EMERGENCY RECEIVING/SPECIALTY CENTER DATA REPORTING CRITERIA

I. AUTHORITY:

Health and Safety Code, Division 2.5, Section 1798.170; CCR, Title 22, Division 9, Chapters 7.0, 7.1, 7.2, 14.

II. APPLICATION:

This policy establishes the minimum data standards and processes to which all receiving facilities must adhere when reporting required information to OCEMS. Patient care reporting requirements for every Emergency Receiving Center (ERC) and any specialty receiving center (Cardiovascular, Stroke Neuro, Trauma, and Comprehensive Children's) designated by OCEMS are specified in this policy. Additional data shall be made available upon request to OCEMS for medical review (all patient information shall be confidential).

III. DEFINITIONS:

A. **Orange County Medical Emergency Data System (OC-MEDS)** - a multimodular integrated electronic data system and data standard that supports, archives, and disseminates emergency medical documentation for prehospital, base hospital and receiving facility operations and outcomes as well as the OCEMS licensing and accreditation system.

B. **OC-MEDS Patient Registry** - an integrated OC-MEDS module that provides access to prehospital medical records, supports receiving facility documentation of specialty care, maintains archival data sets, and provides various reporting mechanisms.

C. **OC-MEDS Hospital Hub** - an integrated OC-MEDS module that provides receiving facilities with alerts for incoming patients, real time and archival access to prehospital medical records, and a reporting interface for outcomes data.

D. **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 state defined data elements

E. **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).

IV. GENERAL CRITERIA

A. Unless otherwise stated, all Emergency Receiving Centers (ERC) must submit patient outcome data, known as the Hospital Discharge Data Summary (HDDS), to OCEMS for all patients received through the 911 system (ALS, BLS, and IFT-ALS transports).

B. For patients meeting inclusion criteria for any specialty care patient registry, the receiving hospital must also submit required data to the applicable patient registry, whether or not the patient is transported by the 911 system to the accepting hospital.

C. All emergency receiving/specialty center data must be submitted electronically to the Orange County Medical Emergency Data System (OC-MEDS) and adhere to the processes and data standards as described for each respective section herein.

D. OCEMS will ahere to state and/or federal data standards where available. If local needs are more specific, a local data dictionary will be used.

V. EMERGENCY RECEIVING CENTERS (ERC)

A. Process

1. Emergency Receiving Centers (ERC) must submit an HDDS for all patients received via the 911 system (ALS, BLS, and IFT-ALS transports) and upon request by the EMS provider for any emergently transported patient.
2. An HDDS may be submitted via direct data entry into the OC-MEDS Hospital Hub or into the OC-MEDS Patient Registry if the patient meets applicable inclusion criteria.
3. HDDS must be submitted to OCEMS as soon as possible, but no later than thirty (30) days after the end of the current month of discharge.

B. Data Standard

1. HDDS must be submitted pursuant to the National EMS Information System (NEMSIS) standard and in accordance with local data elements defined by OCEMS Policy 300.31.
2. The following data elements comprise the HDDS.

    a. Medical Record Number
    b. Encounter Number
    c. Date/Time Emergency Department Admission
    d. Emergency Department Procedures
    e. Emergency Department Procedures Date/Times
    f. Emergency Department Diagnosis
    g. Emergency Department Disposition
    h. Date/Time of Hospital Admission (as indicated)
    i. Hospital Procedures
    j. Hospital Procedures Date/Times
    k. Hospital Diagnosis
    l. Hospital Disposition
    m. Date/Time of Hospital Discharge (as indicated)

VI. TRAUMA CENTERS

A. Process

1. Designated trauma centers (adult and pediatric trauma receiving centers) shall submit trauma registry data in accordance with local, state and federal requirements and standards.
2. Trauma registry data may be directly entered into the OC-MEDS Patient Registry or submitted electronically in an NTDB compliant format. Data shall be organized by calendar year quarters. Data submitted must include incidents from the beginning through the end of the quarter and are due by the close of the subsequent quarter (example: data from the 1st quarter will be due on the first business day of the 3rd quarter).

3. Trauma data must also be submitted to the National Trauma Data Bank no less than annually or as required for American College of Surgeons' trauma center verification.
4. Trauma data entry should be concurrent. At a minimum, 80 percent of cases must be entered within 60 days of discharge.
5. Trauma centers shall use a risk-adjusted benchmarking system to measure performance and outcomes.
6. The trauma center shall develop and implement strategies for monitoring data validity.
7. Data shall be analyzed by the trauma center and findings shall be used to identify injury prevention priorities that are appropriate for local implementation.
8. The trauma center must include one full-time equivalent employee dedicated to the trauma registry who must be available to process the data capturing the NTDS data set for each 500–750 admitted patients annually.
9. The trauma registrar(s) shall attend or have previously attended two courses within 12 months of being hired: (1) the American Trauma Society's Trauma Registrar Course or equivalent provided by a state trauma program; and (2) the Association of the Advancement of Automotive Medicine's Injury Scaling Course.

B. Data Standard

1. Data shall adhere to the National Trauma Data Standard (NTDS), California CCR Title 22. Division 9. Chapter 7. Article 2., and any local OCEMS policy or practice statement.
2. Direct entry of data into the OC-MEDS Patient Registry allows for the additional documentation of HDDS elements that satisfy ERC reporting requirements.

