WSR 24-06-084
PROPOSED RULES
DEPARTMENT OF HEALTH
[Filed March 5, 2024, 4:20 p.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 20-17-011.

Title of Rule and Other Identifying Information: Reporting emergency medical services (EMS) data to the Washington EMS information system (WEMSIS). The department of health (department) is proposing amendments to existing sections and the addition of two new sections to chapter 246-976 WAC relating to EMS data systems to meet the requirements of section 19 of SSB 5380 (chapter 314, Laws of 2019).

Hearing Location(s): On April 16, 2024, at 9:00 a.m., at the Washington State Department of Health, 111 Israel Road S.E., Town Center 2, Room 166, Tumwater, WA 98501; or via Zoom. Register in advance for this webinar https://us02web.zoom.us/webinar/register/WN_AQyxzyEIT22tT8umvSFHAQ. After registering, you will receive a confirmation email containing information about joining the webinar.

Date of Intended Adoption: April 23, 2024.

Submit Written Comments to: Jim Jansen, P.O. Box 47853, Olympia, WA 98504-7853, email https://fortress.wa.gov/doh/policyreview, fax 360-236-2830, jim.jansen@doh.wa.gov, by April 16, 2024.

Assistance for Persons with Disabilities: Contact Jim Jansen, phone 360-236-2821, fax 360-236-2830, TTY 711, email jim.jansen@doh.wa.gov, by April 2, 2024.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The department is proposing amendments to WAC 246-976-001, 246-976-430, and 246-976-910 and the addition of new WAC 246-976-445 and 246-976-455 to comply with SSB 5380. The proposed rules establish requirements for submitting patient data using WEMSIS. The department is also proposing other housekeeping changes to implement these amendments.

Reasons Supporting Proposal: Amending the identified existing sections and establishing two new sections in chapter 246-976 WAC is needed to align existing ambulance and aid service requirements with RCW 70.168.090, as amended by SSB 5380. RCW 70.168.090 directs the department to require licensed ambulance and aid services to report patient data electronically to the department and allow for certain data sharing for the purpose of substance abuse treatment.

Statutory Authority for Adoption: RCW 43.70.040 and 70.168.090.

Statute Being Implemented: RCW 70.168.090.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Department of health, governmental.

Name of Agency Personnel Responsible for Drafting, Implementation, and Enforcement: Jim Jansen, 111 Israel Road S.E., Tumwater, WA 98501, 360-236-2821.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is required under RCW 34.05.328. A preliminary cost-benefit analysis may be obtained by contacting Jim Jansen, P.O. Box 47853, Olympia, WA 98504-7853, phone 360-236-2821, fax 360-236-2830, TTY 711, email jim.jansen@doh.wa.gov.

This rule proposal, or portions of the proposal, is exempt from requirements of the Regulatory Fairness Act because the proposal:

Is exempt under RCW 19.85.025(3) as the rules relate only to internal governmental operations that are not subject to violation by a nongovernment party; and rules only correct typographical errors, make address or name changes, or clarify language of a rule without changing its effect.

Explanation of exemptions: The following sections of rule are exempt under RCW 34.05.310 (4)(d): WAC 246-976-430 and 246-976-910. The following section is exempt under RCW 34.05.310 (4)(b): WAC 246-976-445.

Scope of exemption for rule proposal:

Is partially exempt:

Explanation of partial exemptions: The following sections of rule are exempt under RCW 34.05.310 (4)(d): WAC 246-976-430 and 246-976-910. The following section is exempt under RCW 34.05.310 (4)(b): WAC 246-976-445.

The proposed rule does not impose more-than-minor costs on businesses. Following is a summary of the agency's analysis showing how costs were calculated.

A brief description of the proposed rule including the current situation/rule, followed by the history of the issue and why the proposed rule is needed. A description of the probable compliance requirements and the kinds of professional services that a small business is likely to need in order to comply with the proposed rule.

As revised under SSB 5380 (chapter 314, Laws of 2019), and codified in RCW 70.168.090, the bill establishes requirements for licensed ambulance and aid services to report patient data electronically to the department and to allow for certain data sharing privileges for the purpose of substance use disorder treatment. Amendments to existing EMS data rules and the addition of new sections to chapter 246-976 WAC are needed to establish clear and concise data submission standards to WEMSIS and to produce quality, usable data for improving standards of care and best practice for the benefit and safety of the public.

