



FLORIDA'S

**PREHOSPITAL
EMERGENCY MEDICAL SERVICES
TRACKING & REPORTING SYSTEM**

**PROGRAM MANUAL
For Florida EMS Data Dictionary version 1.4.1
February 2, 2016**

The EMSTARS Program



| | | |
|-----|---|----|
| 1. | INTRODUCTION | 3 |
| 2. | ADMINISTRATIVE POLICIES FOR FILE SUBMISSION | 3 |
| 2.1 | SUBMISSION FORMAT | 3 |
| 2.2 | DEMOGRAPHIC DATA SUBMISSION | 3 |
| 2.3 | EVENT RECORDS SUBMISSION TIMEFRAME | 3 |
| 2.4 | SUBMISSION STATUS REVIEW | 4 |
| 2.5 | EXTENSIONS | 4 |
| 2.6 | SUBMITTING ZERO RECORDS | 4 |
| 2.7 | AGENCY CONTACT REQUIREMENTS | 4 |
| 2.8 | COMMON NULL VALUES | 5 |
| 3. | REPORTING PROTOCOLS | 6 |
| 4. | DEFINITIONS | 10 |



1. INTRODUCTION

The purpose of this program manual is to present the policies for participation in the prehospital EMS Tracking and Reporting System (EMSTARS) Program. This manual contains the following sections:

- Administrative Policies and Procedures for File Submissions
- Key User Requirements
- Other

Additional reference material is available on the EMSTARS Website at www.floridaemstars.com.

2. ADMINISTRATIVE POLICIES FOR FILE SUBMISSION

2.1 SUBMISSION FORMAT

All records submitted to the EMSTARS-CDX system must conform to the EMSTARS Florida EMS Data Dictionary and XML Schema (available online at www.floridaemstars.com). An “extract” or “upload” generally refers to the demographic and incident level records that are uploaded from the provider agency’s software system to EMSTARS- CDX.

2.2 DEMOGRAPHIC DATA SUBMISSION

Demographic data, as defined in the Florida EMS Data Dictionaries, must be submitted once per year in January. All required demographic information must be maintained on the provider’s information system and transmitted in the required format by January 31st of every year at a minimum. A provider may elect to do more frequent demographic submissions.

The exception to the annual submission requirements is when contact information changes for the agency itself (physical or mailing address), agency contact information, or the medical director. When this occurs, the agency must submit their updated demographic information within 30 days of the change.

2.3 EVENT RECORDS SUBMISSION TIMEFRAME

Agencies are required to submit event records monthly. All records for the preceding month must be submitted to the EMSTARS system by the end of the following month. For example, records for the month of January must be



submitted no later than February 28 and records for June must be submitted no later than July 31.

These deadlines apply uniformly to agencies and to vendors who may submit records on behalf of the agency. Agencies, or their vendors, may elect to submit records more frequently than once per month.

2.4 SUBMISSION STATUS REVIEW

The EMSTARS-CDX system provides detailed information on each file transfer, including a data validation score and additional information on invalid records and fields. Agencies must review and acknowledge the submitted records within 60 days of submission.

Where records contain invalid fields, the Key User is presented with a detailed report regarding the fields that were flagged as invalid. These invalid records must be corrected and resubmitted within 60 days of initial submission.

Each provider's data validation quality is monitored on a regular basis and given a validation score. A provider must maintain a monthly validation score of 90% or better.

2.5 EXTENSIONS

Extension requests are submitted within the EMSTARS-CDX system by the EMS agency. The department will consider all requests and will grant or deny the extension request, or suggest an alternate date, based on the individual situation. All approvals are at the discretion of the department.

Disaster reprieves will be enacted by the department in accordance with a Governor's Declaration. The list of impacted providers will vary based on the counties / regions specified within the disaster declaration. The length of the reprieve from submitting monthly data will be based on the individual disaster characteristics.

2.6 SUBMITTING ZERO RECORDS

A provider must indicate within the EMSTARS-CDX system if there are no EMS events for the month.

2.7 AGENCY CONTACT REQUIREMENTS

EMS agencies must designate at least two (2) staff to serve as the data contacts for the organization (agencies may designate as many data contact as they require to adequately support their user base). The contacts must be submitted within the EMSTARS-CDX system.



2.8 COMMON NULL VALUES

These values are to be used as described in this document in the Demographic and EMS Data Elements which have been defined to accept the Null Values.

Field Values

| | | | |
|-----|----------------|-----|--------------|
| -25 | Not Applicable | -20 | Not Recorded |
| -15 | Not Reporting | -10 | Not Known |
| -5 | Not Available | | |

Additional Information

For any collection of data to be of value and reliably represent what was intended, a strong commitment must be made to ensure the correct documentation of incomplete data. For data elements being electronically stored in the EMSTARS-CDX database or moved from one database to another using XML, the indicated values shall be applied when a data element is empty or contains a null value.

