



**FLORIDA'S**

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

**PROGRAM MANUAL**

# The EMSTARS Program



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## 1 INTRODUCTION

The purpose of this program manual is to present the policies for participation in the EMSTARS Program. This manual contains the following sections:

- Startup Policies and Procedures
- Submission Policies and Procedures
- Administrative Policies and Procedures for File Submissions
- Key User Requirements
- Information Usage and Protections
- Other

Additional reference material is available on the EMSTARS Website at [www.floridaemstars.com](http://www.floridaemstars.com).

## 2 STARTUP POLICIES AND PROCEDURE

### 2.1 PARTICIPATION IN EMSTARS

The following sections provide the requirements associated with the EMSTARS file submission process. Documents or forms referenced are available on the EMSTARS web site at [www.floridaemstars.com](http://www.floridaemstars.com).

### 2.2 INITIATION

Agencies participating in EMSTARS must complete the activities listed below and submit all the documents referenced.

- 2.2.1 Provide notice of intent** – The EMS agency must sign the **Data Sharing Agreement** and email or fax to the Bureau of EMS, Data Unit.
- 2.2.2 Establish sFTP account** - The EMS Agency must complete the sFTP Account Request form and email or fax to the Bureau of EMS, Data Unit. If the agency is having a vendor submit data, then the vendor must acquire the sFTP account, in the same manner specified above, in support of the EMS agency. It is recommended that this step be completed at least 30 days in advance of an agency's planned startup date.
- 2.2.3 Receive sFTP account** – The sFTP account is provided by the Bureau of EMS, Data Unit via telephone to the EMS agency.
- 2.2.4 Provide Key User information** - The EMS agency must complete the **Key User Form** with the names, phone numbers and email addresses of at least 2 Key Users and email or fax to the Bureau of EMS, Data Unit.
- 2.2.5 Receive User Id** – The Bureau of EMS, Data Unit will set up accounts for the Key Users listed on the Key User Form and a system generated email

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will be provided to each Key User with their User Id and temporary Password to access the EMSTARS application.

**2.2.6 Validate User Information** – The Bureau of EMS, Data Unit will send a follow up email to the EMS agency to notify user of account setup, agency login information and request validation of user information. The EMS agency must validate user information received and revised as required via the EMSTARS system.

**2.2.7 Sign End User Security Policy Form** - Upon receipt of the User Id, **each Key User must sign the End User Security Policy Form** and email or fax to the Bureau of EMS Data Unit.

### 2.3 PLANNING

The planning activities for participation in EMSTARS are agency specific. It is highly recommended that an EMS agency conduct planning activities to determine their degree of readiness or scope of effort to initiate participation in EMSTARS.

### 2.4 IMPLEMENTATION

Implementation requirements/activities are conducted by the Key User and involve creating and submitting test XML files that conform to the EMSTARS Data Dictionary.

The EMS agency must utilize an ePCR software vendor (application and version) that is NEMSIS Certified. The NEMSIS Compliant software vendor must have an EMSTARS configuration and a validated extract that has been tested live with a designated licensed Florida EMS agency and approved by the Bureau of EMS, Data Unit. Each major release of an ePCR software must adhere to the same verification process as the initial verification of the ePCR software.

EMSTARS compliance means that a file extract from the software vendor has been verified against the documented compliance criteria. There has been no testing or verification of a software product's functionality or capabilities, other than the file extract that was produced.

This must be completed before the EMS agency can proceed with the implementation process.

**2.4.1 Complete sFTP installation** - The EMS agency must complete the sFTP software installation. Software installation instructions are available on the EMSTARS website at [www.floridaemstars.com](http://www.floridaemstars.com).

**2.4.2 Create and submit Demographic test extract file** - A Demographic XML file extract test must be created and submitted to the sFTP site for EMSTARS. All records submitted to the EMSTARS system must conform to the EMSTARS XML Schema Definition (XSD) and the Florida EMS Data Dictionary (available online at [www.floridaemstars.com](http://www.floridaemstars.com)).