Compliance requirements for EMS services will include use of an electronic record collection system for EMS service reporting, which may be either a state-provided electronic system at no cost to the EMS service or an external solution that is compliant with national data standards. EMS services will be required to assign at least one staff member the role of WEMSIS administrator. The WEMSIS administrator is responsible for completing the EMS data system training course provided by the department and acting as the point of contact for WEMSIS related communications and functionality issues at their EMS service. At minimum, EMS services will need access to a computer and internet connection to submit EMS records to the department.

Identification and summary of which businesses are required to comply with the proposed rule using the North American Industry Classification System (NAICS):

Small Business Economic Impact Statement (SBEIS) Table 1. Summary of Businesses Required to Comply to the Proposed Rule

NAICS Code (4, 5, or 6 Digit)	NAICS Business Description	Number of Businesses in Washington State	Minor Cost Threshold
621910	Ambulance services. This industry comprises establishments primarily engaged in providing transportation of patients by ground or air; along with medical care. These services are often provided during a medical emergency but are not restricted to emergencies. The vehicles are equipped with lifesaving equipment operated by medically trained personnel.	467	.3 percent of average annual gross business income: $17,473.00[1]

[1] 2020 Dataset pulled from DOR https://apps.dor.wa.gov/ResearchStats/Content/GrossBusinessIncome/Report.aspx.

Analysis of probable costs of businesses in the industry to comply to the proposed rule, including the cost of equipment, supplies, labor, professional services, and administrative costs. The analysis considers if compliance with the proposed rule will cause businesses in the industry to lose sales or revenue:

WAC 246-976-001 Purpose.

Description: The rule identifies the purpose of the chapter of rules. The proposed rule change adds the language "Development and operation of a statewide electronic EMS data system" to the purpose statement.

Cost(s): There are no probable costs to businesses.

New WAC 246-976-455 EMS Data system—Provider responsibilities.

Description: The following describes what is being established in the proposed new WAC section:

The following are exempt [from] the analysis:

- Subsections (1) and (2) are moved here from existing WAC 246-976-330 without change. This is exempt from analysis under RCW 34.05.328 (5)(b)(iv). The proposed change to existing language clarifies language in the rule without changing its effect.
- Subsection (3)(h) requires patient care records to be available for inspection by county medical program directors or the department.

The following are new requirements and are not exempt from the analysis:

- Subsection (3), a licensed EMS service must send a complete electronic patient care report to the department within 48 hours. The EMS service must submit any updates or modifications within 48 hours of the update/modification.
- Subsection (3)(d) and (e), EMS service must identify WEMSIS administrator(s) who must complete department training course within 18 months.
- Subsection (3)(f) requires procedures to be in place for internal monitoring of data validity, which may include methods to reabstract data for accuracy.
- Subsection (3)(g) requires records to be correct/resubmit if they fail department validity test within 30 days.
- Subsection (3)(i), by January 31 each year, submit or update demographic info about EMS service for the previous calendar year.
- Subsection (4) clarifies what ambulance and aid services are included; all activations, including 911 and interfacility transports where treatment or transport occurred, patient refusal of

treatment or transport, canceled transport, and activations that cross Washington borders that result in dispatch to a location in Washington or transported to a facility in Washington.

- Subsection (5) requires submission of data elements in adherence with National Emergency Medical Services Information System EMS data standards, except where they differ from subsection (6).
- Subsection (6) lists the data elements that must be included.

Cost(s): The costs to comply with the proposed rules are indeterminate, but less than $17,000 as the volume of work for each EMS service varies depending on call volume. The department anticipates the following probable costs:

Areas of cost to EMS services may be experienced to support the following needs:

(1) **Data entry to the EMS data collection system:** The department currently provides a free data entry system available to all EMS services. To utilize the system, EMS staff will need to enter record information into the system; this may require several minutes per call and minor associated costs for staff time to conduct this task may be incurred.

Many EMS services choose to seek an alternative data collection system compliant with national data standards and can submit data to the state data system. These private data collection and management systems are acquired at a cost to the EMS service but are not required for participation in the state EMS data system. Those EMS services that choose to use the state solution may do so at no cost.

