

Premier EMS Agency Program



EMS Agency Application & Handbook

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WHAT IS THE PREMIER EMS AGENCY PROGRAM?

The Premier EMS Agency Program is a voluntary initiative, open to any EMS agency in the State of Arizona that is dedicated to improving the care provided to their patients/customers by implementing a four-part program:

1. Documenting agency leadership commitment
2. Developing a robust quality improvement program
3. Collecting and submitting electronic EMS patient care reports
4. Ensuring the data are fed back into the quality improvement program to inform the analysis and improvement of care.

THE PREMIER EMS AGENCY PROGRAM IS NOT

- **Mandatory** - Participation is voluntary; the State provides technical assistance, reporting and a centralized database to assist the agency and regions in accomplishing their goals.
- **NEMSIS** - NEMSIS is a federally funded EMS Database. The BEMSTS database is separate and we NEVER share data with the NEMSIS database unless the agency requests that we do so in writing. BEMSTS has adopted many of the NEMSIS standards as these are now the norm for most commercially available electronic patient care report programs.
- **Competitive** - BEMSTS encourages every interested agency to participate. The only benefit derived from participation is improving the care received by your customers.

WHAT ARE THE BENEFITS OF PARTICIPATION?

Your patient/customer receives better care! – the ill and injured citizens of Arizona are the true beneficiaries of the Premier EMS Agency Program. You as a provider may feel proud that your agency is dedicated to the work required to ensure that data are used to inform a quality improvement process in your agency. The biggest return will be for the patient that stays fewer days in hospital, has fewer complications, recovers fully and returns to the workforce earlier than would have been possible if your agency had not made this commitment.

Agencies that fulfill at least two of the requirements will be recognized as participating in the Premier EMS Agency program while Agencies that implement all four parts of the program will be recognized as a Premier EMS Agency.

We provide help – but it is still a lot of work! We will help you to:

- Develop a quality assurance plan
- Develop a quality assurance process
- Develop quality achievement benchmarks
- Provide you with data reporting comparing your performance to a blinded, aggregate of other agencies performance.

WHAT ARE THE REQUIREMENTS FOR PARTICIPATION?

The requirements are simple – but implementation is hard! The paperwork is straightforward, just fill out the forms at the end of this handbook and submit to BEMSTS. However, ensuring that your agency really commits to the concept of using data to inform its quality improvement, and by definition, patient care, takes strong, committed leadership from your agency.

1. A senior director must attest, via signature that your agency is committed to using data to inform its patient care practice and to commit resources to make this possible.
2. Develop and empower a Quality Improvement Team to review 100% of runs dealing with:
 - Major Trauma,
 - Acute Stroke,
 - Myocardial infarction with ST segment elevation (STEMI),
 - Out of Hospital Cardiac Arrest (OHCA).
3. Purchase and utilize a NEMSIS compliant electronic patient care reporting system and submit EMS Patient Care Reports to BEMSTS.
4. Use data gleaned from the electronic patient care reporting system to inform the quality assurance process and institute training and education to enhance patient care.

WHAT TECHNICAL ASSISTANCE IS AVAILABLE TO MY AGENCY?

BEMSTS staff will be available to help you in the following ways:

- We will provide you with an example Quality Assurance Plan and help you to personalize it to your agency
- We will help you as you develop the skills necessary to institute a typical “Plan, Do, Review, Improve” quality assurance process in your agency
- We will help you determine baseline and benchmarking targets for your agency dealing with the four injury/illness conditions identified above.
- We will provide you with data reports for your agency along with blinded, aggregate data from other comparable agencies to assist you in developing agency specific performance targets.

IS MY DATA SAFE?

Subpoena and Discoverability: BEMSTS enjoys the same protections as the Department of Health Services. **Any data that could identify (1) the patient, (2) the patient’s family, (3) the health care provider (the EMT), or (4) the Agency, is fully protected from discoverability and subpoena.**

Freedom of Information Requests: The Department of Health Services and BEMSTS are REQUIRED to release non-protected health care information when a request is accompanied by the appropriate request forms. This data will not contain protected health care information that could identify the EMT, the patient, the patient’s family or agency.

Regulatory Feedback: The Premier EMS Agency Program is a quality improvement initiative of BEMSTS that is administered by the Data and Quality Assurance Section of the organization. BEMSTS is statutorily PROHIBITED from using quality improvement data to inform its regulatory activities.

