



OC-MEDS – PREHOSPITAL CARE REPORTING

I. AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.204; California Code of Regulations, Title 22, Section § 100171(f).

II. APPLICATION

This policy describes the local system and establishes standards for prehospital care reporting by EMS personnel and provider agencies.

III. DEFINITIONS

National EMS Information System (NEMSIS): The national data standard for emergency medical services as defined by the National Highway Traffic and Safety Administration (NHTSA) and the NEMSIS Technical Assistance Center (TAC).

California EMS Information System (CEMSIS): The California data standard for emergency medical services as defined by the California Emergency Medical Services Authority (EMSA). The data standard includes the NEMSIS standards and California specific data lists.

Orange County Medical Emergency Data System (OC-MEDS): The Orange County data hub and local data standard for emergency medical services as managed and defined by Orange County Emergency Medical Services Authority (OCEMS). The data standard includes the NEMSIS and CEMSIS elements and Orange County specific data lists.

Prehospital Care Report System (PCRS): An electronic software platform that allows for real time collection of patient care information at the time of service.

Prehospital Care Report (PCR): An electronically generated form that is a component of a PCRS that is utilized by EMS Field Personnel to document and transmit patient care events at the time of service.

IV. SYSTEM DESIGN AND INTEROPERABILITY

A. The OC-MEDS is an interoperable PCRS that is provided by OCEMS. The system includes PCR capabilities that allow EMS providers to document and transmit patient care data in real time to the central OC-MEDS Hub.

B. EMS provider agencies may utilize the County funded OC-MEDS Hub as their PCRS to satisfy PCR requirements set forth in this policy.

~~C. Data that has been received by the Hub is immediately accessible to authorized users.~~

~~D.C.~~ The OC-MEDS Hub is compliant with both NEMSIS and CEMSIS data standards and incorporates additional data points as defined by OCEMS to meet the patient care documentation needs of the Orange County EMS System.

- i. As of the effective date of this policy, the OC-MEDS Hub is compliant with NEMSIS v2.2.1 data standards.
- ii. By January 1, 2016, the OC-MEDS Hub will be compliant with NEMSIS v3 data standards.



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iii. OCEMS will continue to accept NEMSIS v2.2.1 data through June 30, 2017.

~~E.D.~~ The OC-MEDS Hub is capable of accepting data from a third party PCRS that is ~~owned and managed~~used by an EMS provider agency.

~~F.E.~~ Unless an EMS provider agency is specifically required to utilize the OC-MEDS Hub as their organizational PCRS due to specialty care services defined in OCEMS policy (i.e. IFT-ALS, etc.) or by duly executed contract (i.e. 9-1-1 Ground Ambulance Transport), EMS provider agencies may implement their own PCRS.

~~i.~~ A provider agency ~~shall ensure that their owned and managed~~PCRS shall be ~~is~~ compliant with both NEMSIS and CEMSIS data standards.

~~ii.~~ A provider agency shall ensure that their PCRS ~~and must~~ comply ~~iesy~~ with additional OC-MEDS data elements and field values as defined by OCEMS.

~~iii.~~ A provider ~~Provider~~ agency~~ies~~ shall be responsible to ensure that their ~~who own and manage their own~~ PCRS ~~are responsible to ensure for the initial and ongoing interoperability of their PCRS~~ is able to establish and maintain a connection with the OC-MEDS Hub. Such responsibilities include but are not limited to:

~~1.~~ All costs associated with establishing and maintaining ~~interoperability a connection with the OC-MEDS Hub up to the provider side of the interface.~~

~~1-2.~~ Initial and continued compliance with established data standards.

~~2.~~ ~~Initial and continued compliance with established data standards.~~

~~a.~~ On occasion, changes to existing data elements may be needed as changes to the local EMS system occur. Such changes may include but are not limited to the addition of new procedures, medications, or changes to provider or facility names.

~~b.~~ When changes described above are necessary, the PCRS used by the provider agency will need to be updated as soon as possible upon written notification from OCEMS.

~~a.~~ ~~Non-urgent / routine updates shall be completed within 30 calendar days upon written request from OCEMS.~~

~~b.~~ ~~Urgent requests that are necessary to immediately assess patient care documentation for health and safety purposes shall be completed within 72 hours upon written request from OCEMS.~~

~~iv.~~ An EMS provider PCRS must transmit PCRS in the established format to the OC-MEDS Hub immediately upon completion by EMS personnel.

V. PCR COMPLETION REQUIREMENTS

A. EMS Personnel shall complete a PCR for all persons meeting the definition of a "Patient" (ref. OCEMS Policy 090.00). This includes a patient who refuses care / leaves against medical advice



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(AMA), meets criteria for field death, is an interfacility transport, or is involved in a multicasualty incident (MCI).

- B. EMS Personnel must comply with minimum documentation standards (Ref. OCEMS Policy 300.10) when completing a PCR.

VI. RESOURCES

- A. NEMSIS Data Standards
- B. CEMSIS Data Lists
- C. OC-MEDS Data Lists

Approved:

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