

Georgia EMS Data Requirements

June 2024

Data Reporting Requirements – State Reporting

- Who is required to submit data?
 - **EMS Agency Licensed in Georgia only**
 - ❑ **All responses**, regardless of starting/ending location or dispatch origin MUST be reported to Georgia (GEMSIS Elite) within 24 hours of call completion
 - **EMS Agency Licensed in Georgia and another state**
 - ❑ **All responses** requested (originator) from a Georgia entity (911, hospital, NH/LTCF, etc) – MUST be reported to Georgia (GEMSIS Elite) within 24 hours of call completion, regardless of the destination
 - ❑ **All responses** requested (originator) from another state:
 - If call is completed in a vehicle licensed in both states (Georgia and the other state):
 - Personnel licensed only in Georgia → Report to Georgia
 - Personnel licensed only in other state or in both → Report to other state
 - If call is completed in a vehicle licensed only in Georgia – MUST be reported to Georgia (GEMSIS Elite) within 24 hours of call completion, regardless of starting/ending location

Data Reporting by the Numbers for EMS Agencies

- For each **Incident**:
 - There must be a unique **eResponse.03 - Incident Number**
 - This must be the same for ALL vehicles, ALL patients for THIS incident from the same agency
 - *"This number can be used to associate multiple EMS responses, dispatch information, and other information to the same EMS event or patient."*
- For each **Vehicle**:
 - There must be a unique **eResponse.04 - EMS Response Number**
 - This must be the same for ALL patients for THIS vehicle for THIS incident
 - *"The internal EMS response number which is unique for each EMS Vehicle's (Unit) response to an incident within an EMS Agency."*
- For each **Patient or Response**:
 - There must be a unique **eRecord.01 - Patient Care Report Number**
 - *"The unique number automatically assigned by the EMS agency for each Patient Care Report (PCR). This should be a unique number for the EMS agency for all of time."*

NOTE on Incident Number, Response Number, PCR Number

- Do NOT put the patient's name in any of the numbers!
 - **These are all national elements, which means that they are sent to NEMSIS and available to the public!**
- If you have a scheduled transport from Point A to Point B and then a second trip for the same patient back from Point B to Point A – this is two (2) incidents, so they should have 2 incident numbers, 2 response numbers and 2 PCR Numbers

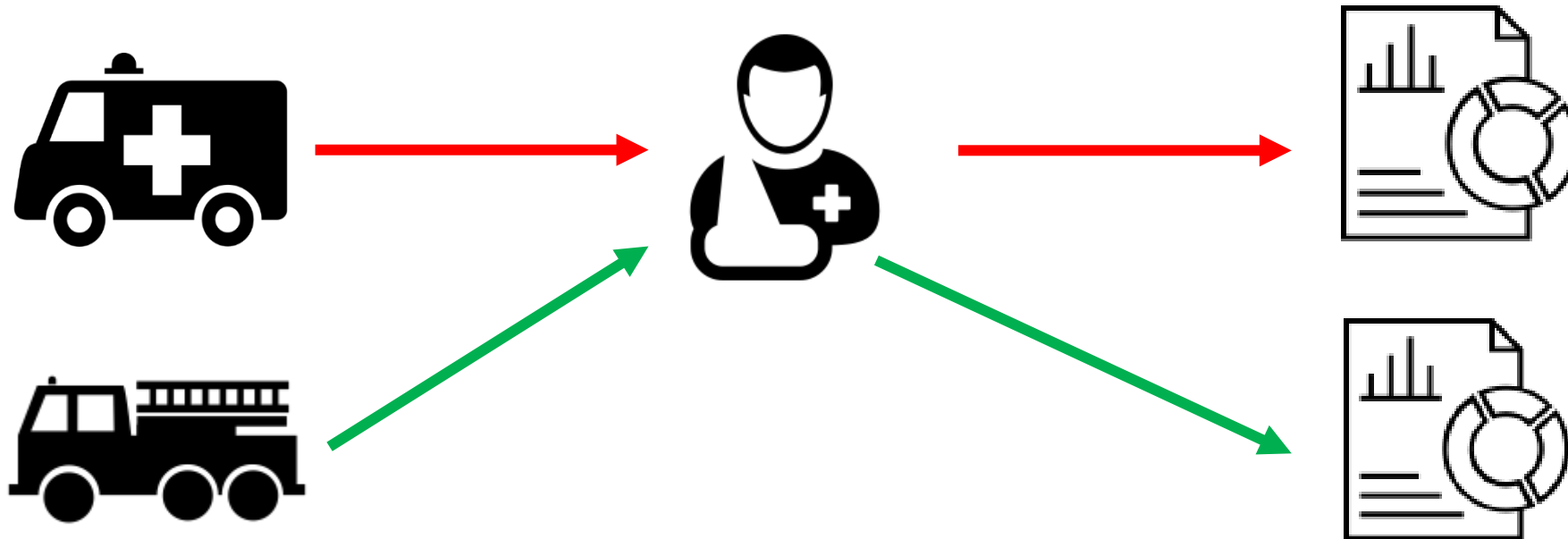
Examples for an EMS Agency

- **Example 1:** One vehicle responds to one patient for a single 911 call:
 - 1 unique eResponse.03 - Incident Number
 - 1 unique eResponse.04 - EMS Response Number (can be the same as eResponse.03)
 - 1 unique eRecord.01 - Patient Care Report Number



Examples for an EMS Agency (continued)

- **Example 2:** Two vehicles from the same agency (one MFR, one ambulance) respond to one patient for a single 911 call:
 - 1 unique eResponse.03 - Incident Number
 - 2 unique eResponse.04 - EMS Response Number
 - 2 unique eRecord.01 - Patient Care Report Number

