

**Susquehanna Regional EMS Council, Inc**

Serving: Broome, Tioga, and Chenango Counties

REMAC Policy Statement

*Supersedes: 300 (12-01), 310 (15-03),
315 (15-04)*

No. 316

Date: 10/26/23

Re: Submission of ePCR
Data

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Purpose:

The purpose of this policy is to:

Define the REMAC requirements for the completion and submission of a timely Electronic Patient Care Report (ePCR). ePCR's are completed to ensure a safe and effective means of documenting the continuity of care for all patients that providers come into contact with in the Susquehanna region.

Background:

- Pursuant to Part 800.15 (Required Conduct) of NYS Public Health Law it is stipulated that, "a prehospital care report (ePCR) shall be completed for each patient treated when acting as part of an organized prehospital emergency medical service, and a copy shall be provided to the hospital receiving the patient and to the authorized agent of the department for use in the State's quality assurance program."
- New York State Department of Health Bureau of Emergency Medical Services Policy Statement No. 12-03, dated 23 January 2012, states "all EMS services must submit the standard NYS data file to the Regional Program Agency in a compatible format on a regular and routine schedule determined by the program agency."

Policy:

1. SREMS requires all EMS agencies with any part of their primary operating territory in the Susquehanna Region, to submit electronically to the SREMS Imagetrend Elite site, a completed ePCR as soon as possible but no later than 4 hours after the completion of the call.
 - a. The completion of the call is defined as:
 - The time that patient care is transferred to a definitive care destination
 - An RMA is completed
 - There is a field termination of care
 - No care is rendered due to obvious signs of death
 - Patient care is transferred to another EMS agency

- b. Ideally an ePCR should be submitted prior to the submitting agency leaving the hospital. However, in the event that an ePCR cannot be submitted before leaving the hospital (i.e. EMS had to respond to another emergent 911 call), the crew will provide the “minimum data set (MDS as defined in NYS DOH Policy Statement 12-02), plus rhythm strips and 12-Lead tracings, if any, to the nurse or physician caring for the patient before departing from the receiving hospital.” This may be done through an ePCR system or in writing.
2. SREMS policy requires that an ePCR be completed for all incidents involving patient contact, regardless of patient transport.
3. The ePCR must be in a format compliant with NEMSIS and the NYSDOH extensions as outlined in the most current version of the "New York State Emergency Medical Services Pre-Hospital Care Reporting (PCR) NEMSIS Data Dictionary with New York State Dataset." The ePCR should include all pertinent ECG and 12 Lead tracings and if the receiving hospital provides a patient identifier that is used in-hospital, it must be added to the ePCR to correctly link the patient’s hospital chart and the ePCR. It is the responsibility of the person completing the ePCR to ask for these numbers and enter them into the ePCR correctly.

Additional Information:

Agencies shall contact the program agency in writing to obtain credentials for access to the Region’s ePCR system.

Additional Requirements:

If for any reason an agency elects to change their ePCR provider, written notice, a minimum of 30 days prior to the proposed implementation/switch over date, must be given to the program agency. This time frame will allow for the following to occur:

1. The Program Agency will obtain the necessary REMAC and Regional Council approvals for the change.
2. The Program Agency will ensure, through NYS DOH form 5136, that the software vendor being considered is approved by NYS and the necessary mapping information is provided to the vendor, and data will be submitted to the NYS Imagetrend Elite site, meeting the data compliance standards as defined by NYS, SEMAC and REMAC.

Technical Linkage:

1. All EMS agencies with any part of their primary operating territory in the Susquehanna Region must submit their ePCR’s electronically to the Susquehanna Imagetrend Elite site. For those agencies that initially submit their charts to the Susquehanna Regional Imagetrend Elite site, nearly simultaneously to the receipt of these charts on the SREMS Elite site, they are transmitted electronically from the Susquehanna Imagetrend Elite site to the NYS Imagetrend Elite site and the NYS Hospital Hub Site.

2. For those agencies utilizing the NYS Direct entry ePCR site, these charts are nearly simultaneously transmitted from the NYS Elite site to the Susquehanna Regional Elite site and the NYS Hospital Hub Site.
3. If the receiving hospital provides patient identifying numbers (i.e. Medical Record, ECD, etc.) they must be added by EMS to the ePCR to ensure accurate linkage with the patient's hospital record.
 - a. It is the responsibility of the in-charge provider to ascertain these numbers and enter them into the PCR.
 - b. The ambulance crew will wait a reasonable amount of time for these numbers to be generated and provided. If circumstances arise that inhibit the collection of this information it must be properly documented.
 - c. If these numbers are not included, the PCR will not be considered to have been properly submitted to the receiving facility.
4. All hospitals in the region, through NYS Hospital Hub, have access to the ePCR's of patients received at their facility. This highlights the need for non-transporting agencies to indicate an intended destination hospital to ensure a complete patient care record, from the time of initial patient contact through transfer of care at the definitive care location, is available for hospital providers.