



OC-MEDS – EMS PROVIDER PREHOSPITAL CARE REPORTING & DATA SUBMISSION PROCESS

I. AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.204 and 1797.227; California Code of Regulations, Title 22, Chapter 2, Article 6 and Chapter 4, Article 7 & 8

II. APPLICATION:

This policy establishes standards and processes for prehospital care reporting of all patient responses in Orange County by recognized EMS provider agencies. The purpose is to ensure compliant application of federal, state, and local standards in the configuration, management, and deployment of Prehospital Care Reporting Systems.

III. DEFINITIONS:

National EMS Information System (NEMSIS): The national prehospital information system that standardizes, stores and provides access to prehospital data nationwide. NEMSIS defines and operates on a defined standard for what and how prehospital information is collected, stored, and shared. This standard enables accurate assessment of federal level prehospital needs and performance and supports strategic planning for the future. NEMSIS is a collaborative product managed by the National Highway Traffic and Safety Administration (NHTSA).

California EMS Information System (CEMSIS): The California prehospital information that stores and aggregates prehospital data statewide. CEMSIS operates on the NEMSIS standard and defines additional requirements that enables study of variations in local data quality and local capacity for health information exchange. CEMSIS is operated by the California Emergency Medical Services Authority (EMSA) to help develop and coordinate high quality emergency medical care throughout California.

Orange County Medical Emergency Data System (OC-MEDS): The Orange County prehospital information system that collects, stores, aggregates and shares prehospital data countywide. OC-MEDS is a multi-modal system that allows EMS providers including designated receiving centers to document, transmit, and view patient care data in real time. OC-MEDS also links prehospital care data with Specialty Care Patient Registries such as Stroke, STEMI, and Trauma. OC-MEDS operates on the NEMSIS and CEMSIS data standards and defines additional county requirements that enable improved continuity of patient care, public health monitoring, and EMS quality improvement. OC-MEDS is a collaborative product managed by Orange County EMS (OCEMS).

Prehospital Care Reporting System (PCRS): An electronic health information system configured to meet the needs of the prehospital care environment. Per current NEMSIS, CEMSIS, and OCEMS standards a PCRS must enable real-time field documentation and sharing of patient care information.

Third Party PCRS: A PCRS that is produced and provided by a business or entity other than OCEMS. An EMS Provider may have an in-house PCRS and within this policy that PCRS is also considered a "Third Party PCRS".

Prehospital Care Report (PCR): The electronic record of a prehospital response including information on EMS operations (i.e. response time, unit number, and agency name) and patient care (i.e. vital signs, interventions, and treatment response).



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NEMSIS Web Service: A nationally defined technical standard that supports data exchange between NEMSIS compliant PCRSs and thus between all recognized EMS provider agencies in Orange County including our designated receiving facilities and base hospitals. OC-MEDS utilizes the NEMSIS Web Service to import and export data to fulfill PCR sharing requirements as defined by NEMSIS, CEMSIS, and OCEMS standards.

IV. GENERAL CRITERIA

- A. EMS Provider agencies shall utilize a PCRS that is certified compliant with the *current* version of NEMSIS.
1. The PCRS used must also maintain compliance with CEMSIS and OC-MEDS data standards.
 2. Agencies may utilize the County sponsored OC-MEDS as their organizational PCRS or they may use a third party PCRS.
 - a. OCEMS will ensure that the OC-MEDS PCRS maintains compliance with all federal, state, and local reporting requirements.
 - b. Agencies who choose to use a third party PCRS shall ensure that their system is able to establish and continuously maintain a connection with the OC-MEDS PCRS, including:
 - i. All associated costs.
 - ii. Continued maintenance and compliance with federal, state, and local data standards.
 3. PCR documentation shall adhere to the standards set forth in OCEMS Policies 300.10 and 300.31.
 4. EMS Provider agencies will manage technical problems per OCEMS Policy 300.20.
- B. EMS Provider agencies shall submit Prehospital Care Reports (PCRs) for all patient responses occurring within the jurisdictional boundaries of Orange County or in situations where the OCEMS Medical Director maintains medical control. PCRs shall be posted or transmitted immediately upon completion by EMS personnel, including:
1. For any person who is assessed, treated, and/or transported, including emergency (9-1-1) and non-emergency (interfacility) transports.
 2. For any person who refuses care or leaves against medical advice (AMA).
 3. For any person who meets criteria for field death.
 4. For patients who are involved in a multicasualty incident (MCI) (documentation completed pursuant to OCEMS Policy 900.00).



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V. REVIEW AND APPROVAL PROCESS

- A. EMS Providers must request approval to access and use OC-MEDS and must work with OCEMS to ensure for continued compliance with established data standards.
- B. EMS Providers agencies who choose to use the County sponsored OC-MEDS PCRS to meet data submission requirements established in this policy shall submit a request for new access to the system and must meet the following criteria:
 - 1. The provider must be a recognized Orange County EMS provider.
 - a. Public based EMS provider with jurisdictional authority for 9-1-1 response in an Orange County city and/or unincorporated County area(s).
 - b. Private based EMS provider who is currently licensed by OCEMS as an Ambulance Provider or is actively under review to obtain that license. Private based EMS providers must also meet at least one of the following criteria:
 - i. The provider's headquarters is located within the jurisdictional boundaries of Orange County; or
 - ii. The provider can demonstrate that a minimum of 80% of their company wide call volume originates within the jurisdictional borders of Orange County; or
 - iii. The provider is the designated 9-1-1 response / transport service in any Exclusive Operating Area (EOA) as defined by the Orange County EMS Plan.
 - c. Public or private based first responders (i.e. Law Enforcement, Lifeguards, etc.) in which response and patient care activities occur within the jurisdictional boundaries of Orange County.
 - 2. Submit an application for access to the OC-MEDS PCRS for use as their organizational PCRS. The application shall include the following:
 - a. Provider Name and Agency ID
 - b. Name and Contact Information of the person(s) responsible for managing and maintaining the PCRS
 - c. If private ambulance provider, a statement to attest that at least one (1) of the criteria referenced above (V,B,i,2) has been met.
 - d. Attestation that they understand OCEMS is not responsible for the provider agency level configuration, management, and deployment of the OC-MEDS PCRS per OCEMS Policy 300.20.
 - 3. The application will be reviewed by OCEMS within 14 business days. If approved, a PCRS will be configured within OC-MEDS for the applicant EMS Provider.
 - a. OCEMS will provide implementation support per OCEMS Policy 300.20.