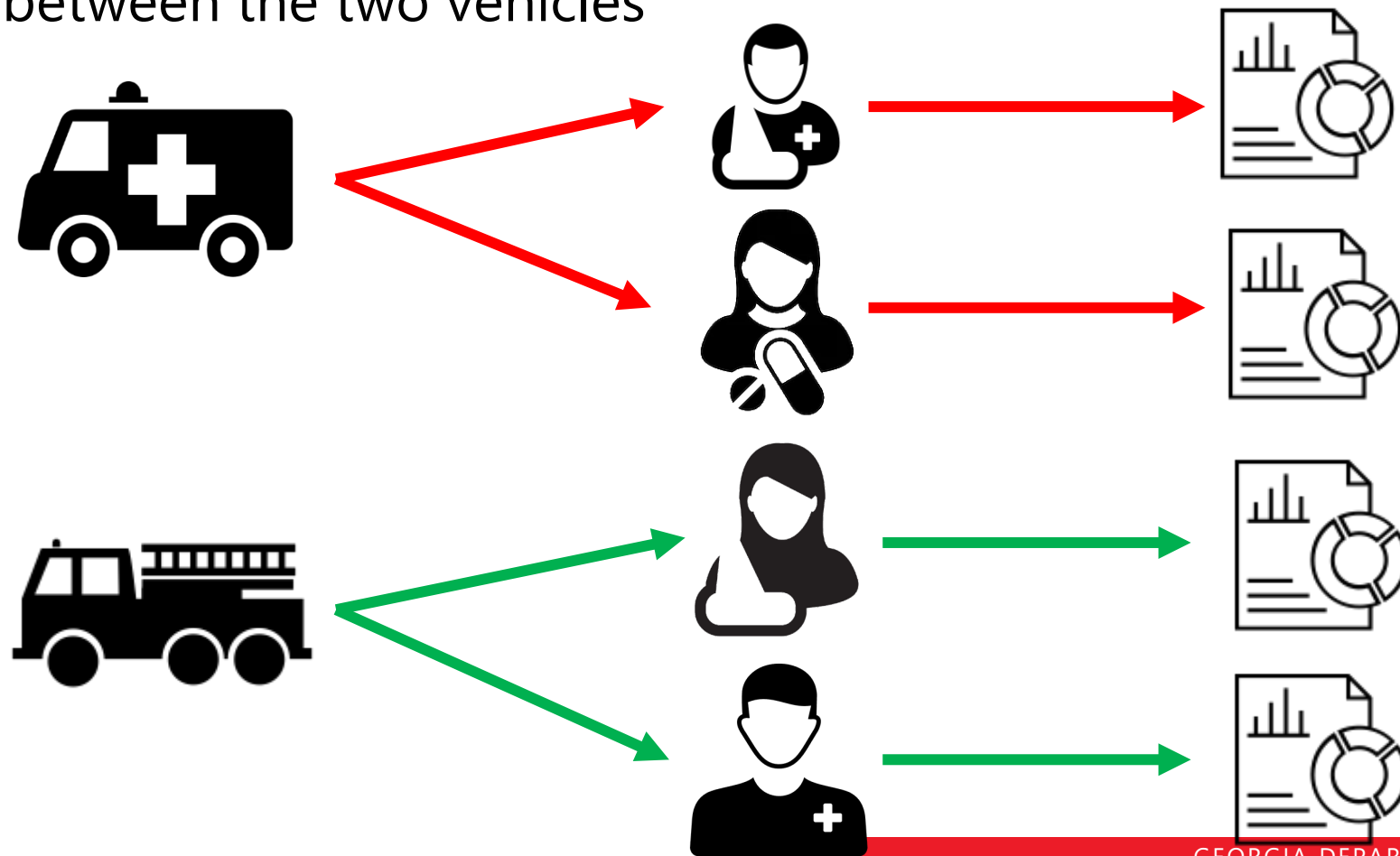


Examples for an EMS Agency (continued)

- **Example 3:** Two vehicles from same agency (one MFR = Engine 1, one ambulance = Med 1) – two car MVC, 4 patients – all refusals that are split between the two vehicles -
 - 1 unique eResponse.03 - Incident Number – same for E1 & M1
 - 2 unique eResponse.04 - EMS Response Number (one for E1, one for M1)
 - For Engine 1
 - 2 unique eRecord.01 - Patient Care Report Number (one for Pt 1, one for Pt 2)
 - For Med 1
 - 2 unique eRecord.01 - Patient Care Report Number (one for Pt 3, one for Pt 4)

Examples for an EMS Agency (continued)

- **Example 3:** Two vehicles from same agency (one MFR = Engine 1, one ambulance = Med 1) – two car MVC, 4 patients – all refusals that are split between the two vehicles