(2) **Administrative management of an EMS service's data system account:** Each EMS service will be required to assign an EMS data system administrator to act as the point of contact for department staff on issues related to account access, data errors, training opportunities, and various data quality and EMS performance reports generated by the state. Time required to fulfill this role is estimated at ~1 hour per month in addition to one-time training and any future time required to obtain technical assistance from department staff.

The department estimates a one-time cost of $250.00, based on 5-10 hours of training and system set up for an administrative or provider staff at an average rate of $25.00 per hour[2].

[2] This cost estimate is based on the office of financial management job classification data for an Administrative Assistant 4 salary step F). Office of Financial Management: Job Classifications, Administrative Assistant 4, Range 46. (accessed 2024, February 6) State of Washington Class Salary Range | Office of Financial Management.

(3) **Collection of information related to patient care:** The department does not anticipate significant additional administrative and personnel costs for EMS services to support data submission to the department, as EMS services are already required to keep patient care records for patients to whom care is provided.

An indeterminant burden is expected in staff time to submit records to the department for EMS "aid services" that do not transport patients to the hospital and may need to adopt new processes for recording and submitting EMS records. Some recording of medical services provided to patients by aid services is already expected due to providers' normal course of duty.

In May 2022, according to the Bureau of Labor Statistics[3], the median pay for EMTs was $36,680 per year ($17.63 per hour)[4]. With the estimated time required for data entry at 15 minutes per call, we estimate that each call will have a cost for data entry of $4.40. Total annual cost to the EMS service will depend on the number of EMTs em-

ployed and the number of calls received, which vary drastically by EMS service.

[3] *EMTs and Paramedics: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics.* (accessed 2023, May 30). https://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm.

[4] The department calculated the per hourly salary by dividing the annual salary by 52 weeks by 40 hours per week.

For those "aid" services not currently collecting data on patients, the call volume is expected to be low, limiting the total time burden anticipated for this activity.

Some volunteer "aid" EMS services rely on their partner ambulance services to submit a record that represents all care received. These aid services will need to report their data under this legislation and have expressed concerns around the cost and time to report the data. To this we have provided information about the free direct data entry system offered through the department. Resistance to this new requirement by a minority of EMS services is expected regardless of the cost mitigation options available.

(4) **Training available to EMS providers and staff:** The department will make available training related to data reporting, navigation of the electronic EMS data system, and the value of EMS data to public health and patient care. This training will be offered as a module through the existing department-managed EMS training program. Time expectations to complete this training are expected to fall within existing training and continued education expectations for EMS providers, adding no additional cost expectation for EMS services.

Summary of all Cost(s):

SBEIS Table 2. Summary of Section 3 Probable Cost(s)

WAC Section and Title	Probable Cost(s)
WAC 246-976-001 Purpose	$0
WAC 246-976-455 EMS data system—Provider responsibilities	$250.00 + $4.40/call for those services that do not already report their own patient data.

Analysis on if the proposed rule may impose more-than-minor costs for businesses in the industry. Includes a summary of how the costs were calculated: No, the costs of the proposed rule are *less than* the minor cost threshold of $17,473.00.

Summary of how the costs were calculated: The minor cost threshold for ambulance services is calculated to be $17,473 which is .3 percent of gross annual income. The costs to comply with the proposed rule are an estimated $250.00, based on 5-10 hours of training and system set up for administrative or provider staff at an average rate of $25.00 per hour. For those services that do not already report their own patient data (i.e. they rely on their partner ambulance services to submit a record) an additional cost of $4.40 is estimated per call.

A copy of the detailed cost calculations may be obtained by contacting Jim Jansen, P.O. Box 47853, Olympia, WA 98504-7853, phone 360-236-2821, fax 360-236-2830, email jim.jansen@doh.wa.gov.

March 5, 2024
Kristin Peterson, JD
Chief of Policy
for Umair A. Shah, MD, MPH
Secretary

OTS-4616.1

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-001 Purpose. The purpose of these rules is to implement RCW 18.71.200 through 18.71.215, and chapters 18.73 and 70.168 RCW; and those sections of chapter 70.24 RCW relating to EMS personnel and services.

(1) This chapter establishes criteria for:

(a) Training and certification of EMS providers;

(b) Licensure and inspection of ambulance services and aid services;

(c) Verification of prehospital trauma services;

(d) Development and operation of a statewide trauma registry;

(e) The designation process and operating requirements for designated trauma care services;

(f) A statewide emergency medical communication system;

(g) Administration of the statewide EMS/TC system;

(h) Development and operation of a statewide electronic EMS data system.

