

100119.01 Documentation and Data Submission

(a)

Community paramedics and triage paramedics shall complete and submit electronic patient care records in accordance with Title 22 California Code of Regulations Section 100097.01.

(b)

Community paramedics and triage paramedics providers shall document destination facility with standardized facility codes per the California Emergency Medical Services Information System (CEMSIS).

(c)

Community paramedicine or triage to alternate destination programs shall exchange electronic patient health information (HIE) between community paramedicine or triage to alternate destination providers and health providers and facilities. The Authority may grant a one-time temporary waiver based on the proposed plan and timeline to achieve Electronic HIE functionality, not to exceed five (5) years of this requirement for alternate destination facilities that are unable to immediately comply with the electronic patient health information requirement. A plan to establish HIE shall accompany any request for a waiver.

(d)

Community paramedicine programs shall submit to the LEMSA at minimum a quarterly summary of patient outcomes, which are due by January 30, April 30,

July 30, and October 30 each year, in an EMSA provided template with the following data: (1) For programs which provide directly observed therapy (DOT) to persons with Tuberculosis: (A) Total patients enrolled who completed therapy successfully. (B) Total patients enrolled who are still in the treatment program. (C) Total number of patients enrolled who did not complete treatment successfully. (2) For programs which provide case management services to EMS high utilizers, a summary of the reduction in EMS utilization, and any other impacts of the program.

(1)

For programs which provide directly observed therapy (DOT) to persons with Tuberculosis: (A) Total patients enrolled who completed therapy successfully. (B) Total patients enrolled who are still in the treatment program. (C) Total number of patients enrolled who did not complete treatment successfully.

(A)

Total patients enrolled who completed therapy successfully.

(B)

Total patients enrolled who are still in the treatment program.

(C)

Total number of patients enrolled who did not complete treatment successfully.

(2)

For programs which provide case management services to EMS high utilizers, a summary of the reduction in EMS utilization, and any other impacts of the program.

(e)

Alternate destination facilities shall submit to the LEMSA at minimum a quarterly summary of patient outcomes with an EMSA provided template, the following data: (1) Total number of patients evaluated who were transported by EMS. (2)

Total number of these patients who were treated and released (3) Total number of these patients who were transferred to an acute care emergency department. (4) Total number of these patients admitted to another care facility. (5) Total number of these patients who experienced an adverse event resulting from services provided under this program.

(1)

Total number of patients evaluated who were transported by EMS.

(2)

Total number of these patients who were treated and released

(3)

Total number of these patients who were transferred to an acute care emergency department.

(4)

Total number of these patients admitted to another care facility.

(5)

Total number of these patients who experienced an adverse event resulting from services provided under this program.

(f)

LEMSAs shall submit quarterly data reports to the Authority to include: (1) Quarterly ambulance patient offload times (APOT) for every alternate destination facility. (2) Quarterly total EMS transports to every alternate destination facility. (3) Quarterly total number of patients turned away or diverted from every alternate destination facility. (4) Quarterly total number of patients who require subsequent transfer to an emergency department from an alternate care facility. (5) A summary of the primary reasons for turning away, diverting, or transferring patients to emergency departments from alternate care facilities. (6) A summary

of feedback about the program from the Emergency Medical Care Committee. (7) Community paramedicine program summary of outcomes (noted in subsection (d) above). (8) Alternate destination facility summary of patient outcomes (noted in subsection (e) above).

(1)

Quarterly ambulance patient offload times (APOT) for every alternate destination facility.

(2)

Quarterly total EMS transports to every alternate destination facility.

(3)

Quarterly total number of patients turned away or diverted from every alternate destination facility.

(4)

Quarterly total number of patients who require subsequent transfer to an emergency department from an alternate care facility.

(5)

A summary of the primary reasons for turning away, diverting, or transferring patients to emergency departments from alternate care facilities.

(6)

A summary of feedback about the program from the Emergency Medical Care Committee.

(7)

Community paramedicine program summary of outcomes (noted in subsection (d) above).

(8)

Alternate destination facility summary of patient outcomes (noted in subsection (e)

above).

(g)

LEMSAs shall submit a once annual summary, due to EMSA January 30 each year, of all alternate destination facilities that certifies each facility maintains adequate licensed medical and professional staff, facilities, and equipment pursuant to the Authority's regulations and the provisions of this Chapter, which shall include all the following: (1) Identification of qualified staff to care for the degree of a patient's injuries and needs. (2) Certification of standardized medical and nursing procedures for nursing staff. (3) Certification that the necessary equipment and services are available at the alternate destination facility to care for patients, including, but not limited to, an automatic external defibrillator and at least one bed or mat per individual patient.

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