

Sierra – Sacramento Valley Emergency Medical Services Agency



Regional Executive Director

John Poland, Paramedic

Medical Director

Troy M. Falck, MD, FACEP, FAAEM

JPA Board Chairperson

Jim Holmes, Placer County Supervisor

Address & Contact Information

535 Menlo Drive, Suite A

Rocklin, CA 95765

(916) 625-1702

info@ssvems.com

www.ssvems.com

Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties

MEMORANDUM

Date: April 24, 2024

From: Troy M. Falck, MD, FACEP, FAAEM, Medical Director
John Poland, Paramedic, Regional Executive Director

To: S-SV EMS System Participants

Subject: EMS Data Quality

To improve data quality and enhance regional EMS system QA/QI activities, S-SV EMS has developed an EMS data system schematron that will only accept approved procedure values and associated codes when activated. This process is similar to the EMS Authority's California EMS Information Systems (CEMSIS) accepted value lists requirements. Once implemented, documentation/transmission of procedures not on the 'S-SV EMS eProcedures.03 Accepted Values List' will result in applicable electronic patient care records failing to upload to CEMSIS.

The following EMS data system resources can be obtained/downloaded from the S-SV EMS Agency EMS System Data webpage (<https://www.ssvems.com/ems-system-data/>):

- S-SV EMS eProcedures.03 Accepted Values List (Updated April 23, 2024)
- S-SV EMS Data Schematron (Updated April 23, 2024)

Prehospital EMS providers utilizing ImageTrend Elite v3.5 ePCR software can also obtain/apply the S-SV EMS Data Schematron (Titled 'California Sierra-Sacramento Valley SSVEMS v3.5') directly from the ImageTrend Elite Library.

Sierra – Sacramento Valley Emergency Medical Services Agency

EMS prehospital providers are required to ensure that their ePCR system is updated to comply with the S-SV EMS Data Schematron (Updated April 23, 2024, and consistent with the S-SV EMS eProcedures.03 Accepted Values List) no later than July 1, 2024. Any ePCR record submitted on or after July 1, 2024, with values not contained in the S-SV EMS eProcedures.03 Accepted Values List, will be rejected and fail to import into CEMSIS upon transmission.

Please note the following additional important information regarding this matter:

- The accepted values list and associated EMS data schematron referenced in this memorandum have already been applied to prehospital EMS providers using the S-SV EMS ImageTrend ePCR software system and no further action is required by these providers.
- EMS aircraft providers are not subject to these additional EMS data system schematron requirements due to their expanded scope.
- To request a review/consideration of additional procedures not included in the S-SV EMS eProcedures.03 Accepted Values List, please submit a written request to Jeff McManus (jeff.mcmanus@ssvems.com), including the procedure name, applicable procedure code, and appropriate justification.
- S-SV EMS may implement additional EMS data system accepted value lists in the future as determined necessary for data quality and/or EMS system QA/QI purposes. Any future changes to these lists and the associated S-SV EMS data schematron, along with appropriate implementation timelines, will be communicated as necessary.

Applicable Statutory, Regulatory and S-SV EMS Policy Manual References

S-SV EMS Documentation Policy (Reference No. 605, effective 6/1/2024), Page 3 of 3:

D. Any EMS provider required to complete/submit ePCR data pursuant to this policy, and who chooses not to utilize the S-SV EMS ImageTrend ePCR software system, shall submit EMS data to S-SV EMS in the following manner:

- 1. EMS data shall be continually compliant with current CEMSIS/NEMSIS standards and the current S-SV EMS data schematron.*

California Health and Safety Code, Division 2.5, Chapter 4:

§ 1797.227

(a) An emergency medical care provider shall do both of the following when collecting and submitting data to a local EMS agency:

- (1) Use an electronic health record system that exports data in a format that is compliant with the current versions of the California Emergency Medical Services Information System*

(CEMSIS) and the National Emergency Medical Services Information System (NEMSIS) standards and includes those data elements that are required by the local EMS agency.
(2) Ensure that the electronic health record system can be integrated with the local EMS agency's data system, so that the local EMS agency may collect data from the provider.

California Code of Regulations CR, Title 22, Division 9:

Chapter 3 (AEMT)

§ 100128. Medical Control.

The medical director of a LEMSA shall establish and maintain medical control in the following manner:

(a) Prospectively, by assuring the development of written medical policies and procedures, to include at a minimum:

¶

(5) Requirements for initiating, completing, reviewing, and retaining patient care records as specified in this Chapter. These requirements shall address, but not be limited to:

(A) Initiation of a record for every patient contact.

(B) Responsibilities for record completion.

(C) Responsibilities for record review and evaluation.

(D) Responsibilities for record retention.

(E) Record distribution to include the LEMSA, receiving hospital, Advanced EMT and/or EMT-II base hospital, alternative base station, and Advanced EMT and/or EMT-II service provider.

§ 100129. Record Keeping. (in relevant part)

¶

(e) A LEMSA utilizing computer or other electronic means of collecting and storing the information specified in subsection (d) of this section shall, in consultation with EMS providers, establish policies for the collection, utilization and storage of such data.

Chapter 4 (Paramedic)

§ 100170. Medical Control. (in relevant part)

The medical director of the LEMSA shall establish and maintain medical control in the following manner:

(a) Prospectively, by assuring the development of written medical policies and procedures, to include at a minimum:

¶

(6) Requirements for the initiation, completion, review, evaluation, and retention of an electronic health record (EHR) as specified in this Chapter. These requirements shall address but not be limited to:

(A) Initiation of an electronic health record for every patient response.

(B) Responsibilities for record completion.

(C) Record distribution to include LEMSA, receiving hospital, paramedic base hospital, alternative base station, and paramedic service provider.

(D) Responsibilities for record review and evaluation.

(E) Responsibilities for record retention.

§ 100171. Record Keeping. (in relevant part)

¶

(f) A LEMSA shall establish policies for the collection, utilization, storage, and secure transmission of interoperable electronic health records.

(g) The paramedic service provider shall submit electronic health records to the LEMSA according to the LEMSA's policies and procedures.