(2) This chapter does not contain detailed procedures to implement the state EMS/TC system. Requests for procedures, guidelines, or any publications referred to in this chapter must be obtained from the Office of Community Health Systems, Department of Health, Olympia, WA 98504-7853 or on the internet at www.doh.wa.gov.

AMENDATORY SECTION (Amending WSR 19-07-040, filed 3/14/19, effective 4/14/19)

WAC 246-976-430 Trauma registry—Provider responsibilities. (1) A trauma care provider shall protect the confidentiality of data in their possession and as it is transferred to the department.

(2) A verified prehospital agency that transports trauma patients must:

(a) Provide an initial report of patient care to the receiving facility at the time the trauma patient is delivered as described in WAC ((~~246-976-330~~)) 246-976-455.

(b) Within ((~~twenty-four~~)) 24 hours after the trauma patient is delivered, send a complete patient care report to the receiving facility to include the data shown in Table A.

Table A:
Prehospital Patient Care Report Elements for the Washington Trauma Registry

Data Element	Prehospital-Transport:	Inter-Facility:
Incident Information		
Transporting emergency medical services (EMS) agency number	X	X
Unit en route date/time	X	
Patient care report number	X	X
First EMS agency on scene identification number	X	

Data Element	Prehospital-Transport:	Inter-Facility:
Crew member level	X	X
Method of transport	X	X
Incident county	X	
Incident zip code	X	
Incident location type	X	
Patient Information		
Name	X	X
Date of birth, **or** age	X	X
Sex	X	X
Cause of injury	X	
Use of safety equipment	X	
Extrication required	X	
Transportation		
Facility transported from (code)		X
Times		
Unit notified by dispatch date/time	X	X
Unit arrived on scene date/time	X	X
Unit left scene date/time	X	X
Vital Signs		
Date/time of first vital signs taken	X	
First systolic blood pressure	X	
First respiratory rate	X	
First pulse	X	
First oxygen saturation	X	
First Glasgow coma score (GCS) with individual component values (eye, verbal, motor, total, and qualifier)	X	
Treatment		
Procedure performed	X	

(3) A designated trauma service must:

(a) Have a person identified as responsible for trauma registry activities, and who has completed the department trauma registry training course within ((~~eighteen~~)) 18 months of hire. For level I-III trauma services the person identified must also complete the abbreviated injury scale (AIS) course within ((~~eighteen~~)) 18 months of hire;

(b) Report data elements for all patients defined in WAC 246-976-420;

(c) Report patients with a discharge date for each calendar quarter in a department-approved format by the end of the following quarter;

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

(e) Correct and resubmit records that fail the department's validity tests as described in WAC 246-976-420(7) within three months of notification of errors.

(4) A designated trauma rehabilitation service must provide data, as identified in subsection (7) of this section, to the trauma registry in a format determined by the department upon request.

(5) A designated trauma service must submit the following data elements for trauma patients:

(a) Record identification data elements must include:
(i) Identification (ID) of reporting facility;
(ii) Date and time of arrival at reporting facility;
(iii) Unique patient identification number assigned to the patient by the reporting facility.
(b) Patient identification data elements must include:
(i) Name;
(ii) Date of birth;
(iii) Sex;
(iv) Race;
(v) Ethnicity;
(vi) Last four digits of the patient's Social Security number;
(vii) Home zip code.
(c) Prehospital data elements must include:
(i) Date and time of incident;
(ii) Incident zip code;
(iii) Mechanism/type of injury;
(iv) External cause codes;
(v) Injury location codes;
(vi) First EMS agency on-scene identification (ID) number;
(vii) Transporting agency ID and unit number;
(viii) Transporting agency patient care report number;
(ix) Cause of injury;
(x) Incident county code;
(xi) Work related;
(xii) Use of safety equipment;
(xiii) Procedures performed.
(d) Prehospital vital signs data elements (from first EMS agency on scene) must include:
(i) Time;
(ii) First systolic blood pressure;
(iii) First respiratory rate;
(iv) First pulse rate;
(v) First oxygen saturation;
(vi) First GCS with individual component values (eye, verbal, motor, total, and qualifiers);
(vii) Intubated at time of first vital sign assessment;
(viii) Pharmacologically paralyzed at time of first vital sign assessment;
(ix) Extrication.
(e) Transportation data elements must include:
(i) Date and time unit dispatched;
(ii) Time unit arrived at scene;
(iii) Time unit left scene;
(iv) Transportation mode;
(v) Transferred in from another facility;
(vi) Transferring facility ID number.
(f) Emergency department (ED) data elements must include:
(i) Readmission;
(ii) Direct admit;
(iii) Time ED physician was called;
(iv) Time ED physician was available for patient care;
(v) Trauma team activated;
(vi) Level of trauma team activation;
(vii) Time of trauma team activation;
(viii) Time trauma surgeon was called;
(ix) Time trauma surgeon was available for patient care;

