

South Carolina



Bureau of EMS Data Program Manual



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Introduction

Data accuracy, quality and timeliness are the cornerstones of a robust, effective information system. Data reported by the local EMS provider is collected at the state and national level. This data is used in numerous ways for; research, education, administration and compliance with guiding documents. Accuracy at the local level becomes critical in the prevention of errors that affect the system at large.

This document is an effort to assist the development, implementation and administration of EMS data. Several overarching principles are considered in this endeavor:

System and Data Design

NEMSIS is the nationally recognized data model. The Bureau of EMS has constructed a set of data elements and rules (schematron) that conforms to NEMSIS and serves the needs of the Bureau. At the local level, the EMS provider may choose to use the State ePCR system (PreMIS) or an approved 3rd party ePCR program that exports into the Bureau's system.

Processes

Collection – Evaluation of how, where, when and what information is collected is one of the most important aspects of a data system. Reduction of unneeded data, redundant entries and logical processes that guide the data collection increases the compliance and accuracy reported by the technicians. Effort and efficiencies in reducing the demands on the technician have a significant benefit, system wide.

Reporting – Timely output is required by the Bureau of EMS. If you choose to use PreMIS, no further step is needed for state reporting. Third party software requires a data submission testing phase and is governed by a specific reporting timeframe.

Providing patient care information during transfer of care and the complete PCR to the receiving facility should be evaluated and implemented.

Quality Assurance / Quality Improvement – Management tools and reports should be implemented to identify deficiencies in collecting and reporting data. Additionally, data is an important tool to guide the EMS provider in improving service delivery through training or resource management.

Background

Management of emergency medical services in South Carolina is administered by the Department of Health and Environmental Control (DHEC) under the Bureau of Emergency Medical Services (EMS). The Bureau has two divisions:

1. The Division of EMS oversees all activities related to the provision of emergency medical services: licensure of EMS provider, certification of emergency medical technicians (EMT), and education curriculum of EMT etc.
2. The Division of Trauma oversees trauma center designation and related activities, stroke care facilities and pediatric health care issues.

The Bureau of EMS has adopted National EMS Information System (NEMSIS) as its data standard. NEMSIS is designed to provide a uniform national EMS dataset, with standard terms, definitions, and values. Data is a collection of facts, such as numbers, words, measurements, observations or descriptions of events. Data helps ensure continuity of care by describing the patient's injury or illness and treatment provided. It serves the following six functions:

- Provides continuity of care
- Legal documentation

- Identifies education needs
- Administrative information
- Provides essential research records
- Provides a means for evaluation and continuous quality improvement.

The Data Oversight Committee is a standing committee of the EMS Advisory Council. It was formed in March 2013 to assist and support the Bureau of EMS in all aspects of data collection, management and analysis. The committee consists of bureau staff, subject matter experts and stakeholders throughout the state's EMS system. This committee provides advice and recommendations for NEMSIS configuration, State regulations, bureau policies and procedures.

Definitions

The following definitions are provided to guide and clarify. References in parentheses are located in the South Carolina Data Dictionary:

Agency:

DHEC documentation uses this term to refer to the Department of Health and Environmental Control inclusively. They use the term “PROVIDER” for those organizations that provide service (e.g. Beaufort County EMS). EMSPIC, CIS and other documentation may use the term agency to describe providers.

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. (ref. eProcedure.05)

CIS:

The Credentialing Information System (CIS) is a database used by the state regulatory offices (NCOEMS, SCDHEC and WVOEMS) to monitor and provide credentials to EMS personnel, ambulances and EMS Provider. The CIS system is used to track and document EMS personnel education, credentials, disciplinary actions and contact information.

Destination:

The location the patient was delivered or transferred to. DHEC provides Facility Codes (**eDisposition.02**). These shall be used unless the Destination Type (**eDisposition.21**) is “Home” or “Other”

Disposition:

The final place or setting to which the patient was discharged by EMS. The Bureau of EMS has further defined these three to provide clarification in reporting:

No Treatment Required:

This indicates that an EMS unit was dispatched and arrived on scene. Upon contact, the patient verbalizes that they do not have any medical complaint or injury. “No Treatment Required” denotes that the EMS unit did not assess or transport the patient. If the patient verbalizes a complaint or there is evidence of an injury then another disposition (i.e. “Patient Refused Care”, Treated and Released”) must be utilized.

Treated, Transferred Care

This designates that an EMS agency was dispatched to scene and initiated treatment on a patient by performing an assessment, taking vital signs, or providing any other care. Another EMS agency (Air Medical, Specialty Care, or other EMS) arrived on scene, assumed care, and transported the patient. “Treated and Transferred” care indicates that the EMS agency was operating in a first responder roll and did not transport the patient.