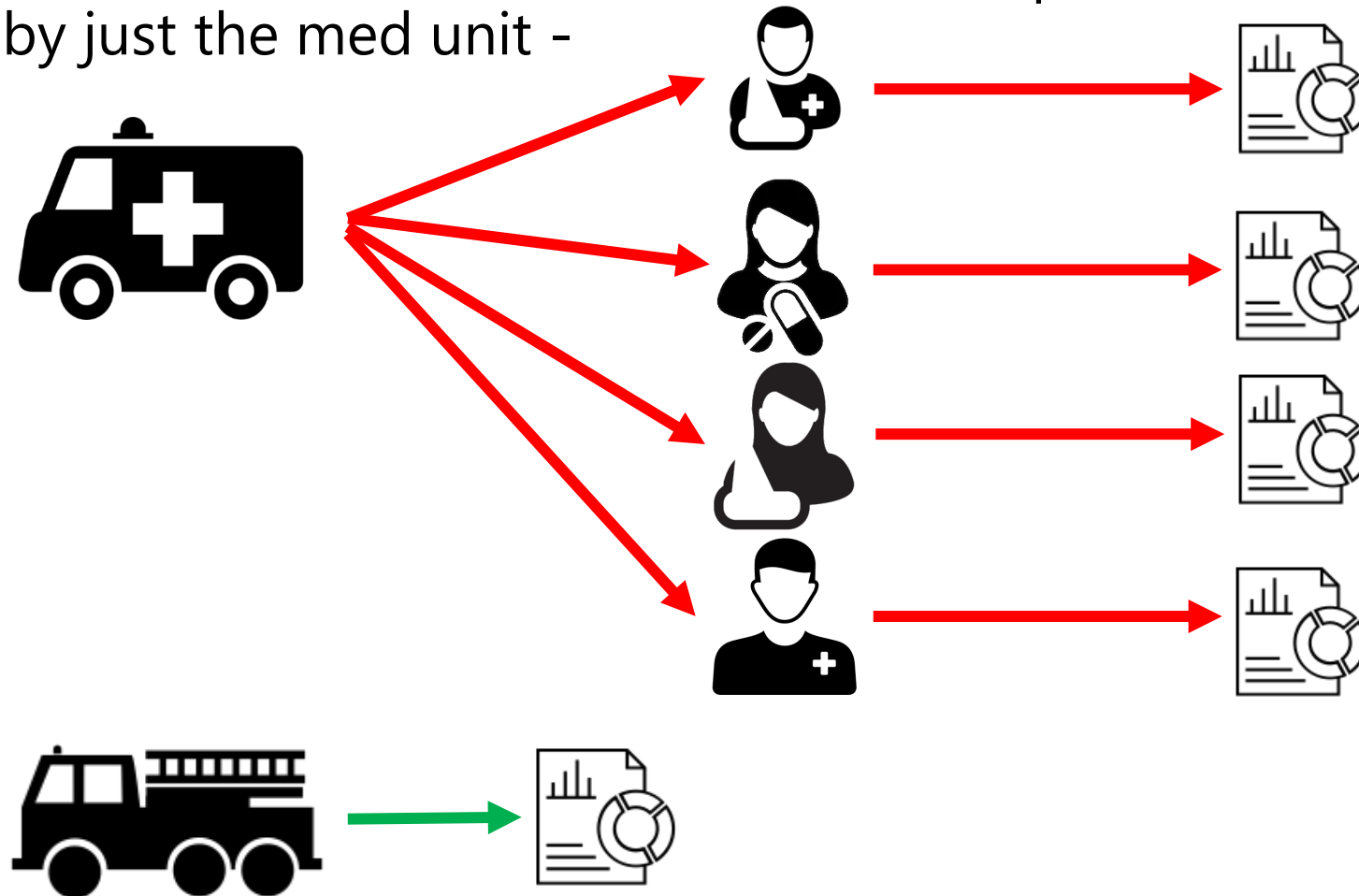


Examples for an EMS Agency (continued)

- **Example 4:** Two vehicles from same agency (one MFR = Engine 8, one ambulance = Med 8) – two car MVC, 4 patients – all refusals that are done by just the med unit -
 - 1 unique eResponse.03 - Incident Number – same for E8 & M8
 - 2 unique eResponse.04 - EMS Response Number (one for E8, one for M8)
 - For Engine 8
 - 1 unique eRecord.01 - Patient Care Report Number
 - eDisposition.27-eDisposition.31 – Incident/Patient Disposition – appropriate to the level of involvement
 - For Med 8
 - 4 unique eRecord.01 - Patient Care Report Number (one each for Pt 1, 2, 3, and 4)

Examples for an EMS Agency (continued)

- Example 4:** Two vehicles from same agency (one MFR = Engine 8, one ambulance = Med 8) – two car MVC, 4 patients – all refusals that are done by just the med unit -

