



I. AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.204; Health and Safety Code, Division 2.5, §1797.227; California Code of Regulations, Title 22, Section §100171(f); California Code of Regulations, Title 22, Section § 100062(d)

II. APPLICATION:

This addendum to OCEMS Policy 300.31 provides specification of OC-MEDS Usage for data elements pertinent to the provision of outcomes data from hospitals per OCEMS Policy 600.00 IX.E. and 300.50 V.

III. DEFINITIONS:

OC-MEDS Usage: The data submission standard used to describe when a specific data element is to be submitted based on the clinical and/or operational needs of the Orange County EMS System.

- **Required:** Data elements that shall be submitted depending on the specified OC-MEDS Reporting Condition. When Reporting Condition is met, required data elements may not be submitted with a NOT Value.
- **Recommended:** Data elements that should be completed and submitted when pertinent and available.
- **Optional:** Data elements that may be used at the discretion of the healthcare provider.

OC-MEDS Reporting Conditions: The circumstance upon which a data element should be completed and/or submitted.



OC-MEDS – Data Dictionary - Outcomes Reporting Addendum

IV. RESOURCES

| OC-MEDS Data Label | NEMESIS Element | Element Definition | OC-MEDS Reporting Conditions | OC-MEDS Usage |
|---|-----------------|--|--|---------------|
| Emergency Department Disposition | eOutcome.01 | The known disposition of the patient from the Emergency Department (ED). (CMS-1450) | All EMS patients. | Required |
| Hospital Disposition | eOutcome.02 | The known disposition of the patient from the hospital, if admitted. (CMS-1450) | All EMS patients that were admitted to the hospital (in-patient service or observation). | Required |
| External Report Type | eOutcome.03 | The type of report associated with eOutcome.04. Hard-coded into the OC-MEDS Hospital Hub. | All EMS patients. | Required |
| Patient Registry ID | eOutcome.04 | The ID or Number of the external report or record specified in eOutcome.03. | EMS patients who qualify for an applicable registry (e.g., stroke, STEMI, trauma, etc.). | Optional |
| Medical Record Number | eOutcome.04 | The ID or Number of the external report or record specified in eOutcome.03. | All EMS patients as needed for matching. | Required |
| Encounter Number | eOutcome.04 | The ID or Number of the external report or record specified in eOutcome.03. | All EMS patients as needed for matching. | Required |
| Other Report Type | eOutcome.05 | The type of external report/registry that was documented as "other" in eOutcome.03 | EMS patients who qualify for an applicable registry. | Optional |
| Emergency Department Chief Complaint | eOutcome.06 | The patient's reason for seeking care or attention, expressed in the terms as close as possible to those used by the patient or responsible informant. | When data is available. | Optional |
| Emergency Department First SBP | eOutcome.07 | The first recorded ED Systolic Blood Pressure. | When data is available. | Optional |
| Emergency Department Recorded Cause of Injury | eOutcome.08 | The documented cause of injury from the ED record. | When data is available. | Optional |



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|---------------------------------|---------------|--|--|---------------|
| Emergency Department Procedures | eOutcome.09 | The procedures performed on the patient during the ED visit. (ICD-10-PCS) | All EMS patients. | Required |
| Emergency Department Diagnosis | eOutcome.10 | The practitioner's description of the condition or problem for which ED services were provided. (ICD-10-CM) | All EMS patients. | Required |
| Date/Time of Hospital Admission | eOutcome.11 | The date and time the patient was admitted to the hospital. NOT the date/time of ED admission. Should generally correspond to the date/time the patient left the ED. | All EMS patients that were admitted to the hospital (in-patient service or observation). | Required |
| Hospital Procedures | eOutcome.12 | Hospital Procedures performed on the patient during the hospital admission. (ICD-10-PCS) | All EMS patients that were admitted to the hospital (in-patient service or observation). | Required |
| Hospital Diagnosis | eOutcome.13 | The hospital diagnosis of the patient associated with the hospital admission. (ICD-10-CM) | All EMS patients that were admitted to the hospital (in-patient service or observation). | Required |
| Total ICU Length of Stay | eOutcome.14 | The total number of patient days in any ICU (including all ICU episodes). | When data is available. | Optional |
| Total Ventilator Days | eOutcome.15 | The total number of patient days spend on a mechanical ventilator (excluding time in the operating room). | When data is available. | Optional |
| Date/Time of Hospital Discharge | eOutcome.16 | The date the patient was discharged from the hospital. Hospital here is defined generally and includes ED, in-patient and observation. | All EMS patients. | Required |