- 2.4.3 Check submission status** - Following the file extract test submission, the agency must check the Submission Status page in the EMSTARS system to determine if the test submission extract resulted in flagged fields.

If there are flagged fields, the agency must correct the flagged fields and resubmit the Demographic file extract. This may be an iterative process and continue until the agency has successfully completed the Demographic test file.

- 2.4.4 Receive approval of Demographic file test** – Written notification is provided to the EMS agency, via email from the Bureau of EMS, Data Unit, that the agency has successfully submitted a Demographics file extract that has been validated. This approval is necessary to move to the next step to upload a full Event Record file extract.
- 2.4.5 Create and Submit Event File** - The EMS agency must create and submit the Event Record test XML file extract to the sFTP site for EMSTARS. All records submitted to the EMSTARS system must conform to the EMSTARS XML Schema Definition (XSD) and the Florida EMS Data Dictionary (available online at [www.floridaemstars.com](http://www.floridaemstars.com)).
- 2.4.6 Check submission status** - Following the Event Record file extract test submission, the agency must check the Submission Status page in the EMSTARS system to determine if the test submission extract resulted in flagged records. Follow the process for acknowledging and reviewing files described in Section 3.1.4 Submission Status Review for this initial file and all future files submitted to EMSTARS.

This may be an iterative process and continue until the agency has been provided with written email notification of successful completion of the Event Record test submission. Successful completion of event file extract testing occurs when a 90% quality score is maintained for 3 consecutive weeks of event submissions.

## 2.5 CHANGE MANAGEMENT

EMS agencies must keep the Bureau of EMS, Data Unit informed of any changes which may impact the continued EMSTARS submissions.

### 2.5.1 Key User Change

In the event of a Key User change, the EMS agency must submit notification of the Key User change through the User Request page under the Utilities tab in the EMSTARS system and follow the appropriate steps for user access and security acknowledgement.

### 2.5.2 Vendor Change



In the event of an EMS agency change in vendor software, written notification of that change should be provided to the Bureau of EMS, Data Unit. Any change in vendor software requires a repeat of the demographic and event test file submission process as described in the Implementation section. This process must be repeated and approved prior to live submission with the new vendor.

### **3 SUBMISSION POLICIES & PROCEDURES**

#### **3.1 SUBMISSION FORMAT**

All records submitted to the EMSTARS system must conform to the EMSTARS XML Schema and the Florida EMS Data Dictionary (available online at <http://www.floridaemstars.com>). An “extract” generally refers to the demographic and incident level records that are extracted from the provider agency’s software system to an XML file for transmission to the DOH specified FTP site.

##### **3.1.1 DEMOGRAPHIC DATA SUBMISSION**

Demographic data, as defined in the Florida EMS Data Dictionary, 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 31<sup>st</sup> of every year at a minimum.

The exception to the annual submission requirements is when contact information changes for the agency itself (physical or mailing address), the Key Users, or the medical director. When this occurs, the Key User must submit their updated demographic information as soon as possible.

When completing the Demographics portion of the EMS Data Set, the contact information for the agency’s Primary Key User should be supplied in the AGENCY CONTACT INFORMATION elements (D02\_01 to D02\_10). **This contact information must be kept current at all times.**

##### **3.1.2 EVENT RECORDS SUBMISSION**

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. This is acceptable, although weekly submissions, as opposed to daily, would be preferred at the present time.

##### **3.1.3 MULTIPLE AGENCY REPORTING**



Multiple agency reporting refers to multiple agencies operating under the license of another agency. The Department of Health does not analyze the internal Table of Organization of a particular licensee. If, for whatever reason, a licensee is unable to document all EMS activity occurring under that license via EMSTARS, the bureau's rules require that licensee must also report using the aggregate reporting mechanism until such time as the licensee can document all EMS activity occurring under that license via EMSTARS.

