Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator
Reza Vaezazizi, MD, Medical Director

DATE: December 1, 2016

TO: EMS Providers - ALS, LALS, BLS, EMS Aircraft
Hospital CEOs, ED Directors, Nurse Managers and PLNs
EMS Training Institutions and Continuing Education Providers
Inyo, Mono and San Bernardino County EMCC Members
Medical Advisory Committee (MAC) Members
Systems Advisory Committee (SAC) Members

FROM: Tom Lynch, EMS Administrator
Reza Vaezazizi, MD, Medical Director

SUBJECT: **IMPLEMENTATION OF POLICIES/PROTOCOLS EFFECTIVE DECEMBER 1, 2016**

The following policy listed below is effective December 1, 2016.

2050 - Requirements for Collection and Submission of EMS Data (NEW)

The attached policy is based on an extensive review of the public comments and consideration of current regulations and requirements established for medical control. ICEMA wishes to thank everyone that provided comments. A copy of the public comments and responses is attached.

Please insert and replace the attached policies, protocols and Table of Contents in the EMS Policy, Procedure and Protocol Manual with the updated documents and ensure every station or facility has a reference copy. The ICEMA policies and protocols can also be found on ICEMA's website at ICEMA.net under the Policy, Procedure and Protocol Manual section.

If you have any questions related to documents in the manual, please contact Ron Holk, RN, EMS Coordinator, at (909) 388-5808 or via e-mail at ron.holk@cao.sbcounty.gov.

TL/RV/jlm

Attachment

c: File Copy

1425 South "D" Street ▪ San Bernardino, CA 92415-0060
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POLICIES/PROTOCOLS CHANGES EFFECTIVE DECEMBER 1, 2016

Reference #	Name	Changes
NEW		
2050	Requirements for Submission of EMS Data	New ICEMA policy for the submission of EMS data to the ICEMA Data System to comply with State regulations.
1000 ACCREDITATION AND CERTIFICATION		
None		
2000 DATA COLLECTION		
None		
3000 EDUCATION		
None		
4000 QUALITY IMPROVEMENT		
None		
5000 MISCELLANEOUS SYSTEM POLICIES		
None		
6000 SPECIALTY PROGRAM/ PROVIDER POLICIES		
None		
7000 STANDARD DRUG & EQUIPMENT LISTS		
None		
8000 TRANSPORT/TRANSFERS AND DESTINATION POLICIES		
None		
9000 GENERAL PATIENT CARE POLICIES		
None		
10000 SKILLS		
None		
11000 ADULT EMERGENCIES		
None		
12000 END OF LIFE CARE		
None		
13000 ENVIRONMENTAL EMERGENCIES		
None		
14000 PEDIATRIC EMERGENCIES		
None		
15000 TRAUMA		
None		

POLICIES/PROTOCOLS CHANGES EFFECTIVE DECEMBER 1, 2016

Reference #	Name	Changes
DELETIONS		
None		
Below are some of the policies/protocols designated for review in the next few months. If there are specific policies/protocols recommended for review, please contact ICEMA.		

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

AGENCY	COMMENT	RESPONSE
Rialto FD	In Sec. II "Policy": Should be changed to read "The ICEMA data system is the primary system, instead of "the only system". The reason is that other data collection systems could be used by participating agencies as a secondary database. For example, Confire sends information to ICEMA, but may choose to also have the data on an additional server to accommodate data analysis or to use third party applications such as First Watch without having to use ICEMA's server.	"The ICEMA Data System is the primary system for the collection and of EMS data in the ICEMA region and is the only authorized data system for the submission of records for reporting to CEMSIS and NEMSIS." Change made.
Rialto FD	Last bullet on pg. 4 of 5 regarding EMS providers reimbursing ICEMA for costs. It should state that this applies to EMS providers using their own EHR. In Confire's case, there is an MOU outlining the submission of data to ICEMA, and any changes, including fees, should be addressed there.	Correct, this policy does not apply to EMS providers who are using the ICEMA Data System as their primary data system. Changed to "EMS providers using their own EHR system shall reimburse ICEMA or other associated San Bernardino County departments for:"
Colton FD	Section III Bullet point 2, sub bullet point 7 When requested by ICEMA, make all changes to incomplete or incorrect ePCR within 24 hours of notification and resubmit to ICEMA. This is unreasonable, since the person who initially created the ePCR may be off duty for several days. This should read: ***The person who originated the ePCR shall make changes within 24 hours of the request, or within 24 hours of return to duty, whichever is sooner.***	The ePCR may be used by downstream providers to base care. Incorrect or incomplete ePCRs must be corrected in a timely manner. While ICEMA recognizes that this may not be possible in all cases, providers must recognize the urgency in correcting those items that may affect patient care and safety. No change.
Colton FD	Bullet point 7, sub bullet point 2 Ensures all data is submitted to the ICEMA Data System at the conclusion of each call. Should read: ***prior to the conclusion of each shift.***	Hospitals and other providers may base subsequent care on findings and treatments made by EMS field personnel as noted on their ePCR. Current ICEMA policies that were endorsed by the EMCC require that required data be included in the PCR at time of transfer of care (ICEMA Reference #2030 - Minimum Documentation Requirements for Transfer of Patient Care).

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Crafton Hills College Paramedic Class 87	Please use outline numbering for each paragraph, rather than bullets, to facilitate comment submissions and later usage.	Polices issued for comment are provided in the format that they will eventually be implemented to avoid any confusion between the draft and the final. Agreed, while another method would make comments and responses easier, the numbering was removed at EMS providers request to better reflect the order in which protocols and policies are used.
Crafton Hills College Paramedic Class 87	Section II Policy: The first sentence states that "ICEMA Data System is the only system…" The second sentence contradicts this by stating that other systems may be used to submit data to the ICEMA system.	"The ICEMA Data System is the primary system for the collection and of EMS data in the ICEMA region and is the only authorized data system for the submission of records for reporting to CEMSIS and NEMSIS." Change made.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 1: This entire section should be replaced by a single paragraph that says something to the effect that EMS provider systems shall be compliant with the ICEMA Data System Interface Control Document or similar specification. The rationale for this comment can be found in the comments below for each sub-bullet in this section.	An interface control document is generally used to describe the relationship p between software systems and their subsystems. The purpose of the policy is to outline what EMS providers using their own system are required to do, not to describe the relationship between the ICEMA Data System and the various vendors systems that may be used to send data.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 1, sub-bullet 1: "…compliant with the current version of …". A system that is compliant with the current version of the standards may not be compatible with the ICEMA system if it is still using an older version of the standards. This paragraph needs to tell EMS providers that their system needs to be compliant with the most recent version of the ICEMA Data System Interface Control Document (or similar specification) that describes in detail how to connect with the ICEMA system.	This is a requirement of State regulations, Section 1797.227. ICEMA will maintain compatibility with the current versions of NEMSIS. While other versions of the NEMSIS standard may be available, ICEMA will maintain compliance with State data requirements. EMS providers using their own system are required to use the same version that ICEMA uses. See note above regarding the ICD.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 1, sub-bullet 2: "Includes all of the additional data elements…". This bullet needs to either list those additional elements or (preferred) provide a reference to a document that has those elements. Ideally, this should be a reference to the ICEMA Data System Interface Control Document or similar specification.	Refer to NEMSIS V3 for the list of mandatory, required, recommended and/or optional elements. The reference in this bullet is to those data elements that ICEMA may require over and above the NEMSIS mandated items that are used to identify the EMS field personnel such as name, identification number, etc. These values may be recommended or optional in the federal data set but required by ICEMA. The list is available on request. Section 1797.227 requires EMS providers using their own system to include all the LEMSAs required data elements. No change.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 1, sub-bullet 3: "Includes all attachments and documents…". This bullet needs to either list those attachments and documents or (preferred) provide a reference to a document that has those elements. Ideally, this should be a reference to the ICEMA Data System Interface Control Document or similar specification.	This refers to attachments that may be part of patient care but are not required as part of the data that is normally transmitted. These are the actual documents such as the ECG strips, CPR strips, capnography waveforms and PDF copies of patient care reports that may be provided during the exchange of data during the transfer of care. No change.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 1, sub-bullet 4: "Contain provisions for the electronic transfer…". This bullet needs to tell the EMS providers exactly what provisions are required (e.g., comma delimited files sent by e-mail, real-time HL7 format data exchange). Ideally, this should be a reference to the ICEMA Data System Interface Control Document or similar specification.	Moved to Bullet 2. The EMS provider's ePCR vendor must determine the method and how it would interface electronically with the ICEMA Data System, the receiving EMS provider, the coroner and/or the hospital. ICEMA can establish the incoming interface but it is up to the EMS provider and their vendor to determine how this will be accomplished. Among other things an electronic transfer process must exist that establishes the relationship between the disparate ePCRs and transfers items such as the demographics, allergies, etc. Clarification made in Section III, Bullet 2 and Bullet 5. This is a different requirement than the transfer of data for reporting purposes. No further change.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 2, sub-bullet 1: "Set-up and configure new providers…": What does "providers" mean in this context? What is the intent of this requirement?	NEMSIS contains provisions for the transmission of the DEM File. This will accomplish the same objective and is no longer functionally required. Change made.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 2, sub-bullet 3: "Use an EHR system that exports data in real-time…". a) What does "real-time" mean? b) This bullet is redundant with Bullet 1, sub-bullet 4. This requirement needs to be deleted or modified to read "…exports data in compliance with the current version of the ICEMA Data System Interface Control Document." (or words to that effect)	a) According to guidelines issued by EMSA, real-time means mobile entry at the patient's bedside concurrent with patient care. b) Bullet 1, sub-bullet 4 refers to the transfer of patient care between public and private EMS providers and hospitals while bullet 2 sub-bullet 3 refers to the real-time transfer of the data. No change.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 2, sub-bullet 3, sub-sub-bullet 1: "EMS providers must use …". This requirement is completely redundant with the parent paragraph, which is redundant with previous paragraphs. This requirement needs to be deleted.	Having a system that is NEMSIS compliant does not mean that it is using the same version. This requirement ensures that the same version is used and that changes are made to coincide with the implementation date. Change made.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 2, sub-bullet 3, sub-sub-bullet 2: "EMS providers must coordinate any updates…": This paragraph needs to reference the ICEMA Data System Interface Control Document (or similar specification) rather than the public standards, to ensure compatibility with the ICEMA system.	The standard is the current version of NEMSIS that ICEMA will use. This will ensure that ICEMA is collecting and reporting data using the same data standard used by NEMSIS. No change.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

