

3.3.4.4 Data Collecting and Reporting



YOUR ORGANIZATION
STANDARD OPERATING PROCEDURES/GUIDELINES

TITLE: Data Collecting and Reporting

SECTION/TOPIC: Management of EMS Operations

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PREPARED BY:

APPROVED BY:

X

Preparer

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Approver

These SOPs/SOGs are based on FEMA guidelines FA-197

1.0 POLICY REFERENCE

CFR

NFPA

NIMS

2.0 PURPOSE

This standard operating procedure/guideline addresses collecting and analyzing pre-hospital EMS system data.

To providing quality Emergency Medical Services for its citizens and visitors, a service that is founded on the principles of quality improvement to ensure that an optimal, uniform and standard of pre-hospital emergency medical care is available to everyone.

3.0 SCOPE

This SOP/SOG pertains to all personnel in this organization.

4.0 DEFINITIONS

These definitions are pertinent to this SOP/SOG.

5.0 PROCEDURES/GUIDELINES & INFORMATION

5.1 Collecting and analyzing pre-hospital EMS system data:

Background

In 2004, The State Department of Health (SDOH) signed a memorandum of understanding to participate in a national project that would standardize data collection for EMS agencies nationwide. The National Emergency Medical Services Information System (NEMSIS) is the national repository used to aggregate and analyze prehospital data from all participating states.

The **Prehospital EMSTARS Program** is State's contribution to this national effort. This program provides for the collection and analysis of incident level data from EMS agencies for benchmarking and quality improvement initiatives. This program has been implemented with the guidance of a constituency based advisory group who has defined and maintains a Data Dictionary ensuring the standardized collection of EMS incident data into the state repository. This program will make available to our state's EMS administrators, quality managers, educators, physicians, researchers and public policy makers new facts and new tools to measure and improve prehospital medical care for State's citizens and visitors

Objectives

- To define and maintain a common State EMS data set including federally mandated data elements plus additional elements important to our state
- To collect incident level patient care records from provider agencies across the state
- To provide automated validation for submissions
- To provide meaningful analysis and reporting
- To export State's EMS incident level data to NEMSIS
- To conduct all project activities in partnership with the 266 EMS provider agencies across the state

Participation in EMSTARS

Participation in the EMSTARS program, and the transmission of electronic incident level data from EMS Providers to State Department of Health, is voluntary. However, EMS Providers whom have chosen to participate in data exchange with the State Department of Health and the EMSTARS database must adhere to all the policies and procedures in the EMSTARS Program Manual. The complete provision of incident level data, and full participation in the EMSTARS Program, fulfills EMS Provider prehospital reporting requirements stipulated in subsection 64J-1.014(1), F.A.C.

What Data is Collected?

EMSTARS collects a minimum set of data elements provides specific, useful, actionable information to facilitate the continued improvements in EMS service and patient care statewide. The following is representative of the data collection scope:

- All NHTSA “National” data elements for demographic data and EMS event data
- Other selected elements identified by participants and other stakeholders
- Demographic elements for the provider agency, its personnel, and patients
- Incident & unit times
- Situation & scene information
- Patient care information including vital signs, injury assessment, trauma score, and intervention & procedural information
- Outcome and disposition information

Benefits

- Provides ability to measure and improve prehospital patient care in State
- Provides a reliable way to evaluate the responsiveness and effectiveness of emergency medical services on a state and national level
- Allows State the ability to identify areas or levels of service that may need further evaluation for improvement.
- Gives the department a method for dissemination of accurate public information and development of meaningful education and prevention programs.
- Provides all EMS organizations an avenue to promote decision making and resource allocation that are based on solid evidence rather than on isolated occurrences, assumption, emotion, politics, etc.