Unauthorized Access: All public health data, including Premier EMS Agency Program data, collected by the Department of Health are protected from external, unauthorized access. The IT firewall system is robust and constantly monitored. Every individual that has access to public health data is required to sign a binding data protection agreement form. The Premier EMS Agency database will have a limited number of authorized users.

HOW WILL MY DATA BE USED?

Reports for contributing agencies: BEMSTS Data and Quality Assurance Section staff will provide each contributing agency with quarterly reports of their system level performance measures for the four diseases/illnesses identified above along with benchmarking data of compiled, blinded data from other reporting agencies.

Reports for EMS Council and State Trauma Advisory Board: BEMSTS Data and Quality Assurance Section staff will develop compiled, blinded reports on the four disease/illnesses and other typical registry reports that are informative of the nature and frequency of EMS use in the State of Arizona. All reports will be blinded.

System and Outcome Analysis: BEMSTS will utilize data to analyze our effectiveness, from a statewide system and clinical perspective.

Research: The EMS database must be made available for appropriate research activities, consistent with ADHS oversight guidelines requiring safeguards on how data are reported, stored and destroyed are in place assuring the full protection of patient, the patient’s family, health care provider and agency All research requests are reviewed by the ADHS Human Subject Review Board to ensure the safeguards are in place and followed.

HOW DO I GET STARTED?

Simple, just fill out the attached forms and return them to BEMSTS. Our Data and Quality Assurance Section will then contact you to begin the process.

1. Application Form
2. Senior Management Affirmation Form



Bureau of Emergency Medical Services and Trauma System Application to Participate in the Premier EMS & Trauma System

There are four components of the Premier EMS & Trauma System program. Those agencies that voluntarily participate in two of the components will be listed as having applied to participate and those agencies meeting all four components will be listed as a Participant on the Bureau's website. The first component is mandatory in that senior administration involvement is a key to the success of an agencies quality assurance process. The four components are:

1. The support of Senior Administration to ensure that there are Quality Assurance policies and procedures approved by Senior Administration and/or the Administrative Medical Director (for ALS Services) and; a Quality Assurance Committee which meets at least quarterly (attached are instructions titled "How to Set Up an Agency QA Process"). The Senior Administrator and Administrative Medical Director (if applicable), or their designees, should be a member of the committee and attend the meetings.
2. The Agency should have a documented Quality Assurance process, which revolves around patients in the following four categories:
 - a. Major Trauma
 - b. Acute Stroke
 - c. ST-elevation MI
 - d. OHCA

Those agencies without an established QA process can use the document "How to Set Up a QA Process" for guidance. The Bureau can assist with this process.

3. The Agency should submit EMS run data consisting of the NEMSIS-compliant data elements collected by the Bureau, as described in the most current version of the Arizona EMS Data Dictionary. This component requires the attached confidentiality agreement as well as agency review of all Bureau documents pertaining to data transmission and confidentiality requirements. The applicant will acknowledge receiving documentation of the Bureau's confidentiality requirements as well as the "Release of EMS Data and Information" policy.
4. The Agency should strive towards clinical application of the knowledge gained from the QA process in the four Primary Emergency Categories of Major Trauma, Acute Stroke, ST-elevation MI and Out of Hospital Cardiac Arrest. This includes staff education and improvements in progress towards goals and objectives.

All information received in connection with the Quality Assurance Process is confidential including this application

**ARIZONA DEPARTMENT OF HEALTH SERVICES
USER AFFIRMATION STATEMENT**

I have been made aware and understand that all individuals who are approved to have access to the Arizona Department of Health Services (DHS) data are bound by applicable laws, rules and DHS directives and are responsible for DHS data. I agree to abide by all applicable laws, rules and DHS directives, and I pledge to refrain from any and all of the following:

1. Revealing DHS data to any person or persons outside or within DHS who have not been specifically authorized to receive such data.
2. Attempting or achieving access to DHS data not germane to my mandated job duties or contract specifications.
3. Entering/altering/erasing DHS data for direct or indirect personal gain or advantage.
4. Entering/altering/erasing DHS data maliciously or in retribution for real or imagined abuse, or for personal amusement.
5. Using DHS workstations, printers, and/or other equipment for other than approved purposes.
6. Using another person(s) personal logon ID and password.
7. Revealing my personal logon ID and password to another person.
8. Asking another person to reveal his/her personal DHS logon ID and password.

