NASEMSO Data Managers Council

QUESTION: (asked by Rogelio Martinez, AZ)

Do any states have a minimum data element drop off set for patients that were transported to a hospital? For example, if Agency A drops off a Joe Smith at Hospital B, they must have an ePCR filled out with the following elements (name, DOB, medications given, procedures done, injury date, etc.).

State	Respondent	Comments
AK	Mark Miller	Yes; A certified emergency medical service providing either basic life-support or advanced life-support outside a hospital must complete an approved EMS report form for each patient treated. The report form must document vital signs and medical treatment given the patient
IN	Angie Biggs	Yes, Each provider organization, except basic life support nontransport provider organization, shall maintain accurate records concerning the assessment, treatment, or transportation of each emergency patient, including a run report form in an electronic or written format as prescribed by the commission
MA	Ridgely Ficks	MA is vague; The EMS System regulations require an accurate, concise and properly documented patient care report to be completed at the time of the call or as soon as practicable afterwards for all patient encounters. Pertinent data must be left at the receiving hospital at the time of transport. The regulations also require that patient care reports include the minimum required data elements, as defined by the administrative requirement (A/R 5-403). Clinically relevant data must be conveyed to a nurse, physician assistant or physician before leaving the receiving facility.
MN	Bob Norlen	Here is the link to Minnesota's version 2.2.1 list of elements by patient disposition: https://mn.gov/boards/assets/MNSTAR%20-%20Required%20Data%20Submission%20for%20Incident%20Patient%20Dispositions_tcm21-28270.pdf
OK	Martin Lansdale	Oklahoma only requires that a run sheet be dropped off with the patient, no minimum dataset….
PA	Aaron Rhone	We use a transfer of care form in Pennsylvania

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UT	Shari Hunsaker	Yes; For each patient transported to a licensed acute care facility or a specialty hospital with an emergency department, each responding emergency medical services provider unit that cared for the patient during the incident shall provide a report of patient status, containing information critical to the ongoing care of the patient, to the receiving facility within one hour after the patient arrives at the receiving facility
VA	Paul Sharpe	Below is our regulation. There has been little to no enforcement of this in VA by our compliance division. We have discussed the issue and I am working it in to our v3 implementation. A. EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated at the time of patient transfer. Should EMS personnel be unable to provide the full prehospital patient care report at the time of patient transfer, EMS personnel shall provide an abbreviated documented report with the critical EMS findings and actions at the time of patient transfer and the full prehospital patient care report shall be provided to the accepting facility within 12 hours.
WA	Catie Holstein	Washington State follows National Standards for scope of practice. EMTP and AEMT can carry and administer nitrous oxide. Typically, we don't have challenges with being consistent in national standards. Our challenges in scope of practice and medications is usually related to legislated additions, such as Narcan and Epinepherine, where the method of administration may be outside the scope of EMT, but required by legislative action. In these cases, we work with stakeholders to develop special training modules and protocols to implement these procedures at the field level.