Treated, Transported by EMS

The disposition that shall be utilized in all instances where a patient was transported to the hospital, medical facility, or any other destination in an ambulance. This includes ALL 911 responses, non-emergent transports, air medical, and specialty care agencies.

ePCR:

Electronic Patient Care Report refers to the electronic version and associated data of a report.

Multiple Provider Reporting:

Multiple Provider reporting refers to entities with multiple unique licenses submitting data under one Provider license. Example: A large transport organization may have multiple provider licenses. With DHEC approval, they may report under a single license.

Mutual Aid (Common):

A response outside of a Provider's "Area of service" and at the request of another licensed Provider. (ref. eResponse.05, eScene.04)

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. (ref. eOther.07)

National EMS Information System (NEMSIS):

The national repository of EMS data. The data is used to define EMS and prehospital care, improve patient care, determine the national standard of care, and help design EMS curriculum.

NEMSIS Version 3 Dataset Dictionaries:

Shall be the default source. They may be found at:
<http://www.nemsis.org/v3/downloads/datasetDictionaries.html>

Patient:

A patient is defined as any person who meets any of the following criteria:

1. Receives basic or advanced medical or trauma treatment or;
2. Is physically examined or;
3. Has visible signs of injury or illness or has a medical complaint or;
4. Requires EMS **specific** assistance to change locations and/or position or;
5. Identified by any party as a possible patient because of some known, or reasonably suspected illness or injury or;
6. Has a personal medical device evaluated or manipulated by EMS or;
7. Requests EMS assistance with the administration of personal medications or treatments.

PCR:

Patient Care Report. A printed copy or handwritten report describing patient conditions, complaints, treatment and disposition.

Preliminary Patient Transfer Form:

A paper form utilized to convey patient information when ePCR systems are unavailable or delayed.

Prehospital care:

Assessment, stabilization, and care of a patient, including, but not limited to the transportation to an appropriate receiving facility.

Prehospital Medical Information System (PreMIS)

The State designated internet based EMS information system that collects data on each EMS call report made within South Carolina.

Procedure Successful:

A procedure, intervention, application of an appliance or the use of a device as intended by common accepted practice and/or device literature. (ref. eProcedure.06) Not to be confused with eProcedures.08 – **Response to Procedure**.

Provider:

An organization that provides a service. This term is utilized in DHEC documentation.

Response to Procedure:

The patient's response to the procedure (ref. eProcedures.08)

Response Time:

The elapsed time from unit notified by Dispatch to Unit Arrived on Scene. This is the time between eTimes.03 and eTimes.06

Schematron:

A rule-based validation language for making assertions about the presence or absence of patterns in XML trees. This is how a database is constructed to perform logical functions.

SMARTT:

The State Medical Asset Resource Tracking Tool (SMARTT) is a web based system designed to provide daily information to hospitals, EMS Systems, and state disaster management personnel with the goal of improving the ability of EMS to respond in the event of a disaster or terrorist event

Standby:

Any dispatched special event type where EMS service is requested to provide potential care. This applies to coverage at scheduled events such as sporting events, entertainment venues, concerts, public relations, etc. (ref. eResponse.05, eResponse.06)

Specialty Alert:

An indication that an alert (or activation) was called by EMS to the appropriate destination healthcare facility team. The alert (or activation) shall occur prior to the EMS Unit arrival at the destination with the patient (ref. eDisposition.24)

STEMI Alert:

Prehospital recognition and early notification to a receiving facility of a patient experiencing acute myocardial infarction. This may include transmission of an EKG

Stroke Alert:

Prehospital recognition and early notification to a receiving facility of a patient experiencing acute Stroke symptoms.

Sepsis Alert:

Prehospital recognition and early notification to a receiving facility of a patient experiencing Sepsis symptoms. At this time, Sepsis Alert shall be coded as "4224009 Yes-Other"

Trauma Alert:

Prehospital recognition and early notification to a receiving facility of a patient meeting the Trauma Alert Criteria

Technician:

Inclusive term to describe Paramedic, AEMT, or EMT

Transfer of Care:

Transfer of care occurs when patient care responsibilities are transferred and a verbal patient report is given to the healthcare provider assuming responsibility. This shall be followed by a PCR as described in other sections of this manual.

STARTING A NEW EMS PROVIDER SERVICE

Contact your regional inspector

EMS Provider licensure is the first step in the process. The **Application for Service Provider's License** requires significant amounts of information and attachments. The Bureau staff uses this information to establish a provider account within the Credentialing Information System (CIS). The Regional Inspector will help facilitate your application process and establish your service within the Bureau's systems. Once the attachments (board of pharmacy, CLIA, DEAs, etc.) have been completed, the process usually takes 10 business days.

