

The Bureau of Emergency Medical Services is pleased to announce three new opportunities for electronic submission of patient care to New York State at no cost for EMS agencies. Two of the three exciting documentation methods will qualify EMS agencies to either initiate or continue participation in the NYS Continuing Medical Education (CME) Recertification Program.

- I. BLS First Response Form *
- II. Ambulance and ALS First Response Form *
- III. Paper PCR Portal **

** Qualifies the EMS Agency to participate in the NYS Continuing Medical Education (CME) Recertification Program*

*** Does not qualify the EMS Agency to participate in the NYS Continuing Medical Education (CME) Recertification Program*

All EMS agencies not currently documenting on an ePCR program must start the process for transition to one of these three options no later than February 28, 2021 and finish the transition no later than March 31, 2021. *EMS agencies encountering challenges meeting the March 31, 2021 deadline should work with their Regional EMS Program Agency and the Bureau of Emergency Medical Services to complete the transition; the Regional EMS Program Agency or the Bureau of Emergency Medical Services will assist in any way possible. EMS Agencies may also select another NYS approved ePCR vendor for patient care documentation.*

Continuing Medical Education (CME) Recertification Program

The 2019 release of the CME Program Manual states that “Agency participants must comply with Bureau of EMS Policy Statement 12-02 and complete a Patient Care Report (PCR) for every EMS response. Agencies participating in the CME recertification program will be required to submit PCRs to the department electronically on or before January 1, 2022.”

Policy 12-02 Pre-Hospital Care Reports

EMS agencies must complete a PCR/ePCR each time the EMS agency is dispatched for any type of response; including, but not limited to:

- Patients transported to any location
- Patients who refuse care and/or transport
- Patients treated by one agency and transported by another
- Calls where no patient contact is made, such as:
 - Calls cancelled before reaching the scene
 - Calls where no patient is located
 - When dispatched for a stand-by
 - Events

Policy 12-03 Electronic PCR Data Submission

EMS agencies must adhere to all of the following:

- Be in compliance with all applicable sections of Article 30 and Part 800
- Be currently submitting paper PCRs to the Regional Program Agency on a routine and on-going basis
- Contact the Department, in writing, to determine electronic reporting requirements and request approval for electronic submission (DOH 5136, which is submitted through your regional program agency), and request approval for electronic submission

- If the software being considered for purchase is not currently mapped and submitting to the NY state data repository, testing of the data compliance must occur to insure proper format and electronic transmission of the satisfaction of the Department and the Regional Program Agency
- Submit PCR data to the Department in the specified data file format at predetermined and scheduled intervals
- Receive endorsement from the appropriate Regional Emergency Medical Services Council(s) (REMSCO) and Regional Emergency Medical Advisory Committee(s) (REMAC) in writing
- 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.
- Apply for, and receive, an account with the Department's Health Commerce System (HCS). This may be done with assistance from the Regional Program Agency.
- If any changes or interruptions are made to the electronic patient record system that may affect data submission, the EMS service must notify the Department, in writing, ten (10) business days in advance of implementation. It is the Department's expectation that once a service converts to an electronic data collection (ePCR) system, that service will maintain the electronic system and **NOT** revert back to a paper-based system.

OPTION #1: BLS First Response Documentation Standard and BLS FR ePCR Entry Form

A team of BLS FR Agency Leadership, Regional Program Agencies and the Bureau have collaborated to produce a documentation standard built around the time factors, response environment and expected limited patient contact time that allows a significantly reduced number of required fields, allows for electronic participation in regional QI programs, and eligibility in the Continuing Medical Education (CME) Recertification Program.

The BLS FR ePCR Entry Form on ImageTrend is available at no expense for any BLS FR EMS agency in New York State. If the EMS Agency wishes to include additional services from ImageTrend (CAD Integration, Automated Billing Export, NFIRS Reporting or Elite Field (the ability to enter into the program without a wireless connection) there is an additional separate expense contracted between the EMS Agency and ImageTrend directly.