In relation to my responsibilities regarding the proprietary rights of the authors of computer software utilized by DHS, I recognize that:

1. DHS licenses the use of computer software from a variety of outside companies. DHS does not own this software or its related documentation and, unless authorized by the software developer, does not have the right to reproduce it.
2. When used on a local area network or on multiple machines, employees or contractors shall use the software in accordance with the license agreement.
3. Employees or contractors who know of any misuse of software or related documentation within the agency shall notify the appropriate manager or supervisor, or the Department security administrator.
4. Employees or contractors making, acquiring or using unauthorized copies of computer software, or using personal non-DHS software are subject to punitive action in accordance with agency guidelines and applicable contract provisions appropriate to the circumstances.
5. According to U. S. Copyright Law, 17 USC Sections 101 and 506, illegal reproduction of software can be subject to criminal damages up to \$250,000 and/or up to 5 years imprisonment.
6. In the event that an employee is sued or prosecuted for the illegal reproduction of software, he/she will not be represented by the Department of the Attorney General.
7. Contractors working for DEPARTMENT are responsible for penalties arising from their acts or omissions in the performance of work for the State of Arizona and are subject to exclusion as an accepted vendor for a contractor's violation of this policy.

Appropriate action will be taken to ensure that applicable federal and state laws, regulations, and directives governing confidentiality and security are enforced. A breach of procedures which occur pursuant to this policy or misuse of Department property including computer programs, equipment, and/or data, may result in disciplinary action including dismissal, and/or prosecution in accordance with any applicable provision of law including Arizona Revised Statutes, Section 13-2316.

My signature below confirms that I have read this form and accept responsibility for adhering to all applicable laws, rules, and DHS directives. Failure to sign this statement will mean that I will be denied access to DHS data, computer equipment, and software.

NAME (Last, First, M.I.) PRINT OR TYPE	SIGNATURE	PHONE	DATE
NAME OF SUPERVISOR (Last, First, M.I.)	SIGNATURE	PHONE	DATE

Intended for use only in the BEMSTS Quality Assurance Process

**Bureau of EMS & Trauma System
Data & Quality Assurance
EMS Agency Data Submission Guidelines**

Reports containing patient records which include the elements described in the latest version of the Premier EMS Agency Program Data Dictionary shall be submitted to the EMS Database within 30 days of the close of the quarter according to the following schedule:

Quarter	Patient Treatment Dates	Data Due Date
Quarter 1	January 1- March 31	May 1 of same year
Quarter 2	April 1- June 30	August 1 of same year
Quarter 3	July 1-September 30	November 1 of same year
Quarter 4	October 1-December 31	February 1 of next year

EMS data must be submitted in a format authorized by the Bureau of EMS & Trauma System and must include valid entries in all required fields.

The data being submitted to the BEMSTS should be an export file consisting of the variables required in the Data Dictionary. The data will be transferred from the Agency to the BEMSTS via the Arizona Health Services Gateway found at <https://health.azdhs.gov/gateway/signin.asp> using a secure username and password issued by the BEMSTS. The gateway utilizes a secure file transfer protocol (SFTP) whereby the Agency Data Manager will click on the export file which resides on the Agency's computer. Once transmitted to the gateway, the data will pass through a data validation tool. Once validated, the data will reside in a secure database with any transmission or data errors being reported back to the Agency as well as the EMS Data Manager for follow-up.

Those Agencies which do not have electronic patient care reporting capability will logon to the gateway where an entry screen will guide the Agency through the submission process.

For questions regarding the EMS Database please contact David Harden, EMS Data & Quality Assurance Manager at 602-364-3188 or Joel Bunis, Data & Quality Assurance Section Chief at 602-364-3189.

RELEASE OF INFORMATION FROM THE EMS DATABASE

PURPOSE

To set the standards for providing quality EMS data to health professionals, researchers and the general public from the EMS Database while preserving confidentiality and protecting the privacy of patients and patient records. This Policy creates the procedure to release both confidential and non-confidential information.

POLICY

All requests for EMS data will be evaluated and performed according to the procedures described herein as well as the policies set forth by governing agencies.

AUTHORITY

A.R.S. § 36-2204, Medical Control.

A.R.S. § 36-2220, Records; confidentiality; definition

A.R.S. § 36-2221, Requirements: confidentiality: violation: classification.

A.R.S. § 36-2401, Definitions.

APPLICABILITY

EMS Database

Bureau of Emergency Medical Services and Trauma System (BEMSTS)

DEFINITIONS

Confidential data and information – Any form of data and information (case reports, computer records, computer printouts, etc.) from which an individual patient, the patient’s family, or the patient's health care provider or facility might be identified that is not considered public information. Confidential data and information is also known as protected health information (PHI).

Data Linkage – Process whereby it is determined if a record in a file matches to one or several records in another file.