Not Applicable

At the time of an EMS patient care report documentation, information requested was “Not Applicable” to the EMS event. An example of this is that it is unnecessary to document mechanism or injury related information on a patient who was not traumatized therefore it is deemed not applicable.

Not Recorded

If an EMS event record has an empty field or nothing is recorded in a data element of the EMSTARS-CDX dataset, “Not Recorded” should be inserted into the database and/or XML for that data element indicating that the EMS Patient Care Report did not have a value for that specific data element when the EMS event was documented.

Not Reporting

Not Reporting is not allowed except under a very exclusive set of circumstances. For example, if an agency’s legal counsel advises them not to collect racial or ethnic data, then the use of Not Reporting for this element is acceptable for those agencies. However, this type of situation is the only time this field value is allowed since all applicable data elements that are relevant to the particular EMS event must be reported.

Not Known

At the time of EMS patient care report documentation, information was “Not Known” to patient, family, and EMS personnel. This documents that there was an attempt to obtain information but it was unknown by all parties involved.



Not Available

At the time of EMS patient care report documentation, information was “Not Available” to EMS personnel. This documents that needed information did exist but the EMS personnel were unsuccessful in their attempt to obtain it.

Not Recorded and Required Fields

Except where specifically indicated, blanks will not be allowed in transmitted records; they will not pass validation. For elements that are not required for the particular EMS event being recorded, the appropriate field value is Not Recorded.

This also means that the medic did not make a conscious decision regarding the element criteria. This differs from the common null value of Not Applicable because in those instances, the medic evaluated the element and determined that the information did not apply to the EMS event.

Not Recorded should be used any time an element is not required for the particular event. For example, if a call is cancelled en route, elements such as patient, procedures, and destination will all be documented as Not Recorded.

The insertion of Not Recorded may be performed by the client software based on the requirements for the EMS event. Not Recorded should not be displayed as an available pick list field value for any data element for a medic to select; its use is intended exclusively for “behind the scenes” insertion by client software to indicate that no values were required or recorded for the specific element.

Default Values

The default values listed are recommendations. An agency is free to choose anything they wish to have as a default in their software solution for any element as long as only valid values are transmitted with the record.

3. REPORTING PROTOCOLS

TREATED, TRANSFERRED CARE WITHIN AGENCY

Presently, since the transfer occurred within the same agency, at a minimum 1 event record with patient care data is required for EMSTARS reporting. The record must be completed by the transport unit in accordance with F.S. 401 guidelines. Any need for additional reporting by additional units is governed by local agency protocols.

TREATED, TRANSFERRED CARE TO OTHER EMS

Since the transfer occurred between 2 separate agencies, 2 event records with patient care data must be completed: 1 for each licensed EMS agency that encountered a patient.

The EMSTARS Program



ONE CALL, MULTIPLE UNITS RESPOND, MULTIPLE PATIENTS TREATED
An event record with patient care data is required for each patient that is evaluated and / or treated. Also, as specified above, if patient care is transferred from one agency to another, an event record with patient care data is required for each agency.

The total number of event records, including patient care data, that are required depends on the number of different licensed EMS provider agencies that respond and the number of patients requiring evaluation and / or treatment.

TREATED BY EMS AND RELEASED TO LAW ENFORCEMENT

An event record with patient care data is required for each patient that is evaluated and / or treated.

TREATED, TRANSPORTED BY PRIVATE VEHICLE

An event record with patient care data is required for each patient that is evaluated and / or treated. This would include the appropriate incident patient disposition being recorded “treated, transported by POV (personal owned vehicle)”.

Note: Local protocols may dictate whether or not transport by POV is a viable method.

ARRIVED AT SCENE, PATIENT DECEASED

An event record is always required since service was requested and a unit responded. All applicable elements (times, delays, modes, etc.) must be completed with an incident disposition of “dead at scene”.

If another agency or unit calls in the patient as deceased prior to this unit’s arrival, it would constitute a cancelled call for the responding unit with an event record, including patient disposition (dead at scene).

ARRIVED AT SCENE, NO PATIENT FOUND

An event record is always required since service was requested and a unit responded. All applicable elements (times, delays, modes, etc.) must be completed with an incident disposition of “no patient found”.

Note: “No Patient Found” means that EMS arrived and there was no person/patient present at the scene; it is not the same as “No Treatment Required” which is explained in section 1.15.

ARRIVED AT SCENE, NO TREATMENT REQUIRED

An event record is always required since service was requested and a unit responded. All applicable elements (times, delays, modes, etc.) must be completed. However, determination as to whether or not patient care data is required is governed by whether or not a patient encounter was made as defined in section 1.3. Two such examples are:



CANCELLED ON SCENE – NO PATIENT CONTACT

Where no complaint exists and a technician assesses that patient care is not required, then no patient contact has been made and no patient care data is required in the event record. This call would have a disposition of “Cancelled on Scene – No Patient Contact”.