(x) Vital signs in ED, which must also include:
(A) First systolic blood pressure;
(B) First temperature;
(C) First pulse rate;
(D) First spontaneous respiration rate;
(E) Controlled rate of respiration;
(F) First oxygen saturation measurement;
(G) Lowest systolic blood pressure (SBP);
(H) GCS score with individual component values (eye, verbal, motor, total, and qualifiers);
(I) Whether intubated at time of ED GCS;
(J) Whether pharmacologically paralyzed at time of ED GCS;
(K) Height;
(L) Weight;
(M) Whether mass casualty incident disaster plan implemented.
(xi) Injury scores must include:
(A) Injury severity score;
(B) Revised trauma score on admission;
(C) Pediatric trauma score on admission;
(D) Trauma and injury severity score.
(xii) ED procedures performed;
(xiii) Blood and blood components administered;
(xiv) Date and time of ED discharge;
(xv) ED discharge disposition, including:
(A) If transferred, ID number of receiving hospital;
(B) Was patient admitted to hospital?
(C) If admitted, the admitting service;
(D) Reason for transfer (sending facility).
(g) Diagnostic and consultative data elements must include:
(i) Whether the patient received aspirin in the four days prior to the injury;
(ii) Whether the patient received any oral antiplatelet medication in the four days prior to the injury, such as clopidogrel (Plavix), or other antiplatelet medication, and, if so, include:
(A) Whether the patient received any oral anticoagulation medication in the four days prior to the injury, such as warfarin (Coumadin), dabigatran (Pradaxa), rivaroxaban (Xarelto), or other anticoagulation medication, and, if so, include:
(B) The name of the anticoagulation medication.
(iii) Date and time of head computed tomography scan;
(iv) Date and time of first international normalized ratio (INR) performed at the reporting trauma service;
(v) Results of first INR ((~~preformed [performed]~~)) <u>performed</u> at the reporting trauma service;
(vi) Date and time of first partial thromboplastin time (PTT) performed at the reporting trauma service;
(vii) Results of first PTT performed at the reporting trauma service;
(viii) Whether any attempt was made to reverse anticoagulation at the reporting trauma service;
(ix) Whether any medication (other than Vitamin K) was first used to reverse anticoagulation at the reporting trauma service;
(x) Date and time of the first dose of anticoagulation reversal medication at the reporting trauma service;
(xi) Elapsed time from ED arrival;
(xii) Date of rehabilitation consult;
(xiii) Blood alcohol content;

(xiv) Toxicology results;

(xv) Whether a brief substance abuse assessment, intervention, and referral for treatment done at the reporting trauma service;

(xvi) Comorbid factors/preexisting conditions;

(xvii) Hospital events.

(h) Procedural data elements:

(i) First operation information must include:

(A) Date and time operation started;

(B) Operating room (OR) procedure codes;

(C) OR disposition.

(ii) For later operations information must include:

(A) Date and time of operation;

(B) OR procedure codes;

(C) OR disposition.

(i) Admission data elements must include:

(i) Date and time of admission order;

(ii) Date and time of admission or readmission;

(iii) Date and time of admission for primary stay in critical care unit;

(iv) Date and time of discharge from primary stay in critical care unit;

(v) Length of readmission stay(s) in critical care unit;

(vi) Other in-house procedures performed (not in OR).

(j) Disposition data elements must include:

(i) Date and time of facility discharge;

(ii) Most recent ICD diagnosis codes/discharge codes, including nontrauma diagnosis codes;

(iii) Disability at discharge (feeding/locomotion/expression);

(iv) Total ventilator days;

(v) Discharge disposition location;

(vi) If transferred out, ID of facility the patient was transferred to;

(vii) If transferred to rehabilitation, facility ID;

(viii) Death in facility.