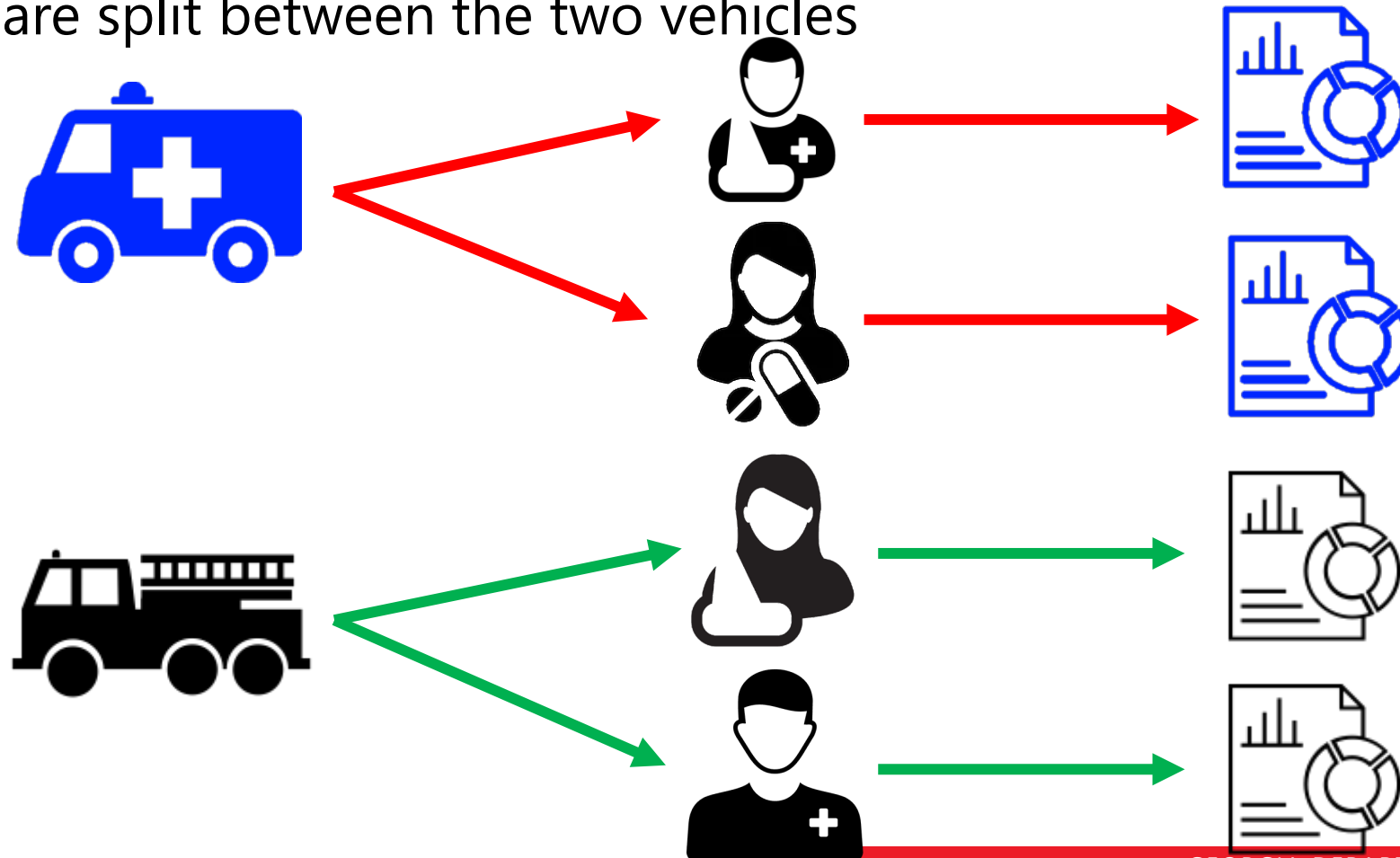


Another Twist

- **Example 5:** Two vehicles from different agencies (one MFR = Engine 1, one ambulance = Unit 222) – two car MVC, 4 patients – all refusals that are split between the two vehicles -
 - MFR Agency (E1):
 - ❑ 1 unique eResponse.03 - Incident Number
 - ❑ 1 unique eResponse.04 - EMS Response Number
 - ❑ Patients that they come into contact with:
 - Patient 1 = 1 unique eRecord.01 - Patient Care Report Number
 - Patient 2 = 1 unique eRecord.01 - Patient Care Report Number
 - Ambulance Agency (Unit 222):
 - ❑ 1 unique eResponse.03 - Incident Number
 - ❑ 1 unique eResponse.04 - EMS Response Number
 - ❑ Patients that they come into contact with:
 - Patient 3 = 1 unique eRecord.01 - Patient Care Report Number
 - Patient 4 = 1 unique eRecord.01 - Patient Care Report Number

Examples for an EMS Agency (continued)

- **Example 5:** Two vehicles from different agencies (one MFR = Engine 1, one ambulance = Unit 222) – two car MVC, 4 patients – all refusals that are split between the two vehicles



One more example...

- **Example 6:** Two vehicles from different agencies (one MFR = Engine 2, one ambulance = Unit 777) – ambulance gets their first and cancels the engine before they get to the scene
 - Ambulance Agency (Unit 777):
 - ❑ 1 unique eResponse.03 - Incident Number
 - ❑ 1 unique eResponse.04 - EMS Response Number
 - ❑ 1 unique eRecord.01 - Patient Care Report Number
 - MFR Agency (E2):
 - ❑ 1 unique eResponse.03 - Incident Number
 - ❑ 1 unique eResponse.04 - EMS Response Number
 - ❑ 1 unique eRecord.01 - Patient Care Report Number
 - eDisposition.27 – Unit Disposition = Cancelled (Prior to Arrival at Scene)

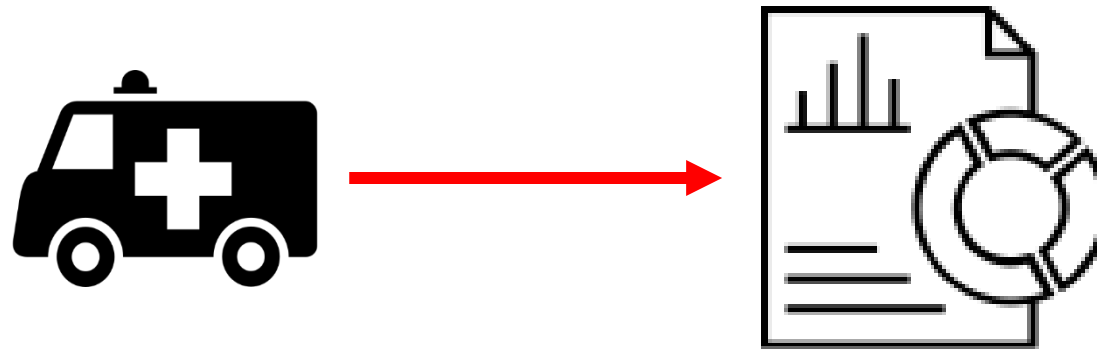
Examples for an EMS Agency (continued)

