WAC 246-976-455   EMS data system—EMS service and provider responsibilities.   (1) Licensed EMS services and certified EMS providers shall protect the confidentiality of data in their possession and as it is transferred to the receiving facility or the department.

(2) The certified EMS provider in charge of patient care shall provide the following information to the receiving facility staff:

(a) At the time of arrival at the receiving facility, a minimum of a brief written or electronic patient report including agency name, EMS personnel, and:

(i) Date and time of the medical emergency;

(ii) Time of onset of symptoms;

(iii) Patient vital signs including serial vital signs where applicable;

(iv) Patient assessment findings;

(v) Procedures and therapies provided by EMS personnel;

(vi) Any changes in patient condition while in the care of the EMS personnel;

(vii) Mechanism of injury or type of illness.

(b) Within 24 hours of arrival, a complete written or electronic patient care report that includes at a minimum:

(i) Names and certification levels of all personnel providing patient care;

(ii) Date and time of medical emergency;

(iii) Age of patient;

(iv) Applicable components of system response time;

(v) Patient vital signs, including serial vital signs if applicable;

(vi) Patient assessment findings;

(vii) Procedures performed and therapies provided to the patient; this includes the times each procedure or therapy was provided;

(viii) Patient response to procedures and therapies while in the care of the EMS provider;

(ix) Mechanism of injury or type of illness;

(x) Patient destination.

(c) For trauma patients, all other data points identified in WAC 246-976-430 for inclusion in the trauma registry must be submitted to the receiving facility within 10 days of transporting the patient to the trauma center.

(3) A licensed EMS service must:

(a) Within 48 hours after the initial dispatch, send a complete electronic patient care report to the department for all activations that meet inclusion criteria in subsection (4) of this section.

The electronic patient care reports must:

(i) Be sent in a secure format determined by the department; and

(ii) Include all data elements specified in subsection (5) of this section.

(b) Submit any and all updates or modifications to previously submitted electronic patient care reports to the department within 48 hours of the update.

(c) EMS services who are unable to submit or update electronic patient care reports within 48 hours should notify the department within 30 days from when the delay began. The service must work with the department to submit a modified submission plan in a format determined by the department.

(d) Identify one or more EMS service WEMSIS administrator(s) responsible for EMS data activities. An EMS service WEMSIS administrator must:

(i) Complete the department EMS data system training course within 18 months of being assigned to this role;

(ii) Adhere to WEMSIS data confidentiality restrictions determined by the department; and

(iii) Act as the primary contact for the department regarding WEMSIS related communications including those pertaining to data submission, data validity, data quality, account access, and reporting;

(iv) Adhere to processes and protocols for WEMSIS data use and access as determined by the department.

(e) Notify the department within 30 days of any change or addition of EMS service WEMSIS administrators or a change to an administrator's contact information. Changes submitted must be made on forms provided by the department.

(f) Have procedures in place for internal monitoring of data validity, which may include methods to reabstract data for accuracy.

(g) Correct and resubmit patient care records that fail the department's validity tests as described in WAC 246-976-445 within 30 days of notification of errors.

(h) Make all patient care records available for inspection and review upon request of the county MPD or the department. Records provided shall be in electronic format where capabilities allow and will be provided in the most secure method available.

(i) By January 31st each year, submit or update EMS service demographic information for the previous calendar year in a format determined by the department. Demographic information should include:

(i) EMS dispatch volume;

(ii) EMS patient transport volume;

(iii) EMS patient contact volume;

(iv) EMS interfacility transport volume;

(v) EMS interfacility transport volume by ALS;

(vi) EMS interfacility transport volume by ILS;

(vii) EMS interfacility transport volume by BLS;

(viii) EMS interfacility transport volume by first response;

(ix) EMS interfacility transport volume by second response;

(x) EMS ground transport volume;

(xi) EMS air transport volume;

(xii) EMS critical care transport volume.