Bureau of EMS: 803-545-4204

Personnel directory: [SCEMS Portal](#)

Data Systems

SC DHEC Bureau of Emergency Medical Services has designated EMS Performance Improvement Center (EMSPIC) as their data systems vendor. EMSPIC manages an Asset Resource Tracking Tool, Credentialing and Patient Care Reporting systems.

- The Credentialing Information System (CIS) is a database used by the DHEC to monitor and provide credentials to EMS personnel, ambulances and EMS agencies.
- The Prehospital Medical Information System (PreMIS) is the State designated internet based EMS information management system which collects data on each EMS call report made within the state. (Reference Section 6)
- The State Medical Asset Resource Tracking Tool (SMARTT) is a web based system designed to provide daily information to hospitals, EMS Systems, and state disaster management personnel with the goal of improving the ability of EMS to respond in the event of a disaster or terrorist event.

EMSPIC Website: <https://www.emspic.org/>

Positions and Responsibilities:

Within the information management systems, positions, responsibilities and access rights must be set up and configured. It is encouraged that each provider carefully review the following positions. Not all may be needed. (ref. Appendix A)

- Administrative Assistant
- Asst. Medical Control Physician
- Commissioner
- County Administrator
- **Data Manager** (required)
- Driver
- **EMS Director** (required)
- **EMS Medical Control Physician** (required)
- EMS Technician
- First Responder
- IT Personnel
- **Infection Control Officer** (required)
- Nurse
- Pilot
- **Primary Contact** (required)
- Public Information Officer
- Respiratory Therapist
- Secondary Contact
- Student
- **Training Officer** (required)

Data Manager

Overview

The Data Manager has several individual responsibilities listed throughout this document. Maintaining the agency roster, monitoring data submission to the South Carolina EMS Data System (PreMIS), and correcting data quality issues are just a few of them. Combined, these responsibilities form the overarching mission of the Data Manager, to collect and submit high quality data so that sound evidenced based decisions can be made across the continuum of care.

There are two basic components of data that the Data Manager must oversee, data submission and data quality. There are several tools available which will help monitor data. Many EMS agencies will use a 3rd party software to capture their EMS events. It is important to be aware that there are several points of failure throughout the 3rd party software documentation process that can cause submission failure or poor data quality. Completing an ePCR in a 3rd party software and passing its validation process does not ensure that good data is collected. Further, automated submissions from 3rd party software must be monitored to ensure agency data has been received by the South Carolina EMS Data System.

Monitoring Data Submission

XML structure errors, expired vendor submission passwords, or other process errors can cause submission failures. EMS Data Managers should run a CIS data submission report weekly to ensure all of the PCRs sent by their 3rd party software have been received by the South Carolina EMS Data System. This report will provide a raw count of the PCRs that have been received by the state data system. To obtain a finer grain level of information you may also compare your 3rd party PCR export log to the PreMIS import log. If you find any discrepancy in your data submission report or PreMIS import log, immediately contact the EMS Performance Improvement Center, your Regional DHEC Inspector, or the South Carolina State Data Manager for assistance.

Monitoring Data Quality

Capturing quality data begins with the software vendor approval process. As covered in other areas of this document, five test PCRs must be submitted to the EMS Performance Improvement Center. These test PCRs must be submitted utilizing all of the South Carolina state required data elements. A list of all the South Carolina state required data elements (SC Data Dictionary) can be obtained at <http://www.nemesis.org/supportv3/stateProgressReports/southCarolina.html>. A maximum number of procedures, medications, or interventions should be documented in the test event to ensure they are all transferred correctly into the South Carolina Data System. The purpose of the test PCRs is not to document correct clinical care, it is to test the data capture capabilities of the PCR software.

After an EMS agency has been approved to use a 3rd party software, it is critical to monitor your PCR submissions for data quality. There are several CIS reports that will highlight any data quality errors your 3rd party software is experiencing. The PCR Element Completion report will give you an overview of your compliance with the state required data elements. The PCR Error message report will provide the top 25 data quality errors you are experiencing. It also provides the PCR numbers associated with the errors so you may go back and reference them in your 3rd party software. The Data Quality by PCR report will provide all the data quality errors associated with a single PCR. This report will also provide the date of the event and the EMS unit documented in the PCR for reference. All 3rd party software has some type of internal validation for data quality. When data quality errors are identified contact your 3rd party software vendor, the EMS

Performance Improvement Center, DHEC Regional Inspector, or the South Carolina data manager to resolve them as soon as possible.