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|--|-----------------|--|--|---------------|
| Outcome at Hospital Discharge | eOutcome.17 | The patient's functional status at time of hospital discharge. | When data is available. | Optional |
| Date/Time of Emergency Department Admission | eOutcome.18 | The date and time the patient was admitted to the ED. | All EMS patients. | Required |
| Date/Time Emergency Department Procedure Performed | eOutcome.19 | The date and time the ED procedure was performed on the patient, grouped with eOutcome.09. | All EMS patients. | Required |
| Date/Time Hospital Procedure Performed | eOutcome.20 | The date/time the hospital procedure was performed on the patient, grouped with eOutcome.12. | All EMS patients that were admitted to the hospital (in-patient service or observation). | Required |
| Hospital Discharge Summary | itOutcome.024 | Additional pertinent feedback or detail on the patient's outcome. | When data is available. | Optional |
| Patient First Name | itOutcome.025 | The patient's first (given) name. | When data is available. | Optional |
| Patient Middle Name | itOutcome.026 | The patient's middle name, if any. | When data is available. | Optional |
| Patient Last Name | itOutcome.027 | The patient's last (family) name. | When data is available. | Optional |
| Patient Social Security Number | itOutcome.028 | The patient's social security number. | When data is available. | Optional |
| Patient Date of Birth | itOutcome.029 | The patient's date of birth. | When data is available. | Optional |
| Patient Gender | itOutcome.030 | The patient's gender. | When data is available. | Optional |
| Patient Phone Number | itOutcome.031 | The patient's phone number. | When data is available. | Optional |
| Patient Home Street Address | itOutcome.032 | Patient's street address of residence. | When data is available. | Optional |



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| Patient Home Other Designation (Street Address 2) | itOutcome.033 | Patient's street address of residence other designation. | When data is available. | Optional |
| Patient Home Apartment Number | itOutcome.034 | Patient's apartment number of residence. | When data is available. | Optional |
| Patient Home City | itOutcome.035 | The patient's primary city or township of residence. | When data is available. | Optional |
| Patient Home State | itOutcome.036 | The state, territory, or province where the patient resides. | When data is available. | Optional |
| Patient Home Postal Code | itOutcome.037 | The patient's ZIP code of residence. | When data is available. | Optional |
| Patient Care Registry | eOther.02 | An indication if the patient may meet the entry criteria for an injury or illness specific registry. | When data is available. | Optional |
| Insurance Company ID | ePayment.09 | The ID Number of the patient's insurance company. | Requested whenever available. | Recommended |
| Insurance Company Name | ePayment.10 | The name of the patient's insurance company. | Requested whenever available. | Recommended |
| Insurance Company Address | ePayment.12 | The mailing address of the Insurance Company. | Requested whenever available. | Recommended |
| Insurance Company City | ePayment.13 | The insurance company's city or township used for mailing purposes. | Requested whenever available. | Recommended |
| Insurance Company State | ePayment.14 | The insurance company's state, territory, or province, or District of Columbia. | Requested whenever available. | Recommended |
| Insurance Company ZIP Code | ePayment.15 | The insurance company's ZIP Code. | Requested whenever available. | Recommended |
| Insurance Group ID | ePayment.17 | The ID number of the patient's insurance group. | Requested whenever available. | Recommended |



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|------------------------------------|-----------------|--|-------------------------------|---------------|
| Insurance Policy ID Number | ePayment.18 | The ID number of the patient's insurance policy. | Requested whenever available. | Recommended |
| Last Name of the Insured | ePayment.19 | The last (family) name of the person insured by the insurance company. | Requested whenever available. | Recommended |
| First Name of the Insured | ePayment.20 | The first (given) name of the person insured by the insurance company. | Requested whenever available. | Recommended |
| Middle Initial/Name of the Insured | ePayment.21 | The middle name, if any, of the person insured by the insurance company. | Requested whenever available. | Recommended |
| Relationship to the Insured | ePayment.22 | The relationship of the patient to the primary insured person. | Requested whenever available. | Recommended |
| Group Name | ePayment.58 | The name of the patient's insurance group. | Requested whenever available. | Recommended |

Approved:

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