### **3.1.4 SUBMISSION STATUS REVIEW**

The Submission Status Review page, in the Utilities tab of the EMSTARS system, provides detailed information on each file transfer, including a data validation score and additional information on invalid records and fields. Key Users are required to review and acknowledge the submitted records each time an upload occurs. If uploads are not reviewed and acknowledged for 60 days, the Key User may be asked for a consultation to identify problems and determine solutions.

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 when possible.

Each provider's data quality is monitored on a regular basis. Those having invalid record or field counts that exceed the acceptable threshold will be asked for a consultation to identify problems and determine solutions.

The Bureau of EMS, Data Unit recognizes that some corrections cannot be made after the fact; however, this should not impact a majority of the EMS event records. Remember, the quality of the information provided to end users will only be as good, and as accurate, as the data that is initially uploaded.

### **3.2 EXTENSIONS**

Extension requests are handled within the EMSTARS system under the Utility tab and must be submitted by a Key User. The Data Manager 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 Bureau's Data Unit Manager.

Frequent extension requests (2 months in a row or more than 3 per year) may point to a problem and will result in a Consultation Request being sent to the Key User (as described in section 3.4.5).

Disaster reprieves will be enacted by the Bureau's Data Manager 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.

### **3.3 SUBMITTING ZERO RECORDS**



From time to time, certain providers may have no EMS events to report for a given month. From the EMSTARS Utilities tab in the EMSTARS system, Key Users may submit “zero records for the month”. The system will ask for confirmation of the month and for the Key Users password to accept the transaction.

### 3.4 KEY USER REQUIREMENTS

Each licensed provider agency participating in EMSTARS must designate staff that will take care of “all things data” for their agency. These persons are called key users and provide a central point of contact to coordinate all EMSTARS related activities.

Participating agencies must designate at least two (2) staff to serve as the Key Users for the organization (agencies may designate as many Key Users as they require to adequately support their user base).

Each Key User must have email access and the ability to use it frequently for correspondence with the Data Unit. It is highly recommended they maintain a subscription to the flemscom list serv for broadcast communications: (<http://ww7.doh.state.fl.us/mailman/listinfo/flemscomm> ).

#### 3.4.1 ACCOUNT MANAGEMENT

Key Users have access links to account management functions within the EMSTARS system under the Utilities tab. In order to emphasize security, only registered Key Users have access to this tab and all account management requests must initiate within the EMSTARS system. **No telephone or email requests are accepted.**

As with all EMSTARS support, account management requests are handled by the System Administrator daily, during normal business hours.

##### 3.4.1.1 NEW ACCOUNTS

Upon receipt of the new account request, the System Administrator sets up the new account. The system sends an auto-email to the new user with their personal username and password information. Accounts are locked until the signature page from the End User Security Policy is filled out and faxed to the Bureau of EMS, Data Unit.

##### 3.4.1.2 ACCOUNT MODIFICATIONS

Key Users are responsible for requesting changes to existing accounts including deactivating an account, changes to permission levels, contact information, etc. through the Utilities tab in the EMSTARS system. **No telephone or email requests are accepted.**

#### 3.4.2 PASSWORD RESETS



Key Users are the only persons who may request password resets for their agency's registered users. Password reset requests must be made from the Utilities tab in the EMSTARS system and **cannot be made by phone or email for security reasons.**

### 3.4.3 FILE UPLOADS

Key Users are the only agency staff permitted to upload records to the EMSTARS database and to verify their status (see section 4 Technical Policy & Procedures for complete details on the file transfer and verification process).

Only designated Key Users are permitted to use the Department's Secure File Transfer Protocol (sFTP) site. It is the responsibility of the agency's Key Users to request account creation for the sFTP site, and to manage the username and password information (the account request form and directions for using the site are available online at [www.floridaemstars.com](http://www.floridaemstars.com) ). The account information may not be shared with other agency staff other than the designated Key Users. If usernames or passwords are lost, immediately contact the EMSTARS System Administrator for assistance. The sFTP site may only be used for the purpose of submitting data to the state and any other files or folders not relating to EMSTARS are deleted.