The interventions (treatments) that are provided during care are an essential part of documentation. These include procedures such as establishing IVs, inserting nasal airways, and splinting. They also include administering medications such as Oxygen, Epinephrine, or Narcan. It is crucial that all interventions documented in a PCR using your 3rd party software are transferred into the state data system. Interventions can be monitored by logging into PreMIS and comparing a PCR from the state data system to your 3rd party PCR. It is important to do this with a high frequency immediately after switching to a new software. After confirmation that all interventions are routinely being transferred into the state data system by a 3rd party to PreMIS, PCR spot check should be performed monthly. However, PreMIS to 3rd party comparison should be performed anytime your agency documents a high acuity-low frequency intervention, such as needle chest decompression, to ensure the data is correct. PreMIS to 3rd party PCR comparisons should be performed any time a new intervention is added to your formulary, when agency pilot tests a new treatment, or becomes beta site for a study or new intervention.

Best Practices

It is the responsibility of the EMS Data Manager to ensure quality data collection. However, data is useless if it is not examined or used to improve performance or better patient care. Data Managers should strive to understand the meaning behind the data they collect. They should use their data to collaborate with stakeholders to make sound evidence based decisions throughout the continuum of care. EMS Data Managers should become engaged in using data to advance EMS as a clinical practice of medicine. The South Carolina Data Oversight Committee, EMS Performance Improvement Center, DHEC Regional Inspectors, and the South Carolina Data Manager are resources that promote the understanding and use of data. Data Managers are encouraged to utilize these assets for any needs concerning data.

Credentialing Information System (CIS)

CIS is a repository of information for Emergency Medical Services in South Carolina, and is used to provide information needed for inspections while insuring compliance with Title 44-61 and Regulation 61-7. It is a listing of all licensed providers with their contact information. Each provider is responsible to keep their information up-to-date. It also contains a listing of all certified technicians operating in South Carolina. By regulation, each technician must maintain their profile. All correspondence will be sent to each profile's listed address. Your Application for Service Provider License is a helpful resource to complete the data entry into the system.

CIS sections:

- Agency (Provider) Profile: The provider must work with the State to maintain a current provider profile. All contact and location information must be maintained.
- Vehicles Management: All response vehicles must be entered into CIS. This includes VIN, Type, etc.
- Contacts / Roster /Personnel:
- Profile Management: Users create and manage their own profiles
- Certification Management is maintained by the State office
- Positions: The provider must assign/maintain the following positions: Primary Contact, Secondary Contact, EMS Director, Medical Control Physician, Infectious Control Officer, Data Manager, Training Officer and Technicians. These positions have specific security rights and management tools within the system, which can be reviewed in Appendix A
- Stations / Locations: Station name, street address, phone number, geographic location, etc.
- Data Submission: This section provides information about the level of care, how data is submitted and the average number of patient care reports per year.
- Reports: Statistical reports for your agency. This also includes generic reports for the State data.
 - a. State Office Reports
 - i. State Data Sheet
 - ii. Agency Contact List
 - iii. Agency License
 - b. Agency Reports
 - i. Data Submission
 - ii. Call Volume
 - iii. Times
 - iv. Procedures
 - v. Infectious Disease
 - c. STATS (Self Tracking and Assessment of Targeted Statistics)

Electronic Patient Care Reporting (ePCR)

Creation and Completion

ePCRs must be authored by the primary care technician. The ePCR must be closed within 24 hours of the completion of the call. A closed ePCR is one that has been completed but perhaps still available for QA review, prior to submission. The “completion of a call” is the time that the unit has returned back into service at the end of the incident.

Providing Patient Care Reports

When transporting to an emergency room (ER), patient ePCR shall be submitted to the ER within thirty (30) minutes of the completion of the call. In lieu of that, a paper Preliminary Patient Transfer Form may be substituted until the ePCR is sent. ePCR information may not be sent later than twenty-four (24) hours from completion of the call.

The intent is to ensure that timely reporting is consistently maintained and appropriate patient care information is transferred to the accepting facility personnel. **During mass casualty incidents (MCI) the Bureau approved completed triage tag will suffice.**

(ref. Regulation 61-7:1301, eTimes.13)

An EMS provider may use a custom pre-run information sheet (Preliminary Patient Transfer Form) as long as the following minimum components are documented:

- Incident
 - EMS Provider
 - Ambulance identifier
 - EMS Technicians with certification #
 - Incident / Tracking number
 - Date
 - Incident location
 - Dispatch time
 - At patient time
 - Depart scene time
 - Destination arrival time
- Patient information
 - Name
 - Address
 - DOB
- Assessment / Treatment
 - Chief complaint
 - Vital signs (including RACE, GCS, RTS, if applicable)
 - Signs / Symptoms with pertinent times
 - Procedures with pertinent times
 - Interventions with pertinent times
 - Medications with times
 - Brief narrative
- Transfer of care
 - Receiving nurse / physician / technician with signature

A Bureau approved form and customizable template are made available for here, if the provider does not have an equivalent:

<https://www.scemsportal.org/documentsandlinks/preliminary-patient-transfer-form>

Best practices dictate that all documentation be incorporated in to the complete patient care report.

