

Monterey County EMS System Policy



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COLLECTION AND SUBMISSION OF EMS DATA

I. PURPOSE

To establish requirements for the collection and submission of data to the Monterey County EMS Data System by EMS providers using either the Monterey County EMS Data system or their own system as required by state regulations and Monterey County EMS policy.

II. POLICY

- A. All Monterey County EMS provider organizations including all Basic Life Support (BLS) and Advanced Life Support (ALS) first responders and ambulance transport EMS Providers shall utilize either the designated electronic patient care (ePCR) reporting system provided by the Monterey County EMS Agency or an electronic PCR system capable of integrating seamlessly with the Monterey County EMS Data System. Said data will conform to California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) standards.
- B. The designated Monterey County EMS Data System is the primary system for the collection and submission of EMS data in Monterey County and is the only authorized data system for the submission of data to CEMSIS and NEMSIS.

III. EMS PROVIDER AGENCIES UTILIZING COUNTY ePCR SYSTEM

- A. EMS Provider organizations shall use the designated ePCR system to document all EMS responses/calls/patient information as stipulated in EMS Agency EMS System Policies and Procedures.
- B. EMS Provider organizations shall maintain hardware/software as identified in manufacturers and vendors' recommendations, including all system and program updates, including security updates.
- C. EMS Provider organizations are responsible for all costs of modules not related to the designated EMS Data System, such as fire reporting, staffing, scheduling, and inventory management.
- D. EMS Provider organizations will use the designated Monterey County EMS Data System to collect, analyze, and report provider specific data as required by EMS Agency policy, system quality improvement efforts, and applicable state requirements such as CEMSIS.
- E. EMS Provider organizations will have access to their organization's data and other data, as provided by the EMS Agency for system quality improvement efforts.

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- F. EMS Provider organizations will alert the EMS Agency and the vendor to system issues or outages.
- G. EMS Provider organizations will participate in the Continuous Quality Improvement Technical Advisory Group (CQI TAG) to work collaboratively on system-wide issues and changes. EMS Provider organizations will not be able to change the EMS data component of the designated County system without going through a collaborative county-wide process.
- H. EMS Provider organizations will enter a data sharing agreement(s) with Monterey County and will only utilize the system once that agreement(s) has been finalized between the provider agency and the EMS Agency.
- I. EMS Provider organizations will develop internal policies and procedures, provide training, and take other necessary steps to assure contract compliance and compliance with all data security and patient privacy laws, including Health Insurance Portability, and Accountability Act, Health Information Technology for Economic and Clinical Health Act, and California Confidentiality of Medical Information Act.
- J. Provider agencies will collaborate with the EMS Agency and hospitals to integrate system efforts with HIE/HDE as appropriate.

IV. EMS PROVIDER AGENCIES NOT UTILIZING COUNTY ePCR SYSTEM

- A. EMS Provider organizations and their vendor not using the designated Monterey County EMS Data System must maintain a data system that:
 - 1. Exports data to the designated Monterey County system in a format compliant with the Monterey County EMS Data System, including CEMISIS and NEMISIS standards. This transfer of data must be seamless and require little to no effort on the part of the County to integrate the exported data.
 - 2. Includes all data elements required by the designated Monterey County EMS Data System
 - 3. Attaches all records and documents to the attachments and documents related to patient care, such as electrocardiograms (ECGs), capnography waveforms, and PDF copies of the electronic patient care report.
 - 4. Contains provisions for the electronic transfer of patient care information between EMS providers and hospitals at the time of transfer of care or within timeframes specified in EMS System Policies and Procedures. This transfer of information must be compatible with the overall County data system.
 - 5. Integrate real time Search, Alert, File and Reconcile capabilities consistent with the Monterey County EMS Data System.
 - 6. Bi-directionally moves data in real time into and from the designated Monterey County EMS Data System
 - 7. Provides bi-directional data movement and real time Search, Alert, File and Reconcile capabilities that is automatic and in real time and does not require any

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effort on the part of the EMS Agency to seamlessly integrate data with the rest of the Monterey County EMS Data System.