Public Use Data Files – Dataset available to the public with permission.

Researcher – Individual or group that is requesting confidential data and information from the EMS Database, including, but is not limited to, entities such as research groups, educational institutions, and government agencies.

Summary data and information – Data that is aggregated and displayed so that Confidential data and information, as defined above, cannot be identified.

DIVISION OF PRIMARY RESPONSIBILITY

Arizona Department of Health Services (ADHS)

BEMSTS

PROVISIONS AND GUIDELINES

A. General Data Confidentiality Policies

1. Under no circumstances shall confidential data and information be released to the public in any form.
2. Information on confidential data can be released for statistical purposes in a manner such that no individual patient or the patient’s family can be identified. **Comment:** If the “confidential” data are released so that individual patient or the patient’s family can’t be identified is the same as non-confidential data. **Question:** Do you want to delete paragraph 2?]

B. Request for Confidential Data and Information

1. Confidential data and information required by Researchers for research purposes will only be released upon approval of the BEMSTS Bureau Chief, BEMSTS Medical Director, BEMSTS Data & Quality Assurance Section Chief, the EMS Data Manager. Researchers seeking confidential data and information must submit a request to the EMS Data Manager in writing in accordance with established procedures as outlined in Procedure B of this Policy.

2. Inquiries from the press/media shall be referred to the ADHS Public Information Office (PIO). The PIO can be contacted at (602)542-1094. Only aggregate non-confidential information may be given to the media but the EMS Data Manager must first inform the PIO of the inquiry.

C. Inappropriate Uses of Confidential Data or Information

1. Confidential data and information contained in the EMS Database shall not be made available to the following:
 - a. Businesses trying to market a product to EMS patients
 - b. Insurance companies trying to determine the medical status of a patient
 - c. Next-of-kin of reported patients, without proper authorization

D. Disclosure of Summary Data and Information

1. Summary data and information shall be disclosed in the following manner:
 - a. Summary data and information contained in published reports by the EMS Database will be available upon request.
 - b. Requests for summary data and information not available in EMS Database reports must be made to the BEMSTS Data & Quality Assurance Section Chief or the EMS Data Manager. The requestor may be required to cover the costs of obtaining the data.
 - c. A comment, analysis, or interpretation of the data may be provided by the EMS Database.
2. To eliminate the possibility that individuals might be identifiable from tables containing cells with very small values, cell counts may be suppressed in the case of tables with cell counts less than 5 for ≤ 1 year of data if the geographic area is smaller than the county level.
3. Users of EMS Database Public-Use Data Files will be required to sign an EMS Database Public-Use Data Agreement prohibiting the use of data for purposes of identifying an individual patient, a patient's family, or the patient's health care provider or facility, or for statistical publications that may result in identifying an individual patient, a patient's family, or the patient's health care provider or facility. These stipulations are outlined in further detail in the agreement. See Exhibit 1.

E. Re-Disclosure of Confidential Data and Information

1. Authorized recipients of confidential data and information shall not disclose the data and information to any other person or organization.

F. Releasing Confidential Data and Information to Other ADHS Programs

1. Confidential data and information may be released to another ADHS program upon completion of the ADHS Internal Data Request Form and approval by the EMS Data Manager, BEMSTS Data & Quality Assurance Section Chief as well as the BEMSTS Bureau Chief. See Exhibit 2.

G. Releasing Data to Independent Researchers.

1. Summary data and information may be released upon request.
2. Requests for confidential data and information intended for research purposes must be approved by the HSRB. (See Procedure B)

PROCEDURE

A. Preserving Confidentiality of the EMS Database

1. All documents identifying a specific individual, health care provider or health care facility are considered confidential data and information and, as such, are safeguarded to the maximum possible extent. Every employee having access to the EMS Database also has access to confidential data and information regarding persons and health care institutions interacting with EMS agencies. Employees have an express responsibility to protect the privacy of the persons and EMS agencies whose records are in the EMS Database. This is a moral and legal obligation; therefore, statutes and rules of confidentiality must be observed at all times.

2. Data and information that identifies a patient, a patient's family, or a patient's health care provider or facility is not disclosed or discussed with anyone other than employees having access to the EMS Database or staff from the specific reporting source(s). All employees are informed of their responsibility regarding confidential data and information. Breach of confidentiality will be grounds for immediate disciplinary action, up to and including dismissal and criminal prosecution. All employees are required to sign a pledge to maintain confidentiality of all information.