NO TREATMENT REQUIRED

If, however, the licensed healthcare professional does evaluate the patient and then determines that no further treatment is required, then applicable patient data is required because patient contact has been made. This call will have a disposition of “No Treatment Required” since there was a patient who was evaluated but no further treatment or transport is necessary.

Note: Some agencies do not allow a disposition of “No Treatment Required” if patient contact has been made. Some agencies dictate either transport or refusal based on their policies. Additionally, some agencies require patient data regardless of the treatment requirement. These guidelines do not interfere with these circumstances and are not meant to replace local protocols in this instance.

ARRIVED AT SCENE, PATIENT REFUSED CARE

An event record is always required since service was requested and a unit responded. All applicable elements (times, delays, modes, etc.) must be completed. This will include appropriate (or available) patient information and a patient / incident disposition of “patient refused care”. Agency protocols for signing a refusal should be followed.

ARRIVED AT SCENE, TREATED AND RELEASED

An event record, including required patient and treatment information, is required for each patient that is evaluated and / or treated. Since “release” criteria may vary by provider, local agency protocols should be followed.

TRANSPORTS TO OR FROM DOCTOR OFFICE, OUTPATIENT, REHAB, NURSING HOME, ETC.

This covers any medically necessary transport in a licensed vehicle that is not hospital to hospital. An event record with the appropriate service, patient, and treatment information is required.

MUTUAL AID (COMMON)

Mutual Aid (Common) is defined as a response outside of an agency’s “Area of service” and at the request of another licensed agency. Event records with or without patient care data are required as specified in previous sections.



MUTUAL AID (DISASTER RELATED DEPLOYMENT)

The provision of mutual assistance to a requesting party(s) for the control of fire, fire prevention, emergency medical services, hazardous materials, and/or other emergency support in the event of a major disaster or other emergency. Due to the seriousness of Disaster Related Deployments and the focus on patient care, normal event and patient care reporting procedures may not be practical. An agency's staff will attempt to follow all guidelines and capture as much data as possible; however, the primary role of the EMS crew is patient care.

MASS CASUALTY INCIDENT

Mass Casualty Incident is defined as an event that overwhelms an agency's EMS resources. While generally considered more than 5 patients requiring treatment, the actual number may vary between agencies. Guidelines are provided in the Florida Field Operations Guide (FOG) - accessible at <http://www.fl-ems.com/MCI-CommandOfficersFOGs-State.pdf>.

Due to the seriousness of MCIs and the focus on patient care, normal event and patient care reporting procedures may not be practical. An agency's staff will attempt to follow all guidelines and capture as much data as possible; however, the primary role of the EMS crew is patient care.

STANDBY

For the type of service requested, a "standby" is defined as any dispatched special event type where EMS service is requested in case patient care is required. This applies to coverage at scheduled events such as sporting events, entertainment venues, concerts, public relations, etc.

The "standby" service type applies any time an agency has a dedicated EMS crew or unit that provides primary care as needed without transporting.

An event record is always required since service was requested and a unit was dispatched and responded. If a patient is evaluated and / or treated as a result of this standby service request, then appropriate patient care data will be added to this event record or the event record for the transport agency.

If the event concludes with no patient evaluation and / or treatment requested, then no patient data is required in the event record and the incident disposition will be "no treatment required". All other appropriate service delivery information such as response mode, delays, date / times, etc. are required in the event record.

The "standby" call type does not include any requests for service initiated by a 911 type of call such as responses to a bomb, a hostage situation, fire response, SWAT, etc. where a unit may be staged before arriving at the scene or patient. All applicable delays should be recorded.

Non-dispatched service does not qualify as an EMS event and, therefore, no event record is required.



OUT OF STATE REPORTING

For providers that operate EMS services in other states, reporting of EMS events should be conducted as follows:

If the response either originates (the scene) or terminates (the destination) within Florida, then an EMSTARS event record is required. For example, if a provider responds to a scene in Marianna, Florida and transports the patient(s) to Dothan, Alabama, then Florida reporting applies. Also, if a provider responds to a scene in Thomasville, Georgia and transports the patient(s) to Tallahassee, then Florida reporting applies. Any time either the scene of the event or the destination facility is within this state, Florida reporting applies.

There may also be additional reporting requirements for the other state in which the event either originated or terminated. The department does not govern these requirements and it is the responsibility of the individual provider agency to investigate and to comply with the other state's reporting guidelines.

Finally, if a licensed Florida provider responds to a scene, and transports a patient to a facility, and both the scene and facility transported to are outside of Florida, then no EMSTARS EMS event record is required.

