

Importing EMS Data

Oregon Trauma Registry

Introduction

EMS agencies in Oregon submit their patient care reports (PCRs) to a state system managed by the Oregon Health Authority. When the state system receives a PCR, it makes it available to the Oregon Trauma Registry so that trauma registrars can import prehospital EMS data into their trauma records.

These features are provided by the state system and are free of charge to all hospitals.

This guide shows trauma registrars how to import prehospital EMS data in the Oregon Trauma Registry in four steps:

Step 1: Basic Patient Data

Step 2: Link Selection

Step 3: Link

Step 4: Review and Adjust

Step 1: Basic Patient Data

Before you can import prehospital EMS data, you must record the following information on the DEMOGRAPHICS page:

Last Name, First Name, Arrival Date and Time, Date of Birth, and Sex

Step 2: Link Selection

After recording basic patient data, select the “Link PCR” button. The trauma registry will search for matching EMS records based on the information you entered. It will show potential matches.

The screenshot shows a window titled "LinkPCR - Matching PCR(s)" with a table of three potential matches. The table has columns for Agency Name, Destination, Last Name, First Name, M I, Unit Notified, Unit Arrival, Patient Arrival, and Req Serv. Below the table is a pagination bar showing "Page 1 of 1" and "Displaying records 1 - 3 of 3". At the bottom right of the window, there is a "Link" button and a "Close" button, both highlighted with a yellow box.

Agency Name	Destination	Last Name	First Name	M I	Unit Notified	Unit Arrival	Patient Arrival	Req Serv
EMS & Trauma Systems		Last1	First1	M1	8/4/2017 12:08:00 PM	8/4/2017 12:19:00 PM		911 Resp
EMS & Trauma Systems	Willamette Valley Medical ...	Last1	First1	M1	8/4/2017 12:19:00 PM	8/4/2017 12:30:00 PM	8/4/2017 12:51:00 PM	911 Resp
EMS & Trauma Systems	Adventist Medical Center	Last1	First1	M1	8/4/2017 1:00:00 PM	8/4/2017 1:02:00 PM	8/4/2017 1:28:00 PM	Interfac

Step 3: Link

Review the summary information provided for each PCR. Use the checkboxes on the left side to select each PCR that you would like to link, or select the check box in the top left to choose all PCRs. Then select the “Link” button in the bottom right corner.

The trauma registry will import the following information into the trauma record:

INCIDENT Page

- Injury Date and Time
- Location
- Incident ZIP Code, City, County, State, and Country
- E-Code
- Protective Devices Used
- Airbag Deployment
- Work Related, Occupation, and Occupational Industry

PREHOSPITAL Page

- Unit Information (for each PCR):
 - Transport Type
 - Transport Mode
 - Agency
 - Dispatched Date and Time
 - Arrived at Scene Date and Time
 - At Patient Date and Time
 - Departed Scene Date and Time
 - At Hospital Date and Time
 - EMS Destination
 - EMS PCR #
- Vital Signs (for each set):
 - Date and Time
 - Pulse
 - Respiratory Rate (RR)
 - Systolic Blood Pressure (SBP)
 - Pulse Oximetry (O2 SAT)
 - GCS—Eye (EO)
 - GCS—Verbal (VR)
 - GCS—Motor (MR)
 - GCS Total
 - Taken at Scene
 - EMS Provider

- Procedures
- Vehicle/Pedestrian/Other Risk Injury
- Trauma Center Criteria
- Prehospital Cardiac Arrest

Step 4: Review and Adjust

After the trauma registry has imported prehospital information, review it to verify that it is correct and complete. You can correct information as needed in the trauma record.

Other

Unlinking a PCR

If you accidentally linked a PCR and wish to unlink it, return to the DEMOGRAPHICS page and select the “Unlink PCR” button. Use the checkboxes on the left side to select any PCRs that you would like to unlink, or select the check box in the top left to choose all PCRs. Then select the “Unlink” button in the bottom right corner.

For each unlinked PCR, the trauma registry will remove the unit information and vital signs from that PCR on the PREHOSPITAL page. The trauma registry will not remove other information that may have been imported from that PCR, but you may remove the information manually.

Trauma Outcome Information

When you finish your trauma record, the trauma registry will send the following outcome information from the trauma record back to the Oregon EMS data system:

INCIDENT Page

- Injury E-Codes

ED Page

- ED Disposition
- First Systolic Blood Pressure (SBP)

PROCEDURES Page

- Procedure Codes

INJURIES Page

- Injury ICD-10 Codes

DISCHARGE Page

- Hospital Exit Date and Time
- Discharge Disposition
- Total Ventilator Support Days
- ICU Length of Stay (LOS)

Privacy and Disclosure

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR 164.506) states that a covered entity may, without the patient’s authorization, disclose protected health information to another covered entity for certain health care operation activities of the entity that receives the information if:

- A. Each entity either has or had a relationship with the individual who is the subject of the information, and the protected health information pertains to the relationship; and
- B. The disclosure is for a quality-related health care operations activity defined in 45 CFR 164.501.

The trauma registry requires you to know certain identifying information about a patient in order to search for PCRs for that patient, which minimizes the risk of exposing a patient's data to a hospital that did not treat the patient. The trauma registry requires you to verify a link between a PCR and a trauma record, which minimizes the risk of sending outcome information to an EMS agency for a patient that the agency did not treat. Also, the trauma registry will not send patient identifying information back to the EMS data system, it will only send outcome information; therefore, in the unlikely situation where a trauma registrar links the wrong trauma record to a PCR, the EMS agency will receive incorrect information about the outcome of its patient, but the EMS agency will have no way of knowing the identity of the actual patient to whom the trauma outcome information applies.

HIPAA also states that a covered entity must develop policies and procedures that reasonably limit its disclosures of, and requests for, protected health information for payment and health care operations to the minimum necessary. The Oregon EMS data system sends the minimum PCR data elements to the trauma registry that are necessary for completing a trauma record, rather than sending full PCRs. The Oregon trauma registry sends the minimum outcome data elements to the EMS data system that are necessary for supporting EMS agency quality assurance activities, rather than sending full trauma records.

Conclusion

The integration between Oregon's prehospital EMS data system and trauma registry data system accomplishes two goals:

- Trauma registrars have timely and convenient access to prehospital EMS information from within the Oregon Trauma Registry interface, allowing them to import data for approximately 40% of the data elements defined in NTDS.
- EMS agencies have timely and convenient access to trauma patient outcome information, which enables them to strengthen their quality assurance and improvement activities.

Please offer suggestions or feedback to the Oregon Health Authority by contacting Nathan Jarrett at 971-673-0527 or nathan.jarrett@state.or.us.