SB 52 – Mandatory EMS Prehospital Data Reporting
FREQUENTLY ASKED QUESTIONS

What does SB 52 do?
- Creates complete and reliable data tracking system for patient encounter data.
- Requires licensed transporting ambulance agencies to report patient encounter data electronically to the Oregon EMS Information System (OR-EMSIS).
- Establishes uses for data shared between OTR and OR-EMSIS:
    - Quality improvement
    - Epidemiological assessment and investigation
    - Public health critical response planning
    - Prevention activities
    - Research by trauma centers
    - Other purposes that the OHA or EMS & Trauma advisory boards deem necessary
- Allows all reporting ambulance and EMS agencies to access relevant Oregon Trauma Register (OTR) patient outcome data.
- Allows Oregon trauma hospitals to access relevant EMS data elements.
- Allows other non-licensed, non-transporting EMS agencies to report patient encounter data on voluntary basis.
- Requires OHA to adopt rules and publish annual report of data collected.

Why is a mandate necessary versus keeping voluntary reporting?
- Complete and reliable prehospital patient care data is the foundation for understanding how EMS functions within the health care delivery system.
- Currently, 66% of licensed of the 132 licensed ambulance agencies are <u>voluntarily reporting data</u>, however they are inconsistent in frequency and completeness, which makes it challenging to use.
- Requiring data reporting will allow licensed ambulance agencies and their local city and county governments to require vendors to include data reporting to the state through contract agreements.
- Currently, 46% of licensed ambulance agencies <u>contract with a third party vendor</u> to collect patient care records. These data are then electronically reported to the OHA OR-EMSIS. However, there are some contracted vendors that do not

consistently report data or report the data in a timely manner because there is no state mandate specifying reporting or standards in rule. Mandating reporting will increase compliance from these vendors and support EMS agencies around the state who want to report data.

- Users want to see real time data and data exchange. As the state works with hospitals and pre-hospital providers to develop real-time data transfer, the data systems and their participants will adhere to data standards that can be supported by administrative rules once reporting is mandated. Interactive data systems with time components requires adoption of standards for reporting requirements in order to ensure efficient use of state resources. Users want to see real time data and data exchange which requires statutory support.

What happens with the data collected?
- Data will be used together with the new E-License database by the EMS and Trauma Systems Program to monitor the capability and performance of the system with a focus on specific areas such as trauma system, rural EMS workforce and emergency preparedness.
- EMS Agencies and EMS medical directors will be able to run pre-configured reports to support operational and clinical care quality improvement.
- Data are used by the Oregon Department of Transportation to develop transportation safety plans that are used to apply for federal funding that is available to states that collect data on traffic injuries. States that do not collect data are in danger of losing federal funds.
- Prehospital patient care data on trauma patients will be pushed into the trauma registry for trauma hospitals that are required by law to report on patient care for trauma cases;
- Trauma patient outcome data will be pushed back out to the EMS providers for use clinical quality improvement.
- Other potential uses:
    – Epidemiological assessment and investigation
    – Public health critical response planning
    – Prevention activities
    – Research by trauma centers

How does the information collected improve services?
- Real time data exchange between EMS transport agencies and trauma hospitals can initiate trauma team activation and readiness to care for incoming trauma cases.
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- Patient outcome data can be used by licensed ambulance service agencies or non-transporting EMS agencies in their quality and performance improvement programs to monitor, evaluate and improve organizational efficiency, care delivery and patient outcomes.
- During mass casualty events such as disasters or shootings, data can be used to track patient arrival or transfers to specific locations and anticipate where current bed space is available. (OR-EMSIS and the hospital bed tracking system, HOSCAP, are integrated so that data from each system can be used to direct care in real time.

What kind of assistance is available for rural ambulance agencies?
- The A-Engrossed bill allows the OHA to issue a waiver to licensed transporting ambulance agencies from patient encounter reporting when the agency is not able to report data due to lack of resources or readiness to begin reporting.
- The OHA, using federal funds from the Oregon Department of Transportation, will assist these agencies in obtaining hardware and software necessary to report the data in addition to training and technical support. The OHA will continue to work with contracted vendors to support the programming needs and user acceptance testing of the data transfers to support successful participation.

Does OHA have the capacity to assume additional data collection and reporting?
- The EMS and Trauma Systems Data Unit under the authority of the Public Health Division has successfully launched new versions of the Oregon Trauma Registry and the EMS Prehospital Data System which include the capacity to initiate real time data exchange as well as push and pull of patient outcome data. These existing data systems are in use and OHA's goal is to ensure complete statewide prehospital patient care data through mandatory reporting and using reporting standards to improve data quality. Our providers expect and deserve a 21st century data system.
- A complete and reliable statewide data set will allow all of the data uses cited above and also be available for emerging work on community paramedicine (mobile health), stroke, and STEMI.
- This work has been very successful and is a model for other states. The Oregon Department of Transportation has provided funding also is engaged in long range planning to use the data for traffic and safety purposes. All of the funds to build out these EMS systems have been from the federal level.

Oregon EMS Prehospital Data System

LC 560
Mandatory
(Patient Care)
Report

Selected
OTR
data

OR-EMSIS

Selected
Data
Elements

OTR

Selected
OR-EMSIS
data

ORS 431A.085(5)
Mandatory (Trauma)
Report