Policy No. OEMS-DM-2023-001

APPROVAL:		04/04/2023
	Michael Johnson, EMS Director	Date

1.0 PURPOSE

The purpose of this policy is to specify the requirements for data compliance and reporting for EMS Agencies.

2.0 AUTHORITY

The Georgia Department of Public Health, Office of EMS and Trauma, OEMS-DM-2023-001, EMS Data Compliance and Reporting Policy is published under the authority of the Department and in compliance with the following:

2.1 Official Code of Georgia Annotated (O.C.G.A.):

2.1.1 O.C.G.A. § 31-11-6; and

2.1.2 O.C.G.A. § 31-11-9

2.2 EMS Rules and Regulations 511-9-2:

2.2.1 511-9-2-.11;

2.2.2 511-9-2-.14; and

2.2.3 511-9-2-.18

3.0 DEFINITIONS

3.1 "Action Plan" – means a plan of action with steps, timeline, and due dates listed to correct and prevent data issue(s) due to data non-compliance.

3.2 "Approved" – means acceptable by the Department based on its determination as to conformance with existing standards.

3.3 "Approved ePCR Vendor" – means an electronic patient care reporting software system that has met the minimal requirements of the "ePCR Data Compliance and Compatibility Requirements" policy and has been approved by the Department.

3.4 "Authorized Agent" – means a person with the legal authority to sign on behalf of the legal owner of a business entity and is listed in LMS as the Authorized Agent.

3.5 "Data Manager" – means the person who is authorized by the EMS agency to perform all required Data Manager tasks set out in this policy and is listed in LMS as the Data Manager.

3.6 "Department" – means the Department of Public Health, Office of Emergency Medical Services and Trauma.

3.7 "Emergency Medical Services or Emergency Medical Services System or EMS or EMS System" – means the integrated system of medical response established and designed to respond, assess, treat, and facilitate the disposition of victims of acute injury or illness and those in need of medically safe transportation. EMS also includes medical response provided in hazardous environments, rescue situations, disasters and mass casualties, mass gathering events, as well as interfacility transfer of patients and participation in community health activities.

3.8 "Emergency Medical Services Agency or EMS Agency" – means an air ambulance agency, ground ambulance agency, medical first responder agency, or neonatal transport agency licensed by the Department.

3.9 "GEMSIS Elite" – means the Department's electronic patient care reporting system.

3.10 "LMS" – means the Office of EMS and Trauma License Management System for licensing EMS agency(s) and Medic(s).

3.11 "Medic" – means an individual who is currently licensed by the Department as an Emergency Medical Technician-Responder, Emergency Medical Technician, Emergency Medical Technician-Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, or Paramedic.

3.12 "NEMSIS" – means the National EMS Information System used to standardize, collect, store, and share EMS data from US states and territories.

3.13 "Patient Care Report or Prehospital Care Report or PCR" – means the required written or electronic data set that is submitted to the Department or to an acute care facility by an EMS Agency regarding each request for an EMS response. The required data set shall include all data elements specified by the Department.

4.0 SCOPE

This policy applies to all EMS agencies currently licensed by the Department or seeking licensure by the Department.

5.0 POLICY

It is the policy of the Department that EMS agencies must meet all requirements of DPH Rule 511-9-2 and all EMS data compliance and reporting requirements as specified in this policy.

5.1 All licensed EMS agencies must use a Department approved ePCR vendor.

5.1.1 The GEMSIS Elite ePCR system provided by the Department; OR

5.1.2 An Approved ePCR Vendor paid for by the EMS Agency.

5.1.2.1 All data submissions will be received through the Department specified repository.

5.1.3 The Department shall be notified in writing within 10 business days if an EMS agency changes ePCR vendors.

5.2 The Data Manager must be rostered in LMS and identified as the Data Manager for the EMS agency and must be current at all times. Any changes to the Data Manager must be updated in LMS within 24 hours.

5.3 All Data Manager(s) and at least one Authorized Agent for a licensed EMS agency must participate in mandatory data management trainings provided by the Department.

5.4 All EMS Agencies must submit a Data Management Policy that is approved by the Department.

5.5 Any electronic patient care reporting system utilized by a licensed EMS agency must have all licensed medics rostered in the ePCR software system by their GA licensee name, properly formatted Georgia license number and GA licensed provider level.

5.5.1 Properly formatted Medic license number is a 1-digit alpha character and a 6-digit numeric number left padded with zeros. (eCrew.01 = R001234, E001234, I001234, A001234, C001234, P001234)

5.6 All ePCR software systems must be configured and secured to not allow the ability to alter the EMS Crew Member license number (ID) (eCrew.01) and the EMS Crew Member level (eCrew.02) other than by the EMS Agency System Administrator.

5.7 Any electronic patient care reporting system utilized by a licensed EMS agency must have all licensed EMS vehicles rostered in the ePCR software system by their 5-digit state issued vehicle identified number (VID) and properly formatted.