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- b. OCEMS will provide support for integrating EMS Provider's Computer Aided Dispatch (CAD) system with OC-MEDS.
 - c. Upon stated readiness and prior to live field use, OCEMS will conduct a review of test PCRs to ensure compliance with documentation standards per OCEMS Policies 300.10 and 300.31. A successful review is required prior to field deployment.
- C. EMS Provider agencies who choose to use a third party PCRS to meet data submission requirements established in this policy shall submit a request for review and approval to use their own system and must meet the following criteria:
1. The provider must be a recognized Orange County EMS provider.
 - a. Public based EMS provider with jurisdictional authority for 9-1-1 response in an Orange County city and/or unincorporated County areas.
 - b. Private based EMS provider who is currently licensed by OCEMS as an Ambulance Provider or is actively under review to obtain that license.
 - c. Public or private based first responders (i.e. Law Enforcement, Lifeguards, etc.) in which response and patient care activities occur within the jurisdictional boundaries of Orange County.
 2. Submit an application to report (submit) data from their own third party PCRS to OC-MEDS via a NEMSIS Web Service. The application must include the following:
 - a. Provider Name and Agency ID
 - b. Name and Contact Information of the person(s) responsible for managing and maintaining the PCRS
 - c. Third Party PCRS Vendor Information (including 24 hour technical support contact)
 - d. Attestation that their PCRS is certified compliant with the current version of NEMSIS. Certification is required for all major software versions/updates and must be renewed per CEMSIS and NEMSIS standards.
 - e. Attestation that the EMS Provider is responsible for all costs associated with establishing and maintaining a connection with OC-MEDS via a NEMSIS Web Service.
 - f. Attestation that the EMS Provider is responsible for the initial and ongoing configuration, management, and deployment of a compliant PCRS per OCEMS Policies 300.10, 300.20, 300.30, 300.31.
 3. The application will be reviewed by OCEMS within 14 business days. If approved, access to OC-MEDS via a NEMSIS Web Service will be provided.
 - a. OCEMS will provide implementation support per OCEMS Policy 300.20.
 - b. OCEMS will provide support for integrating EMS Provider's Computer Aided Dispatch (CAD) system with OC-MEDS, if applicable.



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- c. Upon stated readiness and prior to live field use, OCEMS will conduct a review of test PCRs to ensure compliance with documentation standards per OCEMS Policies 300.10 and 300.31. A successful review is required prior to field deployment.
- D. Review and Testing of Prehospital Care Reporting System and Prehospital Care Report documentation will be performed by OCEMS to ensure compliance with NEMSIS and CEMSIS standards and OCEMS Policies 300.10, 300.30 & 300.31.
 1. Upon initial PCRS configuration, submit at least five (5) test incident records that constitute a complete Prehospital Care Report for the each of the following types of patients:
 - a. Cardiac Arrest
 - b. Chest Pain / Acute Coronary Syndrome
 - c. Stroke
 - d. Trauma
 - e. Respiratory Distress (Pediatric)
 2. OCEMS will review submitted test calls for technical issues and documentation quality. EMS Providers will resolve any identified compliance issues and resubmit for review.
 3. Once the above test incidents have been reviewed compliant, OCEMS will conduct a mock PCRS drill beginning with an EMS service request and ending with the review of a submitted PCR. This drill will require a fully functional PCRS ready to be deployed in a live field environment including a functional dispatch/call taking system as well as trained EMS personnel with required electronic devices.
 4. Additional review or testing is available from OCEMS upon request by any recognized EMS Provider. Submission of test data from a new third party PCRS provider requires an application from a recognized EMS Provider.
- E. Ongoing monitoring will be performed by OCEMS to ensure compliance with NEMSIS and CEMSIS standards and OCEMS Policies 300.10, 300.30 & 300.31.
 1. Failure to comply with NEMSIS, CEMSIS or OC-MEDS documentation and reporting standards may require correction, modification, and resubmission of Prehospital Care Reports.
 2. Repetitive failures to comply with NEMSIS, CEMSIS, or OC-MEDS standards may require review of new test PCR's or full re-application as detailed above.
 3. Inability to comply with NEMSIS, CEMSIS, or OC-MEDS standards may affect the EMS Provider's ability to provide services per local and state regulations (OCEMS Policies 720.60, 700.00, 777.00; California Health and Safety Code, Division 2.5, Section 1797.204 and 1797.227; California Code of Regulations, Title 22, Chapter 2, Article 6 and Chapter 4, Article 7 & 8).



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4. On occasion, changes to existing standards may occur. Such changes may include but are not limited to the addition of new elements and new values such as new procedures, medications, or changes to provider or facility names.
5. When changes such as those described above are necessary, the PCRS used by the provider agency will need to be updated as soon as possible upon notification from OCEMS.

Approved:

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OCEMS Medical Director

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