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Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 2, sub-bullet Bullet 3: "Include all ICEMA validation rules." This is completely redundant with Bullet 1, sub-bullet 2, and other previous paragraphs. This requirement should be deleted. At least, it should be reworded to reference another document (e.g., the interface control document) that defines what the rules are.	Data elements are the values that are added by the field personnel. Validation rules ensure that they are included in the correct format or whenever certain other criteria are present. EMS providers must mirror the validation rules but since their EHR system may not be set up the same, they may not reference the same data elements. The end result of the rule should be the same. EMS providers using their own data system must ensure that validation rules are included that ensure that all required data elements and field values are captured on the ePCR. No change.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 2, sub-bullet Bullet 4: "Ensures that EMS field personnel …" This conflicts with Protocol 2040 sections that require EMS field personnel to document what their crew members do; this requirement appears to require that the system only allows each person to document only what they do. What is the intent of this requirement? Suggest that be reworded, and compatibility with Protocol 2040.	EMS field personnel are able to document what members of their agency do but not what members of other EMS providers do. This was changed by MAC to eliminate data duplication. This should be compatible with other ICEMA policies. Change made.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 2, sub-bullet Bullet 5: "… performed by EMS field personnel from another EMS provider." This provision is detrimental to both good patient care and good risk management. Specifically, it prevents creation of a single version of patient care on scenes that involve personnel from multiple EMS providers (e.g., full arrest) by preventing a provider from being the "scribe" for complex cases, thus leading to multiple versions of "truth", and the potential for data loss (i.e., provider being too busy providing care to document each intervention as it is performed). This requirement, and corresponding requirements in Protocol 2040 should be deleted.	Bullet 2, sub-bullet 6 refers to documenting procedures and/or treatments performed by EMS field personnel from another EMS provider. Current ICEMA policy does not allow for the use of scribes nor does it allow for EMS field personnel to document what another has done. In cases where multiple EMS providers' field personnel have documented for others, documentation results in medication and/or procedure duplication. State regulations require paramedics to document what they do. See California Code of Regulations, Title 22, Division 9, Chapter 4, Sections 100170 and 100171. No change.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 2, sub-bullet Bullet 6 "When requested by ICEMA, make all changes to…": This requirement is usage requirement, not a system requirement, and is redundant with requirements in Protocol 2040. This requirement should be deleted.	Agreed, change made,
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 2, sub-bullet Bullet 7 "Use an EHR system that includes all…": This requirement is completely redundant with requirements in Bullet 1 and others in this section. This requirement should be deleted.	Bullet 2, Sub bullet 8: Most EHR systems allow for the addition and/or changing of certain field values for clarity such as limiting lists of medications and procedures. ICEMA requires that all ICEMA approved field values be included and available in the EMS providers' EHR. This is a requirement of Section 1797.227. No change.
Crafton Hills College Paramedic Class 87	***Section III A 2 "Includes all additional data elements required by ICEMA***..." Define "required" data elements or reference protocol where "required" data element can be found."	NEMSIS V3 is the accepted data standard in California. This is part of regulations that were enacted on January 1, 2016. See California Health and Safety Code, Section 1797.227. EMSA and ICEMA use the required values as defined by NEMSIS V3 but ICEMA may also require optional or recommended elements that are listed in NEMSIS V3 or other data values required by ICEMA. These will be provided to EMS providers wishing to implement their own EHR System. Refer to NEMSIS.ORG for information.
Crafton Hills College Paramedic Class 87	"***Include all required ICEMA validation rules***." Reference protocol number where validation rules can be found.	Data elements are the values that are added by the EMS field personnel. Validation rules ensure that they are included in the correct format or when certain criteria are present. EMS providers using their own EHR system must ensure that validation rules are included that ensure that all required data elements and field values are captured on the ePCR. Change made.
Crafton Hills College Paramedic Class 87	"***When requested by ICEMA, make all changes to incomplete or incorrect ePCRs within 24 hours of notification and resubmit to ICEMA***." Contradicts protocol 2040 that doesn't allow changes to ePCRs, and instead requests addendums. Why is it different for those using a different system?	Agreed, change made (see above).

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Crafton Hills College Paramedic Class 87	There are many references in this protocol to "ICEMA required data elements." What are those elements? Where can those elements be found?	NEMSIS V3 is the accepted data standard in California. This is part of regulations that were enacted on January 1, 2016. See California Health and Safety Code, Section 1797.227. EMSA and ICEMA use the required values as defined by NEMSIS V3 but ICEMA may also require optional or recommended elements that are listed in NEMSIS V3 or other data values required by ICEMA. These will be provided to EMS providers wishing to implement their own EHR System. Refer to NEMSIS.ORG for information.
Crafton Hills College Paramedic Class 87	"***Data submitted by EMS providers who are using its own E.H.R. system will not be used or included: …. In ICEMA EMS Health Information Exchange…***." Why is this data going to be excluded? It is possible it could change the statistical significance in some studies by being omitted. Consider including information from providers using their own E.H.R. systems to have more accurate statistics in these reports.	The legal medical record resides on the EHR system on which it was created. For EMS providers using their own EHR system, it is not held on the ICEMA Data System. ICEMA cannot attest that the record that data that exists on the ICEMA Data System is a true representation of the patient care report because ICEMA cannot guarantee that all data elements and field values have been mapped correctly and/or represent the actual value as originally collected. Inclusion in ICEMA projects such as Health Information Exchange (HIE) require access to the legal medical record by the Health Information Organization (HIO). The HIE does not provide any statistical reporting. No change.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 6: "…must guarantee that all ICEMA approved data elements…". This is the third time this requirement has been levied in this document. This requirement needs to be levied only once, and needs to require the data elements as defined in the interface control document or a similar specification.	See response above. No change.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 6, sub-bullet 1: "Ensure that the data element numbers…". This requirement should be deleted as it is redundant with the parent requirement, immediately above.	Just because the data element and field values are included does not preclude a vendor from changing the data element number. For reference to the data dictionary, the data numbers must also match. No change.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 6, sub-bullet 2: "Provide a detailed report from the EMS Provider's data system…": This is a) redundant with requirements in bullet 3, above, b) unnecessarily intrusive, and expensive for ICEMA, and c) redundant with the parent requirement. It is sufficient to require that the provider's system conform to the ICEMA specification, without requiring documentation that does not advance the requirement.	The screen shot shows a relationship between the input screen and an associated NEMSIS data element. The detailed report shows the relationship between the NEMSIS data elements on the EMS provider's EHR system and the corresponding data element in the ICEMA Data System. The required document shows the process to ensure that the data elements match. No change.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 6, sub-bullet 3: "Guarantee the accuracy…". This is redundant with requirements already in this Protocol and should be deleted.	No change.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 6, sub-bullet 4: "Include any changes in the ICEMA data values within …". This requirement is not reasonable as it does not require ICEMA to provide sufficient notice for the provider's to work with their vendors to implement the changes. 24 hour turn-around is not reasonable for even simple changes, much less changes that require updates to data input forms or output forms. This requirement could require changes over a holiday weekend, which is not reasonable. Changes that require updates to data input screens require 10 day notice to ICEMA, which is in conflict with this requirement (see bullet 4, above). ICEMA should be required to provide at least two weeks advance notice of a change. 24 hours is not reasonable.	Most changes can be made easily within the Data Manager or similar process in the EMS provider's EHR system. Priority changes that are required because of changes in regulations or as a result of medical control are required within 24 hours. ICEMA does not anticipate that this will cause any undue hardship on those managing their own EHR systems. ICEMA will allow 5 days for non-priority changes. Change made. Changes to the input screen are normally a matter of moving objects around on the screen. They do not affect data elements. No change.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 6, sub-bullet 5: "Maintain the ability to integrate real-time data…". What does "real-time data" mean? See also comments on sub-bullet 4; 24 turn-around of changes is not reasonable. This requirement should be deleted.	Real-time means mobile entry at the patient's bedside concurrent with patient care. See note above. No change.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 6, sub-bullet 6:"Guarantee that any changes …". This is in direct conflict with the requirement to submit changes to input or output forms 10 days in advance. This requirement should be deleted. See comments on sub-bullet 4, above.	The 10-day requirement is for provider initiated change to an existing form. Changes made in the input/output form as a result of ICEMA's request of a change in the data elements or values need to be made at the time the requested change is made. Change made.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 6, sub-bullet 7: "Ensure that all ICEMA required data elements…": This is redundant with sub-bullet 6, immediately above, and with other requirements in this protocol. This requirement should be deleted.	This requirement establishes that the input form contains all required values. If a location is not available in the input form to input the data element, then the information cannot be included in the information that is eventually transferred regardless of whether or not the value exists in the data set. No change.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 7, sub-bullet 1: "…automatically and simultaneously with transfer of patient care…": "Simultaneously" is not within the laws of physics; this requirement should specify a testable time limit (e.g., 1 minute). Ideally, this requirement is in the interface control document, so it can be deleted from this protocol.	This is a server to server requirement and ensures that no EMS provider intervention is between the EMS provider's EHR system and the ICEMA Data System. This ensures that the patient care information is available to downstream providers for continuity of care and patient safety.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 7, sub-bullet 2: "Ensures that all data is submitted…". What does "all data" mean? What does "at the conclusion of each call" mean? Is there a time limit, as there was for transfer of care?	Conclusion changed to completed and/or locked. To be compliant with State regulations all data means "all" data that that is required for reporting and all data that is required to ensure patient care is submitted to the ICEMA Data system. The criteria for submission is at the time of transfer of care. This is done to ensure that patient care information is available for the downstream providers who need it to for subsequent care.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 7, sub-bullet 3: "Resubmits all records…". This is the first mention of a "scheduled submission of data". What are the schedule requirements? What other data are transferred on a fixed schedule? "Records" be written to be "patient care records".	ePCR must be completed and posted at the time of transfer of care either between EMS providers or between EMS providers and hospital staff. Data is submitted concurrently with transfer of patient care.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 8, sub-bullet 1: "Develop and implement processes…". This requirement is nearly identical to the parent requirement. Either the parent requirement should be rewritten (preferred), or this requirement should be deleted.	This is a requirement of Section 1797.227. Agreed, change made for clarification and redundancy.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 8, sub-bullet 3: "Must submit a document…". This is unnecessarily intrusive, as the providers are already required to provide compatibility and to test and demonstrate this compatibility. What does "implementation" mean? Does this refer to the original installation? Does it apply to changes to the system (in which case it is in direct conflict with the (unreasonable) 24 hour turn-around requirements earlier in this protocol)?	This document ensures that the data elements from the EMS provider's EHR system are mapped correctly to the ICEMA Data System. No change.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 8: "…ensuring that all data submitted to state or national data repositories…". It is not the EMS provider's fault if data they submitted to the ICEMA system in accordance with ICEMA's requirement is not accepted by State or National (note the correct capitalization) systems. In this situation, ICEMA must notify the affected providers of a change, in accordance with earlier requirements in this protocol, and the providers then implement those changes, and update records as required. This requirement needs to be rewritten accordingly, and the sub-bullet completely deleted.	Section 1797.227 requires that the EMS provider using their own EHR system "Use an electronic health record system that exports data in a format that is compliant with the current versions of CEMSIS and NEMSIS and any additional data elements that are required by the local EMS agency." It is incumbent on the EMS provider to ensure that their data is accepted by NEMSIS. No change.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 9: "Data submitted by EMS providers …will not be used or included": For bullets 1-3, why not? The providers are required to submit data as specified by ICEMA, so why would this data be insufficient for ICEMA's use. These three bullets should be deleted, or a detailed rationale provided.	The legal medical record resides on the EHR system on which it was created. For EMS providers using their own EHR system, it is not held on the ICEMA Data System. ICEMA cannot attest that the record exists on the ICEMA Data System is a true representation of the patient care report because ICEMA cannot guarantee that all data elements and field values have been mapped correctly and/or represent the actual value as originally collected. Inclusion in ICEMA projects such as HIE require access to the legal medical record by the HIO. Changes made.
Crafton Hills College Paramedic Class 87	Section III Responsibilities of EMS Providers, Bullet 10, sub-bullets 2 and 3: Asking the providers to absorb these costs is not reasonable. The providers are already required to submit the data in a form and format compatible with ICEMA's systems. There should be NO additional cost for using/processing this data in the same way and is done with data entered directly into ICEMA's system. This requirement and its sub-bullets should be deleted.	While ICEMA may not mandate that a provider use a specific EHR System, State law requires that an EMS provider use a system that can be integrated with the ICEMA Data System. ICEMA requires that EMS providers who choose to use their own system, reimburse ICEMA for costs incurred in determining that they system is compatible with the ICEMA Data System. ICEMA does provide an EHR system to all EMS providers at no additional cost. No change.
Crafton Hills College Paramedic Class 87	Section IV Responsibilities of Computer Aided Dispatch (CAD) Centers, Bullet 1: "…in a format that is acceptable to ICEMA…": This acceptable format, along with other interface requirements, needs to be documented in a separate document and referenced within this protocol.	Interface requirements are contained in the NEMSIS CAD Data Standard.
Crafton Hills College Paramedic Class 87	Section IV Responsibilities of Computer Aided Dispatch (CAD) Centers, Bullet 1, sub-bullet 1: "…in real-time or …": What does "real-time" mean? The specific transfer methods and time limits needs to be documented in the relevant interface control document or similar specification, and that document needs to be referenced in this requirement.	Real-time means concurrently with the EMS dispatch and when changes and/or updates are made to the response.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