Submission

Providers are required to submit ePCR data into PreMIS within 72 hours. This deadline applies uniformly to providers and vendors who may submit records on behalf of the provider. The Data Manager is ultimately responsible for the reconciliation of the incident runs and ePCRs submission to PreMIS.

Out of State Reporting

Providers that are licensed to operate in multiple states shall follow the State rules where the incident originates. The same ePCR data shall not be submitted in multiple states. When mutual aid is provided in another state, a patient care report shall be provided to the receiving destination.

Submission Exception

Requests for submission exceptions, such as an extension, are handled on a case by case basis. Exceptions may only be granted by the Bureau of EMS Chief or his/her designee.

Retention

The Bureau of EMS maintains an electronic data stream of the ePCR with the State-required data elements from the original report. Licensed providers must maintain the original data and appended versions of each ePCR for no less than ten (10) years on all adult patients and thirteen (13) years for Minor patients. (§44-115-120)

PreMIS

The Prehospital Medical Information System (PreMIS) is the state designated internet based EMS information system which collects data on each EMS call report made within the state. Data is submitted daily to the EMSPIC in one of two ways. The first is through PreMIS PCR, which is a web based data entry tool. The second method is utilizing a XML import process where data is transferred from a 3rd party ePCR software.

The PreMIS system provides a capability for the evaluation of EMS patient care and system performance. PreMIS functions beyond a medical record and quality management tool, in that hospital outcome data, billing data, and linkages to multiple databases outside EMS are maintained. The PreMIS System also has a dynamic reporting capability which is available to EMS Administrators. It is through these reports that Administrators can assess trends within their agency and evaluate the performance of their personnel. The EMSPIC develops new reports regularly as requested by the EMS Administrators and funding agencies.

3rd Party Software

The EMS provider must utilize an ePCR software vendor (application and version) that is NEMSIS v3.3.4 Certified.

This vendor's software must be tested and certified by the EMS Performance Improvement Center (EMSPIC) before an EMS provider can submit to PreMIS. A single vendor with multiple agencies must go through this process for each EMS provider. To verify that your chosen vendor has been tested and certified as a vendor in South Carolina, contact the Vendor Testing Specialist at the EMSPIC (866-773-6477). If the vendor has NOT been tested and certified, notify your vendor representative to contact the Vendor Testing Specialist at the EMSPIC to complete the vendor testing process. **THIS IS THE RESPONSIBILITY OF THE EMS PROVIDER.**

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

South Carolina Custom Elements

There are five custom elements and three custom responses that South Carolina requires of 3rd party software vendors. These shall be provided by the vendor's software with the normal XML upload. This shall be a function of the software and not cumbersome to the user.

Custom Data Elements

Configuration for custom data elements created to collect information that is not defined formally in NEMSIS Version 3.

| Legend | | Usage: | M = Mandatory, R = Required, E = Recommended, or O = Optional | | Attributes: N = Not Values, P = Pertinent Negatives, L = Nillable, and/or C = Correlation ID | | |
|-----------------------------|--|--------|---|--|--|--|-----------------------|
| eCustomConfiguration | | | | | | | |
| 1 : 1 | isNewPCR - Is this a New PCR | M | L, C | | | | Custom Vendor Element |
| 1 : 1 | medsGiven - Were any Medications Given | M | L, C | | | | Custom Vendor Element |
| 1 : 1 | procsDone - Were any Procedures Performed | M | L, C | | | | Custom Vendor Element |
| 1 : 1 | vitalsTaken - Were any Vital Signs Taken | M | L, C | | | | Custom Vendor Element |
| 0 : M | scRACEstroke - SC RACE Stroke Scale Score | O | L, C | | | | Custom SC Element |
| 0 : 1 | scExam20 - SC Neurological Assessment | O | L, C | | | | Custom SC Response |
| 0 : 1 | scProtocols01 - SC Protocols Used | O | L, C | | | | Custom SC Response |
| 0 : 1 | scDisposition22 - SC Hospital In-Patient Designation | O | L, C | | | | Custom SC Response |

Create and Submit Test PCR for Vendor Software Approval

EMS Providers in conjunction with their software vendor, must create and submit test PCRs prior to live data submission to the SC State Data System. Five test PCRs consisting of a cardiac arrest, trauma, stroke, motor vehicle accident, and refusal of care must be submitted via the Vendor Testing option in PreMIS. These test PCRs must be comprehensive in their scope and approved by the EMSPIC. All records submitted to the South Carolina EMS Data System must conform to the NEMSIS v3.3.4 XML Schema Definition (XSD) and the South Carolina EMS Data Dictionary.