(4) Inclusion criteria: Ambulance and aid services must submit electronic patient care reports for all activations to which they are dispatched. Criteria includes 911 and interfacility activations where treatment or transport occurred, patient refusal of treatment or transport, and canceled activations. All activations which cross Washington borders and involve a Washington licensed ambulance or aid service must be included if the service is dispatched to a location in Washington state or if a patient is transported to a facility in Washington state.

(5) A licensed ambulance or aid service must submit data elements in adherence with the National Emergency Medical Services Information System (NEMSIS) national EMS data standards and requirements except where they differ from the reporting requirements specified in subsection (6) of this section.

(6) In addition to adhering to the NEMSIS EMS data standards, all licensed ambulance or aid services must submit the following data elements for all records where applicable:

Patient last name;
Patient first name;
Middle initial or name;
Patient Social Security number;
Gender;
Race;
Age;
Age units;
Patient date of birth;
Patient driver's license;
Patient home address;
Alternate home residence;
Patient phone number;
Recent exposure to infectious disease;
Recent travel;
Recent local travel;
Recent international travel;
Recent state travel;
Recent city travel;
Temperature;
Respiratory effort;
Chest/lungs assessment;
Ending travel date;
Beginning travel date;
Personal protective equipment used;
Airway device placement confirmed method;
Cardiac arrest during EMS event;
Cardiac arrest etiology;
Cardiac arrest, resuscitation attempted by EMS;
Cardiac arrest, witnessed by;
Cardiac arrest, who first initiated CPR;
Patient evaluation/care;
Crew disposition;
Transport disposition;
Reason for refusal/release;
Destination/transferred to, name;
Destination/transferred to, code;
Destination street address;
Destination zip code;
EMS transport method;
Final patient acuity;
Type of destination;
Destination team prearrival activation;
Mental status assessment;
Medication allergies;
Medical/surgical history;
Trauma triage criteria;
Cause of injury code;
Use of safety equipment;
Extrication required;
Hospital disposition;
Procedure performed date/time;
Procedure performed prior to EMS care;
Procedure performed;
Procedure number of attempts;
Procedure successful;
Symptom onset date/time;

Symptom, primary;
Symptoms, other associated;
Provider's primary impression;
Provider's secondary impression;
Last known well date/time;
PSAP call date/time;
Dispatch notified date/time;
Unit arrived on scene date/time;
Unit arrived at patient date/time;
Unit left scene date/time;
Patient arrived at destination date/time;
Destination patient transfer of care date/time.
Vital signs:
Date/time of first vital signs taken;
First systolic blood pressure;
First respiratory rate;
First pulse;
First oxygen saturation;
First Glasgow coma score (GCS) with individual component values (eye, verbal, motor, total, and qualifier);
Vital sign, taken date/time;
Vital sign, obtained prior to EMS care;
Vital sign, cardiac rhythm/ECG;
Vital sign, ECG type;
Vital sign, blood glucose level;
Vital sign, stroke scale score;
Vital sign, stroke scale type;
Vital sign, stroke scale value/severity score - LAMS;
Type of scene delay;
First EMS unit on scene;
Incident zip code;
Incident county;
Scene GPS location;
Incident location type;
Facility transported from (code);
Other EMS or public safety agencies at scene;
Type of other service at scene;
Medication administered;
Medication administered route;
Date/time medication administered;
Medication administered prior to this unit's EMS care;
Medication response;
Role/type of person administering medication;
Alcohol/drug use indicators;
Respiratory rate;
Total Glasgow coma score;
Eye assessment;
ACS risk score.
Incident information:
Emergency medical services (EMS) agency number;
Unit enroute date/time;
Patient care report number;
First EMS agency on scene identification number;
Crew member level;
Method of transport;
Incident location type;
Patient information.

Outcome (if known):
Emergency department disposition;
Hospital disposition;
External report ID/number type;
External report ID/number;
Emergency department diagnosis;
Hospital diagnosis.

[Statutory Authority: RCW 43.70.040 and 70.168.090. WSR 24-15-130, §
246-976-455, filed 7/23/24, effective 9/30/24.]