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Crafton Hills College Paramedic Class 87	Section IV Responsibilities of Computer Aided Dispatch (CAD) Centers, Bullet 1, sub-bullet 3: "Be submitted in a format…": This is redundant with the parent requirement and should be deleted.	Redundancy not noted. No change.
Crafton Hills College Paramedic Class 87	Section IV Responsibilities of Computer Aided Dispatch (CAD) Centers, Bullet 2: "…shall contain the data elements in …": This is redundant with bullet 1, and should be deleted.	Changes made.
Crafton Hills College Paramedic Class 87	Is there a possibility in eventually requiring all EMS agencies in ICEMA to have the same EHR? In doing so, this will eliminate all the requirements, concerns, costs, and screenings for agencies who do not have the same EHR.	The ICEMA Data System provided this consistency at no cost to the EMS providers. State regulations passed last year prohibit ICEMA from mandating that an EMS provider use a specific EHR system. No change.
Crafton Hills College Paramedic Class 87	Under the Data submitted by EMS, Is there any way to encompass all the data from the county even from agencies that decide to use their own EHR system? Not incorporating large sections of data from a very large section of your coverage area I believe would be a detriment to future studies that directly involve patient care and protocol progression within our County.	This would be the preferred method. However, only data created using the ICEMA Data System can be used in reports requiring access to the patient's legal medical record. There may be variability in how the data is collected and transferred that is beyond ICEMA's control. Changes made.
Crafton Hills College Paramedic Class 87	Agree	No change.
Crafton Hills College Paramedic Class 87	Agree with systems being maintained and current	No change.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Big Bear FD	**Responsibilities of EMS Providers, Bullet 11 page 4:** EMS providers shall reimburse ICEMA or other associated San Bernardino County Departments for: Please clarify whether this section pertains to those using the ICEMA server or agencies using their own EHR system? If all agencies will have to reimburse ICEMA for associated cost, has the county of San Bernardino County developed a fee schedule for these cost.	This policy is for EMS providers using their own EHR system. There is currently no plans to charge EMS providers that are using the ICEMA Data System.
Big Bear FD	In general, this policy appears to be written for those agencies that wish to utilize their own server. It would read better if the responsibilities of those agencies utilizing their own EHR system where separate from those agencies utilizing the ICEMA system.	Yes, only applies to EMS providers using their own EHR system.
Ontario FD	**General Comment:** *In order to give context to the below comments we are attaching ICEMA Draft Protocol 2050 as aid to interpreting our suggestions.*	
Ontario FD	**Page 1, Title of Document:** *We suggest the title be consistent with the purpose.* Requirements for Collection and Submission of EMS Data.	Change made.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Ontario FD	**Page 1, Section II. Policy:** *We suggest rewording the first sentence in the policy statement to read:* "The ICEMA Data System is available for all system providers to use for the collection and submission of EMS data in the ICEMA region." *Two reasons:* 1. *We suggest changing the language to clarify that the ICEMA system is available for use while at the same time acknowledging that other EHR systems may exist.* 2. *We suggest adding in discretionary language as some approved EMS records may be entered in at significantly later dates. For example, patient care reports for Fireline Program may be entered into the provider and ICEMA systems several days or weeks after the event occurred.*	The ICEMA Data System is the preferred system for both the collection of patient care data and for reporting of data to NEMSIS/CEMSIS. State regulations prohibit ICEMA from mandating that the EMS provider use a specific EHR system but do not prohibit ICEMA from making other requirements for patient care reports. This is the difference between patient care information and data that is submitted for reporting. ICEMA policy also describes the information that must be present prior to transfer of care. Use outside these parameters is not in compliance with ICEMA policy.
Ontario FD	**Page 1, 2nd Bullet point:** Section III. Responsibilities of EMS Providers *We suggest changing the sentence for grammar considerations to read:* "EMS Providers using their own EHR system are responsible to:" *This should be changed throughout the document.*	Change made.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Ontario FD	**Page 1, 2nd Bullet, 1st arrow:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language:* "~~Setup and configure new providers and maintain a current record of all employees, stations, and vehicles on the ICEMA data system.~~" *We suggest removing this arrow as EMS providers using their own EHR system have not been given access to the ICEMA Data System, in which case they cannot be held responsible to maintain information.* *ICEMA has a current record of EMS providers' employees, stations and vehicles. We suggest EMS providers using their own EHR system will maintain a current list on file with ICEMA.*	ICEMA requires the submission of a Demographic Dataset as required by NEMSIS. Change made.
Ontario FD	**Page 2, 1st arrow:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language as it is redundant:* "~~Use an EHR system that exports data in real time and in a format that is compliant with the current versions of CEMSIS and NEMSIS standards.~~" *The data export in real time requirement is stated in Roman numeral II, and CEMSIS and NEMSIS compliance is stated in Roman numeral III, first arrow point.*	General policy statements may be further defined or described under responsibilities. This is verbiage from State regulations. No Change.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Ontario FD	**Page 2, 1st arrow, 1st bullet under arrow:** Section III. Responsibilities of EMS Providers *Format change only, bullet point moved back one level.*	Changes made.
Ontario FD	**Page 2, 2nd arrow:** Section III. Responsibilities of EMS Providers *We recommend removal of the below language and adopting the following language in its place:* *"~~Include all required ICEMA validation rules.~~"* "Incorporate conditions from ICEMA's validation rules when creating their validation rules to capture all ICEMA required data elements." *We suggest adopting this verbiage change so that the EMS providers can create their own validation rules, while still capturing all ICEMA required data elements. EMS providers using their own EHR may desire to collect data elements beyond those required by ICEMA.*	EMS providers using their own EHR system must ensure that validation rules are included that ensure that all required data elements and field values are captured on the ePCR. Change made.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Ontario FD	**Page 2, 3rd arrow:** Section III. Responsibilities of EMS Providers *We recommend removal of the below language and adopting the following language in its place:* "~~Ensure that its EMS field personnel do not document procedures and/or treatments performed and documented by other EMS filed personnel within its organization.~~" "Ensure that their EMS field personnel only document procedures and treatments performed by members of their own crew or organization." *We suggest adopting this verbiage change for consistency with Protocol 2040.*	Change made.
Ontario FD	**Page 2, 5th arrow:** Section III. Responsibilities of EMS Providers *We recommend adding and adopting the following additional language at the end of the sentence:* "When requested by ICEMA, make all changes in incomplete or incorrect ePCR's within 72 hours of notification and resubmit to ICEMA, unless otherwise agreed upon by ICEMA." *Two observations/suggestions:* 1. *This requirement appears to be inconsistent with Protocol 2040, page 3, Completion of Patient Care Reports, stating that the ePCR may not be unlocked to make any changes.* 2. *We suggest an exception clause be incorporated to accommodate shift schedules, vacations, sick days, or employee injuries.*	See note above. ICEMA will move this requirement to ICEMA Reference #2040.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Ontario FD	**Page 2, 6th arrow:** Section III. Responsibilities of EMS Providers *Concerning the requirement stating:* "Use an EHR system that includes all ICEMA data elements and field values in collection data." *Two Recommendations* 1. *We suggest ICEMA provide EMS providers using their own EHR system with all ICEMA approved data elements and field values* 2. *We suggest that ICEMA provide a list of their approved data elements and field values to ALL EMS providers.*	ICEMA requires use of current version of NEMSIS as required by State regulations. Any additional data elements and values will be provided to EMS providers using their own EHR system. ICEMA will make this list available to EMS providers as the list is finalized. ICEMA is currently in the process of transitioning to the ELITE platform and will make any ICEMA required data elements available to EMS providers wishing to transition to their own EHR system.
Ontario FD	**Page 2, 1st big bullet, 1st and 2nd arrows:** Section III. Responsibilities of EMS Providers *We suggest removal of the contents of this bullet and arrows beginning with:* "~~EMS providers using its own EHR system must submit a screen shot of all proposed input forms to ICEMA for approval at least 90 days prior to implementation. All changes to an approved input form(s) must be submitted at least 10 days prior to implementation for approval.~~ ~~- Screen shoots must…~~ ~~- All data elements…~~" *The above requirements will prove to be exceptionally difficult to comply with, for the purpose of which, is not clear. For example, we believe screen shots for all proposed input fields will create an unnecessary workload considering all other provisions set forth within this policy. We would propose the following language:* EMS providers using their own EHR system must: • Use an EHR system that includes all ICEMA approved data	The form is a matter of medical control and the layout as well as any prepopulated values must be approved by the ICEMA Medical Director prior to use by EMS providers. No change.

	elements and field values • Incorporate conditions from ICEMA's validation rules when creating their validation rules to capture all ICEMA required data elements. • Demonstrate, test and ensure that its data system is compatible with the ICEMA data system • Must submit a document that includes mapping of all providers EMS data elements and ICEMA's data elements	
Ontario FD	**Page 2, 2nd big Bullet, 1st and 2nd arrows:** Section III. Responsibilities of EMS Providers *We suggest removal of these sections beginning with:* "~~EMS providers using its own HER system must provide ICEMA with a detailed list of all:~~ ~~- All data elements and…~~ ~~- Documentation must show relationship…~~ ~~- Validation rules implemented…~~" *To be replaced with:* EMS providers using their own EHR provide ICEMA with the following: • An EHR system that includes all ICEMA approved data elements and field values • Incorporate conditions from ICEMA's validation rules when creating their validation rules to capture all ICEMA required data elements. • Demonstrate, test and ensure that its data system is compatible with the ICEMA data system • Must submit a document that includes mapping of all providers EMS data elements and ICEMA's data elements	The list is required to ensure that all elements are included in the EMS provider's EHR system. ICEMA requires that the EMS provider use sufficient validation rules to collect any required data elements. Validation rules may not be the same depending on the platform that the EMS provider uses. No change.