(A) Date and time of death;

(B) Location of death;

(C) Autopsy performed;

(D) Organ donation requested;

(E) Organs donated.

(ix) End-of-life care and documentation;

(A) Whether the patient had an end-of-life care document before injury;

(B) Whether there was any new end-of-life care decision documented during the inpatient stay at the reporting trauma service;

(C) Whether the patient receive a consult for comfort care, hospice care, or palliative care during the inpatient stay at the reporting trauma service;

(D) Whether the patient received any comfort care, in-house hospice care, or palliative care during the inpatient stay (i.e., was acute care withdrawn) at the reporting trauma service;

(k) Financial information must include:

(i) Total billed charges;

(ii) Payer sources (by category);

(iii) Reimbursement received (by payer category).

(6) Designated trauma rehabilitation services must provide the following data upon request by the department for patients identified in WAC 246-976-420(3).

(a) Data submission elements will be based on the current inpatient rehabilitation facility patient assessment instrument (IRF-PAI). All individual data elements included in the IRF-PAI categories below and defined in the data dictionary must be submitted upon request:

(i) Identification information;

(ii) Payer information;

(iii) Medical information;

(iv) Function modifiers (admission and discharge);

(v) Functional measures (admission and discharge);

(vi) Discharge information;

(vii) Therapy information.

(b) In addition to IRF-PAI data elements each rehabilitation service must submit the following information to the department:

(i) Admit from (facility ID);

(ii) Payer source (primary and secondary);

(iii) Total charges;

(iv) Total remitted reimbursement.

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-910 Regional quality assurance and improvement program. (1) The department will:

(a) Develop guidelines for a regional EMS/TC system quality assurance and improvement program including:

(i) Purpose and principles of the program;

(ii) Establishing and maintaining the program;

(iii) Process;

(iv) Membership of the quality assurance and improvement program committee;

(v) Authority and responsibilities of the quality assurance and improvement program committee;

(b) Review and approve written regional quality assurance and improvement plans;

(c) Provide trauma registry and EMS data to regional quality assurance and improvement programs in the following formats:

(i) Quarterly standard reports;

(ii) Ad hoc reports as requested according to department guidelines.

(2) Levels I, II, and III, and Level I, II and III pediatric trauma care services must:

(a) Establish, coordinate and participate in regional EMS/TC systems quality assurance and improvement programs;

(b) Ensure participation in the regional quality assurance and improvement program of:

(i) Their trauma service director or codirector; and

(ii) The RN who coordinates the trauma service;

(c) Ensure maintenance and continuation of the regional quality assurance and improvement program.

(3) The regional quality assurance and improvement program committee must include:

(a) At least one member of each designated facility's medical staff;

(b) The RN coordinator of each designated trauma service;

(c) An EMS provider.

(4) The regional quality assurance program must invite the MPD and all other health care providers and facilities providing trauma care in the region, to participate in the regional trauma quality assurance program.

(5) The regional quality assurance and improvement program may invite:

(a) One or more regional EMS/TC council members;

(b) A trauma care provider who does not work or reside in the region.

(6) The regional quality assurance and improvement program must include a written plan for implementation including:

(a) Operational policies and procedures that detail committee actions and processes;

(b) Audit filters for adult and pediatric patients;

(c) Monitoring compliance with the requirements of chapter 70.168 RCW and this chapter;

(d) Policies and procedures for notifying the department and the regional EMS/TC council of identified regional or statewide trauma system issues, and any recommendations;

(e) Policies regarding confidentiality of:

(i) Information related to provider's and facility's clinical care, and patient outcomes, in accordance with chapter 70.168 RCW;

(ii) Quality assurance and improvement committee minutes, records, and reports in accordance with RCW 70.168.090(4), including a requirement that each attendee of a regional quality assurance and improvement committee meeting is informed in writing of the confidentiality requirement. Information identifying individual patients may not be publicly disclosed without the patient's consent.

