



I. PURPOSE

~~This policy identifies~~

To identify the collection, use, and maintenance of prehospital, hospital, and other system operations data collected by the San Diego County EMS Office.

~~This~~To establish that data submitted to the San Diego County EMS Office as required by law, regulation, or policy also summarizes shall be deemed confidential performance improvement data unless otherwise designated.

~~To summarize the San Diego County EMS Office's~~ data use and reporting limitations ~~by the San Diego County EMS Office~~, including compliance with applicable state and federal laws.

II. AUTHORITY: Health Information Technology for Economic and Clinical Health (HITECH) Act; Healthcare Information Portability and Accountability Act of 1996 (HIPAA); Title 45, Code of Federal Regulations, Sections 164.154, 164.502, and 164.514; California Health and Safety Code, Division 2.5, Sections 1797.102, 1797.103, 1797.120.5, 1797.122, 1797.123, 1797.124, 1797.150, 1797.151, 1797.153, 1797.199, 1797.204, 1797.220, 1797.225, 1797.227, 1797.228, 1798, et seq., and 1799.205; and 1830; California Evidence Code, Sections 1040 and 1157, et seq.; seq.; California Civil Code, Division 1, Part 2.6; and California Civil Code, Division 1, Part 2.6, Chapter 2; and California Code of Regulations (CCR), Title 22, Sections 100057.2, 100063.1, 100107, 100145, 100170, 100171, 100255, 100257, 100270.126, 100270.227, 100270.228, 100404, and 100450.223.

III. DEFINITIONS

California EMS Information System (CEMSIS): The California data standard for emergency medical services as defined by the California Emergency Medical Services Authority (EMSA).

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Covered entities: Healthcare providers, health plans, and healthcare clearing houses that electronically transmit health information.

Data Submitting Entity: This refers to all emergency medical service providers, including prehospital agencies, hospitals, and other participants in the organized EMS delivery system.

Hospital dataData: Patient-level Information, metrics, and other elements related to emergency department, stroke, STEMI, trauma, EMS for Children, and other clinical/healthcare programs. Hospital data includes, but is not limited to, patient dispositions, outcomes, program statuses, base hospital, and quality assurance information. Hospital data is received from receiving emergency departments, specialty care programs, and other paramedic receiving facilities, as identified in County EMS policies and state statutes.

National EMS Information System (NEMIS): The national data standard for emergency medical services as defined by the National Highway Traffic and Safety Administration (NHTSA) and the NEMIS Technical Assistance Center (TAC).

Prehospital dataData: Patient-level Informationinformation, metrics, and other elements related to the provision of EMS services. Prehospital data includes, but is not limited to, dispatch, patient care, transfer of care, and quality assurance information. Prehospital data is received from EMT- and paramedic-level ground and air ambulances, fire departments, and other EMS system participants.

Protected Health Information: Patient-level information related to an individual, or of relatives, employers, or household members of the individual, or incident. These forms of data include but are not limited to the following:¹

- Names
- All geographic subdivisions smaller than a State including street address, city, county, precinct, zip code, and equivalent geocodes.
- Dates including birth date, admission date, discharge date, date of death, and all ages over 89
- Telephone and fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical records numbers
- Hospital visit numbers
- Health plan beneficiary numbers
- Account numbers
- Certification/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers

¹ This list is adapted from 45 CFR 164.514. The original contains additional identification criteria and details.

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- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger or voice prints
- Full-face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code

San Diego County EMS Office: (CoSD EMS): The designated Local EMS Agency (LEMSA) for the County of San Diego. LEMSA functions, as outlined in California Health and Safety Code, Division 2.5, Sections 1797 *et seq.*, including EMS interagency coordination and medical control, public health surveillance activities, EMS data and quality of care, regulation, and enforcement, traumaspecialty care registry reporting, and other activities related to the oversight of the prehospital health care system in California. These functions are primarily for the benefit of the county's residents and visitors. Hospitals, EMS services, and other members of the organized EMS delivery system are obligated by statute to provide the necessary patient data- to ensure high-quality, coordinated patient care. EMS providers and hospitals are required to submit information to the LEMSACoSD EMS and the California EMS AgencyAuthority to comply with ~~their~~ statutory requirements.

