



e-PCR Planning Document/Application Checklist

<p>1 Is your agency compliant with Article 30 and Part 800 of the NYS PHL?</p>	<p>() Yes () No</p>
<p>2 Has your agency submitted paper PCRs to the Regional EMS Office on a routine and on-going basis?</p>	<p>() Yes () No</p>
<p>3 Has your agency contacted the NYS DOH, in writing, to determine electronic reporting requirements and to request approval for electronic submission?</p> <p><i>• NOTE: NEMSIS compliance is also mandatory.</i></p>	<p>() Yes () No</p>
<p>4 Has your agency conducted testing of the data to insure proper format and electronic transmission to the satisfaction of the NYSDOH and the REMSCO / Regional EMS Office?</p>	<p>() Yes () No</p>
<p>5 Does your agency have the capacity to maintain patient records in a readable format and capability, upon request by DOH, patient or designee, of providing the patient record?</p>	<p>() Yes () No</p>
<p>6 Have arrangements been discussed with all receiving hospitals to provide patient records at the time patient care is transferred? AND has a predetermined plan to provide patient care data in the event of a system failure been developed with the regional hospitals?</p>	<p>() Yes () No</p>
<p>7 Do you have a system maintenance plan?</p> <p><i>This includes, but is not limited to:</i></p> <ul style="list-style-type: none"> <i>• Plans for anticipated and unanticipated maintenance and who will perform technical support (this may be a contracted service)</i> <i>• Do you have a down-time plan which includes all field procedures that crews will utilize and tools immediately available to them in the event your e-PCR experiences a field failure</i> <i>• Provision for and availability of spare / back-up equipment</i> <i>• Is there a plan/process to have your data frequently backed up and have primary and back-up archives maintained in secure locations for at least the minimum state regulatory retention dates (i.e. 6 years or to age of majority + 3 years)?</i> 	<p>() Yes () No</p>
<p>8 Does your agency have the necessary technical staff or a contract to support the electronic program and appropriate infrastructure, security and back up for the system?</p>	<p>() Yes () No</p>
<p>9 Does your agency have a HIPAA security plan that addresses storage and data transmission?</p> <ul style="list-style-type: none"> <i>• Have you developed how, when, and in what format data will be transmitted from the e-PCR field data collection tool to the data storage server, to the REMSCO and NYSDOH BEMS?</i> <i>• Can your system infrastructure ensure security of confidential information in the field?</i> 	<p>() Yes () No</p>
<p>10 Does your agency have the ability to provide a confidentiality statement to all patients?</p>	<p>() Yes () No</p>



e-PCR Memorandum of Understanding

Between a Westchester Regional EMS Agency and Westchester Regional EMS Council for Participation in the Westchester Regional Electronic Patient Care Reporting Program

The following agreement is made between the _____ (Hereafter referred to as EMS Agency) and the Westchester Regional EMS Council (Hereafter referred to as REMSCO), authorizing the EMS Agency's participation in the Westchester Regional Electronic Patient Care Reporting Program in accordance with Westchester REMSCO and NY State Department of Health approved policies and procedures. The following conditions are required for program participation by the EMS Agency:

- **EMS Agency compliance with Article 30 and Part 800 of the NYS PHL;**
- **In good standing with submission of paper PCR report to Regional EMS Office;**
- **Successful completion of electronic data formatting and transmission testing with NYSDOH and REMSCO;**
- **Written policies addressing confidentiality and security of electronic data, records retention, system maintenance and technical support;**
- **Predetermined plan with receiving hospitals for the provision of patient records at the time patient care is transferred.**

	<p><i>As an authorized representative of the aforementioned EMS Agency I hereby affirm to fully and completely:</i></p> <ul style="list-style-type: none"> - <i>Amend the EMS Agency's electronic patient record system within a reasonably specified time-frame to comply with any / all future requirements that may be imposed by the Westchester Regional EMS Council, The State of New York, and the National EMS Information System;</i> - <i>Notify the Department of Health and REMSCO, in writing, ten (10) business days in advance of implementation if any changes are made to the EMS Agency's electronic patient record system that may affect data submission;</i> - <i>Use an electronic data collection product that meets or exceeds the National EMS Information System (NEMSIS) data set and includes the minimum statewide and Regional required data fields and submit such data in a compatible format and on a regular and routine schedule determined by the NYS DOH & REMSCO;</i> - <i>Provide the REMSCO / REMAC or its designee, with additional data elements as requested for use with quality improvement programs, specific studies or approved research projects.</i>
	EMS Agency Authorized Signature
	Regional Council Approval Signature