
CORRESPONDENCE

DIALOGUES

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The Dialogues section will publish ‘letters to the editor’ with comments and questions regarding previously published articles. Our intent is to foster professional conversations about the papers to include its methods, analyses, results, conclusions, implications, and implementation issues. We will also accept general comments and questions regarding the *Journal*. The selection of submissions will be at the sole discretion of the *Journal*’s editorial team.

IJOP will also have a presence in several social media platforms to facilitate broader reach and participation in these scholarly conversations. The *IJOP* editorial team will moderate these social media conversations and curate posts to include in the pages of the *Journal*. The authors of articles will be invited to directly participate in these discussions. We anticipate that a many of these conversations will take place in the message threads of the *IJOP*’s email discussion group, called *IJOP* Dialogues (<https://groups.google.com/u/1/g/ijopdialogues>). This venue, and others, will be formally launching in the next few weeks. Separate message threads will be started in this email discussion group for each major article published in *IJOP*.

To help establish and maintain a professional and constructive decorum in these conversations, the message traffic will be moderated. That will allow *IJOP*’s social media editors to screen posts before becoming publicly visible. Everyone participating in these discussions will be asked to include their name, location, and/or professional affiliation. Posts without such identification or having an unconstructive or otherwise unprofessional tone will be rejected or sent back to the submitter for revision and resubmission. We want to provide venues for authors and members of the professional community to feel safe to participate, comment, and ask questions without fear of unbecoming exchanges.

We want to reach and engage more of our colleagues in professional discourse regarding the art and science of paramedicine. We hope that the *IJOP* Dialogue section will help accomplish that.

RE: Private Health Information Legal Protections in Emergency Medical Services

<https://internationaljournalofparamedicine.com/index.php/ijop/article/view/2330>

The recommendations and cautions regarding HIPPA and electronic data sharing between healthcare entities cited in this article are pertinent for every EMS agency to acknowledge and

establish the appropriate policies and procedures to maintain legal compliance.

The utilization of electronic technologies is rapidly escalating with telemedicine, body cameras, and artificial intelligence platforms. For EMS and healthcare facilities, acquired, and shared, electronic data is an element of the patient's medical record. As such, it must be maintained, stored, and accessible for decades. Most EMS agencies do not have tightly secured servers compared to hospital systems. This is especially true for rural and volunteer EMS agencies. Are there any policies or best practices established for the ownership, storage, and long-term security for electronic data containing patient information and/or images?

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(Via email)

This response is not legal advice and is only intended to offer general best practices. The requirements for medical records vary significantly based on state law, and it is crucial for EMS agencies to consult with legal professionals who are licensed to practice law in their jurisdiction to understand and comply with the specific medical record requirements applicable to them. EMS agencies should consider simple ways in which security measures can be implemented to enhance the protection of patient data and thus their EMS service. Consider a situation in which your agency keeps medical information on a tablet that providers use on calls to begin documentation. If a provider accidentally leaves the tablet on scene, simple measures such as decreasing the time needed for a device to time-out and encrypting hard drives can better protect patient data. EMS agencies should restrict access to data for only authorized users. Passwords are also important settings for data protection. Agencies should enforce password policies that require regular expiration, meet specific length and complexity criteria, and prohibit password reuse. A lot of agencies are frequently concerned about 'hacks' of their systems (and rightfully so as healthcare entities are increasingly the focus of ransomware attacks), however, agencies often neglect to protect the agency from itself. Research by the Ponemon Institute, found that 75% of United States' healthcare organizations don't secure medical devices containing sensitive patient information and 94% had leaked data in the previous two years, mainly because of staff negligence. EMS agencies must prioritize the establishment of a strong culture of cybersecurity to ensure the protection of electronic data and patient information. By fostering a culture that values and emphasizes cybersecurity practices, EMS agencies can mitigate the risks of data breaches, unauthorized access, and potential harm to patient privacy and confidentiality. EMS agencies should work closely with legal professionals in their state to ensure that they remain compliant with all federal and state laws and to remain current on best practices for security of patient data which is constantly being updated.

Some helpful resources include:

- [NEMSIS Technical Assistance Center EMS Data Collection Laws and or Rule](#)
- [Emergency Medical Services \(EMS\) Data Integration to Optimize Patient Care: An Overview Of The Search, Alert, File, Reconcile \(SAFR\) Model Of Health Information Exchange](#)

- [PCR Data QuickGuide: FAQs on Owning, Amending, Retaining and Sharing Patient Care Report Data](#)

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General Comment on the *Journal*

Having closely read the first two editions of the *International Journal of Paramedicine (IJOP)*, I find myself eagerly awaiting the next instalment. As I have long been a proponent of the need for true scientific research in the field of prehospital care, it is reassuring to see that headway is being made. I am sure others of similar experience and involvement in the evolution of Emergency Medical Services (EMS) would agree that a journal of this nature has the potential to further advance the state of our profession and ultimately the quality of our care with the latter being our fundamental goal.

It has been my experience that the vast majority of in-the-field Emergency Medical Technicians (EMTs) and paramedics are ill-prepared to read and appreciate the potential impact of published evidence-based research. It is simply something to which they are rarely exposed or taught. This is said not to diminish the importance of this new journal or the perspicacity of our folks “in the trenches” but to remind us, as the teachers, researchers, leaders, and innovators of prehospital care, that the knowledge gleaned from the peer reviewed research presented by this publication is our responsibility to pass on to the people doing the day-to-day work of EMS.

As the long slow process of advancing our providers of prehospital care from that of technician to technologist continues, the relevance and importance of the IJOP will provide crucial resources. To do our best we must have on-going research that guides our goal to assure “best practices” and ensure the quality of care.

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(Via *IJOP* submission platform)