



Southern Tier Emergency Medical System  
One Blue Bird Square, Olean, NY 14760  
(716) 372-0614 Fax (716) 372-5217  
[www.sthcs.org/STEMS](http://www.sthcs.org/STEMS)

## STEMS Electronic PCR Policy

As the electronic age advances STEMS will continue to advance as well. In order to assist the regional agencies in meeting the demands of collecting electronic patient care data, the following policy has been developed. In order to participate in an electronic PCR program agencies must:

1. Be in compliance with all applicable SWREMSCO, WREMAC and STEMS regional procedures, policies and protocols.
2. Be submitting paper PCRs to STEMS on a routine and on-going basis with a minimal amount of returns.
3. Contact STEMS in writing to determine electronic reporting requirements, and request approval for electronic submission.
4. Conduct testing of the data to ensure proper format and electronic transmission to the satisfaction of STEMS.
5. Submit PCR data to STEMS in the specified data format by the 20<sup>th</sup> of each month. For example – PCRs completed in November will be due at STEMS by December 20<sup>th</sup>.
6. Provide STEMS with additional data sets as requested for QI studies or other research projects.
7. Services with call volumes fewer than five thousand must submit PCR data electronically through STEMS. Services with more than five thousand calls may submit directly to the New York State Bureau of EMS. Any service which submits data directly to the New York State Bureau of EMS must also send a copy of the electronic data to STEMS.
8. Electronic data submission is to be submitted to STEMS in the approved electronic format either on a CD via US Mail, or via e-mail to [STEMS@sthcs.org](mailto:STEMS@sthcs.org).
9. If any changes or interruptions are made to the electronic patient record system that may affect data submission, the EMS service must notify STEMS in writing ten (10) business days prior to implementation, or as soon as possible after the interruption.
10. The WREMAC have previously approved vendors who have versions of an electronic PCR program that meet the requirements of the STEMS region. Any agency that wishes to utilize a vendor not yet approved by the WREMAC must comply with the following:
  - The agency must provide STEMS with the name of the vendor.
  - The vendor must contact STEMS and provide the specifications of the electronic PCR program.
  - The vendor must work with STEMS to ensure that the electronic data format submitted is compatible with the software format and acceptable for use at STEMS.

- The agency and vendor are jointly responsible for ensuring that all required data points are collected and transferred to STEMS.
  - The agency and vendor must be able to assure the following – as the needs of STEMS and the NYS Bureau of EMS change, the necessary data fields will be able to change to meet those needs.
  - The agency and/or vendor are responsible for any cost to STEMS as a result of having any new software tested and approved for compatibility with the existing STEMS software. This cost includes, but is not limited to, consultants, software developers, or any additional computer hardware required as a result of the new electronic PCR program.
11. Any agency submitting electronic PCR data must provide paper copies of any requested PCR to STEMS upon request.
  12. Prior approval by STEMS to utilize electronic PCRs, the agency must submit a plan detailing the following:
    - A description of the electronic PCR hardware system infrastructure.
    - A description of the electronic PCR software system.
    - Proof of system redundancy.
    - Proof of contacts for technical support, maintenance, upgrading and troubleshooting.
    - Information relative to the hardware and software products chosen for the system.
    - Proof of the method of transmission chosen to send electronic data to STEMS.
    - A statement of understanding and compliance with HIPAA regulations.
  13. Once the above information is submitted to STEMS, the agency will be notified as the next appropriate course of action. For additional information please refer to NYS Bureau of EMS Policy Statement #12-03.

I have read, understand and agree to comply with STEMS' Electronic PCR policy and New York State Department of Health – Bureau of EMS policy statement regarding electronic PCRs.

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Agency Name	Agency Code
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Chief Executive Officer (print)	Chief Executive Office (sign)
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Medical Director (print)	Medical Director (sign)
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### ePCR Application Approval Process

Prior to implementing an electronic data collection product for the submission of PCR data, each EMS agency must receive written approval from the NYSDOH Bureau of EMS (BEMS) and WREMAC.

In order to be considered for approval the applicant must:

1. Be in compliance with all applicable sections of Article 30 and Part 800.
2. Be submitting paper PCRs to STEMS on a routine and on-going basis.
3. Complete an ePCR Vendor Service Agreement. (Attachment 1)
4. Complete eSTEMS Application. (Attachment 2)
5. Complete eSTEMS Contact Information Form. (Attachment 3)
6. Send all completed paperwork to STEMS (ePCR Vendor Service Agreement, eSTEMS Application, and eSTEMS Contact Information Form) *\*STEMS will forward complete paperwork to WREMAC and NYSDOH Bureau of EMS for approval.*
7. Receive approval from WREMAC and BEMS. Send verification to STEMS of BEMS approval.

**For more information contact:**

STEMS by email at [STEMS@sthcs.org](mailto:STEMS@sthcs.org) or by phone at (716) 372-0614

**Mail this completed packet to:**

Southern Tier Health Care System

Attn: STEMS

One Blue Bird Square

Olean, NY 14760



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### eSTEMS Application

Agency Name: \_\_\_\_\_ NYS EMS Agency Code: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Agency Director/Chief Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_

- Our agency is in compliance with all applicable sections of Article 30 and Part 800.
- Our agency has been submitting paper PCRs to Southern Tier Emergency Medical System (STEMS) on a routine and on-going basis.
- Our agency has completed the ePCR vendor Service Agreement. (see attachment)
- It is the intent of our agency to begin submitting prehospital care reports electronically. We will be using \_\_\_\_\_ as part of the agreement with EMS program agency, STEMS.
- Our agency agrees to participate in QA/QI activities as directed by our medical director, STEMS, Southwestern Regional EMS Council, and/or WREMAC.

- New Application
- Transfer Application

Agency Director/Chief Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# AGENCY INFORMATION

A) Number of Ambulances: \_\_\_\_\_ Provide Assigned Name for Each Ambulance:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

B) Agency Level of Care: \_\_\_\_\_

C) Name of Agency: \_\_\_\_\_  
Address/City/Zip \_\_\_\_\_  
Phone# \_\_\_\_\_

D) Agency Type:     Community-Non Profit     Fire Department     Gov./Non Profit  
                                  Private     Non Hospital     Tribal     Other \_\_\_\_\_

E) Agency Status:     Volunteer     Non-Volunteer     Mixed

F) Name of Counties Agency Serves: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G) Hospitals Agency Transports To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H) Common Locations of 911 Calls: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I) List all Non-EMS Staff on Crew: \_\_\_\_\_  
(Example: Drivers, Helpers) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J) List all EMS providers on Crew: \_\_\_\_\_  
(Including name, EMT # and \_\_\_\_\_  
Expiration date) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### eSTEMS Contact Information

Date: \_\_\_\_\_

Agency / Department Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Agency Director/Chief Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

EMS Captain: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Training Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Does your agency bill?  Yes  No

Person in charge of billing: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you need STEMS staff to provide ePCR Training?  Yes  No

If so, what days are best? \_\_\_\_\_

Time of day?  Mornings  Afternoons  Nights

How many people need training? \_\_\_\_\_

Comments/Questions/Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## EMS Roster

	Last Name	First Name	EMT Level
1.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
2.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
3.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
4.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
5.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
6.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
7.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
8.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
9.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
10.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
11.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
12.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
13.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
14.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
15.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
16.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
17.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
18.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
19.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
20.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
21.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
22.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
23.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
24.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P
25.			<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> CC <input type="checkbox"/> P