The link for SC data requirements is located at:

http://www.nemsis.org/media/nemsis_states/south-carolina/Resources/StateDataSet.xml

This is an interactive process and will continue until the agency's vendor software has passed full validation and has been provided with written email notification from the EMSPIC of successful completion of the test submission process.

Troubleshooting

The EMS Performance Improvement Center and the provider's vendor are valuable resources in troubleshooting issues with NEMSIS validation errors, as well as other issues that may arise. They should be contacted early on to avoid disruption in submitting quality data.

Vendor Changes

In the event of change in ePCR vendor, notification shall be provided to the Bureau of EMS and EMSPIC. Agencies that switch vendors must repeat the test submission process described above. This process shall be approved prior to data submission with the new vendor. Your CIS Data Submission Tab must be kept current with up-to-date software information.

State Medical Asset Resource Tracking Tool

The State Medical Asset Resource Tracking Tool (SMARTT) is a web based system designed to provide daily information to hospitals, EMS systems, and state disaster management personnel with the goal of improving the ability of EMS to respond in the event of a disaster or terrorist event. SMARTT is fully implemented in North Carolina, Mississippi, West Virginia and South Carolina with all acute care hospitals providing data on a daily basis. Information collected within the SMARTT system include hospital bed availability, specialty care availability, and closed services with the expected time to resume normal operations. SMARTT has been used in multiple disaster related events to triage patients. These events include heavy storm damaged sustained from Hurricanes' Francis, Ivan and Gustav, as well as the E Coli outbreak at a previous NC State Fair in which 50 cases were detected in children across the state.

Hospitals provide information on a daily basis monitoring hospital bed availability, specialty service capability, and disaster resources. Health Centers provide information on a weekly basis identifying clinical services offered, laboratory capabilities and inpatient bed capacity. EMS systems provide information on a weekly basis identifying personnel and vehicle availability as well as resource capabilities. Through the use of SMARTT, resources can be quickly identified and made available for use in the event of a local, regional, or statewide disaster.

The weekly update for EMS may be made at any time between 12:00 A.M. on Friday to 10:00 A.M. on Monday. If the update is not made by 10:00 A.M. on Monday, a reminder message will be sent out to the provider's SMARTT application contacts. If the update has still not been made by 12:00 P.M. on Monday, another reminder message will be sent out, this time to the Provider's SMARTT Application and Administrative Contacts. EMS Systems shall keep contact information current. At a minimum, it should be verified quarterly. EMS Systems will be evaluated on a "rolling year" (on-going basis) and must be in compliance at a minimum of 42 of the previous 52 weeks prior to receiving GIA funds, equipment, etc. (Public Health Order Oct. 15, 2014; General Appropriations Act 2016, Part 1B, Section 34.8 J04 DHEC Proviso)

To Complete the Weekly Update for an EMS Provider:

1. Log in to SMARTT (www.scsmartt.org) using the user ID and password provided during initial enrollment.
2. Select Update Your Status from the menu on the left.
3. Make any necessary changes to the information under Personnel Availability, Vehicle Availability, Message Board, and Additional Questions. Please note that the accuracy of this data at the time of update is crucial to proper assessment of service capabilities. If no changes are necessary, proceed immediately to step 5.
4. Optional for Weekly Update: Agencies may select the Click here to update Emergency Resource Capabilities button to expand that data section for updating if the agency wishes to note a change to that section.
5. Select the Update button at the bottom of the screen.
6. The Last Updated date and time in orange should change to the date and time you selected the Update button. If it does not change, attempt to perform the Weekly Update one more time before calling the EMSPIC (866-773-6477). The leading cause of lack of updates is users attempting to make an update under Edit rather than Update Your Status.

Emergency Activation Update

If an EMS Provider is notified of a SMARTT Emergency Activation, they must make an update to SMARTT as soon as possible. All contacts at the EMS Provider will be notified regularly by all

means (email, text, pager) until an update is made. Please note that only Bureau or their designee may activate an emergency.

Steps to Complete Provider Required Update to an Emergency Activation:

1. Log in to SMARTT (www.scsmartt.org).
2. Select Update Your Status from the menu on the left.
3. Make any necessary changes to the information under Personnel Availability, Vehicle Availability, Message Board, and Additional Questions. Please note that the accuracy of this data at the time of update is crucial to proper assessment of service capabilities. The Resource Capabilities section is automatically expanded for updating. If no changes are necessary, proceed immediately to step 4.
4. Select the Update button at the bottom of the screen.
5. The Last Updated date and time in orange should change to the date and time you selected the Update button. If it does not change, attempt to perform the Emergency Activation Update one more time before calling the EMSPIC (866-773-6477). The leading cause of lack of updates is users attempting to make an update under Edit rather than Update Your Status.