5.8 Data Management Policy Requirements:

5.8.1 Must address the following six performance attributes for the required data submissions:

5.8.1.1 Timeliness. Timeliness reflects the span of time between the occurrence of some event and the entry of information from the event into the appropriate database. Timeliness can also measure the time from when the custodial agency receives the data to the point when the data is entered into the database.;

5.8.1.2 Accuracy. Accuracy reflects the number of errors in the information in the records entered into a database. Error means the recorded value for some data element of interest is incorrect. Error does not mean that the information is missing from the records. Erroneous information in a database cannot always be detected.;

5.8.1.3 Completeness. Completeness reflects both the number of records that are missing from the database (e.g., events of interest that occurred but were not entered into the database) and the number of missing (blank) data elements in the records that are in a database.;

5.8.1.4 Uniformity. Uniformity reflects the consistency among the files or records in a database and may be measured against some independent standard, preferably a national standard.;

5.8.1.5 Integration. Integration reflects the ability of records in a database to be linked to a set of records in another core database -or components thereof-using common or unique identifiers.;

5.8.1.6 Accessibility. Accessibility reflects the ability of legitimate users to successfully obtain desired data. Accessibility is measured in terms of customer satisfaction.; and

5.8.1.7 Validity. Validity in data collection means that your findings truly represent the phenomenon you are claiming to measure. Data validation is the process of ensuring data have undergone data cleansing to ensure they have data quality, that is, that they are both correct and useful (NHTSA, 2011).

5.8.2 Must address when an ePCR will be created and completed by the medic(s) for the EMS agency per DPH Rule 511-9-2-.14 (3)(b).

5.8.3 Identify the Approved ePCR Vendor for the EMS agency.

5.8.4 Must state that an ePCR or Abbreviated Patient Care Report will be provided to Acute Care Facilities or Hospitals and shall be provided to any other destination(s) that requests the ePCR, either on the Department's template or equivalent with the minimal required data elements as specified in DPH Rule 511-9-2-.14 (3)(c) before the crew departs the facility.

5.8.5 Must state the medics who are performing the EMS response will be the person(s) to enter all data and complete the ePCR, as specified in DPH Rule 511-9-2-.14 (3)(b)1.

5.8.6 Must state medics will comply with all validation rules and complete the ePCR before the end of the current shift or within 24 hours of call completion, whichever one comes first.

5.8.7 Must state ePCR data will be submitted to GEMSIS Elite within 24 hours of call completion, based on eTimes.13.

5.8.8 Must describe the Agency Data Manager's responsibilities for:

5.8.8.1 Monitoring ePCR validity scores. Any ePCR with a validity score less than 95 must be corrected and resubmitted to GEMSIS Elite.

5.8.8.2 Monitoring the thoroughness of narratives.

5.8.8.3 Validating call volume in GEMSIS Elite matches call volume in the agency's dispatch log.

5.8.8.4 Monitoring failed imports. Any failed imports must be corrected and re-submitted to GEMSIS Elite within 72 hours.

5.8.9 Data management policy must be signed and dated by the Authorized Agent and Data Manager if agency policy permits.

5.9 After the initial submission of the ePCR, the EMS agency must resubmit any changes made to the ePCR to GEMSIS Elite.

5.10 The EMS agency must correct and resubmit any failed imports to GEMSIS Elite within 72 hours.

5.11 Monitoring EMS Data Submissions

5.11.1 New EMS agency Data Managers must check data submissions daily for two weeks, and then weekly thereafter.

5.11.2 Current EMS agency Data Managers must check data submissions weekly.

5.12 EMS Agency Down Time Plan

5.12.1 All EMS agencies must have an internal plan in place for documentation of EMS responses in the event their ePCR system fails, is down for system maintenance greater than 12 hours, or the agency is unable to use their ePCR software to document EMS responses. This plan shall include:

5.12.1.1 The EMS agency shall notify the department within 12 hours of the system failure, and intent to use downtime procedures.

5.12.1.2 Must document all hardware and software failures in a downtime log.

5.12.1.3 Must identify the method for documentation of EMS responses that comply with DPH Rule 511-9-2-.14 (3)(b)3.

5.12.1.4 Must identify the individual(s) responsible for entering the responses into the system within 72 hours once back online.

5.12.1.5 The downtime plan shall be compliant with DPH Rule 511-9-2-.14.

5.13 EMS Agency Data Non-Compliance Notification and Requirements

5.13.1 In the event of a data non-compliance issue(s) as determined by the Department, the EMS agency must submit a Data Management Action Plan within 7 business days of data non-compliance notification to the Department.

5.13.2 The EMS agency shall document the issue(s) in their log and the information shall be made available to the Department.

5.13.3 Action Plan Shall include:

5.13.3.1 Action Steps to address the stated issue(s);

5.13.3.2 Responsible person(s) for implementing the action steps;

5.13.3.3 Action step Initiation Target date;

5.13.3.4 Action step Completion Target date; and

5.13.3.5 Date action step completed

5.13.4 Once all steps in the action plan have been completed, the EMS agency must submit the completed and finalized action plan to the Department.

5.14 Dispatch Records Requirements

5.14.1 The EMS agency's Dispatch Records must be kept and maintained as complies with DPH Rule 511-9-2-.14 (3)(a).

5.14.2 All data elements that are common between the dispatch record and the ePCR must be consistent. Example: Dispatch Log-Time Arrived at Scene is equal to ePCR- On Scene Time (eTimes.06).

6.0   RELATED FORMS

6.1 DPH Policy OEMS-VC-2023-001

7.0   REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0		
1		
2		
3		
4		
6		