San Diego County Local EMS Information System (LEMSIS): LEMSIS is the sum of all patient care data collection software and hardware-; data transmittal and storage software and hardware-; and data analysis tools provided, to varying degrees, by theor through CoSD EMS Office to allied organizations within the San Diego County EMS System.

IV. POLICY

A. Data Stewardship

1. While the LEMSACoSD EMS will retain all entity submissions, stewardship of the organization generating and submitting data remains the responsible party for the original data and/or medical record remains with the submitting organization-(s).
2. The County shall redirect all Upon receiving an information requests request, including patient records, billing records, public records, or subpoenas, CoSD EMS shall redirect the request to the applicableresponsible entity upon receiving such a request.(e.g., provider agency or hospital records department).
3. It shall remain the responsibility of each Each submitting entity to ensure shall remain responsible for ensuring that all data submitted is timely, accurate, precise, and high quality.
4. Each entity directly enteringsubmitting data to LEMSIS shall be granted access to theirts own data. Third

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4.5. ~~Each entity recording data using third-party vendor data should continue to platforms shall~~ be accessed through the ~~originating relevant third-party platform/vendor~~.

B. Confidentiality

1. Data maintained by the San Diego County EMS Office are held as confidential ~~data~~ in accordance with all state and federal laws, regulations, and rules. Patient-level or personally identifiable information will be protected as outlined by ~~the Health Insurance Portability and Accountability Act (HIPAA)~~ HIPAA and ~~applicable California law~~.

4.2. Patient records and confidential patient health information, including Prehospital, Hospital, and Hospital Specialty Care records, are not subject to discovery as outlined in California Evidence Code Sections 1040 ~~and~~, 1157, 1157.5, and 1157.7.

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C. Collection of Data

- ~~1.~~ EMSA California statute requires ~~all LEMSAs to report and collect~~ prehospital and hospital organizations to record and submit patient care data provided by agencies, hospitals, to CoSD EMS.
- ~~2.~~ CoSD EMS collects and specialty care centers. The submits these data are collected through various modules within to the California EMS Authority as defined in law and regulation.
- ~~4.3.~~ The County of San Diego LEMSIS system platform is the data collection repository for patient care information.
- ~~2.4.~~ Data will be collected in accordance with San Diego County EMS ~~policy~~ policies S-601 Documentation Standards and Transferal of Prehospital Care Record (PCR) Information and S-602 EMS Provider Data Submission.
- ~~3.5.~~ Data may be collected in other formats or via other platforms, as needed, to inform specific county-, state, national, and system-wide needs.

D. The San Diego County EMS Office does not use Prehospital or Hospital ~~data~~Data in the following manners:

1. Posting, publication, or other non-confidential dissemination of entity, organization, or company data in a manner that could be reasonably expected to identify individual incidents, patients, care outcomes, or other specifics.
2. Posting, publication, or other non-confidential dissemination of entity, organization, or company-identifiable data regarding performance, service provision, or other metrics ~~outside of the LEMSA's in addition to CoSD EMS's~~ statutory or regulatory performance improvement requirements.
- ~~3.~~ Unless required by law or court order, respond to any inquiry for patient records including:
 - ~~a)~~ Patient records requests
 - ~~b.a.~~ Subpoenas for records
 - ~~a.~~ Public records requests
 - ~~a.~~ Media inquiries or requests for data
 - ~~e)~~ Law enforcement requests
- ~~4.~~ Utilization of data for any other purpose outside of quality assurance / quality improvement functions established in statute, regulations, or LEMSA policy.
- ~~0.3.~~ Pre-emptively seeking or identifying individual clinicians for disciplinary purposes.
- ~~4.~~ Unless required by law or court order, respond directly to any inquiry for patient records or information, including:
 - a. Patient or billing records requests
 - b. Subpoenas for records
 - c. Public records requests

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d. Media inquiries or requests for data

e. Law enforcement requests.

