

# BLS FIRST RESPONSE FORM

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services and Trauma Systems

## Application and Approval for EMS Agency to Use e-PCR

### BEFORE PURSUING ANY e-PCR SYSTEM, CONTACT YOUR REGIONAL EMS PROGRAM AGENCY TO NOTIFY OF YOUR INTENT.

The Program Agency can assist you with best practices on evaluating and choosing an e-PCR product. Once you've chosen a product, the Program Agency will guide you in applying for regional endorsement and NYSDOH approval to use e-PCR.

### YOU MUST HAVE NYSDOH APPROVAL BEFORE IMPLEMENTING OR CHANGING YOUR e-PCR SYSTEM.

#### This Form Is: (Check One)

- An original application for the EMS Agency to convert from paper PCR to an e-PCR system.  
 Updating information about the EMS Agency and its e-PCR system (already approved by NYSDOH).

#### EMS Agency

NYS Agency Code \_\_\_\_\_ Agency Name/DBA \_\_\_\_\_  
e-PCR Coordinator \_\_\_\_\_  
Main Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Other Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

#### e-PCR Software Product

Vendor Name \_\_\_\_\_  
Software Product \_\_\_\_\_ NEMSIS Version \_\_\_\_\_  
Vendor Home Office Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Primary Contact \_\_\_\_\_ Title \_\_\_\_\_  
Main Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Other Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

#### Third Party Involvement (Complete only if a third party will manage the e-PCR system for the EMS Agency.)

Relationship to EMS Agency:  Billing Company  Region  County  Other EMS  Other \_\_\_\_\_  
Entity Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Contact \_\_\_\_\_  
Main Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Other Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

#### EMS Region(s)

Regional endorsement must be received from each NYS EMS Region in which the EMS Agency has Certificate of Need (CON) authority. **CIRCLE** the Region in which the EMS Agency is home-based. Contact this Regional EMS Program Agency first for guidance. **CHECK** all Regions in which the EMS Agency has CON authority. Notify and submit this form to the Program Agency of each.

- |   |  |   |  |                                       |
|---|--|---|--|---------------------------------------|
| <input type="checkbox"/> Adirondack-Appalachian | <input type="checkbox"/> Hudson-Mohawk     | <input type="checkbox"/> Mountain Lakes | <input type="checkbox"/> Southern Tier | <input type="checkbox"/> Westchester  |
| <input type="checkbox"/> Big Lakes              | <input type="checkbox"/> Hudson Valley     | <input type="checkbox"/> Nassau         | <input type="checkbox"/> Southwestern  | <input type="checkbox"/> Wyoming-Erie |
| <input type="checkbox"/> Central New York       | <input type="checkbox"/> Midstate          | <input type="checkbox"/> North Country  | <input type="checkbox"/> Suffolk       |                                       |
| <input type="checkbox"/> Finger Lakes           | <input type="checkbox"/> Monroe-Livingston | <input type="checkbox"/> New York City  | <input type="checkbox"/> Susquehanna   |                                       |

## Continuity of Care Agreement

When transferring patient care to the hospital, the EMS crew must provide the receiving hospital staff with **BOTH VERBAL AND WRITTEN REPORTS – AT THE TIME OF PATIENT TRANSFER.**

- *Every person certified at any level pursuant to this Part or Article 30 of the Public Health Law . . . [when] responsible for patient care shall accurately complete a prehospital care report . . . and shall provide a copy to the hospital receiving the patient. [Part 800.15(b)(1)]*

How will the EMS crew provide a **WRITTEN REPORT** to the receiving hospital **AT THE TIME OF PATIENT TRANSFER?**

- Print e-PCR (Before Leaving Hospital)       e-Mail e-PCR (Before Leaving Hospital)
- Fax e-PCR (Before Leaving Hospital)       Electronically Transfer e-PCR (Before Leaving Hospital)
- Provide Paper Summary with Patient; Then Fax/e-Mail/e-Transfer e-PCR within \_\_\_\_\_ Hours

Comments

## Data Submission and Use Agreement

The EMS Agency is required to submit PCR data to the EMS Region and NYSDOH for use in quality improvement programs. The Agency may delegate management of its e-PCR system to a third-party; however, the Agency remains legally responsible for assuring the proper collection, use, protection, and confidentiality of data within the e-PCR system, as well as for the timely submission of data to the Region/NYSDOH.

- *Services . . . certified pursuant to article thirty . . . shall submit detailed individual call reports. [Article 30 §3053]*
- *Information from the prehospital care reporting system . . . shall be kept confidential and shall not be released except to the department or pursuant to [a quality improvement program]. [Article 30 §3006(2)]*

All signatories on this application:

1. Attest that their respective entities abide by all applicable Federal and State rules governing the collection, use, protection, confidentiality, and submission of electronic patient healthcare information;
2. Agree that their respective entities will assist each other in assuring the protection and confidentiality of any data exchanged between them; and
3. Understand that any data in the possession of their respective entities is to be used only for the lawful purposes allowed their entity.

## “Go-Live” Agreement

**NYSDOH APPROVAL (Page 3 of this Application) MUST BE RECEIVED PRIOR TO GOING-LIVE WITH ANY e-PCR SYSTEM.**

CONSULT THE REGIONAL EMS PROGRAM AGENCY BEFORE CHOOSING A GO-LIVE DATE.

- Approval (and thereby, any go-live date) can be affected by many factors, which the EMS Agency should consider in consultation with the Program Agency.
- If the EMS Agency later encounters difficulties that will impact this date, the EMS Agency must contact the Program Agency immediately to amend this application.

**EMS AGENCIES CONVERTING FROM PAPER TO e-PCR:** By the go-live date, the EMS Agency must go-live with the described e-PCR system; at which time the Program Agency will no longer provide blank paper PCRs to, or accept completed paper PCRs from, the EMS Agency.

**EMS AGENCIES CHANGING e-PCR SYSTEMS:** By the go-live date, the EMS Agency must go-live with the new e-PCR system and discontinue use of the previous system.

By what date is the EMS Agency planning to go-live with the new e-PCR system? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Affirmations**

We, the undersigned, make application for this EMS Agency to implement and use the e-PCR system described to document and submit to the NYS Department of Health and its Regional EMS System partners (as required under Public Health Law) pre-hospital care data.

We affirm:

- 1. We have read, understand, and agree to all information contained in this application, including the “Continuity of Care Agreement,” “Data Submission and Use Agreement” and “Go-Live Agreement”;
- 2. We have authorization from the Governing Body of this EMS Agency to make such application;
- 3. We, the Governing Body, and this EMS Agency as a whole, understand and agree to abide by the stipulations outlined in this application, as well as all statutes, regulations, and policies pertaining to e-PCRs; and
- 4. Once this EMS Agency has converted to e-PCRs, it will no longer use (and will not return to using) paper PCRs in any of its operations.

**EMS Agency Official** (Authorized by the Governing Body to Commit the EMS Agency to this Agreement)

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMS Agency e-PCR Coordinator**

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Third Party Representative** (If Applicable)

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



If appropriately signed below, this EMS Agency has been endorsed by its EMS Region and approved by the Department to implement and use the e-PCR system described to document and submit to the NYS Department of Health and its Regional EMS System partners (as required under Public Health Law) pre-hospital care data. The Department reserves the right to amend or revoke this approval at any time, given due process to the EMS Agency.

**Regional Endorsement**

Region Name \_\_\_\_\_

Program Agency Official \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NYSDOH – Bureau of EMS and Trauma Systems Approval**

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_