Definitions.

(A) "Data systems" means any system established by the state board of emergency medical services for the collection of information regarding the delivery of emergency medical services or trauma care including those established pursuant to section 4765.06 of the Revised Code.

(B) "EMS casualty" means any injury, death, significant exposure to hazardous materials, or significant exposure to biological hazards experienced by EMS personnel, EMS students, other medical personnel or observers associated with an EMS unit that occur in conjunction with any of the following:

(1) An EMS incident;

(2) Responding to or returning from an EMS incident;

(3) During prehospital internship.

(C) "EMS incident" means any ground or air response to a call for emergency medical services by a public or private emergency medical service organization.

(D) "Emergency care facility" means a hospital emergency department, hospital operating room, hospital labor and delivery department, urgent care facility, or psychiatric urgent care facility.

(E) "EMS care" means the emergency medical care provided by an individual certified to provide emergency medical services under Chapter 4765. of the Revised Code.

(F) "Emergency medical services incident reporting system" or "EMS incident reporting system" means the system established by the state board of emergency medical services pursuant to section 4765.06 of the Revised Code for the collection of information regarding the delivery of emergency medical services in Ohio and the frequency at which the services are provided.

(G) "Glasgow coma scale" or "GCS" is a numeric rating used to assess the severity of neurologic injury.

(H) As used in this chapter, "health care facilities" means any of the following

(1) Hospitals registered under Chapter 3701. of the Revised Code;

(2) Nursing facilities licensed or certified under Chapter 3721. of the Revised Code;
(3) County homes or county nursing homes as defined in section 5155.31 of the Revised Code;

(4) Inpatient rehabilitation facilities as defined in Chapter 3701-83 of the Administrative Code;

(5) Ambulatory surgical facilities as defined in section 3702.30 of the Revised Code;

(I) "Information that identifies or would tend to identify a specific recipient of EMS care or trauma care" shall have the same meaning as "individually identifiable health information"; as defined in the health insurance portability and accountability act (HIPAA) of 1996 Title 45 of the Code of Federal Regulations, subtitle A, section 160.103 (2006) of the health insurance portability and accountability act (HIPAA) of 1996 and found in 45 C.F.R. 160.103 revised as of January 25, 2013.


(J) As used in HIPAA and in this chapter, "Individually identifiable health information" is information that is a subset of health information, including demographic information collected from an individual, and

(1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and

(2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and

(a) That identifies the individual; or

(b) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

(K) "Injury severity score" or "ISS" is a mathematical measure assessing the cumulative effect of injury severity.
"Major Trauma Outcome Study" or "MTOS" is a nationally based research project conducted between 1982 and 1987, which created and validated the TRISS methodology.

"Response to a call for emergency medical service" or "response" means any of the following:

1. Assessment of or treatment provided to a patient by a person who holds an EMS certificate to practice regardless of whether such patient was transported, transport of a patient from a call for EMS to an emergency care facility, or a canceled call;

2. Transport between emergency care facilities provided by an emergency medical service organization.

"Risk Adjustment" means methodologies applied to a data set in order to identify and control patient variables that are present which may influence patient outcome.

"State trauma registry" means the system established by the state board of emergency medical services pursuant to section 4765.06 of the Revised Code for the collection of information regarding the delivery of trauma care in Ohio and the frequency at which the services are provided.

"Trauma care" has the same meaning as division (P) of section 4765.01 of the Revised Code.

"Trauma injury severity score" or "TRISS" is a methodology which combines the following variables in order to determine a probability of survival:

1. Physiologic (systolic blood pressure, respiratory rate, Glasgow coma scale score);

2. Anatomic injury severity score;

3. Age (fifty five years or older, or younger than fifty five years);

4. Trauma type (blunt or penetrating injury).
4765-4-02 Purpose.

(A) The purpose of this chapter is to establish comprehensive reporting standards for data systems by the board. These procedures are adopted to ensure the confidentiality of information as provided in section 4765.06 of the Revised Code.