OTS-4614.2

NEW SECTION

WAC 246-976-445 EMS data system—Department responsibilities. (1) Purpose: The department maintains a statewide electronic emergency medical services data system, as required by RCW 70.168.090. The purpose of this data system is to:

(a) Provide data for EMS activity surveillance, analysis, and quality assurance programs;

(b) Monitor and evaluate the outcome of care provided by EMS services personnel, in support of statewide and regional quality assurance and system evaluation activities;

(c) Assess compliance with state standards for EMS care (chapters 18.71, 18.73, 70.168 RCW and this chapter);

(d) Provide information for resource planning, system design and management; and

(e) Provide a resource for research and education.

(2) Confidentiality: RCW 70.168.090 and chapter 42.56 RCW apply to EMS data, records, and reports developed pursuant to RCW 70.168.090. Data elements related to the identification of individual patient's, provider's, and facility's care outcomes shall be confidential, shall be exempt from chapter 42.56 RCW, and shall not be subject

to discovery by subpoena or admissible as evidence. Patient care quality assurance proceedings, records, and reports developed pursuant to RCW 70.168.090 are confidential, exempt from chapter 42.56 RCW, and are not subject to discovery by subpoena or admissible as evidence.

(a) The department may release confidential information from the electronic EMS data system in compliance with applicable laws and regulations. No other person may release confidential information from the data system without express written permission from the department.

(b) The department may approve requests for EMS data system data and reports consistent with applicable statutes and rules.

(c) The department has established criteria defining situations in which EMS data system information is confidential and situations in which data may be shared, in order to protect confidentiality for patients, providers, and facilities.

(d) Subsection (2)(a) through (c) of this section does not limit access to confidential data by approved regional quality assurance and improvement programs and medical program directors established under chapter 70.168 RCW and described in WAC 246-976-910 and 246-976-920.

(3) Data submission: The department establishes and maintains procedures and format for ambulance and aid services to submit data electronically. Reporting mechanisms will meet state requirements for data security, data interoperability, and national reporting standards. These will include a mechanism for the reporting agency to check data for validity and completeness before data is sent to WEMSIS.

(4) Data quality: The department establishes mechanisms to evaluate the quality of EMS data. These mechanisms will include:

(a) Detailed protocols for quality control, consistent with the department's most current data quality guidelines.

(b) Validity studies to assess the timeliness, completeness, and accuracy of case identification and data collection.

(5) Data reports and data sharing: The department may create, release, and provide access to data files and reports in accordance with RCW 70.168.090. The type of information contained in the file, including direct and indirect patient, provider and facility identifiers, determines the permitted release of, or access to, the data file or report.

(a) Annually, the department reports:

(i) Summary statistics and trends for demographic and related EMS care and activity information for the state and for each emergency medical service/trauma care (EMS/TC) region;

(ii) Benchmarking and performance measures, for system-wide evaluation and regional quality improvement programs;

(iii) Trends, patient care outcomes, and other data, for the state and each EMS/TC region, for the purpose of regional evaluation; and

(iv) Aggregate regional data upon request, excluding any confidential or identifying data.

(b) The department will provide reports to EMS services, approved regional quality assurance and improvement programs and medical program directors upon request, according to the confidentiality provisions in subsection (2) of this section and all applicable laws and regulations.

(c) In order to comply with WAC 246-976-920, the department may provide aggregate reports and directly identifiable patient record access to medical program directors for EMS services within their jurisdiction.

(d) In order to comply with RCW 70.168.090, the department will provide reports, patient data and record access related to suspected drug overdoses to government agencies, including local public health agencies, tribal authorities, and other organizations at the discretion of the department, for the purposes of including, but not limited to, identifying individuals to engage substance use disorder peer professionals, patient navigators, outreach workers, and other professionals as appropriate to prevent further overdoses and to induct into treatment and provide other needed supports as may be available. Data for this purpose will be provided upon request and according to the confidentiality provisions in subsection (2) of this section and all applicable laws and regulations.

(e) The department may share confidential data files containing one or more direct patient identifiers with researchers with approval from the Washington state institutional review board (IRB) and a signed confidentiality agreement. The department may also require researchers to enter into a data sharing agreement.

(f) The department may provide a hospital with access to the complete electronic patient care report for activations in which the patient was delivered to their facility.

(g) The department may provide data and reports to other parties not listed in (c) through (f) of this subsection upon request, according to the confidentiality provisions in subsection (2) of this section and all applicable laws and regulations.

(h) When fulfilling a request for data, the department may provide the fewest data elements and patient records necessary for the stated purpose of a requestor's project.

NEW SECTION

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:

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;
Patient email address;
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.