- **Example 6:** Two vehicles from different agencies (one MFR = Engine 2, one ambulance = Unit 777) – ambulance gets their first and cancels the engine before they get to the scene



Examples for an EMS Agency (continued)

- **Example 7:** One vehicle from an agency is dispatched to a standby at a football game and encounters no patients and does not provide operational support.
 - ❑ 1 unique eResponse.03 - Incident Number
 - ❑ 1 unique eResponse.04 - EMS Response Number
 - ❑ 1 unique eRecord.01 - Patient Care Report Number
 - eDisposition.27 – Unit Disposition = Non-Patient Incident (Not Otherwise Listed)



Patient Contacts

- If the crew comes into contact with the patient at all, the ePCR **must** include the patient's demographics
 - Minimum elements
 - ❑ First Name
 - ❑ Last Name
 - ❑ DOB



Do's and Don'ts on Patient Names

- **DO** your best to get the patient's name
- **DO** spell it correctly
- If you can't get the patient's name
 - Do **NOT** make it up!
 - Do **NOT** put "Unknown" or some other "fake" word - **use the pertinent negatives**

ePatient.02 - Last Name			
Definition			
The patient's last (family) name			
National Element	No	Pertinent Negatives (PN)	Yes
State Element	Yes	NOT Values	Yes
Version 2 Element	E06_01	Is Nillable	Yes
Usage	Recommended	Recurrence	0 : 1
Attributes			
NOT Values (NV)			
7701001 - Not Applicable		7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)			
8801019 - Refused		8801023 - Unable to Complete	
Constraints			
Data Type	minLength	maxLength	
string	1	60	

ePatient.03 - First Name			
Definition			
The patient's first (given) name			
National Element	No	Pertinent Negatives (PN)	Yes
State Element	Yes	NOT Values	Yes
Version 2 Element	E06_02	Is Nillable	Yes
Usage	Recommended	Recurrence	0 : 1
Attributes			
NOT Values (NV)			
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting	
Pertinent Negatives (PN)			
8801019 - Refused	8801023 - Unable to Complete		
Constraints			
Data Type	minLength	maxLength	
string	1	50	

What about babies that have not been named?

- Follow the hospital's naming convention (especially for Neonatal ambulance services) for births, especially multiples
- OR – suggested naming strategy
 - Last name is that of mom
 - First name = "Baby Boy" or "Baby Girl"
 - Example:
 - Mom = Jane Doe has 3 babies

First Name (# is birth order)	Last Name
Baby Boy #1	Doe
Baby Boy #2	Doe
Baby Girl #3	Doe

If you don't know the DOB, don't make it up – Use PN on DOB, and then estimate Age and Age Units

ePatient.17 - Date of Birth			
Definition			
The patient's date of birth			
National Element	No	Pertinent Negatives (PN)	Yes
State Element	Yes	NOT Values	Yes
Version 2 Element	E06_16	Is Nillable	Yes
Usage	Recommended	Recurrence	0 : 1
Attributes			
NOT Values (NV) 7701001 - Not Applicable7701003 - Not Recorded7701005 - Not Reporting			
Pertinent Negatives (PN) 8801019 - Refused8801023 - Unable to Complete			
Constraints			
Data Type date	minInclusive 1890-01-01	maxInclusive 2050-01-01	

ePatient.15 - Age			
Definition			
The patient's age (either calculated from date of birth or best approximation)			
National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element	E06_14	Is Nillable	Yes
Usage	Required	Recurrence	1 : 1
Associated Performance Measure Initiatives			
Airway	Cardiac Arrest	Pediatric	Response
STEMI	Stroke	Trauma	
Attributes			
NOT Values (NV) 7701001 - Not Applicable7701003 - Not Recorded			
Constraints			
Data Type Integer	minInclusive 1	maxInclusive 120	