Key Users submit their extract by logging into the Department's Secure File Transport Protocol (sFTP) site and placing the XML file in the designated folder. In order to perform the file submissions, Key Users (or software vendors acting on the agency's behalf) must have a sFTP account and file transfer client software. Instructions for both the account and the software are available online at [www.floridaemstars.com](http://www.floridaemstars.com).

### 3.4.4 COMMUNICATIONS & NOTICES

Key Users are the primary point of contact for disseminating and routing information between their agency and the Data Unit. Notices regarding the EMSTARS system, statewide data collection, or data specific to the provider agency are sent to each Key User who is expected to distribute the information within their agency as appropriate. Similarly, the Key Users may be asked to gather information from within their agency and submit it to the Data Unit.

Primary communication for all EMSTARS related information and requests should be conducted via the Contact Us web form located under the Help tab within the EMSTARS system. However, depending on the situation, updates, questions, or information relay, communications may also be conducted via telephone, fax, or in person, depending on the needs or the sensitivity of the content. General communications between the Data Unit, provider agencies, and their software vendors may be conducted via electronic mail at [emstars@doh.state.fl.us](mailto:emstars@doh.state.fl.us) .

The Key User is the primary point of contact and is responsible for facilitating the efficient flow of information between the Data Unit and the provider agencies. All participating providers, and their Key Users, are required to have the capability to send and receive both email and fax. Fax is the alternate method for notifying



providers and Key Users if email is returned undeliverable. US Mail will be used in certain circumstances as well.

### 3.4.5 CONSULTATION

From time to time the Data Unit may request a meeting to discuss issues relating to the data that is submitted. This may involve concerns relative to the timeliness of submissions, the amount of records, or fields within records, that are flagged as invalid, the overuse of “other-not listed” field values when recording events, or other problems with the data.

The Key User will be contacted with a consultation request and will be asked to either address the concerns or to assist the Data Manager in scheduling a meeting with agency leadership. Also, if agency staff would like to discuss issues with the Data Unit staff, the Key User should contact the Data Manager and coordinate the meeting.

## 4 DEFINITIONS AND EVENT GUIDELINES

### 4.1 DEFINITIONS

The following definitions for EMS events have been adopted by the Florida EMS Advisory Council Data Committee. All information relates to how Florida collects and reports incident level EMS data to the statewide database (EMSTARS) and the national database (NEMSIS).

All agencies that are submitting data to EMSTARS must follow these standard definitions.

**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.

**Cardiac Arrest:** Cardiac arrest is the cessation of cardiac mechanical activity as confirmed by the absence of signs of circulation.

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

**EMS Event:** Any time that emergency medical services are requested and personnel are dispatched to respond.

**Event Record:** An electronic record transmitted to the EMSTARS database containing information on a specific EMS event including service delivery and / or patient care data as applicable.

**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.

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**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.

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

**Response Time:** The elapsed time from when a dispatched unit proceeds en route to the time that the unit reaches the scene.

**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.

**STEMI:** ST segment-elevation myocardial infarction.

**STEMI Alert:** The out of hospital recognition and early notification to a receiving facility of a patient experiencing acute myocardial infarction.

**Purpose:**

The STEMI Alert simultaneously activates hospital staff and streamlines the in-hospital process between arrival at the hospital and transport to the cardiac catheterization laboratory, ultimately, improving door to balloon times.

**Stroke Alert:** The out of hospital recognition and early notification to a receiving facility of a patient experiencing acute Stroke symptoms.

**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.

**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.

**Trauma Alert:** A notification initiated by EMS informing a hospital that they are enroute with a patient meeting the trauma alert criteria.



### 4.2 EVENT GUIDELINES

The following rules for EMS events have been adopted by the Florida EMS Advisory Council Data Committee. All information relates to how Florida collects and reports incident level EMS data to the statewide database (EMSTARS) and the national database (NEMSIS).

All agencies that are submitting data to EMSTARS must follow these event guidelines.

