Documentation of Outreach
Often downplayed in the world of Fire and EMS first responders, documentation is arguably one of the most important things that you do. Documentation not only provides a history of actions taken, but also highlights budgetary concerns and requirements needed to maintain an adequate level of services for a community. In the case of a post overdose outreach program, documentation also helps you identify and connect individuals and needed services.

**What Needs Documenting?**

Consider collecting data on both process and outcomes. Use the goals of the program as guidelines to create data points that will be easily obtained during the course of your efforts. Examples include:

- Number of contacts, attempted contacts, demographic and social conditions information about these contacts
- Number of people connected to services and care, demographic and social conditions information about these contacts
- Number of partnerships with local services
- Outreach team feedback and experiences

There is no need, at least initially, to try to record information that is more difficult to obtain or requires asking questions that may compromise your primary mission of gaining trust and connecting individuals to services. Other than data required by a funder of your program, set the bar to within your comfort level. You can always expand to include other data later when the program has a foundation to support the change.

**Software and Storage**

You may choose to use an already existing software program such as an electronic patient care report (ePCR). As long as you can adapt the software to record the chosen measures and export other pertinent data, the existing software will be sufficient. It is important to retain your data in a secure manner compliant with the Health Insurance Portability and Accountability Act (HIPAA) and the more demanding substance abuse and confidentiality regulations afforded under CFR 42 Part 2.

**Data Sharing**

It is important to review and properly vet your data for sharing outside of the program. Only provide non-identifying information excluding addresses. Location data should be limited to zip code, census tract or aldermanic district. Anything more specific could be used to narrow down to a specific address or individual in the event of an open records request.
If you require an outside entity to review the data, you are responsible for protecting the data from anyone without clearance accessing it during transmission. Faxing remains one of the most secure methods to transfer protected information. This can be completed with a standard fax machine, but often a third-party vendor electronically faxes encrypted reports from your ePCR to another entity. Encrypted data may be sent via email, but this is not as secure as a direct fax because it requires downloading the data prior to sending. Another option is to share direct access to your data with program partners. Business associate agreements and memorandums of understanding allow for protected, direct access and fluid communications with partners.

**Program Review**

Whether your organization or a partnering entity conducts the review, it is important to regularly review your results:

- Are you tracking, validating, and sharing all the intended data points?
- Are you deploying all resources as planned?
- Are you meeting your process and outcome objectives?

Periodically assess if you are ready to add more data points or program components or if you need to scale back or adjust your process. Whatever you decide, stand behind your work and be prepared to defend your results. Questions may arise over the course of the program that may not be feasible to answer or address. Stay the course and accomplish what you can with the resources that you have. Securing future funding and support of the program requires documenting, reviewing, and sharing of your efforts.