORTAL staff are here to help and make this role as easy as possible for you.

If you have questions, or find yourself needing more resources or support, please don't hesitate to reach out to one of the following:

Michael Ward, Principal Investigator: [Michael.j.ward@vumc.org](mailto:Michael.j.ward@vumc.org)

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## **FAQs for Site Champions**

1. *Why should I use PORTAL?*
2. *What type of feedback does PORTAL give me?*
3. *How much time does PORTAL take to use?*
4. *What patient populations will be included in these reports?*
5. *Can I modify the reports?*
6. *How will these data be used?*
7. *What if our agency does not achieve 100% for each metric?*
8. *How should I use the information provided?*
9. *How do I get CAPCE credit?*
10. *Will PORTAL be used for other types of conditions?*

### ***Why should I use PORTAL?***

PORTAL is an innovative and free resource for EMS providers who use ESO. It supports use of evidence-based practices and improved patient outcomes by providing timely feedback and educational resources. Your use allows us to improve the design to better accommodate busy EMS providers. In addition, providers who use PORTAL can earn free CE credit from CAPCE. Information about the registration for these credits is available through PORTAL's website: [Portal | Department of Emergency Medicine](#)

*What type of feedback does PORTAL give me?*

The content of the PORTAL feedback reports is evidence-based following the AHA's Mission: Lifeline guidelines (administering an ECG and an aspirin to suspected ACS patients). EMS providers will receive a summary of their treatment for suspected ACS run, as well as a monthly aggregated report that will allow for comparison of practice patterns over time. PORTAL will soon include hospital diagnoses and dispositions as well. Stay tuned for more features!

*How much time does PORTAL take to use?*

We estimate that the optional review of the PORTAL dashboard will take about 5-10 minutes, and reading or watching the educational materials will take 2-20 minutes, depending on the item. These times may vary from person to person.

*What patient populations will be included in these reports?*

Patients over the age of 35, and who have any of the following clinical impressions documented in the ESO EHR:

- Chest Pain / Discomfort
- Angina pectoris
- ST elevation (STEMI) myocardial infarction of anterior wall
- ST elevation (STEMI) myocardial infarction of inferior wall
- ST elevation (STEMI) myocardial infarction of other sites
- ST elevation myocardial infarction (STEMI)
- Acute Coronary Syndrome
- Chest pain on breathing

*Can I modify the reports?*

Some users have designer privileges within ESO's product allowing them to make modifications to reporting tools. If users are comfortable enough to make such changes (e.g., addition of scene-to-ECG time), they are welcome to. Please coordinate with ESO for these privileges as the PORTAL is unable to support these features.



### *How will these data be used?*

We will never reach out to an individual EMS provider. The use of data is an agency-by-agency decision, so we leave this to your discretion, as you know your agency and EMS providers far better than we do. From PORTAL's perspective, the purpose of this grant is to examine the ability to implement the tool and how well it is liked and accepted. This may lead to a future randomized trial examining PORTAL's impact on care processes, but for now, that is not the focus.

### *What if our agency does not achieve 100% for each metric?*

This is a question that has been brought up several times. The answer depends on your agency and whether both activities (ECG and Aspirin) are relevant to your operations. For example, an agency that primarily does first response, but no transportation, may choose to solely focus on ECG performance and ignore aspirin. Communicating this to EMS providers is important because the goal is certainly not to shame anyone.

If 100% is the target and not yet achieved, there are a couple of approaches. First, was the action documented in the narrative rather than structured data? If not, this is an opportunity to reinforce that certain activities, such as performing an ECG or administering aspirin (or identifying that it was already administered or the patient is allergic or has a contraindication to its use), have a specific location to document their performance. Second, was the clinical impression appropriate for the patient. If it was noncardiac chest pain, did the impression match? For example, did the EMS Provider select "Chest Pain on Breathing" when they meant to select "Chest Pain, Other (Non-Cardiac)"? Finally, if the action was not performed, this represents an opportunity to reinforce the importance of early ECG performance and aspirin use.

### *How should I use the information provided?*

Providers can use PORTAL to review their past and present practice patterns and learn more about treating ACS with PORTAL's free resources. We hope that this information will provide clear, actionable feedback that providers can use to enhance their use of evidence-based practices.

*How do I get CAPCE credit?*

All EMS providers who want free CE credit for using PORTAL must register beforehand.

The form is available through PORTAL's website available at the links above, in ESO, or at the Vanderbilt PORTAL website: [Portal | Department of Emergency Medicine](#)

*Will PORTAL be used for other types of conditions?*

This initial trial is to test the feasibility of user-centered feedback systems in patients with suspected ACS. Our hope is that this will prove to be an effective and helpful tool that can then be adapted for other types of diagnoses.