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~~E.~~ **San Diego EMS Office will use prehospital, hospital, uses Prehospital and specialty Hospital Data to evaluate, coordinate, and improve patient-centered care data in within the following ways: organized EMS delivery system.**

~~0.1.~~ Prehospital, hospital, and specialty care data will be collected ~~for the purpose of fulfilling~~ to fulfill CoSD EMS LEMSA statutory requirements, including:

~~a.~~ Upload of data Data submission to CEMIS and NEMIS

~~b.~~ State of California EMS core measures

~~c.~~ Ambulance patient offload time reporting

~~c.~~ The linking of prehospital data to specialty care data or data registries

~~2.~~ Quality assurance and performance improvement on a local level including but not limited to:

2. Evaluate and analyze data to improve care and system coordination locally. This data includes the use of Prehospital and Hospital Data to inform the following bodies, processes, and functions:

~~a.~~ Prehospital Audit Committee

~~b.~~ Medical Audit Committee on Trauma

c. EMS Medical Director Advisory Committees, including Stroke, STEMI, and other specialty care programs

~~d.~~ Aggregated Local Core Measures and Dashboards

~~e.~~ Specialty Care Reports and Dashboards

~~f.~~ Realtime monitoring ~~of~~ and system management related to emergency medical system capacity and stress

~~g.~~ Realtime identification of, and response to, relevant events such as infectious disease outbreaks and drug overdose clusters

~~h.~~ Realtime ambulance patient data transmitted to receiving healthcare teams in advance of patient arrival

~~i.~~ Disaster response, disaster relief, and other patient movement coordination activities

~~j.~~ Missing persons searches

~~k.~~ Epidemiologic research, trend identification, and analysis

~~l.~~ Data analysis and aggregate data sharing related to quality improvement and system coordination with other covered entities, including across LEMSA jurisdictions.

~~F.~~ **The San Diego County EMS Office will collaborate with the EMS system and the data stewards prior to using data in the following ways:**

~~0.1.~~ Posting, publication, or other dissemination of entity-specific service, clinical, operational, or performance improvement data in addition to ~~the LEMSA's~~ CoSD EMS's statutory or regulatory requirements. Examples include:

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- ~~-a.~~ Local Core Measure Scorecards
- ~~-b.~~ Specific clinical effectiveness metrics
- ~~-c.~~ Additional local patient care ~~output statistics~~ or outcome trends, such as pilot programs or other innovations
- ~~-d.~~ Specialty care program status data.

~~-G.~~ The San Diego County EMS Office will gain the data steward's permission prior to using data in the following ways:

- ~~1. Disclosure of any response time statistics.~~
- ~~0.1.~~ Academic research projects.
- ~~0.2.~~ Community-sponsored projects (e.g., San Diego County Fire Chiefs' Association, San Diego County Stroke Consortium).

~~H. Data collection and system evaluation~~

- ~~1. EMSA requires all LEMSAs to report a set of outcome-based Core Measures based on data collected by agencies, hospitals, and specialty care centers. The data required to meet these measures is collected through LEMSIS; therefore, EMSA will be aware of each agency's data submission status.~~
- ~~2. Local defined measures and trends based on data collected from LEMSIS agencies, hospitals, and specialty care centers will be published by LEMSA.~~

~~-H.~~ The San Diego County EMS Office will comply with all applicable State and Federal laws

- ~~0.1.~~ The San Diego County EMS Office will comply with all applicable state and federal laws pertaining to regarding the access, use, and disclosure of patient-identifiable records, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and corresponding regulations, and the California Confidentiality of Medical Records Act (California Civil Code §Section 56 et seq.).
- ~~0.2.~~ Requests for agency Covered Entity-maintained medical, billing, and other care records or any other agency-specific data will always be directed back referred to the agency who owns the organization, agency, or company that generates that data.
- ~~3.~~ Information obtained from prehospital care data will not be disclosed to third parties except when:
 - ~~a.~~ When compelled by a court order ~~or~~
 - ~~b.~~ Under state or federal law.
 - ~~c.~~ To vetted research projects meeting state and federal standards and with data steward permission.