	We suggest that EMS providers using their own EHR system should be able to collect data elements in addition to the ICEMA required data elements without creating additional administrative workload.	
Ontario FD	**Page 3, 1st bullet point, 1st arrow and bullet under 1st arrow:** Section III. Responsibilities of EMS Providers *We suggest removing the contents of this bullet beginning with:* "~~EMS providers using its own EHR system must submit an ePCR paper output form (printed diocument) for the transfer of patient care to ICEMA for approval at least 90 days prior to implementation that includes:~~ ~~All elements shown on the current…….~~ ~~Highlight all fields…~~" *To be replaced with:* "EMS providers using their own EHR system will utilize the same ePCR paper output form (printed document) as the ICEMA data system. This document will include: - All supplementary documentation and field assessment detail, such as capnography waveforms and ECGs." *We suggest adopting this verbiage change in an effort to provide consistency to the ePCR paper output form. We see value in consistent output form paperwork for transfer of care from first responders to the receiving facilities. Additionally, ICEMA would have to provide their ePCR paper output form to EMS providers using their own EHR system.*	ICEMA will provide a template for EMS providers using the ImageTrend Elite platform for the paper output form. EMS providers using other EHR systems or those using the ImageTrend platform that do not use the ICEMA template must provide a printed copy for review within the time frames indicated. The ICEMA template uses field values approved by ICEMA and compliance using the ICEMA template still requires review.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Ontario FD	**Page 3, 2nd bullet point:** Section III. Responsibilities of EMS Providers *We suggest replacing "its" with "their" and replacing "guarantee" with "demonstrate" as a demonstration of an agreement is a more realistic goal to achieve.*	Change made.
Ontario FD	**Page 3, 2nd bullet point, 3rd and 6th arrows**: Section III. Responsibilities of EMS Providers *We suggest replacing "guarantee" with "demonstrate" as a demonstration of an agreement is a more realistic goal to achieve.*	Change made.
Ontario FD	**Page 3, 2nd bullet point, 4th, 5th and 6th arrows:** Section III. Responsibilities of EMS Providers *We suggest replacing "24 hours" with "30 days". We also suggest that ICEMA give notice to all providers 30 days prior to any changes in required data elements and field values to allow for implementation and training of EMS personnel.*	Most changes can be made easily within the Data Manager or similar process in the EMS provider's EHR system. Priority changes that are required because of changes in regulations or as a result of medical control are required within 24 hours. ICEMA does not anticipate that this will cause any undue hardship on those managing their own EHR systems. ICEMA will allow 5 days for non-priority changes.
Ontario FD	**Page 3, 3rd bullet point:** Section III. Responsibilities of EMS Providers *We suggest replacing "its" with "their" for grammar considerations.*	Change made.
Ontario FD	**Page 3, 3rd bullet point, 1st and 2nd arrows**: Section III. Responsibilities of EMS Providers *We suggest adding the word "required" as data collected by the provider in excess of the ICEMA required data elements may not have an equivalent field in the ICEMA Data System to map to.*	Change made.
Ontario FD	**Page 4, 1st bullet point:** Section III. Responsibilities of EMS Providers We suggest *replacing "its" with "their" for grammar* considerations.	Change made.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Ontario FD	**Page 4, 1st bullet point, 2nd arrow:** Section III. Responsibilities of EMS Providers *We suggest adding "*initiated by the EMS provider using their own EHR system*" after ICEMA data System. We suggest adopting this additional verbiage so that the EMS providers are not responsible for costs associated with changes requested and put into effect by the LEMSA.*	Moved to the final bullet.
Ontario FD	**Page 4, 1st bullet point, 3rd arrow** Section III. Responsibilities of EMS Providers *We suggest the following change:* ➢ Must submit a document ~~that includes mapping of all EMS provider's data elements and ICEMA data elements~~ that demonstrates the mapping of ICEMA's required data elements from the EMS providers' system to the ICEMA system to ICEMA for approval at least ~~90~~ 30 days prior to implementation of the EMS provider's data system. *We suggest the verbiage change to include only the mapping of data elements that affect those required by ICEMA. In addition, we believe a 90-day time frame is unrealistic to meet the January 1, 2017 deadline for submitting NEMSIS 3.4 compliant data. A minimum 30-day lead-time for an approval process is realistic and consistent with the rest of the policy.*	Change made to include "required data elements from the EMS provider's data elements to the ICEMA data elements…" No change in the timing requirements.
Ontario FD	**Page 4, 1st bullet point, 3rd arrow, 1st bullet under 3rd arrow:** Section III. Responsibilities of EMS Providers *With regard to the requirement:* "Mapping that is equal between systems must be noted" – *We believe this can be achieved only if possible at the vendor level.*	Mapping must be equal. If it easier to show items that are not equal, ICEMA would entertain that change on approval.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Ontario FD	**Page 4, 3rd bullet point:** Section III. Responsibilities of EMS Providers *We suggest the following addition:* • Data submitted by EMS providers who are using its own EHR system that does not meet the minimum validation rules for inclusion will not be used or included: *We suggest the added verbiage above as interoperability is a cornerstone of the health information exchange movement. We believe that excluding EMS provider's data from the ICEMA data system, HIE and Hospital Hub defeats the intent of interoperability. Assembly Bill No. 503, Section 1 states, "*It is the intent of the Legislature to encourage data sharing between emergency medical services, providers and hospitals in order to improve system effectiveness, quality of care and the impact of emergency medical services on death and disability*."* *In addition, we believe that data-driven changes cannot be accurately measured and implemented if the data is derived from a database that does not include all EMS provider data that is available for use.*	ICEMA agrees that the intent of the regulations was to encourage data exchange but there is a difference between the data that is used for reporting purposes and that which can be used to accurately and reliably represent patient care and safety. Since the data was not created nor reside on the ICEMA Data System, it cannot be used to represent the actual medical record. As such it will not be used in situations where the legal medical record is required. Changes made.
Ontario FD	**Page 4, 4th bullet point:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language:* "~~EMS providers shall reimburse ICEMA or other San Bernardino County departments for:~~" *If not removed, we suggest that the references to "*other associated San Bernardino County departments*" be specifically identified.*	ICEMA will identify other County departments as any associated costs are identified.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Ontario FD	**Page 4, 4th bullet point, 1st arrow:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language:* "~~All costs associated with the integration of the EMS provider's data and/or review of its mapping schemas necessary for integration with the ICEMA data system~~." *Any integration fees are contracted between the EMS provider and their vendor. Per ICEMA policy requirements above, the EMS provider will demonstrate the accurate mapping of the ICEMA required data elements.*	Agreed. Clarification change made.
Ontario FD	**Page 5, 1st arrow:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language:* "~~All costs necessary to monitor or verify the demonstration, testing, and/or validation of the integration of the data elements and filed values into the ICEMA data system~~." *We suggest removing this requirement as the time commitment should be extremely minimal since the majority of the work is done between the EMS provider and the vendor.*	No change.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Ontario FD	**Page 5, 2nd arrow, 1st, 2nd and 3rd bullet points:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language starting with:* "~~All costs for processes necessary to ensure the continuity of patient care, including but not limited:~~ ~~- Transfer of care…~~ ~~- Integration of documents…~~ ~~- Integration of patient …~~" *Under the fee scheduled adopted in May, 2016 and effective July 1, 2016; there appear to be no provisions for data related fees allowing ICEMA to recover its expenses for the processing, monitoring or submitting of data. While we recognize that there are some legitimate costs that providers must incur on ICEMA's behalf, it is difficult to comment on these requirements without: 1) a posted fee schedule; and, 2) the resolution of the question as to what exactly a provider must do in or to use their own EPCR systems to submit required data elements to ICEMA. We look forward to having further discussions with ICEMA staff as to these two specific concerns.*	ICEMA cost recovery includes any costs necessary to ensure continuity of patient care and integration of documents into the ICEMA Data System that are a result of an EMS provider's choice to use their own EHR system. No change.
Ontario FD	**Page 5, 3rd arrow:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language:* "~~All costs necessary for the processing of data or the submission of data required for state or federal funding~~." *We believe this is the LEMSA's responsibility so long as the data submitted to ICEMA by EMS Providers is NEMSIS/CEMSIS compliant.*	ICEMA will continue to cover any costs necessary for submission of EMS data required by State and/or federal data reporting for any EMS provider using the ICEMA Data System. Costs necessary for submission of data for EMS providers on their own EHR system is at their cost.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Ontario FD	**Page 5, 1st Bullet point, 1st arrow**: Section IV. Responsibilities of Computer Aided Dispatch (CAD) Centers *We suggest removal of the below language:* "~~Be submitted in real time or within five (5) minutes of the initiation of the call~~." *We suggest removing this item as it seems unnecessary for system monitoring and creates an interface which will increase workload and probable costs for the CAD center.*	CAD Centers currently provide this information concurrently with the medical aid request and dispatch. This interface has been provided and paid for as a function of the ICEMA Data System and as a convenience for EMS providers that use the information to autofill their ePCRs. Other specialty programs such as Emergency Medical Dispatch require submission of data for program monitoring and is consistent with State regulations and ICEMA policy. Changes made.
Ontario FD	**Page 5, New Section**: *We suggest adding:* **Section V: Responsibilities of ICEMA Data System Administrators**: • Provide a current list of ICEMA required data elements and field values • Provide a current data dictionary to EMS providers. • Provide the ICEMA ePCR paper output form to EMS providers using their own EHR system. • Notify EMS providers of system outages in excess of five (5) minutes. Notifications shall be made by emailing the EMS provider contact point. • Notify EMS providers of system changes that affect the input form, including data elements, field values, validation rules and visibility rules at least 30 days prior to the changes going into effect on the ICEMA data system. Notifications shall be made by emailing the EMS provider contact point. • Notify EMS providers of system upgrades to the ImageTrend Elite software and NEMSIS version used by ICEMA for data reporting at least 30 days prior to upgrades going into effect. Notifications shall be made by emailing the EMS provider contact point.	The current list of required data elements are contained in the NEMSIS data dictionaries that is available on the NEMSIS.org website. Any additional data elements that are required by ICEMA are available upon request. ICEMA will make a template of the PDF ePCR form to EMS providers upon request. ICEMA posts scheduled outages on the ICEMA website prior to the updates. ICEMA has also notified EMS providers when the system is going to be down for extended periods. Access to the ePCR is available on the EMS provider's computer even during outages. EMS providers are able to post to the system as soon as the outage is restored.