A. Submitting a Request for Confidential Data and Information for Research Purposes

1. The researcher may contact the EMS Data Manager by e-mail or by phone to announce his/her intent to submit a formal request. The EMS Data Manager will fax or e-mail the "Public Records Request Form" See ADM-020 (Exhibit 1) and the "EMS Database Data Request Form" (See Exhibit 3).
2. The researcher must complete the "Public Records Request Form" and the "EMS Database Data Request Form" and fax or e-mail the forms to the The EMS Data Manager.
3. The researcher must submit a request to the ADHS Human Subject Review Board (HSRB) for approval. No confidential data and information will be released to the researcher without prior approval of the HSRB. The HSRB application and instructions are available at <http://www.azdhs.gov/diro/legal/hsrb.htm>.
4. A copy of the formal request to the ADHS Human Subject Review Board must be forwarded to the EMS Data Manager. The formal request protocol should include:
 - a. A brief outline of the proposed research
 - b. A justification of the need for confidential data and information
 - c. A list of requested data variables
 - d. The preferred format of the data
 - e. Needed frequency of the data (i.e., One-time data linkage vs. a continuous data pull for a survey)
 - f. Description of how the data will be stored
 - g. A list of who will have access to the data and how it will be safeguarded from unauthorized access
 - h. A description of how and when the data will be destroyed upon completion of the research project.
5. The checklist form "Checklist for Releasing Confidential EMS Data" (See Exhibit 4) will be initiated to track progress of the request from submission to fulfillment or disapproval.
6. After HSRB review and approval the EMS Data Manager will be sent a copy of the approval letter from the HSRB. Upon receipt of the approval the request will be processed.
 - a. No data will be released to Researchers if the HSRB disapproves of the research project.
 - b. Upon approval of the HSRB the Bureau Chief of BEMSTS, the Data & Quality Assurance Section Chief and the EMS Data Manager will make the final decision concerning the appropriateness of releasing the data.
7. Upon completion of the request, the EMS Data Manager will provide the researcher the confidential data file, a letter describing the data, and a data dictionary produced by the EMS Data Manager. These will be delivered via one of the following ways:
 - a. The requested variables in a password-protected CD-R in an ASCII fixed field length data file or agreed upon format through Fed Ex in an envelope marked "confidential".
 - b. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format through encrypted e-mail using Secure Messenger by following the procedures in the Secure Messenger manual provided by Information Technology Services at ADHS.
 - c. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format through encrypted secure File Transfer Protocol (FTP).
8. The password will be sent separately via an encrypted e-mail using Secure Messenger by following the procedures described in the Secure Messenger manual provided by Information Technology Services at ADHS.
9. The EMS Data Manager will maintain a patient listing of the data sent to the Researcher. This will allow the EMS Data Manager to answer any questions after the data file has been sent to the researcher. This also allows the EMS Data Manager to identify or track data used for research.

10. The EMS Data Manager will maintain all files related to the research project and will update the Data Request Log immediately upon receiving a project completion notice from the researcher

Responsible Position: Data & Quality Assurance Section Chief

C. Procedure for Data Linkage Using Confidential Data and Information

1. Follow Procedure B.1-8 above, then proceed below.
2. The EMS Data Manager or designated BEMSTS staff will be responsible for conducting the data linkage, providing the results to the researcher, and ensuring the confidentiality of the researcher's dataset.
3. The EMS Data Manager or designated BEMSTS staff will make arrangements with the researcher to perform the data linkage, including obtaining the data format and data variables that the researcher requires for the linkage. In most instances, it is preferred that the researcher provide the BEMSTS with a dataset with which the BEMSTS can conduct the match; this method will restrict access to the EMS Database records as much as possible. Some researchers may require the BEMSTS to provide them with a dataset to which they can match their data.
4. The data file should be submitted on a CD-R in an ASCII fixed field length file or in an agreed upon format and exchange. The following variables should be included: first name, last name, social security number, date of birth, and sex.
 - a. Additional personal identifying information should also be included if available.
5. The data linkage will be completed using automated linkage:
 - a. For automated linkages, the EMS Database will conduct a probabilistic match using LinkPlus. The match will be conducted on the fields listed in C.3. using a match probability of 95% or greater; a cut-off ratio will be determined at the time of linkage. The BEMSTS will make any necessary judgment calls as to whether possible matches contain enough information to be considered a match.
 - b. Matching records will be randomly reviewed to verify the records were matched correctly.
6. The requested data on the matched cases will then be pulled from EMS Database using the following process:
 - a. An export file of the matches is created in LinkPlus and MUST include the "Patient Name" in addition to the fields that are being matched.
 - b. The Patient Name will be used to pull from the EMS Database. An export file will be created containing the necessary patient identifiers, including the Patient Name, and the requested variables. The procedure will be further defined in a separate Linkage procedure.
7. Upon completion of the data linkage and extract, the EMS Data Manager will provide to the researcher the data, a letter describing the data linkage procedures and criteria of release of EMS data and a data dictionary. These will be delivered via one of the following ways:
 - a. The requested variables in a password-protected CD-R in an ASCII fixed field length data file or agreed upon format through Fed Ex in an envelope marked "confidential".
 - b. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format through encrypted e-mail using Secure Messenger by following the procedures in the Secure Messenger manual provided by Information Technology Services at ADHS.
 - c. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format through encrypted secure File Transfer Protocol (FTP).
8. The password will be sent separately via an encrypted e-mail using Secure Messenger by following the procedures described in the Secure Messenger manual provided by Information Technology Services at ADHS.
9. It is anticipated that the linkage process described above will be completed within 4 weeks of receipt of the researcher's data by the BEMSTS. The BEMSTS will notify the researchers of any delay in achieving this target date.
10. Data provided to the BEMSTS will be deleted from the Bureau's computer system (and all copies and any derivative files destroyed) as soon as the researcher notifies the BEMSTS in writing that the work scope has been completed.