8. Continues seamless integration and operation with the designated Monterey County EMS Data System, even if material changes are made to the Monterey County EMS Data System.
- B. EMS Provider organizations utilizing their own system must notify the EMS Agency (EMS Duty Officer after hours) of any outages over sixty minutes in their system.
 - C. EMS Provider organizations utilizing their own system must provide the EMS agency with a list or description of their PCR, including all data elements and field values currently active in their system. This documentation must show the relationship between data elements and field values in the provider's system and the County system.
 - D. EMS Provider organizations utilizing their own system are responsible for making any changes or updates to their system required to keep their system compatible with the County system and are responsible for the costs of those changes/updates. Non-users of the County system are also responsible for the costs to the County of processing, testing, or ensuring compatibility between the provider's system and the County system.
 - E. EMS Provider organizations will develop internal policies and procedures, provide training, and take other necessary steps to assure compliance with all data security and patient privacy laws, including Health Insurance Portability, and Accountability Act, Health Information Technology for Economic and Clinical Health Act, and California Confidentiality of Medical Information Act.
 - F. Provider agencies will collaborate with the EMS Agency and hospitals to integrate system efforts with HIE/HDE as appropriate.

V. HOSPITAL ROLES/RESPONSIBILITIES

- A. Hospitals will be responsible for working with EMS providers and the EMS Agency to ensure the integration of prehospital and hospital patient records as specified in EMS System Policies and Procedures.
- B. Hospitals will provide outcome data to the EMS data system. At a minimum, that data will include Emergency Department and hospital discharge diagnosis information.
- C. Hospitals will participate in the CQI TAG to work collaboratively on system-wide issues and changes.
- D. Hospital data submission will be consistent with CEMISIS and NEMISIS hospital data elements.
- E. Hospitals will collaborate with the EMS Agency and EMS Provider organizations in the HIE/HDE as appropriate.
- F. Hospitals will enter a data sharing agreement with Monterey County and will only utilize the system once that agreement has been finalized between the hospital and the County.

VI. EMS AGENCY ROLES/RESPONSIBILITIES

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- A. The EMS Agency will coordinate the designated ePCR/Data System including implementation, training, and issue resolution. The Agency will work with the ePCR vendor on system coordination.
- B. The EMS Agency will pay for the initial implementation and ongoing costs related to the EMS Data system as specified in the agreement(s) between provider agencies and the EMS Agency.
- C. The EMS Agency will promulgate EMS System Policies and Procedures to prescribe use of the designated Monterey County EMS Data System.
- D. The EMS Agency will have access to provider-specific and system-wide data. Some operational data from EMS provider organizations, such as response times, may be shared as a part of the public record. Clinically oriented data may be shared in appropriate confidential quality improvement processes.
- E. The EMS Agency will analyze and report on system-wide data to EMS system stakeholders and other interested parties as appropriate and in concert with system-wide quality improvement efforts. The Agency may also work with individual provider agencies on provider specific quality improvement efforts as requested and appropriate.
- F. The EMS Agency will be responsible for the submission of data to the CEMSIS database. This will include the submission of Core Measures and any other data as required by the state.
- G. The EMS Agency will enter a data sharing agreement(s) with provider agencies and hospitals and will only utilize the system once that agreement(s) has been finalized between the Agency, provider agencies, and hospitals.
- H. The EMS Agency will work in good faith to resolve problems with individual provider agencies and hospitals as they arise and will strive for a collaborative relationship with all system stakeholders.

VII. DISPATCH CENTERS USING COMPUTER AIDED DISPATCH (CAD) ROLES/RESPONSIBILITIES

- A. Any dispatch center dispatching EMS providers in the Monterey County EMS System must work with the EMS Agency, system providers, and the vendor(s) to ensure CAD data can populate the appropriate fields in the ePCR and that this same data can be integrated into the designated County EMS Data System.
- B. This data must be consistent with current CEMSIS and NEMSIS data standards, and with the County EMS Data System.
- C. EMS Dispatch Centers will participate in the CQI TAG to work collaboratively on system-wide issues and changes.
- D. As appropriate and deemed necessary, Dispatch Centers will enter a data sharing agreement with Monterey County.

