



OC-MEDS – EMS PROVIDER PATIENT CARE REPORTING

I. AUTHORITY:

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

II. APPLICATION:

This policy describes the local system and establishes standards for prehospital care reporting by EMS personnel and provider agencies.

III. DEFINITIONS:

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).

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.

Orange County Medical Emergency Data System (OC-MEDS): The Orange County data hub and local data standard for emergency medical services as managed and defined by Orange County Emergency Medical Services Authority (OCEMS). The data standard includes the NEMSIS, CEMSIS, and Orange County specific data elements.

Patient Care Report System (PCRS): An electronic software platform that allows for real time collection of patient care information at the time of service.

Patient Care Report (PCR): An electronically generated form that is a component of a PCRS that is utilized by EMS Field Personnel to document and transmit patient care events at the time of service.

IV. SYSTEM DESIGN AND INTEROPERABILITY

A. The OC-MEDS is an interoperable PCRS that is provided by OCEMS. The system includes PCR capabilities that allow EMS providers to document and transmit patient care data in real time to the central OC-MEDS Hub.

B. EMS provider agencies may utilize the County funded OC-MEDS Hub as their PCRS to satisfy PCR requirements set forth in this policy.

C. The OC-MEDS Hub is compliant with both the current versions of NEMSIS and CEMSIS data standards and incorporates additional data elements as defined by OCEMS to meet the patient care documentation needs of the Orange County EMS System.

i. As of the effective date of this policy, the OC-MEDS Hub is compliant with and able to accept data in both NEMSIS v2.2.1 and the current version of NEMSIS v3.

a. OCEMS will continue to accept data in NEMSIS v2.2.1 format through December 31, 2016.

1. EMS providers who are already submitting data in NEMSIS v2.2.1 format may continue to do so through December 31, 2016.



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2. New PCRS integrations in NEMESIS v2.2.1 format will no longer be accepted as of the effective date of this policy.
 - b. As of January 2016, EMS providers may submit data in the current version of NEMESIS v3 format.
 - c. As of January 2017, EMS providers shall only submit data in the current version of NEMESIS v3 format.
- D. The OC-MEDS Hub is capable of accepting data from a third party PCRS that is used by an EMS provider agency.
- E. Unless an EMS provider agency is specifically required to utilize the OC-MEDS Hub as their organizational PCRS due to specialty care services defined in OCEMS policy (i.e. IFT-ALS, etc.) or by duly executed contract (i.e. 9-1-1 Ground Ambulance Transport), EMS provider agencies may implement their own PCRS.
 - i. Providers shall ensure that their PCRS is certified compliant with the current version of NEMESIS.
 - a. If the provider agency is submitting data in NEMESIS v2.2.1 format, then the provider's PCRS shall be certified "Silver" compliant at a minimum by the NEMESIS TAC.
 - b. If the provider agency is submitting data in NEMESIS v3 format, then the provider's PCRS shall be certified "Collect Data" compliant at a minimum by the NEMESIS TAC.
 - ii. A provider agency shall ensure that their PCRS complies with additional state and locally defined data elements and field values.
 - a. A provider agency shall be responsible to ensure that their PCRS is able to establish and maintain a connection with the OC-MEDS Hub. Such responsibilities include but are not limited to:
 1. All costs associated with establishing and maintaining a connection with the OC-MEDS Hub up to the provider side of the interface.
 2. Initial and continued compliance with established data standards.
 - b. On occasion, changes to existing data elements may be needed as changes to the local EMS system occur. Such changes may include but are not limited to the addition of new procedures, medications, or changes to provider or facility names.
 - c. When changes described above are necessary, the PCRS used by the provider agency will need to be updated as soon as possible upon written notification from OCEMS.
 - d. An EMS provider PCRS must transmit PCRs in the established format to the OC-MEDS Hub immediately upon completion by EMS personnel.