11. The BEMSTS will maintain all forms, etc. related to research project. The EMS Data Manager will update the Data Request Log immediately upon receiving a project completion notice from the researcher completion of project.

Responsible Position: Data & Quality Assurance Section Chief

D. Request for Non-Confidential Aggregate Data

1. The person requesting the data will contact the EMS Data Manager by e-mail or by phone to announce his/her intent to submit a request. The EMS Data Manager will fax or e-mail the ADHS form "Public Records Request Form" (See ADM-020 Exhibit 1) and the "EMS Database Data Request Form" (See Exhibit 3) as well as the "Public Use Data Agreement".
 - a. The EMS Data Manager will ask the requestor to specify on the request form what data is requested and to include his/her name, address, phone or e-mail information so that the BEMSTS staff can contact the researcher if necessary to complete the request.
2. The EMS Data Manager will contact the requestor when the request form is received and gather any additional information needed to fulfill the request.
 - a. The EMS Data Manager will estimate to the requestor when the data request may be completed.
3. The EMS Data Manager runs the data query from the EMS Database. The EMS Data Manager will create summary data tables to send to the requestor. The EMS Data Manager will include the appropriate footnotes for the data query such as citing the EMS Database as the data source, the date of the data query, and any other information specific to that data query.
4. The EMS Data Manager will e-mail or fax the completed data request to the requestor. The EMS Data Manager fills out a data request cover sheet that includes the requestor's information, the data requested, and what information the EMS Data Manager gave the requestor, including the filenames and file locations of the data query. The data request cover sheet and any information related to this data request are stapled together and put in the data request file drawer. The EMS Data Manager will update the Data Request Log immediately upon completion of fulfilling the request.
5. When fulfilling data requests, the EMS Data Manager must use discretion and best judgment to determine how much detailed information the EMS Database can provide to the requestor. The EMS Data Manager must, if appropriate to the data request, follow the Arizona Department of Health Services confidentiality guidelines and the small numbers policy set by the Bureau of Public Health Statistics. The EMS Data Manager is not permitted to release any data that could lead to the identification of an individual patient, a patient's family, a patient's health care provider or facility.

Responsible Position: Data & Quality Assurance Section Chief

E. Request for Non-Confidential Patient Level Data

1. The person requesting the data will contact the BEMSTS by e-mail or by phone to announce his/her intent to submit a request. The EMS Data Manager will fax or e-mail the ADHS form "Public Records Request Form" See ADM-020 (Exhibit 1) and the "EMS Database Data Request Form" (See Exhibit 3) as well as the "Public Use Data Agreement".
 - a. The EMS Data Manager will ask the requestor to specify on the request form what data is being requested and his/her name, address, phone or e-mail information so that the BEMSTS staff can contact the researcher if necessary to complete the request.
2. The EMS Data Manager will contact the requestor when the request form is received and gather any additional information needed to fulfill the request.
 - a. The EMS Data Manager will determine if this request can be done and that it does not violate confidentiality procedures. If there is any question related to appropriateness of releasing patient level data, the EMS Data Manager will meet with the BEMSTS Data & Quality Assurance Section Chief for direction.
 - b. The EMS Data Manager will estimate to the requestor when the data request may be completed.
3. If an agreement is made to proceed with the release of patient-level non-confidential data, the EMS Data Manager will write a short memo documenting the decision to proceed or not. If the request is disapproved, the EMS Data Manager will notify the requestor.