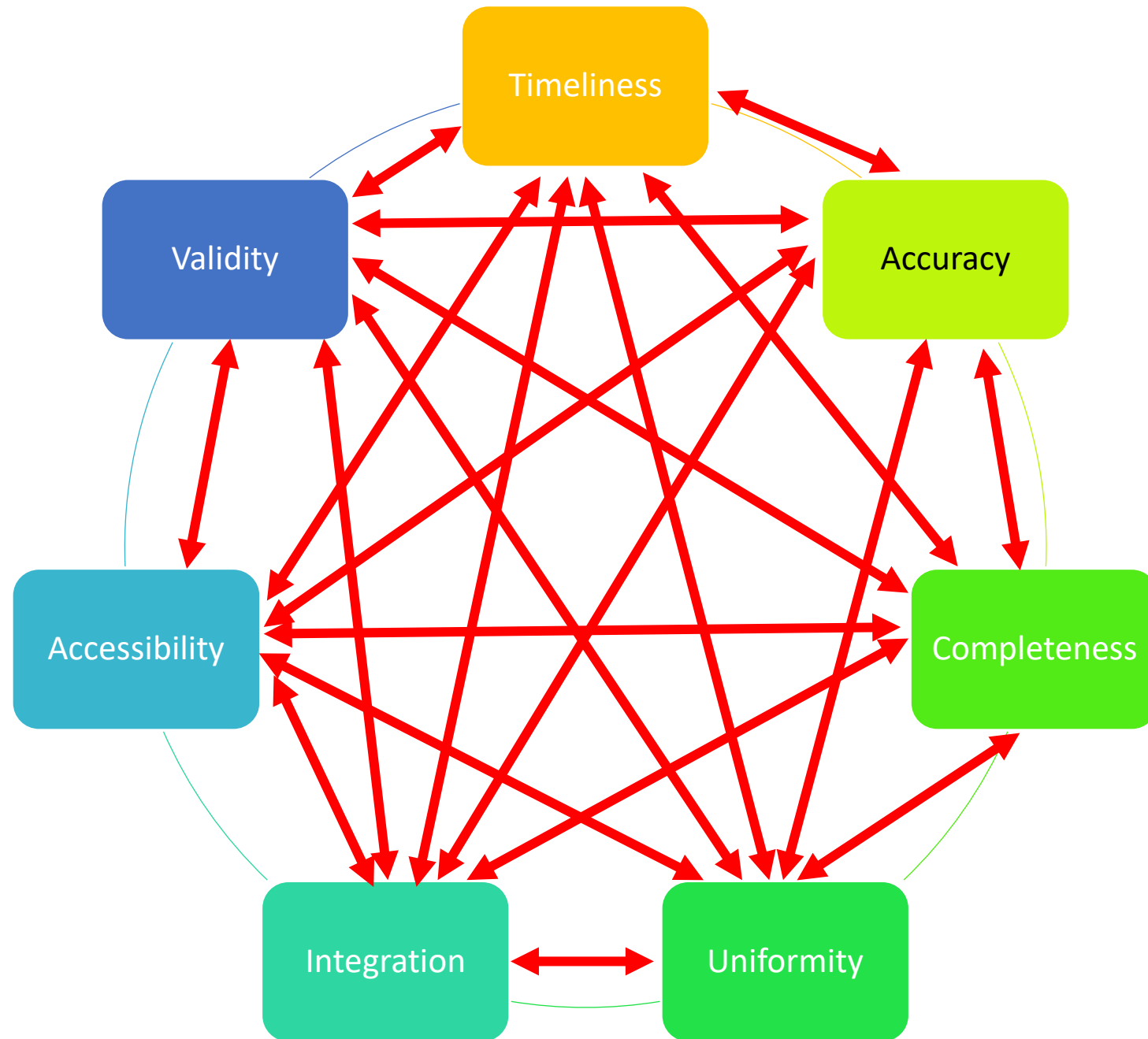
ePatient.16 - Age Units			
Definition			
The unit used to define the patient's age			
National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element	E06_15	Is Nillable	Yes
Usage	Required	Recurrence	1 : 1
Associated Performance Measure Initiatives			
Airway	Cardiac Arrest	Pediatric	Response
STEMI	Stroke	Trauma	
Attributes			
NOT Values (NV) 7701001 - Not Applicable7701003 - Not Recorded			
Code List			
Code	Description		
2516001	Days		
2516003	Hours		
2516005	Minutes		
2516007	Months		
2516009	Years		

A few definitions...

- **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.
- **Accuracy:**
 - Accuracy reflects the number of errors in 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.
- **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.

...and a few more...

- **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.
- **Integration:**
 - Integration reflects the ability of records in a database to be linked to a set of records in another core database -or components using common or unique identifiers.
- **Accessibility:**
 - Accessibility reflects the ability of legitimate users to successfully obtain desired data. Accessibility is measured in terms of customer satisfaction.
- **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.



A note on Accuracy

- You can change the label...but NOT the definition
- For example:
 - You could change "911 Response (Scene)" to "911 Emergency Response (Scene)"
 - You CAN'T change it to "Emergency Response for Transfer"

eResponse.05 - Type of Service Requested

Definition

The type of service or category of service requested of the EMS Agency responding for this specific EMS event.

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	No
Version 2 Element	E02_04	Is Nillable	No
Usage	Mandatory	Recurrence	1 : 1

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

Code	Description
2205001	Emergency Response (Primary Response Area)
2205003	Emergency Response (Intercept)
2205009	Emergency Response (Mutual Aid)
2205005	Hospital-to-Hospital Transfer
2205015	Hospital to Non-Hospital Facility Transfer
2205017	Non-Hospital Facility to Non-Hospital Facility Transfer
2205019	Non-Hospital Facility to Hospital Transfer
2205007	Other Routine Medical Transport
2205011	Public Assistance
2205013	Standby
2205021	Support Services
2205023	Non-Patient Care Rescue/Extrication
2205025	Crew Transport Only
2205027	Transport of Organs or Body Parts
2205029	Mortuary Services
2205031	Mobile Integrated Health Care Encounter
2205033	Evaluation for Special Referral/Intake Programs
2205035	Administrative Operations

Who fills the report out?

- The Medics who run the call must be the ones to enter the data into an ePCR system (paper PCRs are not acceptable on a routine basis). See *Rule 511-9-2-.14. Mandatory Reporting Requirements for EMS Agencies and Medics*
- Validation rules are built to not only make the data better but to make the medic better at documentation → medics need to be the ones to enter the data and address the validation rules
- The most timely, accurate, complete, uniform, and valid data come from the medics who actually ran the call

Documenting the correct license number

- eCrew.01 – the license number
- Must be properly formatted – single letter and then 6-digit number left padded with 0s (zeroes) – ***these are not the letter “O”***
 - E##### (i.e. E001234)
 - I##### (i.e. I023456)
 - A##### (i.e. A003456)
 - C##### (i.e. C000012)
 - P##### (i.e. P005678)
- Should match the license level (eCrew.02)
- Should be updated when a medic gets a new license
- This is NOT the National Registry number.
- This is NOT a number starting with “GA”

eCrew.01 - Crew Member ID						
Definition						
The state certification/licensure ID number assigned to the crew member.						
National Element	No	Pertinent Negatives (PN)	No			
State Element	Yes	NOT Values	Yes			
Version 2 Element	E04_01	Is Nillable	Yes			
Usage	Recommended	Recurrence	0 : 1			
Associated Performance Measure Initiatives						
Airway	Cardiac Arrest	Pediatric	Response	STEMI	Stroke	Trauma
Attributes						
NOT Values (NV)						
7701001 - Not Applicable		7701003 - Not Recorded		7701005 - Not Reporting		
Constraints						
Data Type	minLength	maxLength				
string	2	50				