#### 4.2.1 EMS EVENT

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

Notes:

- An EMS event occurs once a request is made and a unit is dispatched. Calls cancelled prior to the unit being dispatched, or situations where no dispatch occurs, do not qualify as an EMS event.
- The EMSTARS system collects information on all EMS events, regardless of patient contact. This is integral to the local EMS agencies and the State's ability to define, measure, and improve Florida's EMS system and the resources required to maintain levels of service.

#### 4.2.2 EVENT RECORD

An electronic record transmitted to the EMSTARS database containing information on a specific EMS event including service delivery and / or patient care data as applicable. An Event Record is required any time an EMS event occurs, regardless of patient contact or outcome of the call.

Notes:

- "Run Reports" and "Patient Care Reports" are synonymous with "Event Records"
- Data on EMS events may actually be collected in multiple systems such as CAD, NFIRS, and ePCR. It is not within the scope, nor the intent, of the program to dictate which systems can or should collect this data; however, it is the intent of program that all of this information be reported to the statewide EMSTARS 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.
- An event record can 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



EMSTARS XML schema definitions and in accordance with the business rules defined in 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.

### 4.2.3 PATIENT ENCOUNTER

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

Notes:

- A patient encounter is dependent on neither treatment nor transport nor cooperation from the patient; if a licensed healthcare professional perceives a medical problem that requires evaluation, a patient encounter has been made.
- This excludes times where no complaint exists and where a licensed healthcare professional 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 licensed healthcare professional 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.

### 4.2.4 RESPONSE TIME

The elapsed time from when a dispatched unit proceeds en route to the time that the unit reaches the scene. Using the Florida EMS Data Dictionary, this is the difference between E05\_05 Unit En Route Date / Time and E05\_06 Unit Arrived on Scene Date / Time.

### 4.2.5 DESTINATION

Destination refers to any location to which a patient is transported. This includes facilities and fixed location types, and also includes 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 must be coded as “Other” with the appropriate corresponding “Type of Destination” filled in. “Destination Zip Code” must 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” must be completed by the transporting unit based on the criteria above.



#### **4.2.6 OUT OF STATE REPORTING**

For providers that operate EMS services in other states, reporting of event and patient data 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, 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 Florida Bureau of EMS 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 that particular state's reporting guidelines apply and no EMSTARS event record is required in this instance.

#### **4.2.7 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 database.

Notes:

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.

#### **4.2.8 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.

#### **4.2.9 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.

**4.2.10 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.

**4.2.11 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.

**4.2.12 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".

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

**4.2.13 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).

**4.2.14 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.

**4.2.15 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.

### **4.2.16 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.

### **4.2.17 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.

### **4.2.18 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.

### **4.2.19 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. The patient care is transferred to the intercepting unit and the patient transport is completed.

An event record is required for each unit since two EMS events have actually occurred (the first was a 911 Scene Call and the second is an Intercept). Although the patient is the same, there were two distinct requests for service: one from the 911 call and one from the initial transporting unit which did not complete the transport.

### **4.2.20 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.

### **4.2.21 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.

### **4.2.22 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.

### **4.2.23 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).

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.

## **5 ADMINISTRATIVE POLICY AND PROCEDURES**

### **5.1 REMINDER NOTICES**

Reminder notices are sent to each provider's Key Users during the third full week of each month. Reminders will inform the providers of the submission deadline for the upcoming month. Reminder notices will always be sent via electronic mail.

### **5.2 LATE NOTICES**

If records are not submitted within the established timeframe outlined in sections 3.1.1 and 3.1.2, the Bureau's Data Unit will email a late notice to the provider's Key Users. If records are not submitted within 60 calendar days from the end of the month in question, and no extensions have been granted, the participating agency is considered out of compliance with prehospital reporting requirements and may result in the Bureau's Data Unit Manager filing a complaint with the Bureau's Investigations Unit. If this is the case, a notice will be prepared and delivered via fax and/or via US Mail.