	We suggest adding the language of "Responsibilities of ICEMA Data System Administrators" to ensure EMS providers have ample time and resources to prepare for changes in the ICEMA Data System. We believe that providing these items and timelines will allow EMS providers adequate preparation to deliver training that ensures successful implementation of changes.	
Chino Valley FD	**General Comment:** *In order to give context to the below comments we are attaching ICEMA Draft Protocol 2050 as aid to interpreting our suggestions.*	
Chino Valley FD	**Page 1, Title of Document:** *We suggest the title be consistent with the purpose.* Requirements for Collection and Submission of EMS Data.	Change made.
Chino Valley FD	**Page 1, Section II. Policy:** *We suggest rewording the first sentence in the policy statement to read:* "The ICEMA Data System is available for all system providers to use for the collection and submission of EMS data in the ICEMA region." *Two reasons:* 3. *We suggest changing the language to clarify that the ICEMA system is available for use while at the same time acknowledging that other EHR systems may exist.* 4. *We suggest adding in discretionary language as some approved EMS records may be entered in at significantly later dates. For example, patient care reports for Fireline Program may be entered into the provider and ICEMA systems several days or weeks after the event occurred.*	The ICEMA Data System is the preferred system for both the collection of patient care data and for reporting of data to NEMSIS/CEMSIS. State regulations prohibit ICEMA from mandating that the provider use a specific EHR but do not prohibit ICEMA from making other requirements for patient care reports. This is the difference between patient care information and data that is submitted for reporting. ICEMA policy also describes the information that must be present prior to transfer of care. Use outside these parameters is not in compliance with ICEMA policy.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Chino Valley FD	**Page 1, 2nd Bullet point:** Section III. Responsibilities of EMS Providers *We suggest changing the sentence for grammar considerations to read:* "EMS Providers using their own EHR system are responsible to:" *This should be changed throughout the document.*	Changes made.
Chino Valley FD	**Page 1, 2nd Bullet, 1st arrow:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language:* "~~Setup and configure new providers and maintain a current record of all employees, stations, and vehicles on the ICEMA data system.~~" *We suggest removing this arrow as EMS providers using their own EHR system have not been given access to the ICEMA Data System, in which case they cannot be held responsible to maintain information.* *ICEMA has a current record of EMS providers' employees, stations and vehicles. We suggest EMS providers using their own EHR system will maintain a current list on file with ICEMA.*	ICEMA requires the submission of a Demographic Dataset as required by NEMSIS. Change made.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Chino Valley FD	**Page 2, 1st arrow:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language as it is redundant:* "~~Use an EHR system that exports data in real time and in a format that is compliant with the current versions of CEMSIS and NEMSIS standards.~~" *The data export in real time requirement is stated in Roman numeral II, and CEMSIS and NEMSIS compliance is stated in Roman numeral III, first arrow point.*	General policy statements may be further defined or described under responsibilities. This is verbiage from State regulations. No change.
Chino Valley FD	**Page 2, 1st arrow, 1st bullet under arrow:** Section III. Responsibilities of EMS Providers *Format change only, bullet point moved back one level.*	Formatting changes made.
Chino Valley FD	**Page 2, 2nd arrow:** Section III. Responsibilities of EMS Providers *We recommend removal of the below language and adopting the following language in its place:* "~~Include all required ICEMA validation rules.~~" "Incorporate conditions from ICEMA's validation rules when creating their validation rules to capture all ICEMA required data elements." *We suggest adopting this verbiage change so that the EMS providers can create their own validation rules, while still capturing all ICEMA required data elements. EMS providers using their own EHR may desire to collect data elements beyond those required by ICEMA.*	EMS providers using their own EHR system must ensure that validation rules are included that ensure that all required data elements and field values are captured on the ePCR. Change made.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Chino Valley FD	**Page 2, 3rd arrow:** Section III. Responsibilities of EMS Providers *We recommend removal of the below language and adopting the following language in its place:* "~~Ensure that its EMS field personnel do not document procedures and/or treatments performed and documented by other EMS filed personnel within its organization.~~" "Ensure that their EMS field personnel only document procedures and treatments performed by members of their own crew or organization." *We suggest adopting this verbiage change for consistency with Protocol 2040.*	Change made.
Chino Valley FD	**Page 2, 5th arrow:** Section III. Responsibilities of EMS Providers *We recommend adding and adopting the following additional language at the end of the sentence:* "When requested by ICEMA, make all changes in incomplete or incorrect ePCR's within 72 hours of notification and resubmit to ICEMA, unless otherwise agreed upon by ICEMA." *Two observations/suggestions:* 3. *This requirement appears to be inconsistent with Protocol 2040, page 3, Completion of Patient Care Reports, stating that the ePCR may not be unlocked to make any changes.* 4. *We suggest an exception clause be incorporated to accommodate shift schedules, vacations, sick days, or employee injuries.*	See note above. ICEMA will move this requirement to ICEMA Reference #2040.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Chino Valley FD	**Page 2, 6th arrow:** Section III. Responsibilities of EMS Providers *Concerning the requirement stating:* "Use an EHR system that includes all ICEMA data elements and field values in collection data." *Two Recommendations* 3. *We suggest ICEMA provide EMS providers using their own EHR system with all ICEMA approved data elements and field values* 4. *We suggest that ICEMA provide a list of their approved data elements and field values to ALL EMS providers.*	ICEMA requires use of current version of NEMSIS as required by State regulations. Any additional data elements and values will be provided to EMS providers using their own EHR systems. ICEMA will make this list available to EMS providers as the list is finalized. ICEMA is currently in the process of transitioning to the ELITE platform and will make any ICEMA required data elements available to EMS providers wishing to transition to their own EHR system.
Chino Valley FD	See comments above	The form is a matter of medical control and the layout as well as any prepopulated values must be approved by the ICEMA Medical Director prior to use by EMS providers. No change.
Chino Valley FD	**Page 2, 2nd big Bullet, 1st and 2nd arrows:** Section III. Responsibilities of EMS Providers *We suggest removal of these sections beginning with:* "~~EMS providers using its own HER system must provide ICEMA with a detailed list of all:~~ ~~-All data elements and…~~ ~~-Documentation must show relationship…~~ ~~-Validation rules implemented…~~" *To be replaced with:* EMS providers using their own EHR provide ICEMA with the following: • An EHR system that includes all ICEMA approved data elements and field values	The list is required to ensure that all elements are included in the EMS provider's EHR system. ICEMA requires that the EMS provider use sufficient validation rules to collect any required data elements. Validation rules may not be the same depending on the platform that the EMS provider uses. No change.

	• Incorporate conditions from ICEMA's validation rules when creating their validation rules to capture all ICEMA required data elements. • Demonstrate, test and ensure that its data system is compatible with the ICEMA data system • Must submit a document that includes mapping of all providers EMS data elements and ICEMA's data elements *We suggest that EMS providers using their own EHR system should be able to collect data elements in addition to the ICEMA required data elements without creating additional administrative workload.*	
Chino Valley FD	**Page 3, 1st bullet point, 1st arrow and bullet under 1st arrow:** Section III. Responsibilities of EMS Providers *We suggest removing the contents of this bullet beginning with:* "~~EMS providers using its own EHR system must submit an ePCR paper output form (printed diocument) for the transfer of patient care to ICEMA for approval at least 90 days prior to implementation that includes:~~ ~~All elements shown on the current…….~~ ~~Highlight all fields…~~" *To be replaced with:* "EMS providers using their own EHR system will utilize the same ePCR paper output form (printed document) as the ICEMA data system. This document will include: - All supplementary documentation and field assessment detail, such as capnography waveforms and ECGs." *We suggest adopting this verbiage change in an effort to provide consistency to the ePCR paper output form. We see value in consistent output form paperwork for transfer of care from first responders to*	ICEMA will provide a template for EMS providers using the ImageTrend Elite platform for the paper output form. EMS Providers using other EHR systems or those using the ImageTrend platform that do not use the ICEMA template must provide a printed copy for review within the time frames indicated. The ICEMA template uses field values approved by ICEMA and compliance using the ICEMA template still requires review.

