

Title 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 40 – Comprehensive Emergency Medical Services Systems Regulations

PROPOSED AMMENDMENT

19 CSR 30-40.375 Uniform Data Collection System and Ambulance Reporting Requirements for Ambulance Services. The department is amending subsections (1), (2), (3) and (4). The department is adding subsection (A), (B), and (C) to subsection (3). The department is also adding subsection (5).

PURPOSE: This amendment changes the ambulance reporting system to an electronic format and changes the amount of time life-threatening runs shall be reported, as well as the time for reporting the total number of all runs. It also establishes the requirements for submission of completed patient transport records to Receiving Health Care Facilities from ground and air ambulance services. Additionally, this amendment establishes the requirements of information flow during patient transfer of care between emergency medical response agencies and ambulance services, between ambulance services and between ambulance services and Receiving Health Care Facilities.

(1) ~~[An ambulance report or a]~~ An electronic ambulance reporting system shall be used by an ambulance service to record information on each ambulance run and shall be subject to approval by the department.

~~[(2) A copy of all emergency life threatening runs as described in section (4) shall be sent to the department at least quarterly no later than thirty (30) days after the end of each quarter.]~~

~~[(3)]~~ (2) Each ambulance service shall ~~[report]~~ **submit a copy of all calls where the ambulance is requested and arrives on scene including;** ~~[to the department the total number of]~~ emergency life threatening runs, emergency urgent runs, emergency dry runs, non-emergency life threatening runs, non-emergency urgent, and non-emergency dry runs, **as described in section (3), to the department no later than** ~~[thirty (30) days after the end of each calendar year]~~ ~~[twenty four (24) hours after the date of call for assistance.]~~ **the end of the month for calls occurring from the 1st to the 15th of the month and the 15th of the month for calls occurring from the 16th to the end of the month.**

~~[(4)]~~ (3) Each **electronic or written patient care** ~~[ambulance]~~ report shall include but not be limited to, ~~[the following information: run report number; date of run; ambulance service number; vehicle identification number; state of pickup; county of pickup; type of run to scene; type of run from scene; times dispatched, enroute, arrive scene, depart scene, and arrive destination; place of incident; patient destination; personnel license numbers; systolic blood pressure; respiratory rate; glasgow coma score; protective equipment used; factors affecting emergency medical services (EMS); treatment authorization; trauma assessments; cause of injury; illness assessment; destination determination; patient name, address, date of birth, race, and sex; and treatment administered.]~~ **all mandatory and required state and national data elements per the requisite national dataset elements as defined by the NEMSIS Data Dictionary NHTSA v3.4.0, Build 200910, EMS Data Standard which is incorporated by reference in this rule as published in 2020 by the National EMS Information System and available at National EMS Information Systems, P.O. Box 581289, Salt Lake City, UT 84158-1299** This rule does not incorporate any subsequent

amendments or additions. The bureau of EMS may require additional data elements as defined in NEMSIS Data Dictionary NHTSA v3.4.0, Build 200910, EMS Data Standard as listed by the Bureau of EMS and published by the NEMSIS Technical Assistance Center. The ambulance service shall keep a copy of this information for at least five (5) years.

(A) A copy of the electronic or written [*ambulance*] patient care report shall be remitted to the receiving health care facility at the time the patient is delivered when operationally feasible, or within twenty-four (24) hours of the delivery of the patient.

(B) If remitting a copy of the electronic or written [*ambulance*] patient care report is not operationally feasible at the time of patient delivery, an abbreviated [*written*] report shall be provided in a format and content as agreed to by the hospital and EMS service. [*and a*] The Emergency Medical Services Regional Committees should facilitate the development of the abbreviated reports assuring the appropriate content and format of the reports. A completed electronic [*ambulance*] patient care report shall be delivered to the receiving health care facility within twenty-four (24) hours of the delivery of the patient as described in (3)(A).

[(C) The abbreviated written report shall document at a minimum, the patient's name, patient's condition upon arrival at the scene, including vital signs, and the prehospital treatments performed and medications administered; the patient's condition during transport including signs, symptoms, and responses to treatment during the transport; times dispatched, enroute, and arrived scene, depart scene, and arrive destination; personnel license numbers; twenty four (24) hour agency contact number.]

(4) Receiving Health Care Facilities, Ground and Air Ambulances and Emergency Medical Response Agencies shall establish procedures for a standardized patient handoff at the time the transfer of care between health care providers occurs. The Emergency Medical Service Regional Committees may participate in the establishment of patient handoff procedures between health care providers within the EMS Region.

(5) The information contained in the procedures established for the patient handoff shall include at a minimum;

—(A) The circumstances leading to the need for health care services; and

—(B) The signs and symptoms associated with the need for health care services; and

—(C) A summary of treatments performed and medications administered to address the need for health care services; and

—(D) Any changes in the patient's condition or responses to the treatments and procedures performed to address the need for health care services; and

—(E) Any communicable diseases that are known to be carried by the patient.

AUTHORITY: sections 190.175 and 190.185, RSMo Supp. 1998. * Emergency rule filed Aug. 28, 1998, effective Sept. 7, 1998, expired March 5, 1999. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999.

**Original authority: 190.175, RSMo 1973; amended 1998 and 190.185, RSMo 1973, amended 1989, 1993, 1995, 1998.*