

HIPAA EMS Use Cases:

Introduction

If it is possible to include in introductory text, it would be incredibly valuable to incorporate something describing the value of emergency medical services (EMS) being able to obtain both individual and aggregate patient information in follow-up to the care provided. This capability essentially does not exist in a comprehensive way in the United States. This limits ability for hospitals to engage at a high level with EMS on time-critical illness management (stroke, ST-segment elevation myocardial infarction (STEMI), trauma, sepsis) without significant man-hour use by registrars, with the resultant information only utilized for hospital care improvement, rather than incorporating EMS in the care team in a meaningful way. Another result of this lack of capability is that the majority of landmark, quality large scale EMS studies evaluating patient outcomes are from Canada, where the linkage between EMS and hospital records is mandatory, fluid, and accessible. These studies have been able to provide insight into core issues such as the value of advanced versus basic life support on patient outcomes in cardiac arrest (the OPALS studies), but they do not generalize fully to many EMS systems in the United States (US) which differ in structure.

Problem Statement:

Emergency Medical Services (EMS) provide emergency medical and trauma care to patients in this country on a daily basis, but receive little feedback on the outcomes of their care. Requests for outcome information are often denied as a “HIPAA violation”. This omission in providing feedback disregards the fact that EMS providers are important members of the team that cares for a patient and that feedback is an essential component of performance improvement and patient safety.

Having significantly greater engagement of US hospitals in providing patient outcome information to EMS agencies, as provided for under the HIPAA quality improvement clause, would be a tremendous step toward promoting robust outcomes research on the unique EMS systems in the US.

Scenario 1: General information regarding the EMS Patient Population

An EMS agency wishes to obtain real-time situational awareness and individual / aggregate quality data on the patients it transports to hospitals in its region. It requests a small number of specific data points (some included in PHI for the quality points) that are already being electronically collected by the hospitals, and a method to link the EMS and emergency department (ED) / hospital data. Items include: ED diagnosis (which can be searched for terms like “meningitis” and “tuberculosis” for rapid notification of potential exposures), patient disposition (i.e., admit /discharge / death), hospital length of stay (LOS), discharge diagnosis, discharge disposition (i.e., nursing home / home / death).

Questions:

- How can the EMS agency determine which personnel may access individual patient follow-up data? Specifically, how can this vital information be more readily obtained to address the needs of the medical director(s), quality improvement personnel, the HIPAA privacy officer, and the individual EMS providers who cared for that specific patient.
- Describe what elements need to be included in the EMS agency’s and hospital’s privacy plan to allow or promote this.

Scenario 2: Request for Data on Patients Transported by EMS with Time Critical Conditions: Cardiac Arrest

The Anytown EMS agency medical director has just returned from a national EMS conference where he learned about several strategies for improving survival from out of hospital sudden cardiac arrest. While reviewing the current literature about this topic, he reads about the need to measure the outcomes of importance to assess improvement in provider care. As a part of their new performance improvement strategy, The Anytown EMS Agency has decided to participate in the Cardiac Arrest Registry to Enhance Survival (CARES). They have contacted the CARES Registry, completed the necessary registry training, and learned to properly enter the EMS agency data into the secure web-based CARES site. The Anytown EMS agency's QI Coordinator contacts the Anytown General Hospital's EMS Coordinator and explains that they wish to obtain outcome information (survival to hospital discharge and neurologic outcome) in order to track improvements in survival. He explains that, if the agency will submit the outcome information to the CARES Registry through the secure web-based CARES site, the Anytime General will also be able to receive a detailed report describing patients who were transported to that hospital.

What often happens?

- The Anytime General Hospital EMS Coordinator sends the request for hospital cardiac arrest outcome data to the ED Charge nurse who exclaims, "You can't do this; it is a HIPAA violation." She disregards the request.
or;
- The Anytime General Hospital EMS Coordinator sends the request for hospital cardiac arrest outcome data to the ED Charge nurse who then sends it to the legal department with a note about a possible HIPAA Violation where the request sits on a desk and is summarily ignored.

Questions

- To whom should requests for ongoing outcome information be submitted?
- Is there some expectation of response from the hospital?

Scenario 3: Trauma Case Requiring Feedback for the EMS Provider Service

A 5-year old boy was transported from the scene to the nearest pediatric trauma center. He is 50 minutes from the trauma center by ground. He was an unrestrained passenger in a motor vehicle collision with ejection from the vehicle. Several other passengers with more serious injuries were transported by air. He is awake, complaining of back pain, and has an obvious left femur fracture. He is moving his left leg poorly. He was not transported on a backboard. He was ultimately found to have multiple spine fractures.

The state has a spinal immobilization protocol that was recently approved. The protocol includes a decision tree for transport times over 20 minutes and patients over 8 years old to be transported off the backboard.

The patient is found to have an unstable T12 fracture and a closed mid-shaft femur fracture. He undergoes operative stabilization. He has no spinal cord injury and leaves the hospital neurologically intact. The case is discussed at Trauma Performance Improvement and Patient Safety Conference.

Questions:

- The EMS Service of record is not present. What feedback or education should be provided to the EMS service/providers who transported the patient?