# ENTER EMS AGENCY NAME HERE

# ENTER EMS AGENCY DATA MANAGER NAME AND EMAIL ADDRESS HERE

**ACTION PLAN - Objective: To submit ALL EMS response data to GEMSIS Elite within 24 hours of call completion.**

|  | **Action Step** | **Responsible Person(s)** | **Initiation Target Date** | **Completion Target Date** | **Date Completed** |
| --- | --- | --- | --- | --- | --- |
| 1 | **Creation or Update of Data Management Policy -**  **The Data Management Policy must contain all of the components listed under the "Mandatory Components of a Data Management Policy" section on this website: https://dph.georgia.gov/EMS/gemsis** |  |  | 7/17/2020 |  |
| 2 | If you use a 3rd party vendor – Discuss with ePCR vendor about how to be compliant with timeliness of data. |  |  |  |  |
| 3 | …. |  |  |  |  |
| 4 | …. |  |  |  |  |
| 5 | …. |  |  |  |  |
| 6 | … |  |  |  |  |
| 7 | …. |  |  |  |  |
| 8 | …. |  |  |  |  |
| 9 | …. |  |  |  |  |
| 10 | …. |  |  |  |  |
| 11 | Ensure mandatory documentation requirements are met and evaluate for modifications. |  |  | 7/31/2020 |  |