If your EMS Agency is selecting ImageTrend, the software is recommended to be used on a Microsoft Surface Pro 3 or greater, Motion R12, Panasonic Toughpad FZ-G1, Panasonic Toughpad CF-20, iPad Air (and Air2) – 9.7”, iPad Mini (and Mini HD, Mini 2, Mini 3) – 7.9”, Galaxy Tab Pro – 8.4” or Nexus 10. The software is supported on Safari, Chrome, Chrome Mobile or Firefox browsers.

EMS agencies wishing to start documenting electronically or transition to the free BLS First Response form, should follow the directions on the DOH 5136 form and submit the form to the Regional Program Agency following the timeframes indicated on the template.

OPTION #2: Ambulance and Advanced Life Support ePCR Entry Form

A team of ALS and BLS Agency Leadership, Regional Program Agencies and the Bureau have collaborated to produce a documentation standard as a response to feedback received from EMS Providers, EMS Agency Leadership, Regional Program Agencies, Medical Directors and ePCR Software Vendors. The documentation standard has been developed to be situationally relevant, encourage

comprehensive professional pre-hospital care reports and facilitate the utilization of pertinent negatives where fitting and appropriate.

The Ambulance and Advanced Life Support ePCR Entry Form on ImageTrend is available at no expense for any Ambulance or Advanced Life Support EMS Agency. If the qualifying EMS Agency wishes to include additional services from ImageTrend (CAD Integration, Automated Billing Export, NFIRS Reporting or Elite Field (the ability to enter into the program without a wireless connection)) or ECG monitor importing there is an additional separate expense contracted between the EMS Agency and ImageTrend directly.

The implementation of the Ambulance and Advanced Life Support ePCR Entry Form on ImageTrend by an EMS Agency qualifies the EMS Agency to participate in the Continuing Medical Education (CME) Recertification Program.

If your EMS Agency is selecting ImageTrend, the software is recommended to be used on a Microsoft Surface Pro 3 or greater, Motion R12, Panasonic Toughpad FZ-G1, Panasonic Toughpad CF-20, iPad Air (and Air2) – 9.7”, iPad Mini (and Mini HD, Mini 2, Mini 3) – 7.9”, Galaxy Tab Pro – 8.4” or Nexus 10. The software is supported on Safari, Chrome, Chrome Mobile or Firefox browsers.

EMS agencies wishing to start documenting electronically or transition to the free Ambulance and ALS First Response form, should follow the directions on the DOH 5136 form and submit the form to the Regional Program Agency following the timeframes indicated on the template.

OPTION #3: Paper PCR Portal

The Bureau is transitioning the submission of the yellow copy of the Version 5 Paper PCR from the Regional Program Agency to a direct submission by the EMS Agency through an online portal immediately after the response is completed.

The Paper PCR Portal has been created to require no more than 40 fields to be entered and allow concise documentation of procedures performed or medications administered. The Paper PCR Portal allows for ease in population in regional Quality Improvement programs as well.

If your EMS Agency is selecting ImageTrend, the software is recommended to be used on a Microsoft Surface Pro 3 or greater, Motion R12, Panasonic Toughpad FZ-G1, Panasonic Toughpad CF-20, iPad Air (and Air2) – 9.7”, iPad Mini (and Mini HD, Mini 2, Mini 3) – 7.9”, Galaxy Tab Pro – 8.4” or Nexus 10. The software is supported on Safari, Chrome, Chrome Mobile or Firefox browsers.

Submitting Paper PCRs through the Paper PCR Portal does not qualify an EMS Agency to participate in the Continuing Medical Education (CME) Recertification Program.

Regional Program Agencies will no longer provide paper PCRs after 03/31/2021. EMS Agencies seeking 1:1 replacement paper PCRs must request from the Data and Informatics Unit at <https://apps.health.ny.gov/pubpal/builder/survey/ems-survey-17-1> .

EMS agencies wishing to submit their paper PCRs through the Paper PCR Portal should follow the directions on the DOH 5136 form and submit the form to the Regional Program Agency following the timeframes indicated on the template.

Enrollment in One of These Programs

EMS Agencies must enroll in one of these opportunities, if your EMS Agency is not already documenting electronically, by contacting their Regional Program Agency to arrange for a demonstration or to discuss

in greater detail. When the EMS Agency makes a final decision on either the BLS FR ePCR Entry Form, the Ambulance and Advanced Life Support First Response ePCR Entry Form or the Paper PCR Portal, a completed DOH 5136 (see samples earlier in this email) must be submitted to the Regional Program Agency for endorsement. The standard timeline from submission to approval should be completed within three (3) weeks for processing.