4. The EMS Data Manager will process the request.
5. Upon completion of the data request, the BEMSTS will send the data to the requestor with the requested variables and a data dictionary. These will be delivered via one of the following ways:
 - a. The requested variables in a password-protected CD-R in an ASCII fixed field length data file or agreed upon format through Fed-Ex in an envelope marked “confidential”.
 - b. In a password-protected ASCII fixed field length data file or agreed upon format through encrypted e-mail using Secure Messenger by following the procedures in the Secure Messenger manual provided by Information Technology Services at ADHS.
 - c. In a password-protected ASCII fixed field length data file or agreed upon format through encrypted secure File Transfer Protocol (FTP).
6. The password will be sent separately via an encrypted e-mail using Secure Messenger by following the procedures described in the Secure Messenger manual provided by Information Technology Services at ADHS.
7. The EMS Data Manager will maintain all forms , etc. related to the data request. The EMS Data Manager will update the Data Request Log immediately upon receiving a project completion notice from the researcher.

Responsible Position: Data & Quality Assurance Section Chief

F. Request for Non-Confidential Public Use File for Research Purposes

1. The researcher requesting the data will contact the BEMSTS by e-mail or by phone to announce his/her intent to submit a request. The EMS Data Manager will fax or e-mail the ADHS form “Public Records Request Form” (See ADM-020 Exhibit 1) and the “EMS Database Request Form” (See Exhibit 3) as well as the “Public Use Data Agreement”.
 - a. The EMS Data Manager will ask the researcher to specify on the request form what data is being requested and his/her name, address, phone or e-mail information so that the BEMSTS staff can contact the researcher if necessary to complete the request.
2. The researcher must submit a formal request protocol to the BEMSTS. The request should include:
 - a. A brief outline of the proposed research
 - b. A justification of the need for the Public Use File
 - c. A list of necessary data variables for the research
 - d. The preferred format of the data
 - e. Needed frequency of the data (i.e., One-time data linkage vs. a continuous data pull for a survey)
 - f. Description of how the data will be stored
 - g. A list of who will have access to the data and how it will be safeguarded from unauthorized access
 - h. A description of how and when the data will be destroyed upon completion of the research project.
3. The EMS Data Manager will contact the requestor when the request form is received and obtain any additional information needed to fulfill the request.
4. The EMS Data Manager or the designated BEMSTS staff will process the request.
 - a. The EMS Data Manager or the designated BEMSTS staff will estimate to the researcher when the data request may be completed.
5. Upon completion of creating the Public Use File, the EMS Data Manager will provide to the researcher the data and a data dictionary. These will be delivered via one of the following ways:
 - a. The requested variables in a password-protected CD-R in an ASCII fixed field length data file or agreed upon format through Fed Ex in an envelope marked “confidential”.
 - b. In a password-protected ASCII fixed field length data file or agreed upon format through encrypted e-mail using Secure Messenger by following the procedures in the Secure Messenger manual provided by Information Technology Services at ADHS.
 - c. In a password-protected ASCII fixed field length data file or agreed upon format through encrypted secure File Transfer Protocol (FTP).

6. The password will be sent separately via an encrypted e-mail using Secure Messenger by following the procedures described in the Secure Messenger manual provided by Information Technology Services at ADHS.
7. The EMS Data Manager will maintain all forms, etc. related to data request. The EMS Data Manager will update the Data Request Log immediately upon receiving a project completion notice from the researcher.

Responsible Position: EMS Data Manager

G. Request for Non-confidential Patient Level Data by ADHS Staff

1. To submit a formal request for non-confidential patient data, the ADHS staff member must fill out a Release of Data Internal Request form (See Exhibit 2) and send it to the EMS Data Manager. The request should include:
 - a. The preferred format of the data, the frequency that the internal staff member needs this data (i.e. a one-time data linkage vs. a continuous data pull for a survey) needs to be stated on the form.
 - b. A brief outline of the proposed use of the data
 - c. A justification of need for patient level data
 - d. A list of data variables requested.
2. The request will be reviewed by the EMS Data Manager, BEMSTS Bureau Chief, and the BEMSTS Data & Quality Assurance Section Chief.
3. If the request is approved, the EMS Data Manager will process the data query from the EMS Database and export all records meeting the requestor's criteria with requested data fields into an ASCII fixed field length text file or agreed upon format.
4. The data will be sent to the internal staff by either intranet e-mail or a CD.
5. If the request is rejected, the EMS Data Manager will e-mail the requestor stating reason(s) for the request's rejection and specify any changes needed for the request to be approved.
6. The EMS Data Manager will maintain all forms, etc. related to data request. The EMS Data Manager will update the Data Request Log immediately upon receiving a project completion notice from the researcher.