	the receiving facilities. Additionally, ICEMA would have to provide their ePCR paper output form to EMS providers using their own EHR system.	
Chino Valley FD	**Page 3, 2nd bullet point:** Section III. Responsibilities of EMS Providers *We suggest replacing "*its*" with "*their*" and replacing "*guarantee*" with "*demonstrate*" as a demonstration of an agreement is a more realistic goal to achieve.*	Changes made.
Chino Valley FD	**Page 3, 2nd bullet point, 3rd and 6th arrows**: Section III. Responsibilities of EMS Providers *We suggest replacing "guarantee" with "demonstrate" as a demonstration of an agreement is a more realistic goal to achieve.*	Change made.
Chino Valley FD	**Page 3, 2nd bullet point, 4th, 5th and 6th arrows:** Section III. Responsibilities of EMS Providers *We suggest replacing "24 hours" with "30 days". We also suggest that ICEMA give notice to all providers 30 days prior to any changes in required data elements and field values to allow for implementation and training of EMS personnel.*	Most changes can be made easily within the Data Manager or similar process in the EMS provider's EHR system. Priority changes that are required because of changes in regulations or as a result of medical control are required within 24 hours. ICEMA does not anticipate that this will cause any undue hardship on those managing their own EHR system. ICEMA will allow 5 days for non-priority changes.
Chino Valley FD	**Page 3, 3rd bullet point:** Section III. Responsibilities of EMS Providers *We suggest replacing "its" with "their" for grammar considerations.*	Change made.
Chino Valley FD	**Page 3, 3rd bullet point, 1st and 2nd arrows**: Section III. Responsibilities of EMS Providers *We suggest adding the word "required" as data collected by the provider in excess of the ICEMA required data elements may not have an equivalent field in the ICEMA Data System to map to.*	Change made.
Chino Valley FD	**Page 4, 1st bullet point:** Section III. Responsibilities of EMS Providers We suggest *replacing "its" with "their" for grammar* considerations.	Changes made.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Chino Valley FD	**Page 4, 1st bullet point, 2nd arrow:** Section III. Responsibilities of EMS Providers *We suggest adding "*initiated by the EMS provider using their own EHR system*" after ICEMA data System. We suggest adopting this additional verbiage so that the EMS providers are not responsible for costs associated with changes requested and put into effect by the LEMSA.*	Moved to the final bullet.
Chino Valley FD	**Page 4, 1st bullet point, 3rd arrow** Section III. Responsibilities of EMS Providers *We suggest the following change:* ➢ Must submit a document ~~that includes mapping of all EMS provider's data elements and ICEMA data elements~~ that demonstrates the mapping of ICEMA's required data elements from the EMS providers' system to the ICEMA system to ICEMA for approval at least ~~90~~ 30 days prior to implementation of the EMS provider's data system. *We suggest the verbiage change to include only the mapping of data elements that affect those required by ICEMA. In addition, we believe a 90-day time frame is unrealistic to meet the January 1, 2017 deadline for submitting NEMSIS 3.4 compliant data. A minimum 30-day lead-time for an approval process is realistic and consistent with the rest of the policy.*	Change made to include "required data elements from the EMS provider's data elements to the ICEMA data elements…" No change in the timing requirements.
Chino Valley FD	**Page 4, 1st bullet point, 3rd arrow, 1st bullet under 3rd arrow:** Section III. Responsibilities of EMS Providers *With regard to the requirement:* "Mapping that is equal between systems must be noted" – *We believe this can be achieved only if possible at the vendor level.*	Mapping must be equal. If it easier to show items that are not equal, ICEMA would entertain that change on approval.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Chino Valley FD	**Page 4, 3rd bullet point:** Section III. Responsibilities of EMS Providers *We suggest the following addition:* • Data submitted by EMS providers who are using its own EHR system that does not meet the minimum validation rules for inclusion will not be used or included: *We suggest the added verbiage above as interoperability is a cornerstone of the health information exchange movement. We believe that excluding EMS provider's data from the ICEMA data system, HIE and Hospital Hub defeats the intent of interoperability. Assembly Bill No. 503, Section 1 states, "*It is the intent of the Legislature to encourage data sharing between emergency medical services, providers and hospitals in order to improve system effectiveness, quality of care and the impact of emergency medical services on death and disability*."* *In addition, we believe that data-driven changes cannot be accurately measured and implemented if the data is derived from a database that does not include all EMS provider data that is available for use.*	ICEMA agrees that the intent of the regulations was to encourage data exchange but there is a difference between the data that is used for reporting purposes and that which can be used to accurately and reliably represent patient care and safety. Since the data was not created nor reside on the ICEMA Data System, it cannot be used to represent the actual medical record. As such it will not be used in situations where the legal medical record is required. Changes made.
Chino Valley FD	**Page 4, 4th bullet point:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language:* "~~EMS providers shall reimburse ICEMA or other San Bernardino County departments for:~~" *If not removed, we suggest that the references to "*other associated San Bernardino County departments*" be specifically identified.*	ICEMA will identify other County departments as any associated costs are identified.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Chino Valley FD	**Page 4, 4th bullet point, 1st arrow:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language:* "~~All costs associated with the integration of the EMS provider's data and/or review of its mapping schemas necessary for integration with the ICEMA data system~~." *Any integration fees are contracted between the EMS provider and their vendor. Per ICEMA policy requirements above, the EMS provider will demonstrate the accurate mapping of the ICEMA required data elements.*	Agreed. Clarification change made.
Chino Valley FD	**Page 5, 1st arrow:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language:* "~~All costs necessary to monitor or verify the demonstration, testing, and/or validation of the integration of the data elements and filed values into the ICEMA data system~~." *We suggest removing this requirement as the time commitment should be extremely minimal since the majority of the work is done between the EMS provider and the vendor.*	No change.
Chino Valley FD	**Page 5, 2nd arrow, 1st, 2nd and 3rd bullet points:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language starting with:* "~~All costs for processes necessary to ensure the continuity of patient care, including but not limited:~~ ~~- Transfer of care…~~ ~~- Integration of documents…~~ ~~- Integration of patient …~~"	ICEMA cost recovery includes any costs necessary to ensure continuity of patient care and integration of documents into the ICEMA Data System that are a result of an EMS provider's choice to use their own EHR system. No change.

	Under the fee scheduled adopted in May, 2016 and effective July 1, 2016; there appear to be no provisions for data related fees allowing ICEMA to recover its expenses for the processing, monitoring or submitting of data. While we recognize that there are some legitimate costs that providers must incur on ICEMA's behalf, it is difficult to comment on these requirements without: 1) a posted fee schedule; and, 2) the resolution of the question as to what exactly a provider must do in or to use their own EPCR systems to submit required data elements to ICEMA. We look forward to having further discussions with ICEMA staff as to these two specific concerns.	
Chino Valley FD	**Page 5, 3rd arrow:** Section III. Responsibilities of EMS Providers *We suggest removal of the below language:* "~~All costs necessary for the processing of data or the submission of data required for state or federal funding~~." *We believe this is the LEMSA's responsibility so long as the data submitted to ICEMA by EMS Providers is NEMSIS/CEMSIS compliant.*	ICEMA will continue to cover any costs necessary for submission of EMS data required by State and/or federal data reporting for any EMS provider using the ICEMA Data System. Costs necessary for submission of data for EMS providers on their own EHR system is at their cost.
Chino Valley FD	**Page 5, 1st Bullet point, 1st arrow**: Section IV. Responsibilities of Computer Aided Dispatch (CAD) Centers *We suggest removal of the below language:* "~~Be submitted in real time or within five (5) minutes of the initiation of the call~~." *We suggest removing this item as it seems unnecessary for system monitoring and creates an interface which will increase workload and probable costs for the CAD center.*	CAD Centers currently provide this information concurrently with the medical aid request and dispatch. This interface has been provided and paid for as a function of the ICEMA Data System and as a convenience for providers that use the information to autofill their ePCRs. Other specialty programs such as Emergency Medical Dispatch require submission of data for program monitoring and is consistent with State regulations and ICEMA policy. Changes made.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Chino Valley FD	**Page 5, New Section**: *We suggest adding:* **Section V: Responsibilities of ICEMA Data System Administrators**: • Provide a current list of ICEMA required data elements and field values • Provide a current data dictionary to EMS providers. • Provide the ICEMA ePCR paper output form to EMS providers using their own EHR system. • Notify EMS providers of system outages in excess of five (5) minutes. Notifications shall be made by emailing the EMS provider contact point. • Notify EMS providers of system changes that affect the input form, including data elements, field values, validation rules and visibility rules at least 30 days prior to the changes going into effect on the ICEMA data system. Notifications shall be made by emailing the EMS provider contact point. • Notify EMS providers of system upgrades to the ImageTrend Elite software and NEMSIS version used by ICEMA for data reporting at least 30 days prior to upgrades going into effect. Notifications shall be made by emailing the EMS provider contact point. *We suggest adding the language of "Responsibilities of ICEMA Data System Administrators" to ensure EMS providers have ample time and resources to prepare for changes in the ICEMA Data System. We believe that providing these items and timelines will allow EMS providers adequate preparation to deliver training that ensures successful implementation of changes.*	The current list of required data elements are contained in the NEMSIS data dictionaries that is available on the NEMSIS.org website. Any additional data elements that are required by ICEMA are available upon request. ICEMA will make a template of the PDF ePCR form to providers upon request. ICEMA posts scheduled outages on the ICEMA website prior to the updates. ICEMA has also notified EMS providers when the system is going to be down for extended periods. Access to the ePCR is available on the EMS provider's computer even during outages. EMS providers are able to post to the system as soon as the outage is restored.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

San Bernardino County EMS Officers	In general, the EMS Officers feel that this protocol is written for agencies that will be utilizing their own EHR systems. The protocol does not clearly delineate the responsibilities for those using the ICEMA data system. 1. The section of the responsibilities of the EMS Provider pertaining to the fees for ICEMAs services relating to data management. Does this pertain to all EMS Providers or only those on their own EHR system? 2. Another general concern of the EMS Officers is directly related to the fees for service. There does not appear to be a fee schedule to outline these cost that are referenced in the protocol. 3. We suggest that additional verbiage be added to the protocol so that EMS providers are not responsible for costs associated with changes requested and put into effect by ICEMA. 4. We recommend that ICEMA allow the agencies some exceptions when submitting corrected ePCRs. The timeframe of 24 hours does not accommodate shift schedule, vacations, sick days, or employee injuries. 5. We would like to request that ICEMA provide a list to EMS providers of the required data elements as referenced in this protocol. 6. We believe that ICEMA should work with the agencies that are using their own EHR system to accommodate the implementation of successful systems by considering modifying the unrealistic time frames. We recommend reconsidering the responsibilities of the computer aided dispatch (CAD) centers. We believe the CAD data elements are provided to ICEMA in real time as the ePCR is posted.	1. The purpose of this policy was clarified to include only those EMS providers using their own EHR System. EMS providers using the ICEMA Data System are compliant with ICEMA policy and State regulations regarding the submission of data. 2. There is no charge for data submission for EMS providers who participate on the ICEMA Data System. 3. Cost recovery does not apply to EMS providers using the ICEMA Data System. 4. Correcting ePCRs is covered in ICEMA Reference #2040. 5. ICEMA is currently using standards addressed by NEMSIS V3 which is the State data standard. Additional data elements are currently being developed and will be available upon request. 6. ICEMA has and will continue to work with any EMS provider using their own EHR system to ensure that State regulations and ICEMA policy are met to ensure the highest standards of patient care and safety are provided. 7. ICEMA receives and has paid for the direct feed from CAD centers that is independent from the ePCR. This information is available for automatic input of times, EMD and other data into the EMS provider's patient care report. Changes made.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