The Regional Program Agency will submit the endorsed DOH 5136 to NYS at the following link:
<https://apps.health.ny.gov/pubpal/builder/survey/ems-survey-17>.

Peter L. Brodie, BS, AEMT
Deputy Chief, Data and Informatics Unit
EMS Data Manager
Bureau of Emergency Medical Services and Trauma Systems

New York State Department of Health
875 Central Avenue
Albany, New York 12206

The Bureau of Emergency Medical Services and Trauma Systems is primarily working remotely in response to the COVID-19 Coronavirus Pandemic. The staff in the Data and Informatics Unit is committed to answering your query and will respond as efficiently as possible. We appreciate your patience during this challenging time.

ph: 518.402.0996 | peter.brodie@health.ny.gov
<http://www.health.ny.gov>

Application and Approval for EMS Agency to Use e-PCR

BEFORE PURSUING ANY e-PCR SYSTEM, CONTACT YOUR REGIONAL EMS PROGRAM AGENCY TO NOTIFY OF YOUR INTENT.
The Program Agency can assist you with best practices on evaluating and choosing an e-PCR product. Once you've chosen a product, the Program Agency will guide you in applying for regional endorsement and NYSDOH approval to use e-PCR.

YOU MUST HAVE NYSDOH APPROVAL BEFORE IMPLEMENTING OR CHANGING YOUR e-PCR SYSTEM.

This Form Is: (Check One)

- An original application for the EMS Agency to convert from paper PCR to an e-PCR system.
- Updating information about the EMS Agency and its e-PCR system (already approved by NYSDOH).

EMS Agency

NYS Agency Code _____ Agency Name/DBA _____
 e-PCR Coordinator _____
 Main Phone (_____) _____ Other Phone (_____) _____ E-mail _____

e-PCR Software Product

Vendor Name _____
 Software Product _____ NEMSIS Version _____
 Vendor Home Office Address _____
 City _____ State _____ ZIP _____
 Primary Contact _____ Title _____
 Main Phone (_____) _____ Other Phone (_____) _____ E-mail _____

Third Party Involvement (Complete only if a third party will manage the e-PCR system for the EMS Agency.)

Relationship to EMS Agency: Billing Company Region County Other EMS Other _____
 Entity Name _____
 Address _____
 City _____ State _____ ZIP _____
 Contact _____
 Main Phone (_____) _____ Other Phone (_____) _____ E-mail _____

EMS Region(s)

Regional endorsement must be received from each NYS EMS Region in which the EMS Agency has Certificate of Need (CON) authority. **CIRCLE** the Region in which the EMS Agency is home-based. Contact this Regional EMS Program Agency first for guidance. **CHECK** all Regions in which the EMS Agency has CON authority. Notify and submit this form to the Program Agency of each.

- | | | | | |
|---|--|---|--|---------------------------------------|
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| <input type="checkbox"/> Central New York | <input type="checkbox"/> Midstate | <input type="checkbox"/> North Country | <input type="checkbox"/> Suffolk | |
| <input type="checkbox"/> Finger Lakes | <input type="checkbox"/> Monroe-Livingston | <input type="checkbox"/> New York City | <input type="checkbox"/> Susquehanna | |

Check Your Home Region

Continuity of Care Agreement

When transferring patient care to the hospital, the EMS crew must provide the receiving hospital staff with **BOTH VERBAL AND WRITTEN REPORTS – AT THE TIME OF PATIENT TRANSFER.**

- *Every person certified at any level pursuant to this Part or Article 30 of the Public Health Law . . . [when] responsible for patient care shall accurately complete a prehospital care report . . . and shall provide a copy to the hospital receiving the patient. [Part 800.15(b)(1)]*

How will the EMS crew provide a **WRITTEN REPORT** to the receiving hospital **AT THE TIME OF PATIENT TRANSFER?**

- Print e-PCR (Before Leaving Hospital) e-Mail e-PCR (Before Leaving Hospital)
 Fax e-PCR (Before Leaving Hospital) Electronically Transfer e-PCR (Before Leaving Hospital)
 Provide Paper Summary with Patient; Then Fax/e-Mail/e-Transfer e-PCR within _____ Hours

This section is required & must be completed!