CANCELLED CALLS

If a unit is cancelled after being dispatched, an event record with the appropriate minimal information (date/time fields, type of service requested, incident disposition, etc.) must be completed and sent to the EMSTARS-CDX database.

Note: Even though no patient encounter was made and no patient or treatment information is required, an EMS event did occur and, therefore, a report with the required information, including incident or patient disposition, must be completed.

The program recognizes that once the unit is dispatched, data on the EMS event may actually be collected in systems not currently integrated with the agency's ePCR reporting solution such as their CAD or NFIRS systems.

4. DEFINITIONS

EMS Event:

Any time that emergency medical services are requested and personnel are dispatched to respond.

Patient Encounter:

Any time that subjective and / or objective signs and / or symptoms or a patient complaint results in evaluation and / or treatment.

Note: A patient encounter is dependent on neither treatment nor transport nor cooperation from the patient; if a technician perceives a medical problem that requires evaluation, a patient encounter has been made. This

The EMSTARS Program



excludes times where no complaint exists and where a technician assesses the situation and determines there are no subjective or objective signs and / or symptoms. For example, if EMS personnel arrive at a crash scene and all persons indicate they are “ok” and the technician sees no signs or symptoms that would warrant evaluation or treatment, no patient encounter has been made. However, it is important to note that EMS event information relative to service delivery is still required even though there is no patient, but a request for services was made and personnel responded.

Event Record:

An electronic record transmitted to the EMSTARS-CDX database containing information on an EMS event including service delivery and / or patient care data as applicable. An Event Record is required any time an EMS event occurs.

Note: Data on EMS events may actually be collected in multiple systems such as CAD, NFIRS, and ePCR. It is not the within the scope, nor the intent, of the project team to dictate which systems can or should collect this data; however, it is the intent of the project team that all of this information be reported to the statewide EMSTARS-CDX database as an EMS event regardless of which system was used to initially capture it. Where multiple systems are utilized to capture information on EMS events, a participating agency must determine whether to pursue system integration or require crews to enter the required information in the separate systems. There are many commercial solutions available to integrate CAD, NFIRS, and ePCR data. However, each agency must evaluate its needs and its resources and determine the best solution for its operations. It does not matter how the event records are transmitted to the EMSTARS-CDX database; they could be exported from one system or combined into a single export from multiple sources. The only requirement is that event records are sent, with the required information included, based on the XML schema definitions provided by the Florida EMS Data Dictionary. Capturing all EMS events, including those with no patient treatment such as cancelled calls or “no patient found”, is the only reliable way to accurately define, measure, and improve Florida’s EMS system and the resources required to maintain levels of service.

Destination:

Any location to which a patient is transported. This includes facilities and fixed location types, but may also include a location where a transfer of care occurs such as an LZ or rendezvous point.

Where the destination is a licensed facility or EMS provider, the “Destination / Transferred to Code”, should be populated with the appropriate numeric code for the facility or the provider. All other location types should be coded as “Other” with the appropriate corresponding “Type of Destination” filled in. “Destination Zip Code” should be filled in where applicable and where available.

All additional relevant elements such as “Patient Arrived at Destination Date/Time”, “Condition of Patient at Destination”, and “Reason for Choosing Destination” should be completed by the transporting unit based on the criteria above. They do not refer exclusively to arrival at a hospital.

The EMSTARS Program



Attempt:

The execution of a procedure as planned or defined in protocol. It does not matter whether or not it was completed, only that it was attempted.

Successful Procedure:

The completion of the procedure as planned or defined in protocol. This act of a successful procedure has no correlation on the outcome of that procedure or patient.

Intercept (Rendezvous):

For the type of service requested, an "intercept" is defined as where another unit or agency is requested to respond and meet the initial transporting unit at any location other than the scene.

Interfacility Transfer:

As defined in F.S. 401, the transportation by ambulance of a patient between two facilities licensed under Chapter 393, 395, or 400. An event record with the appropriate service, patient, and treatment information is required.

Mass Casualty Incident:

An incident that overwhelms an agency's EMS resources.

Mutual Aid (Common):

A response outside of an agency's "Area of service" and at the request of another licensed agency.

Mutual Aid (Disaster Related Deployment):

The provision of mutual assistance to a requesting party(s) for the control of fire, fire prevention, emergency medical services, hazardous materials, and/or other emergency support in the event of a major disaster or other emergency.

Standby:

Any dispatched special event type where EMS service is requested in case patient care is required. This applies to coverage at scheduled events such as sporting events, entertainment venues, concerts, public relations, etc.

Transfer of Care:

Transfer of care occurs when patient care responsibilities is transferred and a verbal report on patient's care and/or condition is given to update the healthcare provider who is assuming responsibility for continuation of patient care.

– END OF DOCUMENT –