	"When requested by ICEMA, make all changes to incomplete or incorrect ePCRs within 24hours of notification and resubmit to ICEMA"… We suggest a longer time frame as 24 hours is unrealistic	Change made for priority and non-priority items.
Rancho Cucamonga FD	Page 1, section III, 1st bullet, 4th arrow – 2nd line "public and private" – we suggest this be written as "First Responders and Transport Agencies"	Agreed, reference removed. Change made.
Rancho Cucamonga FD	Page 2, 5th arrow – again, 24 hours is operational unrealistic as personnel may not be on duty and changes or corrections need to be made by the crew that was on the call. Suggest this be changed to "as soon as possible but not to exceed 10 days". 10 days is the standard length of time for records requests and accommodates for days off, sick, ect…	This item was moved to ICEMA Reference #2040.
Rancho Cucamonga FD	Pg. 4, 3rd bullet – "Data submitted by EMS providers who are using its own EHR system will not be used or included" - this will skew all of the County data. By leaving out some providers we will always have inaccurate data when looking at the County or Region.	ICEMA will not include data if access and/or reference to the legal medical record is required. Included data will not be inaccurate, but it may be incomplete. Changes made.
Rancho Cucamonga FD	Page 4, 4th bullet – "EMS providers shall reimburse ICEMA or other associated San Bernardino County departments for" - this is the only bullet in this protocol that does not refer to those using its own EHR system. Is this an error or is the reference to ALL EMS Providers?	Added EMS providers on their own EHR system.
Rancho Cucamonga FD	Page 5, IV., "Responsibilities of CAD centers real time submission within five minutes of initiation of the call" - Is this able to be done or is 5 minutes unrealistic?	Change made to "concurrently" and as the response is updated.
CAL FIRE	"RESPONSIBILITIES OF COMPUTER AIDED DISPATCH (CAD) CENTERS" Given the complexities and security of the CAL FIRE statewide CAD system this is insufficient time to see if we can logistically and legally comply with the protocol.	This section applies to CAD centers dispatching EMS providers using their own EHR system that are incorporated into the EMS provider's ePCR. ICEMA will continue to work with Dispatch Centers that are not currently providing data to the ICEMA Data system. Changes made.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Mono County Fire Chiefs' Assn	**Question # 3** Is an "electronic patient care report (ePCR)" synonymous with an "electronic health record (EHR)?"	Yes
Mono County Fire Chiefs' Assn	**Question # 4** Page 4, section III, RSEMSD, states that data submitted by EMS providers using their own EHR (which assumes it must have met all other ICEMA Data System validation tests), will be excluded from statistical use in ICEMA reports, information exchange, and patient system dashboards. Does this mean that even if an EMS provider can properly submit EMS data into the ICEMA Data System, that it will be excluded from statistical use? If yes, what is the basis of excluding that data? "AB 1129 also prohibits the local governing agency from mandating a specific software package. EMS providers may serve multiple jurisdictions with different requirements for health record systems, increasing that provider's costs with no additional safety or data-collection benefit. This allows EMS providers to use whichever electronic health record system best suits their needs, as long as it is compliant with state and national standards and can be shared with the local governing agency (excerpt from press release from the bill's author, Assemblywomen Autumn Burke, September 30, 2015)."	The legal medical record resides on the EHR system on which it was created. For EMS providers using their own EHR system, it is not held on the ICEMA Data System. ICEMA cannot attest that the record that data that exists on the ICEMA Data System is a true representation of the patient care report because ICEMA cannot guarantee that all data elements and field values have been included in the EMS provider's data set or that they are mapped correctly and/or represent the actual value as originally collected. Inclusion in ICEMA projects such as HIE require access to the legal medical record by the HIO. Changes made.

POLICIES/PROTOCOLS FOR 15-DAY COMMENT FORM

ICEMA Reference #2050 - Requirements for Collection and Submission of EMS Data

DEADLINE TO SUBMIT COMMENTS: September 22, 2016 at 5:00 pm

Mono County Fire Chiefs' Assn	Question # 5 Page 1, section III, RSEMSD, requires an extensive list of data requirements for providers using anything other than the ICEMA Data System. It also transfers all costs to validate use of anything other than the ICEMA Data System to the EMS provider. The small fire districts within Mono County simply do not have the financial ability to pay for any validation costs that ICEMA may impose. Does ICEMA provide validation software for its local data (i.e., LEMSA) data collection, similar to the validation software that NEMIS provides? If not, the only way to verify successful data transfer from alternative ePCR/HER, or EMS records management systems into the ICEMA Data System would be to allow such a data push for validation evaluation. However, past requests to do this by Mono County were denied. "We can export the ImageTrend data to Firehouse, but the reverse is not acceptable based on the system design (ICEMA email correspondence, 2/10/2014." AB 1162 section 2(b) states, "A local EMS agency shall not mandate that a provider use a specific electronic health record system to collect and share data with the local EMS agency", and also requires that the EMS provider submit data to the LEMSA that meets NEMSIS, CEMSIS, and LEMSA requirements. If a validation program for the ICEMA Data System is not available, and if a data push from a different vendor "…is not acceptable", and given the financial inability of Mono County Fire Districts to assume the open-ended cost of ICEMA determining data validation, these EMS providers will, by default, be forced into using a specific electronic health record system, something specifically prohibited by AB 1162 section 2(b).	Agreed, Section 1797.227 does not allow the LEMSA to mandate that a specific EHR system is used to collect data. ICEMA does provide an EHR system at no cost to EMS providers that choose to use it. The choice by an EMS provider to use an alternative system would be based on numerous considerations including cost. Prior to passage of AB 1129, ICEMA required that all EMS providers use the ICEMA Data System which was provided at no additional cost to EMS providers. This ensured the broadest consistency in patient care reports and maintained medical control by providing an integrated EHR system without problems inherent with third party mapping. With the passage of AB1 129, ICEMA is unable to ensure the same level of integration which has the potential to negatively affect patient care and safety. ICEMA is not able to mandate the EHR system that an EMS provider chooses to use as long as they pay the costs for integration.

TABLE OF CONTENTS

SERIES	SYSTEM POLICIES AND PROCEDURES	EFFECTIVE DATE
1000	**CERTIFICATION, ACCREDITATION and AUTHORIZATION**	
1020	EMR Certification	07/01/15
1030	EMT Certification	07/01/15
1040	EMT-P Accreditation	09/01/15
1050	MICN Authorization - Base Hospital, Administrative, Flight Nurse, Critical Care Transport	04/01/16
1060	Certification/Accreditation Review Policy	12/01/14
1070	EMT/AEMT Incident Investigation, Determination of Action, Notification, and Administrative Hearing Process	08/15/14
1090	Criminal History Background Checks (Live Scan)	08/15/14
1100	AEMT Certification	07/01/15
1110	RCP Authorization	04/01/16
1120	EMT-P Student Field Internship Requirements	04/15/16
2000	**DATA COLLECTION**	
2010	Requirements for Patient Care Records	05/01/06
2020	ICEMA Abbreviation List	03/15/12
2030	Minimum Documentation Requirements for Transfer of Patient Care	03/15/12
2050	Requirements for Collection and Submission of EMS Data **NEW**	**12/01/16**
3000	**EDUCATION**	
3020	Continuing Education Provider Requirements	07/01/15
3030	EMT Continuing Education Requirements	03/15/11
4000	**QUALITY IMPROVEMENT**	
4010	Continuous Quality Improvement Plan	02/28/11
5000	**MISCELLANEOUS SYSTEM POLICIES**	
5010	Licensure Changes 911 Receiving Hospitals	01/01/10
5020	Base Hospital Selection Criteria	07/15/00
5030	Review of Policies and Protocols	02/01/16
5040	Radio Communication Policy	02/01/16
5050	Medical Response to a Multi-Casualty Incident	04/01/13
5050 I/Mono Annex	Inyo and Mono Counties Medical Response to a Multi-Casualty Incident	05/01/11
5060	MCI Definitions/Key ICS Positions	01/01/10
5070	Medical Response to Hazardous Materials/Terrorism Incident	04/01/13
5080	ICEMA Ground Based Ambulance Rate Setting Policy-San Bernardino County	05/08/12
6000	**SPECIALTY PROGRAM/ PROVIDER POLICIES**	
6010	Paramedic Vaccination Policy	04/01/13
6030	AED Service Provider Policy - Public Safety	07/01/15
6040	AED Service Provider - Lay Rescuer	07/01/15
6060	Specialty and Optional Scope Program Approval Policy	07/01/15
6070	Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Designation Policy	02/01/16

TABLE OF CONTENTS

SERIES	SYSTEM POLICIES AND PROCEDURES	EFFECTIVE DATE
6000	**SPECIALTY PROGRAM/ PROVIDER POLICIES (CONTINUED)**	
6080	Paramedic Blood Draw for Chemical Test at the Request of a Peace Officer	04/01/13
6090	Fireline Paramedic	02/01/16
6100	Neurovascular Stroke Receiving Centers Designation Policy *(San Bernardino County Only)*	02/01/16
6110	Tactical Medicine Program	07/01/15
6120	Emergency Medical Dispatch Center Requirements (*San Bernardino County Only)*	08/15/13
6130	Medical Priority Dispatch Minimum Response Assignments for Emergency Medical Dispatch (EMD) Categories	08/15/13
6140	Smoke Inhalation/CO Exposure/Suspected Cyanide Toxicity	06/01/14
6150	Trial Study Participation	03/01/15
7000	**STANDARD DRUG & EQUIPMENT LISTS**	
7010	BLS/LALS/ALS Standard Drug and Equipment List	10/15/16
7020	EMS Aircraft Standard Drug and Equipment List	10/15/16
7030	Controlled Substance Policy	06/01/15
7040	Medication - Standard Orders	10/15/16
8000	**TRANSPORT/TRANSFERS AND DESTINATION POLICIES**	
8010	Interfacility Transfer Guidelines	10/15/16
8020	Specialty Care Transport	04/01/16
8050	Transport of Patients (BLS)	02/01/92
8060	Requests for Hospital Diversion Policy *(San Bernardino County Only)*	04/01/13
8070	Aircraft Rotation Policy *(San Bernardino County Only)*	04/01/13
8090	Fort Irwin Continuation of Care	10/15/16
8110	EMS Aircraft Permit Policy	10/01/13
8120	Continuation of Care *(San Bernardino County Only)*	10/15/16
8130	Destination Policy	02/01/16
8140	Transport Policy *(Inyo County Only)*	12/15/15
8150	Ambulance Patient Offload Delay (Revised) **NEW**	**12/15/16**
	PATIENT CARE POLICIES	
9000	**GENERAL PATIENT CARE POLICIES**	
9010	General Patient Care Guidelines	10/15/16
9020	Physician on Scene	04/01/13
9030	Responsibility for Patient Management Policy	04/01/13
9040	Reporting Incidents of Suspected Abuse Policy	04/01/13
9050	Organ Donor Information	04/01/13
9060	Local Medical Emergency Policy	02/01/14
9070	Applying Patient Restraints Guidelines	05/01/06
9080	Care of Minors in the Field	02/01/16
9090	Patient Refusal of Care - Adult	06/01/14
9110	Treatment of Patients with Airborne Infections and Transport Recommendations	09/15/11
9120	Nausea and Vomiting	12/01/14