Documenting the correct Vehicle (Unit) Number

- eResponse.13 (populated from dVehicle.01) – EMS Vehicle (Unit) Number
- This is the Georgia VID Number
- Proper format is a five-digit left padded with 0s (zeroes) number
 - ##### (i.e. 01234)

dVehicle.01 - Unit/Vehicle Number			
Definition			
The unique ID number for the unit which is specific for each vehicle. This ID number may be the state's vehicle's permit number.			
National Element	No	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element	D06_01	Is Nillable	Yes
Usage	Recommended	Recurrence	0 : 1
Attributes			
NOT Values (NV)			
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting	
Constraints			
Data Type	minLength	maxLength	
string	1	25	
Data Element Comment			
This element can be used in EMS PCR documentation to document the vehicle. This element should be used to populate eResponse.13 (EMS Vehicle (Unit) Number).			

eResponse.13 - EMS Vehicle (Unit) Number			
Definition			
The unique physical vehicle number of the responding unit.			
National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	No
Version 2 Element	E02_11	Is Nillable	No
Usage	Mandatory	Recurrence	1 : 1
Constraints			
Data Type	minLength	maxLength	
string	1	25	
Data Element Comment			
This is recommended to be the State Vehicle Permit Number if unique to the vehicle. If the vehicle is not licensed by the state, this should be a unique number only associated with a specific vehicle. This element should be populated from dVehicle.01 - Unit/Vehicle Number.			

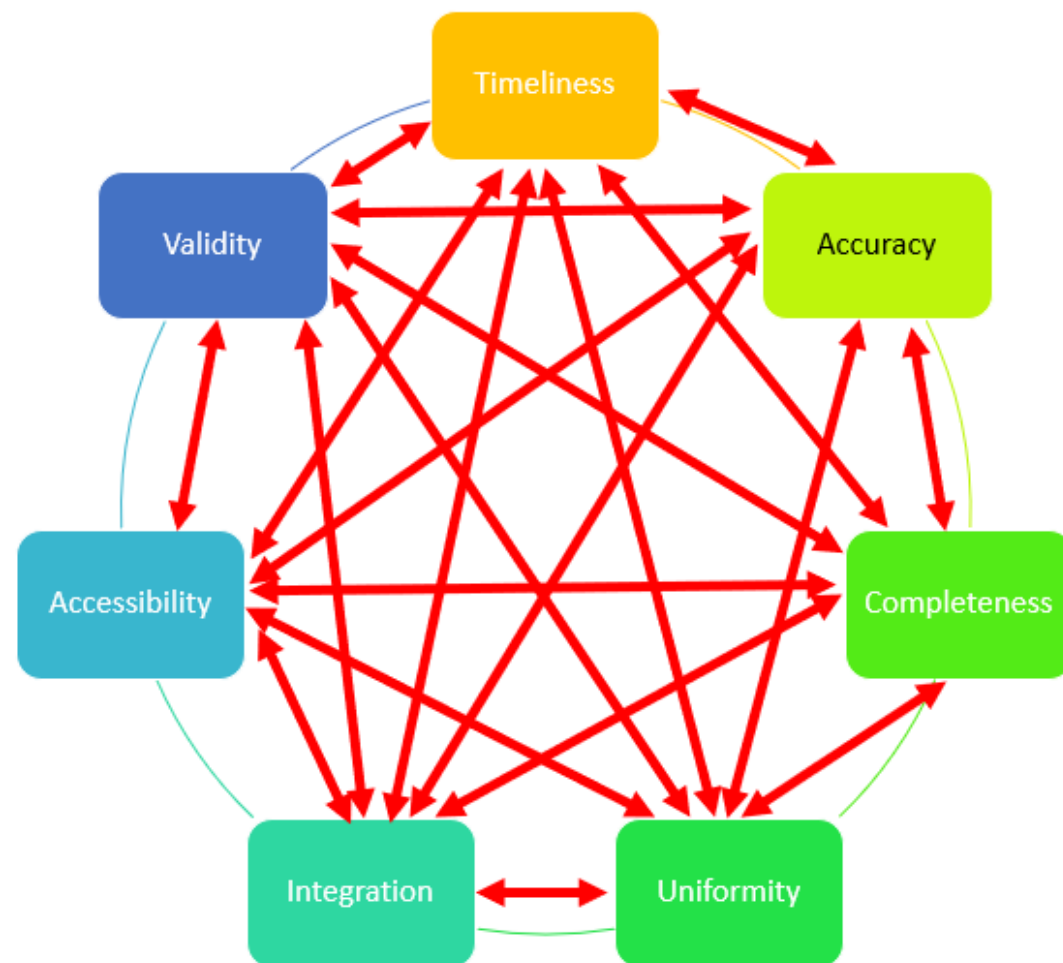
Timeliness of Data

- Medics must complete the ePCR before the end of the current work shift for the responding crew
- Data must be submitted to GEMSIS Elite within 24 hours of call completion (as measured by eTimes.13)

eTimes.13 - Unit Back in Service Date/Time			
Definition			
The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location).			
National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	No
Version 2 Element	E05_11	Is Nillable	No
Usage	Mandatory	Recurrence	1 : 1
Associated Performance Measure Initiatives			
Response			

Timeliness should not be at the expense of quality!