Comments

Data Submission and Use Agreement

The EMS Agency is required to submit PCR data to the EMS Region and NYSDOH for use in quality improvement programs. The Agency may delegate management of its e-PCR system to a third-party; however, the Agency remains legally responsible for assuring the proper collection, use, protection, and confidentiality of data within the e-PCR system, as well as for the timely submission of data to the Region/NYSDOH.

- *Services . . . certified pursuant to article thirty . . . shall submit detailed individual call reports. [Article 30 §3053]*
- *Information from the prehospital care reporting system . . . shall be kept confidential and shall not be released except to the department or pursuant to [a quality improvement program]. [Article 30 §3006(2)]*

All signatories on this application:

1. Attest that their respective entities abide by all applicable Federal and State rules governing the collection, use, protection, confidentiality, and submission of electronic patient healthcare information;
2. Agree that their respective entities will assist each other in assuring the protection and confidentiality of any data exchanged between them; and
3. Understand that any data in the possession of their respective entities is to be used only for the lawful purposes allowed their entity.

“Go-Live” Agreement

NYSDOH APPROVAL (Page 3 of this Application) MUST BE RECEIVED PRIOR TO GOING-LIVE WITH ANY e-PCR SYSTEM.

CONSULT THE REGIONAL EMS PROGRAM AGENCY BEFORE CHOOSING A GO-LIVE DATE.

- Approval (and thereby, any go-live date) can be affected by many factors, which the EMS Agency should consider in consultation with the Program Agency.
- If the EMS Agency later encounters difficulties that will impact this date, the EMS Agency must contact the Program Agency immediately to amend this application.

EMS AGENCIES CONVERTING FROM PAPER TO e-PCR: By the go-live date, the EMS Agency must go-live with the described e-PCR system; at which time the Program Agency will no longer provide blank paper PCRs to, or accept completed paper PCRs from, the EMS Agency.

EMS AGENCIES CHANGING e-PCR SYSTEMS: By the go-live date, the EMS Agency must go-live with the new e-PCR system and discontinue use of the previous system.

By what date is the EMS Agency planning to go-live with the new e-PCR system? _____ / _____ / _____

Go Live Dates MUST be a non-government Holiday Tuesday.

Affirmations

We, the undersigned, make application for this EMS Agency to implement and use the e-PCR system described to document and submit to the NYS Department of Health and its Regional EMS System partners (as required under Public Health Law) pre-hospital care data.

We affirm:

- 1. We have read, understand, and agree to all information contained in this application, including the “Continuity of Care Agreement,” “Data Submission and Use Agreement” and “Go-Live Agreement”;
- 2. We have authorization from the Governing Body of this EMS Agency to make such application;
- 3. We, the Governing Body, and this EMS Agency as a whole, understand and agree to abide by the stipulations outlined in this application, as well as all statutes, regulations, and policies pertaining to e-PCRs; and
- 4. Once this EMS Agency has converted to e-PCRs, it will no longer use (and will not return to using) paper PCRs in any of its operations.

EMS Agency Official (Authorized by the Governing Body to Commit the EMS Agency to this Agreement)

Name _____ Title _____

Signature _____ Date _____

EMS Agency e-PCR Coordinator

Name _____ Title _____

Signature _____ Date _____

Third Party Representative (If Applicable)

Name _____ Title _____

Signature _____ Date _____

NOTE: All three (3) signatures are required for proper processing.

Regional Endorsement and NYSDOH Approval

If appropriately signed below, this EMS Agency has been endorsed by its EMS Region and approved by the Department to implement and use the e-PCR system described to document and submit to the NYS Department of Health and its Regional EMS System partners (as required under Public Health Law) pre-hospital care data. The Department reserves the right to amend or revoke this approval at any time, given due process to the EMS Agency.

The form must be submitted to the Region no less than three (3) weeks before the planned go-live date. The completed form will be returned the Friday before planned Go-Live.