TABLE OF CONTENTS

10000	**SKILLS**	
10190	Procedure - Standard Orders	10/15/16
11000	**ADULT EMERGENCIES (15 YEARS OF AGE AND OLDER)**	
11010	Respiratory Emergencies - Adult	07/01/15
11020	Airway Obstruction - Adult	08/15/14
11040	Bradycardias - Adult	08/15/14
11050	Tachycardias - Adult	10/15/16
11060	Suspected Acute Myocardial Infarction (AMI)	06/01/15
11070	Cardiac Arrest - Adult	02/01/16
11080	Altered Level of Consciousness/Seizures - Adult	08/15/14
11090	Shock (Non-Traumatic)	08/15/14
11100	Burns - Adult	07/01/15
11110	Stroke Treatment - Adult	02/01/16
12000	**END OF LIFE CARE**	
12010	Determination Of Death on Scene	08/15/14
	Coroners Worksheet of Death - EMS Report of Death Form	09/15/12
12020	End of Life Care and Decisions	10/15/16
13000	**ENVIRONMENTAL EMERGENCIES**	
13010	Poisonings	08/15/14
13020	Heat Related Emergencies	08/15/14
13030	Cold Related Emergencies	06/01/15
14000	**PEDIATRIC EMERGENCIES (LESS THAN 15 YEARS OF AGE)**	
14010	Respiratory Emergencies - Pediatric	07/01/15
14020	Airway Obstruction - Pediatric	10/15/16
14030	Allergic Reactions - Pediatric	08/15/14
14040	Cardiac Arrest - Pediatric	10/15/16
14050	Altered Level of Consciousness - Pediatric	08/15/14
14060	Seizure - Pediatric	10/15/16
14070	Burns - Pediatric	10/15/16
14080	Obstetrical Emergencies	08/15/14
14090	Newborn Care	08/15/14
15000	**TRAUMA**	
15010	Trauma - Adult (15 years of age and older)	10/15/16
15020	Trauma - Pediatric (Less than 15 years of age)	06/01/15
15030	Trauma Triage Criteria	02/01/16
15040	Glasgow Coma Scale Operational Definitions	04/01/13
15050	Hospital Emergency Response Team (HERT) Policy	10/15/13

REQUIREMENTS FOR COLLECTION AND SUBMISSION OF EMS DATA

I. PURPOSE

To establish requirements for the collection and submission of data to the ICEMA Data System by EMS providers using their own electronic health record (EHR) system as required by State regulations and ICEMA policy.

II. POLICY

All EMS providers shall utilize an EHR system that is compliant with CEMSIS and NEMSIS and contain any additional data elements required by ICEMA. EMS providers must submit data to the ICEMA Data System in real-time in order to maintain compliance with medical control to ensure the continuity of patient care within the ICEMA region.

The ICEMA Data System is the primary system for the collection and submission of EMS data in the ICEMA region and is the only authorized data system for the submission of data for reporting to the California Emergency Medical System (CEMSIS) and National Emergency Medical Information System (NEMSIS).

III. RESPONSIBILITIES OF EMS PROVIDERS

- EMS providers shall utilize an EHR system that:
  - Exports data to the ICEMA Data System in a format that is compliant with the current version of CEMSIS/NEMSIS standards.
  - Includes all additional data elements required by ICEMA, including field values and information required to identify EMS field personnel (name, identification number, etc.).
  - Includes all attachments that documents patient care, such as echocardiograms (ECGs), capnography waveforms and PDF copies of the electronic patient care report (ePCR).

- EMS providers using their own EHR system and their vendor(s) must maintain a system that:
  - Contain provisions for the electronic transfer of the patient care between EMS providers and hospitals at the time of transfer of care that:
    - Ensures that the process that is created for the transfer of patient care between EMS providers can be used by the ICEMA Data System, and

        - Ensures that the process that is created for the transfer of patient care is functionally and operationally consistent with the transfer of care procedures in the ICEMA Data System.
    - Ensures all required data is submitted to the ICEMA Data System concurrently with transfer of patient care to a subsequent EMS provider or hospital.
    - Ensures all required data is submitted to the ICEMA Data System when the record is completed and/or locked.
    - Resubmits all records, if opened and changed for any reason, at the time of the next scheduled submission of data.

- EMS providers using their own EHR system must:

    - Transmit all data elements in the Demographic Dataset as required in the NEMSIS V3 Requisite National Elements and ensure that the Demographic Dataset is updated on the ICEMA Data System with changes in the EMS provider's submitted data.
    - Notify ICEMA of any system outages in excess of 60 minutes by e-mailing the ICEMA Duty Officer.
    - Use an EHR system that exports data to the ICEMA Data System in real-time and in a format that is compliant with the current versions of the CEMSIS and NEMSIS standards that:
        - Includes all supplementary documentation and field assessment detail, such as capnography waveforms and ECGs, in a format approved by ICEMA.
        - Include EMS provider refusal of care documentation.
        - Include all signatures required by ICEMA.
    - Use the same version of CEMSIS and NEMSIS used by ICEMA.
    - Coordinate any updates to the current versions of CEMSIS and NEMSIS when implemented by ICEMA to coincide with the upgrade implementation date.
    - Include validation rules that ensure that all required data elements are captured in the ePCR.
    - Ensure that their EMS field personnel only document assessments, procedures and medications performed by EMS field personnel within their own organization.
    - Ensure that their EMS field personnel do not document assessments, procedures and medications performed by EMS field personnel from another EMS provider.
    - Use an EHR system that includes all ICEMA approved data elements and field values.
    - Allow the California Hospital Hub to access their EHR system.

- EMS providers using their own EHR system must submit a screen shot of all proposed input forms to ICEMA for approval at least 90 days prior to implementation. All changes to an approved input form(s), other than those

requested by ICEMA as noted below, must be submitted at least 10 days prior to implementation for approval.

- Screen shots must include all field titles and corresponding NEMSIS data element numbers/names and field values.
- All data elements or field values with defaulted, auto-computed or auto-filled values must be described and highlighted.

- EMS providers using their own EHR system must provide ICEMA with a detailed list of all:

  - Data elements and field values currently active in the EMS provider's EHR system.
    - Documentation must show relationship between data elements and field values in the EMS provider's EHR system with those on the ICEMA Data System.
  - Validation rules implemented on the EMS provider's EHR system.

- EMS providers using their own EHR system must submit and demonstrate a process for the electronic transfer of patient care between sending and receiving EMS field personnel at the time of transfer of patient care to ICEMA for approval 90 days prior to implementation that includes:

  - A process that creates a unified record between the sending and receiving EMS providers.
  - The ability to upload an ePCR for transfer to the other responding EMS providers that:
    - Is available for use by EMS Providers using the ICEMA Data System at the time of transfer of patient care, and
    - Allows EMS field personnel utilizing the ICEMA Data System to use the standard user interface (Transfer-Upload/Download functions), and
    - Is functionally and operationally consistent with the transfer of care procedures in the ICEMA Data System.

- EMS providers using their own EHR system must submit a printed copy of the ePCR (PDF) to ICEMA for approval at least 90 days prior to implementation. This may be the same form used by ICEMA but generated from the EMS provider's EHR system. ICEMA will provide a template upon request. The printed form must include:

  - All elements included on the current ICEMA ePCR output form.
    - Indicate all fields on EMS provider's printed form that are equal to those on the ICEMA form.
  - All supplementary documentation and field assessment detail, such as capnography waveforms and ECGs.

- EMS providers using their own EHR system and their vendor(s) must demonstrate that all ICEMA required data elements and field values are included in the datasets submitted to the ICEMA Data System that:

  - Ensures that data element numbers match those in the ICEMA Data System.
  - Provides a detailed report from the EMS provider's EHR system for all data elements and values showing element descriptions/IDs, and provide a detailed document demonstrating the process used to verify values with those in the ICEMA Data System.
  - Demonstrates the accuracy and validity of all submitted data and demonstrates real-time integration with the ICEMA Data System.
  - Ensures that all ICEMA required data elements and field values are included in the EMS provider's input/output form.

- EMS providers using their own EHR system must make any ICEMA requested changes or additions to their data sets and input forms and maintain the ability to integrate real-time data with the ICEMA Data System within the time periods specified below:

  - Make any changes or additions in priority data elements and/or values within 24 hours of notification (weekdays only). Priority items are defined as those that are necessary to comply with State regulations or medical control.
  - Make any changes or additions of non-priority data elements and/or values within 5 days of notification.
  - Ensure that all changes in either priority and non-priority data sets are implemented in the EMS provider's input/output forms at the time of the change and provide a copy of the EMS provider's revised input/output forms to ICEMA.

- EMS providers using their own EHR system and their vendor(s) must ensure that the EMS provider's EHR system is compatible with the ICEMA Data System at their own cost, and:

  - Develop and implement processes that demonstrate and test compatibility between their EHR system and the ICEMA Data System.
  - Submit a document that demonstrates the mapping of all required data elements from the EMS provider's data elements to the ICEMA data elements to ICEMA for approval at least 90 days prior to implementation of the EMS provider's EHR system (mapping that is equal between systems must be noted).

- EMS providers using their own EHR system and their vendor(s) are responsible for ensuring that all data submitted to the State or national data

repositories, via the ICEMA Data System, meet minimum validation rules for inclusion.

- EMS providers whose data is not accepted by the State or national data repositories will be excluded from further data submissions until the EMS provider can demonstrate that it is compliant with CEMSIS and/or NEMSIS standards or as required by State and/or federal regulations.

- Data submitted to the ICEMA Data System by EMS providers using their own EHR system may not be used or included:
  - In ICEMA EMS Health Information Exchange or other projects designed to facilitate the exchange of health information.
  - On the California Hospital Hub unless provisions are made for direct access to the EMS provider's EHR system by the California Hospital Hub.
  - As notification to the County Coroner through the California Hospital Hub unless provisions are made for direct access to the EMS provider's EHR system by the California Hospital Hub.

- EMS providers using their own EHR system shall reimburse ICEMA or other associated San Bernardino County departments for:
  - All costs associated with the review of EMS provider's data mapping schemas necessary for integration with the ICEMA Data System.
  - All costs necessary to monitor or verify the demonstration, testing, and/or validation of the integration of data elements and field values into the ICEMA Data System.
  - All costs for processes necessary to ensure continuity of patient care, including but not limited to:
    - Transfer of care between EMS providers and hospitals in real-time.
    - Integration of documents related to the inclusion criteria for STEMI, Stroke, and/or Trauma patients.
    - Integration of patient care information in the ICEMA specialty care registries.
    - Software enhancements to the ICEMA Data System, related to the EMS provider's EHR system, that are required to maintain current functionality for users of the ICEMA Data System.
  - All costs necessary for the processing of data or the submission of data required for State or federal data reporting.
  - All costs necessary to demonstrate, test, and or ensure that the EMS Provider's EHR system, can be integrated with the ICEMA Data System.

IV. RESPONSIBILITIES OF DISPATCH CENTERS USING COMPUTER AIDED DISPATCH (CAD)

- When CAD data is used to populate the ePCR, all dispatch centers that dispatch EMS providers using their own EHR system must submit CAD data to ICEMA in an electronic format that will:

  - Include all data elements as described in the current *NEMSIS CAD Data Standard* and submitted in a format that is compatible with the ICEMA Data System.
  - Be submitted concurrently with the medical aid request or the initiation of the response.
  - Include required data for all emergency and non-emergency medical aid requests.