PREMIER EMS AGENCY PROGRAM APPLICATION FORM

Please provide all requested information using black or blue ink only. You may type or handwrite your responses

I. AGENCY MAIN INFORMATION SECTION

1	Agency Name	
2	Business Address	
3	Phone Number	
4	E-Mail Address	

II. AGENCY SERVICE INFORMATION SECTION

1	Service Level	BLS <input type="checkbox"/> ALS <input type="checkbox"/> BOTH <input type="checkbox"/>
2	Number of Vehicles	BLS: Transp. _____, Non-Transp. _____, ALS: Transp. _____, Non-Transp. _____
3	Number of EMS Runs/Yr	BLS: Transp. _____, Non-Transp. _____, ALS: Transp. _____, Non-Transp. _____
4	Number of Employees	BLS: _____ ALS: _____

III. AGENCY ADMINISTRATIVE INFORMATION SECTION

1	Chief Administrator Name	
2	Phone Number	
3	E-Mail Address	

1	Admin. Medical Director Name(If Applicable)	
2	Phone Number	
3	E-Mail Address	

1	Base Hosp. Coordinator Name(If Applicable)	
2	Phone Number	
3	E-Mail Address	

IV. EMS DATA COLLECTION AND SUBMISSION INFORMATION SECTION

1	Do you use electronic patient care reports (ePCRs)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2	If YES to IV-1, Who is your software vendor?	
3	If YES to IV-1, What is the product name & version?	
4	If NO to IV-1, When you will start using electronic patient care reports?	_____ N/A <input type="checkbox"/>
5	Will your agency send EMS Run Data to the Bureau of EMS & Trauma System?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6	If YES to IV-5, Will you use a Secure File Transfer Process via the BEMSTS Website?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7	If "NO," Will you use the BEMSTS Website Manual PCR Data Entry Method?	YES <input type="checkbox"/> NO <input type="checkbox"/>

8	If “NO,” Explain below how you will send EMS Run Data that maintains all confidentiality laws?	
9	Did you receive the “Data Submission Guidelines?”	YES <input type="checkbox"/> NO <input type="checkbox"/>
10	Did you receive Version 4.2A of the EMS Data Dictionary?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11	If YES to IV.11, How did you receive it?	Email <input type="checkbox"/> BEMSTS Website Download <input type="checkbox"/>
12	Did you read the EMS Agency Data Submission Guidelines?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13	Did you read and sign the attached “User Affirmation Agreement”?	YES <input type="checkbox"/> NO <input type="checkbox"/>
14	Did you read the attached “Release of Information from the EMS Database” Policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
15	Do you understand that the Bureau cannot share your data with anyone unless the data pertaining to the patients’ protected healthcare information (PHI), the Agency name, EMS personnel and other practitioner names, and health care institution name(s) are redacted?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16	The BEMSTS cannot and will not submit any data to NEMSIS without the EMS agency’s express written consent. Do you consent to the BEMSTS submitting your aggregated de-identified data to NEMSIS pursuant to the NEMSIS requirements	YES <input type="checkbox"/> NO <input type="checkbox"/>

V. EMS QUALITY ASSURANCE (QA) INFORMATION SECTION

1	Does your EMS agency currently have a Quality Assurance Program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2	If Yes to V.1, please attach copies of your agency’s QA process, and copies of policies and procedures approved by your Administrative Medical Director that encompass 100% review of the four clinical areas: ST-elevation MI, Major Trauma, Stroke, and Out-of-Hospital Cardiac Arrest.	
3	Do you agree to utilize the information/knowledge obtained in your agency’s QA process to strive toward clinical application of the information/knowledge gained from the QA process in the four clinical areas: ST-elevation MI, Major Trauma, Stroke, and Out-of-Hospital Cardiac Arrest - including staff education and progress in improving performance measures?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4	If your QA process is not well documented, please provide a brief description of your QA process on page 19 of this application (including any performance indicators/measures, benchmarks, and the percentage or types of runs that receive run reviews.	
5	If No to V.1, would you like assistance from the BEMSTS in establishing a QA process?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6	QA Manager Name	
7	Phone Number	
8	E-Mail Address	