Regional Endorsement

Region Name _____

Program Agency Official _____ Title _____

Signature _____ Date _____

NYSDOH – Bureau of EMS and Trauma Systems Approval

Name _____ Title _____

Signature _____ Date _____

Application and Approval for EMS Agency to Use e-PCR

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EMS Agency

NYS Agency Code _____ Agency Name/DBA _____
 e-PCR Coordinator _____
 Main Phone (_____) _____ Other Phone (_____) _____ E-mail _____

e-PCR Software Product

Vendor Name _____
 Software Product _____ NEMSIS Version _____
 Vendor Home Office Address _____
 City _____ State _____ ZIP _____
 Primary Contact _____ Title _____
 Main Phone (_____) _____ Other Phone (_____) _____ E-mail _____

Third Party Involvement (Complete only if a third party will manage the e-PCR system for the EMS Agency.)

Relationship to EMS Agency: Billing Company Region County Other EMS Other _____
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 Address _____
 City _____ State _____ ZIP _____
 Contact _____
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This section is required & must be completed!

Comments

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The EMS Agency is required to submit PCR data to the EMS Region and NYSDOH for use in quality improvement programs. The Agency may delegate management of its e-PCR system to a third-party; however, the Agency remains legally responsible for assuring the proper collection, use, protection, and confidentiality of data within the e-PCR system, as well as for the timely submission of data to the Region/NYSDOH.

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- *Information from the prehospital care reporting system . . . shall be kept confidential and shall not be released except to the department or pursuant to [a quality improvement program]. [Article 30 §3006(2)]*

All signatories on this application:

1. Attest that their respective entities abide by all applicable Federal and State rules governing the collection, use, protection, confidentiality, and submission of electronic patient healthcare information;
2. Agree that their respective entities will assist each other in assuring the protection and confidentiality of any data exchanged between them; and
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- If the EMS Agency later encounters difficulties that will impact this date, the EMS Agency must contact the Program Agency immediately to amend this application.

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By what date is the EMS Agency planning to go-live with the new e-PCR system? _____ / _____ / _____

Go Live Dates MUST be a non-government Holiday Tuesday.

Affirmations

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- 2. We have authorization from the Governing Body of this EMS Agency to make such application;
- 3. We, the Governing Body, and this EMS Agency as a whole, understand and agree to abide by the stipulations outlined in this application, as well as all statutes, regulations, and policies pertaining to e-PCRs; and
- 4. Once this EMS Agency has converted to e-PCRs, it will no longer use (and will not return to using) paper PCRs in any of its operations.

EMS Agency Official (Authorized by the Governing Body to Commit the EMS Agency to this Agreement)

Name _____ Title _____

Signature _____ Date _____

EMS Agency e-PCR Coordinator

Name _____ Title _____

Signature _____ Date _____

Third Party Representative (If Applicable)

Name _____ Title _____

Signature _____ Date _____

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Signature _____ Date _____

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ALS FIRST RESPONSE & AMBULANCE FORM TEMPLATE

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services and Trauma Systems

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Main Phone (_____) _____ Other Phone (_____) _____ E-mail _____

e-PCR Software Product

Vendor Name _____
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EMS Agency Official (Authorized by the Governing Body to Commit the EMS Agency to this Agreement)

Name _____ Title _____

Signature _____ Date _____

EMS Agency e-PCR Coordinator

Name _____ Title _____

Signature _____ Date _____

Third Party Representative (If Applicable)

Name _____ Title _____

Signature _____ Date _____

NOTE: All three (3) signatures are required for proper processing.

Regional Endorsement and NYSDOH Approval

If appropriately signed below, this EMS Agency has been endorsed by its EMS Region and approved by the Department to implement and use the e-PCR system described to document and submit to the NYS Department of Health and its Regional EMS System partners (as required under Public Health Law) pre-hospital care data. The Department reserves the right to amend or revoke this approval at any time, given due process to the EMS Agency.

The form must be submitted to the Region no less than three (3) weeks before the planned go-live date. The completed form will be returned the Friday before planned Go-Live.

Regional Endorsement

Region Name _____

Program Agency Official _____ Title _____

Signature _____ Date _____

NYSDOH – Bureau of EMS and Trauma Systems Approval

Name _____ Title _____

Signature _____ Date _____