



EMS PROVIDER DATA REQUIREMENTS **DRAFT**

POLICY NO: **6000**

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EFFECTIVE DATE:
REVISED DATE:

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AUTHORITY: California Health and Safety Code, Division 2.5 EMS, HS 1797.1,1797.102,1797.204, 1797.103, 1797.174; Title 22 Div 9 Ch 4 Article 8 Sec 10017,100169,100170,100171; CA EMS System Core Quality Measures (EMSA #166); AB1129-2015

6000.00 PURPOSE

- a. To define the use of standardized records and data sets or fields to be used by all Emergency Medical Service providers for documentation of pre-hospital care. This policy defines the minimum documentation sets and defines the structure for computer aided dispatch and patient care records maintained by pre-hospital care providers and submitted to the LEMSA as outlined in State regulations.

6000.01 POLICY

- a. PCR- Requires an emergency medical care provider (EMS) to, when collecting and submitting data to the Coastal Valleys EMS Agency (LEMSA), use a system that exports data in a format that is compatible with the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS) standards and includes those data elements required by the LEMSA. The LEMSA will not mandate that a provider use a specified system to collect and share data with the LEMSA. Providers must use a system that can be integrated with the LEMSA's system, as specified. Providers shall ensure compatibility with the LEMSA's system.
- b. CAD- EMS Providers (or their Contractor) shall submit computer aided dispatch data to the LEMSA, in an electronic format acceptable to the LEMSA, a near real-time basis is optimal, in very limited cases time is NOT TOO EXCEED 5 MINUTES. Computer aided dispatch data shall include records for all emergency and non-emergency ambulance or medical aid requests received at the provider's dispatch center.
- c. CAD- Each computer dispatch record submitted to the LEMSA shall contain the following fields, as a minimum:
 - 1) Call Date.
 - 2) Incident Number.
 - 3) Scene County.
 - 4) Call Type (e.g. scene, inter-facility transfer).
 - 5) Emergency Medical Dispatch (EMD) Patient disposition.
 - 6) Code of Response.
 - 7) Updated Code of Response.
 - 8) Code of Transport.
 - 9) Updated Code of Transport.

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- 10) Time Public Service Answering Point (PSAP) 1 or 2 as appropriate.
 - 11) Provider LEMSA.
 - 12) Vehicle ID Number.
 - 13) Time Call Entered.
 - 14) Time Dispatched.
 - 15) Time En Route.
 - 16) Time Arrived Scene.
 - 17) Time Departed Scene.
 - 18) Time Arrived at Hospital
 - 19) Time Available
 - 20) Time Canceled, if applicable
 - 21) Call disposition
 - 22) GIS Map Page information
- d. ePCR- EMS Providers shall create patient care records with ePCR, in an electronic format acceptable to the LEMSA. EMS providers not utilizing the LEMSA selected ePCR system shall establish a process with the LEMSA ePCR vendor to allow for EMS data submission.
 - e. Data shall be submitted to the LEMSA data system on a schedule agreed to by the provider and the LEMSA.
 - f. Patient care record data shall include records for all EMS incidents and patient contacts. Refer to *Administrative Policy 6001 Completion of Patient Care Records* for minimum requirements.

6000.02 PROVISION OF ACCESS AND PROGRAM

- a. The LEMSA will provide access to the approved Electronic Patient Care Report system and software to EMS system participants required to enter, edit, or analyze data.

6000.03 TECHNICAL PROBLEMS/RECOVERY PROCEDURES

- a. Device Failure - In the event of a device failure, contact your agencies support person. Document all pertinent information on paper and enter the ePCR in Bridge mode. Electronic documentation system failure is NOT an exception for providing the required PCR documentation. Device failure will be resolved within 48 hours.
- b. Connectivity Failure – If there is connectivity failure, document all patient information on your device and save. Post your call to the server as soon as connectivity returns.
- c. System Failure – In the event of system failure document all patient information on your device and save. Post to the server as soon as the system is rebooted or document on paper and enter into Bridge mode when the system is back up.
- d. The LEMSA shall be notified of downtime or transmission difficulties lasting more than 24 hours.
- e. Any system upgrades or system maintenance must be reviewed and approved in writing by the LEMSA prior to implementation. Any planned issue that could cause a delay in data transmission will be notified to the LEMSA at least 24 hours in advance.

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6000.04 GENERAL INSTRUCTIONS AND CONDITIONS

- a. The ePCR is a part of the patient's permanent medical record and is used for, but not limited to, the following purposes:
 - 1) Transfer of information to other healthcare providers
 - 2) Medical legal documentation
 - 3) Billing for services
 - 4) Development of aggregate data reports for Continuous Quality Improvement (CQI) including specific quality indicators and identification of educational needs
 - 5) LEMSA case investigation
- b. The EMS Medical Director is the final authority for determination of all aggregate data reports that are to be maintained confidential or distributed.
- c. Willful omission, misuse, tampering or falsification of documentation of patient care records is cause for formal investigative action under section 1978.200 of the California Health and Safety Code.

6000.05 PRIVACY

1. Maintaining confidentiality is an essential part of all health care, including pre-hospital care. The confidentiality of personal health information (PHI) is covered by numerous State and Federal Statutes, Policies, Rules and Regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), California Civil Code Section 56.36; Division 109; Section 130200 and California Health and Safety Code Sections 1280.1, 1280.15 and 1280.3. All EMS Providers are responsible to enact policies which ensure patient privacy by restricting access and implementing electronic protections. Any ePCR shall be made available to the LEMSA upon request.