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- E. Dispatch Centers will play an active role in system-wide quality improvement efforts based on CAD and Medical Priority Dispatch System (MPDS) data obtained as a result of the County data system.

VIII. VENDOR RESPONSIBILITIES

- A. Vendor responsibilities are described in detail in the agreement between the vendor and the County. That agreement is a public document and will be shared with system stakeholders upon request.

IX. TECHNICAL PROBLEMS/OUTAGES

- A. Device Failure – In the event of a device failure (i.e. iPad, laptop, etc...), provider agencies should contact their internal support person, document all pertinent PCR information on paper, and enter the PCR information into the electronic system as soon as possible. Electronic device failure is not an exception for completing an electronic patient care report and entering it into the system.
- B. Connectivity Failure – In the event of connectivity failure, document all patient information either on paper or on the device being used and save it until connectivity is restored. Patient information should be uploaded into the system as soon as possible. Connectivity failure may be local or system-wide. Local support personnel should be contacted for local issues. The EMS Agency will work with the vendor to resolve system-wide connectivity issues.
- C. System failure – In the event of system-wide failure, document all patient care information on paper or on your device and save. Patient information should be uploaded into the system as soon as the system is back up. The EMS Agency will work with the vendor to resolve system failure issues as quickly as possible and will communicate with system stakeholders when the system is back up.
- D. The EMS Agency should be notified of downtime or transmission difficulties lasting more than 1 hour. The EMS Duty Officer can be contacted for issues arising after normal business hours.
- E. Any system upgrades or system maintenance must be reviewed and approved in writing by the EMS Agency prior to implementation. Any planned issue, such as system maintenance, that could cause a delay in data transmission will be reported to the EMS Agency at least 24 hours in advance.


X. PRIVACY AND PROTECTION OF HEALTH INFORMATION

- A. Maintaining confidentiality is an essential part of all health care, including prehospital care. The confidentiality of protected health information (PHI) and protected personal information (PPI) is covered by numerous state and federal statutes. These include: Health Insurance Portability and Accountability Act (HIPPA) of 1996; California Confidentiality of Medical Information Act (CCMIA) including California Civil Code Section 56.36, Division 109, Section 130200; and California Health and Safety Code Sections 1280.1, 1280.15, and 1280.3

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1. Providing ePCR information to receiving hospitals and other providers giving care in an EMS response system and to the EMS Agency for quality improvement efforts does not constitute a violation of the above regulations.
2. Provider agencies and hospitals are responsible for training their employees on the initiation, completion, and distribution of patient care records, and on all applicable state and federal information privacy statutes, regulations, and policies and procedures. This is a priority as the unintended (or intentional) release of protected information can have serious consequences for the provider agency or hospital and may violate HIPPA and other applicable laws. EMS and provider agency and facility staff must protect the security, confidentiality, and privacy of all patient medical records in their custody at all times.
3. Detailed requirements for the sharing of data within the EMS system and for the protection of personal health information is contained in the agreements between individual provider agencies, hospitals, and the county.
4. The above referenced statutes and regulations also allow for the sharing of information in HIEs/HDEs. All the entities involved in an HIE/HDE are responsible for maintaining patient confidentiality. That includes the vendor of the various electronic patient care reporting systems and the HIE/HDE entity itself.
5. The EMS Agency will facilitate and coordinate, as appropriate and deemed necessary, training opportunities on protecting confidential patient care information.
6. All patient records containing protected health and personal information must be kept secure at all times. These records must not be visible to the public. This includes appropriate security measures, such as user identification and login passwords, for computer workstations. Workstations must be locked when unattended.

END OF POLICY


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