Emergency Activation Requested by EMS Provider

An EMS Provider may use the SMARTT messaging system to efficiently notify the Bureau of an event that may require a SMARTT Emergency Activation. Please note, prior to requesting an emergency activation, you should notify your local Emergency Management Agency.

Triggers when you should request an emergency activation:

1. Any MCI, disaster, evacuation, mass patient transport or other large event that affects the delivery of healthcare services.
2. When outside resources and support are needed.
3. When the response of the regional RMAT or DMAT is needed.

Complete the EMS Provider Request for SMARTT Emergency Activation:

1. Log in to SMARTT (www.scsmartt.org).
2. Select Contact SMARTT from the menu on the left.
3. Make any necessary changes to the Contact, Phone, Email Address, and Pager Address.
4. Choose "I have an emergency and would like to use SMARTT" from the Requested Action list.
5. Enter any details pertinent to the Emergency Request in the box labeled Request Details.
6. Select the Contact SMARTT button to submit the Emergency Activation Request. This notifies all DHEC personnel tasked with overseeing SMARTT by all means (email, text, pager) that a request has been made to activate SMARTT. Please note that requesting an Emergency Activation does not automatically activate SMARTT. DHEC personnel or those they designate will make the determination as to whether or not activation is warranted for the event.

Answering Custom Questions

If an EMS Agency is notified of the addition of a Custom Question to SMARTT, they may answer the question during their next Weekly Update unless otherwise directed by DHEC. Custom Questions are added to SMARTT one at a time so an EMS Agency may receive multiple notifications if multiple questions are added. Custom Questions appear at the end of the Update Your Status screen and a successful SMARTT update may not be made until all Custom Questions have been answered.

Custom Questions may persist through multiple update cycles and may be added as part of an Emergency Activation. If a Custom Question has been answered once and the answer has not changed from the last update cycle, the previous answer may be kept for that question.

Creating an EMS Report of Resources

This feature allows an EMS Agency to create a report on EMS Agency resources in particular locations or statewide.

To Complete an EMS Provider Response to Additional Questions:

1. Log in to SMARTT (www.scsmartt.org).
2. Select Create EMS Report from the menu on the left.
3. Choose an Aggregation Level. Note that the By Entity Aggregation Level may yield the most fine-grained results in a report.
4. Make any choices that appear under the Aggregation Level (if any) that apply to your desired report.
5. Choose a Report Date.
6. Choose any Restrictions that may apply to your desired report.
7. Choose any Report Values you wish to capture. At least one Report Value must be chosen but there is no limit to the number of Report Values that may be chosen.
8. Select the Generate Report button to receive your report in Microsoft Excel format.

Appendix

CIS Security Permissions Table

| | Administrative Assistant | Asst. Med. Control Physician | Commissioner | County Administrator | Data Manager | Driver | EMS Director | Medical Control Physician | EMS Technician | First Responder | IT Personnel | Infection Control Officer | Nurse | Pilot | Primary Contact | PIO | Respiratory Therapist | Secondary Contact | Student | Training Officer | Web Service User | |
|-----------------------------|--------------------------|------------------------------|--------------|----------------------|--------------|--------|--------------|---------------------------|----------------|-----------------|--------------|---------------------------|-------|-------|-----------------|-----|-----------------------|-------------------|---------|------------------|------------------|--|
| Approve Agency Info | | | | | | | | | | | | | | | | | | | | | | |
| EMSNEWS Post Education | | | | | | | | | | | | | | | | | | | | | | |
| EMSNEWS Post Job | | | | | | | | | | | | | | | | | | | | | | |
| Edit Agency | | | | | | | | | | | | | | | | | | | | | | |
| Edit Destination | | | | | | | | | | | | | | | | | | | | | | |
| Edit Frequency | | | | | | | | | | | | | | | | | | | | | | |
| Edit Other PCR | | | | | | | | | | | | | | | | | | | | | | |
| Edit Vehicle | | | | | | | | | | | | | | | | | | | | | | |
| Enter PCR | | | | | | | | | | | | | | | | | | | | | | |
| Export PCR | | | | | | | | | | | | | | | | | | | | | | |
| Import PCR | | | | | | | | | | | | | | | | | | | | | | |
| Manage Medical Info | | | | | | | | | | | | | | | | | | | | | | |
| Manage Personnel Image | | | | | | | | | | | | | | | | | | | | | | |
| Manage Personnel Roster | | | | | | | | | | | | | | | | | | | | | | |
| Manage Station | | | | | | | | | | | | | | | | | | | | | | |
| Manage Vehicle | | | | | | | | | | | | | | | | | | | | | | |
| State Reports | | | | | | | | | | | | | | | | | | | | | | |
| View Agency Report | | | | | | | | | | | | | | | | | | | | | | |
| View All Personnel | | | | | | | | | | | | | | | | | | | | | | |
| View Instructor | | | | | | | | | | | | | | | | | | | | | | |
| View Job | | | | | | | | | | | | | | | | | | | | | | |
| View Medical Info | | | | | | | | | | | | | | | | | | | | | | |
| View Other PCR | | | | | | | | | | | | | | | | | | | | | | |
| View PCR | | | | | | | | | | | | | | | | | | | | | | |
| View PCR Import Log | | | | | | | | | | | | | | | | | | | | | | |
| View Personnel Demographics | | | | | | | | | | | | | | | | | | | | | | |
| View Toolkit Report | | | | | | | | | | | | | | | | | | | | | | |
| View Vehicle | | | | | | | | | | | | | | | | | | | | | | |
| View Vehicle Permit | | | | | | | | | | | | | | | | | | | | | | |