VII. STROKE-NEUROLOGY RECEIVING CENTERS

A. Process

1. Designated Stroke-Neurology Receiving Centers shall submit stroke registry data in accordance with local, state and federal requirements and standards.
2. Stroke registry data shall be direct entered into the OC-MEDS Patient Registry on a concurrent or rolling basis, not to exceed 6 months from the patient's discharge date.
3. SNRC's shall develop and implement strategies for monitoring data validity.
4. Stroke-Neurology data shall be analyzed in efforts to identify best practices and improvement priorities that are appropriate for local implementation.
5. Stroke-Neurology data shall remain the property of the SNRC that provided and/or participated in the documented patient care.

B. Data Standard

1. The data shall adhere to standards of the Paul Coverdell National Acute Stroke Program, NEMSIS, CEMSIS, California CCR Title 22. Division 9. Chapter 7.2, Article 5, and any local OCEMS policy or practice statement.

2. Stroke registry data shall be collected in accordance to the guidelines set forth in Policy 650.10.
3. Direct entry of data into the OC-MEDS Patient Registry allows for the additional documentation of HDDS elements that satisfy ERC reporting requirements.

VIII. CARDIOVASCULAR RECEIVING CENTERS

A. Process

1. Designated Cardiovascular Receiving Centers shall submit S-T Elevation Miocardial Infarction (STEMI) registry data in accordance with local, state and federal requirements and standards.
2. Data will be reported to the OCEMS medical director on a monthly basis and must be current in the Orange County Medical Emergency Data System (OC-MEDS) within 45 days after the end of the preceding month. STEMI patient care data submitted to OCEMS shall be submitted to the EMS Authority by OCEMS on a quarterly basis.
3. Cardiovascular data shall be made available to OCEMS for medical review (all patient information shall be confidential)
4. CVRC's shall develop and implement strategies for monitoring data validity.
5. Cardiovascular data shall be analyzed in efforts to identify best practices and improvement priorities that are appropriate for local implementation.
6. Cardiovascular data shall remain the property of the CVRC that provided and/or participated in the documented patient care.
7. Data collected across the CVRC system to be used for comparative analysis, including:
    a. Total number of STEMIs treated
    b. Total number of STEMI patients transferred
    c. Total number and percent of STEMI patients arriving by private transport (non-EMS)
    d. The false positive rate of EMS diagnosis of STEMI, defined as the percentage of STEMI alerts by EMS which did not show STEMI on ECG reading by the emergency physician.

B. Data Standard

1. The data shall adhere to NEMSIS, CEMSIS, California CCR Title 22, Division 9. Chapter 7.1, Article 5, and any local OCEMS policy and practice statement.
2. Data will be collected for all suspected STEMI patients received via EMS from the field, by transfer from another hospital, or by private transport (non-EMS).
3. The following elements are required:
    a. Date and time of dispatch
    b. Hospital name with date and time of patient arrival
    c. OCEMS ePCR Number

d. Patient name, date of birth, age, gender, and race
e. Field 12-lead EKG performed.
    i. 1st EKG Date and Time
    ii. Confirmation of prehospital EKG transmission
    iii. 12-Lead EKG confirmed by emergency department physician
    iv. Emergency department physician interpretation
f. Hospital Bypass
    i. Identify bypassed hospital and reason
g. Did patient suffer out of hospital cardiac arrest?
h. Treatment rendered
    i. Patient to cardiovascular catheterization lab for PCI
    ii. Patient received thrombolytic therapy (including infusion date/time)
i. Time Sequences
    i. CVRC notified
    ii. Arrival to ED
    iii. Cardiologist notified
    iv. Cardiovascular Cath Lab team notified/activated
    v. Cath Lab activation date and time
    vi. Arrival in Cardiovascular Cath Lab (date and time)
    vii. Procedure start time
    viii. Reperfusion time
j. Culprit lesion, percentage, and pre and post TIMI Flow
k. Alternative procedures
    i. Pericardiocentesis
    ii. IABP/Ventricular Support Device
    iii. CABG
    iv. CPR
    v. Cardioversion
l. If transferred
m. Hospital Discharge Date
n. Primary and Secondary Discharge Diagnoses
o. Outcome:
    i. Lived/Died

IX. COMPREHENSIVE CHILDRENS EMERGENCY RECEIVING CENTERS

A. Process

1. Comprehensive Childrens Emergency Receiving Centers (CCERC) are required to submit the data elements contained in the Hospital Discharge Data Summary (HDDS) as listed for all ERCs in section IV above.

B. Data Standard

1. HDDS must be submitted pursuant to the National EMS Information System (NEMSIS) standard and in accordance with local data elements defined by OCEMS Policy 300.31.
2. In addition to basic HDDS requirements, CCERCs must also report:
    a. Mode of Arrival
    b. External Cause of Injury
    c. Injury Location
    d. Residence Zip Code
3. HDDS must be submitted to OCEMS as soon as possible, but no later than thirty (30) days after the end of the current month of discharge.

Approved:

_____
Carl H. Schultz, MD
OCEMS Medical Director

_____
Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date: 3/30/2021
Reviewed Date(s):
Revised Date(s):
Effective Date: 07/1/2021