- Timely data should still be:
 - Accurate
 - Complete
 - Uniform
 - Accessible
 - Valid
 - Able to Integrate


























Software/Hardware Failures

- The responding crew must complete a paper PCR that is **substantially similar** to the EMS Agency's ePCR (contains required data elements) and the response information must be entered into the EMS Agency's ePCR software by the medic and submitted to the Department within 24 hours of the resolution of the software or hardware failure.
- All ePCR software or hardware failures must be reported to the Department within 12 hours of the failure and must be documented by the EMS Agency in a log that shall be made available for inspection by the Department.

Validation Scores

- A score, NOT a percentage
- Must be 95 or better
- Low scores must be corrected/re-submitted
- Agencies can review those scores in GEMSIS Elite (incident list or report writer)

Why 24 Hours? → COVID, Hospital Hub, etc.

													
Agency Hospital Hub More													
Piedmont Newton Medical Center 30014 View My View Settings Classic Off Records: 67													
	Incident Date	Date Entered	Arrival Date	Service	Response Number	Incident Number	PCR Number	Gender	Name	DOB	Primary Impression	Outcome	Print
100%	06/10/2020 14:56	06/10/2020 15:59											
100%	06/11/2020 13:18	06/11/2020 14:02	06/11/2020 13:57										
99%	06/11/2020 12:57	06/11/2020 13:59	06/11/2020 13:37										
100%	06/11/2020 12:33	06/11/2020 13:21	06/11/2020 12:55										
100%	06/11/2020 08:44	06/11/2020 09:30	06/11/2020 09:07										
100%	06/11/2020 07:52	06/11/2020 09:18	06/11/2020 08:32										
99%	06/11/2020 06:15	06/11/2020 07:40	06/11/2020 06:48										
99%	06/11/2020 00:03	06/11/2020 01:49	06/11/2020 00:59										
99%	06/10/2020 22:03	06/10/2020 23:27	06/10/2020 22:41										
100%	06/10/2020 20:25	06/10/2020 22:03	06/10/2020 20:59										
100%	06/10/2020	06/10/2020	06/10/2020										

Let us help you make your data better

- Let us know what data validation issues you are having
- We aren't your QA/QI team, but we might be able to help with validation rules



Facility Names

- Facility list must be up-to-date and correct – see the state data set
 - Facility name should match the facility name in the data set
 - Example:
 - ❑ Crew transports a patient to Grady Memorial Hospital to Labor and Delivery
 - ❑ Name (eDisposition.01) = Grady Memorial Hospital
 - ❑ eDisposition.22 - Hospital In-Patient Destination = Hospital-Labor & Delivery
 - ❑ DON'T use "Grady L&D" for the name

Speaking of narrative

- Narrative should:
 - Tell the “story” of the patient
 - Give information not able to be answered with other data elements
 - Detailed explanation of medical necessity
- NOTES:
 - Quality of ePCR and narrative should reflect quality of patient care
 - If you can answer a question with another data element – answer it there
 - Don’t use a cut and paste of a cookie cutter narrative – this defeats the purpose
 - Auto-generated narratives don’t tell the whole story – so be careful!

NEMESIS V3.5 XML Submissions

- Should be done on a continual basis – don't bulk send them
- Files that are sent must contain only 1 ePCR – don't bulk send them

Data Submissions



The first submission of data should contain ALL of the pertinent clinical information: assessment, meds, vitals, procedures, times, narrative.

Crews need to address validation error when they fill out the ePCR



Resubmissions should be for update to patient demographics, billing, times, correction to validation errors

Update to name

Update to DOB

Update to billing information

Correcting times for fat-fingering/forgetting
(dispatch log **must** corroborate this)

Correction to validation errors

NEMESIS Data Dictionary

- <https://nemesis.org/technical-resources/version-3/version-3-data-dictionaries/>

NEMESIS VERSION 3.4.0.160713CP2

Data Dictionary (v3.4.0):

[DEM/EMS Data Dictionary](#) (pdf)

[DEM/EMS Data Dictionary](#) (web)

[StateDataSet Data Dictionary](#) (pdf)

[StateDataSet Data Dictionary](#) (web)

[National Elements Only Data Dictionary](#) (pdf)

[Extended NEMESIS V3 Data Definitions](#) (pdf)

Data Management Policy

OEMST Data Policies

- OEMS-DM-2023-001:
EMS Data Compliance and Reporting Policy
- OEMS-VC-2023-002:
EMS ePCR Vendor Compliance Policy

EMS Policies, Rules and Regulations



Rules and Regulations of the State of Georgia

[Official Code of Georgia Title 31, Chapter 11](#)

[Rules and Regulations Chapter 511-9-2](#)

EMS Data Compliance Policies



-  [OEMS-DM-2023-001 – EMS Data Compliance and Reporting Policy](#)
 - The intent of this policy is to specify the requirements for data compliance and reporting for all EMS Agencies currently licensed or seeking licensure by the Department. The new addition made to the policy is specified under sections 5.5-5.7.
-  [OEMS-VC-2023-001 – EMS ePCR Vendor Compliance Policy](#)
 - The intent of this policy is to specify the requirements, compatibility, and compliance of ePCR vendors for EMS responses from EMS Agencies in Georgia and the mandatory reporting requirements for NEMSIS v3.5 and all future NEMSIS versions.