Frequent late notices (2 months in a row or more than 3 per year) may point to a problem and will result in a Consultation Request being sent to the Key User (as described in section 3.4.5).



### 5.3 INFORMATION USAGE AND PROTECTION

#### 5.3.1 PROTECTED HEALTH INFORMATION

Electronic Protected Health Information (ePHI) as defined by HIPAA is securely transmitted to the EMSTARS system from provider agencies across the state. However, this ePHI with personal identifiable information on patients is not accessible by unauthorized users and will not be displayed on reports that are generated.

#### 5.3.2 CONFIDENTIALITY

Beyond protected patient information; the EMSTARS system also contains confidential information on Florida's EMS system and the delivery of services by local provider agencies. The information contained within the system and its reports is intended for use by Florida's local and state EMRCs and/or Quality Assurance Committees. Pursuant to § 401.425(5) Florida Statutes, the records obtained or produced by the EMRC providing quality assurance activities are exempt from the provisions of [§119.07\(1\)](#) and s. 24(a), Art. I of the State Constitution, and EMRC proceedings and meetings regarding quality assurance activities are exempt from the provisions of s. [286.011](#) and s. 24(b), Art. I of the State Constitution.

Local EMRC and/or Quality Assurance Committees are free to distribute any information regarding their particular agency. However, where system or provider performance information or sensitive performance data is involved, the distribution or sharing of electronic or paper reports with other organizations or public safety entities is strictly prohibited and regulated by **DOH**. This includes, but is not limited to, city or county government, law enforcement, hospitals, universities or other higher learning institutions, and any organization or person outside the state of Florida and not directly affiliated with Florida's EMS system.

The EMS Data Unit will provide information, upon request, to these types of organizations after a state level EMRC review has been completed. The EMRC provides a mechanism for statewide and national EMS data analysis for the purpose of statewide quality improvement. Information provided by Florida EMS agencies through the Emergency Medical Services Tracking and Reporting System (EMSTARS) and other data sources will be collected. The information will be queried including development of the report process as directed by the EMRC. The agency identifying information will be masked in all documents reviewed by the EMRC.

All requests for data must be routed to the EMRC's Bureau of EMS Representative. If an end user is unsure whether or not the information they have downloaded or printed may be distributed, the user must contact the EMS Reporting Manager for direction.

### 5.4 REPORTING



Access to online reports is governed by user profiles and associated permissions as detailed in the EMSTARS End User Security Policy (available online at <http://www.floridaemstars.com>).

Requests for custom, ad hoc reporting may be made to the EMRC's Bureau of EMS Representative. These requests will be reviewed by the Emergency Medical Review Committee (EMRC) for intent and relevance of the data request to ensure that the requests will provide data for trending needs, areas of improvements, and/or best practices. The EMRC will also review the appropriate use of mapping in all report queries to make sure data elements and data subset elements are appropriate for the report and/or research being examined. The delivery of custom reporting requests will be managed by the EMRC's Bureau of EMS Representative. Timeframes will vary directly with workload, although it will be the goal of the Data Unit to supply the requested information within 21 working days in most instances.

## 6 EMSTARS SECURITY

The EMSTARS system, and access to its data, is structured in such a way to allow access only to authenticated users and only at authorized permission levels. The EMSTARS End User Security Policy must be acknowledged, signed and adhered to by all users of the EMSTARS system. This policy is available on the EMSTARS website, [www.floridaemstars.com](http://www.floridaemstars.com). The processes outlined in this referenced manual are included herein as a part of the policy and procedures of the EMSTARS program.

End users acknowledge that failure to abide by the terms of the End User Security Policy may be subject to penalties for wrongful disclosure of protected health information under federal law.

## 7 OTHER GENERAL INFORMATION

### 7.1 NEMSIS SUBMISSIONS

The Data Unit will submit Florida's records (national elements only) to the NEMSIS national database each quarter or as otherwise directed by the NEMSIS technical assistance center.

## 8 END OF DOCUMENT –