Useful Links

South Carolina Department of Health and Environmental Control

http://www.scdhec.gov/Health/FHPPF/EMS_TrainingProtocolsRequirements/

South Carolina EMS Portal

<https://www.scemsportal.org/>

EMS Performance Improvement Council (EMSPIC)

<https://www.emspic.org/>

NEMSIS Version 3 Dataset Dictionaries

<http://www.nemsis.org/v3/downloads/datasetDictionaries.html>

Preliminary Patient Transfer Form and Template

<https://www.scemsportal.org/documentsandlinks/preliminary-patient-transfer-form>

South Carolina Regulation 61-7

<http://www.scdhec.gov/Agency/docs/health-regs/61-7.pdf>

Credentialing Information System (CIS) form

<http://www.scdhec.gov/Library/D-1065.pdf>

SC DHEC Bureau of Emergency Medical Services Personnel Directory:

https://www.scemsportal.org/sites/default/files/SC%20BUREAU%20of%20EMS%20_%20Who%20To%20Call.pdf

NEMSIS V3 South Carolina Progress Report

<http://www.nemsis.org/supportv3/stateProgressReports/southCarolina.html>

The South Carolina Schematron

http://www.nemsis.org/media/nemsis_states/south-carolina/Schematron/EMSDataSet.sch.xml

Change Log

| Date | Old Version | New Version | Description |
|------------|-------------|-------------|--|
| 08/11/2016 | 20160512 | 20160811 | <p>Cover – Updated with new graphics and logo</p> <p>Page 7 – Agency:</p> <ul style="list-style-type: none"> • DHEC documentation uses this term to refer to <u>themselves the Department of Health and Environmental Control inclusively.</u> <p>Page 10 – Transfer of Care:</p> <ul style="list-style-type: none"> • Transfer of care occurs when patient care responsibilities <u>is are</u> transferred and a verbal patient report on patient's care and/or condition is given to <u>update</u> the healthcare provider who is assuming responsibility for continuation of patient care <u>This shall be followed by a PCR as described in other sections of this manual.</u> <p>Page 15 – CIS Section:</p> <ul style="list-style-type: none"> • Positions: <u>Medical Control Physician</u> added • Reports: Statistical reports for your agency. This also includes generic reports for the State numbers <u>data</u> <p>Page 17 – 3rd Party Software</p> <ul style="list-style-type: none"> • There has been is no testing or verification of a software product's functionality or capabilities, other than the file extract that was produced. <p>Page 18 – South Carolina Custom Elements</p> <ul style="list-style-type: none"> • Section updated to reflect 5 new elements and 3 responses • Hyperlink updated pointing to correct SC data elements <p>Page 20 - State Medical Asset Resource Tracking Tool</p> <ul style="list-style-type: none"> • Reference cited <p>Appendix – Change Log ADDED</p> <p>Useful Links</p> <ul style="list-style-type: none"> • South Carolina Regulation 61-7 (New Draft) REMOVED • South Carolina Regulation 61-7 (Current) • NEMSIS v3.3.4 XML Schema Definition (XSD) and the South Carolina EMS Data Dictionary CHANGED TO NEMSIS V3 South Carolina Progress Report |
| 11/17/2016 | 20160811 | 20161117 | <p>Page 7 – Definitions</p> <ul style="list-style-type: none"> • Preliminary Patient Transfer Form added <p>Page 15 – Providing Patient Care Reports</p> <ul style="list-style-type: none"> • This form is made available for use if the provider does not have an equivalent. A Bureau approved form and customizable template are made available here, if the provider does not have an equivalent: <ul style="list-style-type: none"> ○ Hyperlink updated. <p>Appendix – Useful Links</p> <ul style="list-style-type: none"> • Short Form Preliminary Patient Transfer Form and Template <ul style="list-style-type: none"> ○ Hyperlink updated |