(B) The board shall use the EMS incident reporting system to collect and analyze data that is necessary to evaluate the delivery of emergency medical services within Ohio. The data collected by the EMS incident reporting system shall be of such a nature as to allow the board to identify and evaluate the following:

1. Frequency, nature, and duration of responses;
2. Geographic patterns of responses, including but not limited to areas or regions of the state where improvements are needed in the delivery of emergency medical service;
3. Needs assessment for the equitable disbursement of funds provided by the EMS grant program established under section 4765.07 of the Revised Code;
4. Methods by which the delivery of emergency medical services can be maintained and improved, including but not limited to public education on illness and injury prevention, and access to emergency medical services;
5. Methods by which EMS casualties can be reduced or prevented.

(C) The board shall use the state trauma registry to collect and analyze data that is necessary to evaluate the delivery of trauma care within the state. The data collected by the trauma registry shall be of such a nature as to allow the board to identify and evaluate the following:

1. Frequency, type, severity, and outcome of trauma injuries;
2. Criteria used to establish triage protocols;
3. Geographic patterns of injury, including but not limited to areas or regions of the state where improvements are needed in the delivery of trauma care;
4. Other factors to consider in recommending, designing, or implementing integrated statewide trauma care delivery system, including but not limited to public education on trauma and injury prevention, access to trauma care, prehospital availability, and cost of trauma care.
4765-4-03  Required reporting.

(A) Pursuant to section 4765.06 of the Revised Code, each emergency medical service organization shall report all EMS incidents to the emergency medical services incident reporting system.

(1) Each EMS organization shall submit data and information as specified by the EMS board. Such data and information shall include, at a minimum, the following:

(a) Identification of the EMS organization;

(b) Time and date of incident;

(c) Location of incident;

(d) Certification level of EMS personnel involved;

(e) Patient demographics;

(f) Information regarding provider assessment;

(g) Information regarding treatment provided;

(h) Transport information.

(2) The board shall grant an exemption from reporting to the EMS incident reporting system in cases of mass casualty incidents and/or natural disasters.

(3) The board may require the reporting of any EMS casualty data to determine methods of reducing or preventing such casualties.

(B) Pursuant to section 4765.06 of the Revised Code health care facilities, state and other public agencies designated by the board that possess information regarding trauma care, and county coroners shall submit data and information to the state trauma registry.

(1) The board shall specify the data and information to be submitted to the state trauma registry by those entities required to do so. Such information shall include, at a minimum, the following:
(a) Type and cause of injury;

(b) Severity of injury;

(c) Patient outcomes;

(d) Patient demographics;

(e) Information regarding treatments provided;

(f) Financial data pertinent to trauma care.

(2) All trauma related deaths shall be reported by the coroner of the county in which the death occurred to the state trauma registry in a manner specified by the board within one hundred-eighty days after the death occurs.

(C) In identifying the information to be provided to the state trauma registry and the EMS incident reporting system under section 4765.06 of the Revised Code and this chapter, the board shall take into consideration the financial and other burdens that these requirements will place on the entities that are required to report.
Risk adjustment.

(A) The purpose of risk adjustment is to identify and control patient variables that are present which may influence patient outcome.

(B) Methodologies:

1. TRISS shall be the primary methodology used to risk adjust data in the state trauma registry.

2. Other methodologies may be used by the board to risk adjust data in the data systems.

3. The coefficients used to calculate TRISS shall be those derived from the MTOS.

4. The board may evaluate the possibility of creating Ohio specific coefficients, based upon the Ohio trauma registry data set, to utilize with the TRISS methodology, and when appropriate, these equations may be utilized. Additionally, the board may evaluate other appropriate data sets for use in developing specific coefficients.

(C) Analysis:

1. The board shall utilize a variety of acceptable techniques for providing statistical analysis of risk-adjusted data.

2. The board shall utilize a variety of methodologies to risk adjust by sex, age, or other factors, in order to analyze data in the data systems for specific age groupings, including pediatric and geriatric age groupings.

(D) Risk adjusted outcomes:

1. Mortality shall be an outcome in the state trauma registry that is risk adjusted. In addition, the board may evaluate the feasibility of risk adjusting other outcomes.

2. In addition, the board may evaluate the feasibility of risk adjusting other outcomes.

(E) Risk adjustment deliberations:
(1) The department of public safety, division of EMS, may contract with individuals or organizations with specific expertise in risk adjustment and statistical analysis of medical data in order to perform risk adjustment of information received by the board under Chapter 4765. of the Revised Code.

(2) Each person performing risk adjustment of data has a fiduciary duty to maintain the confidentiality of such information. In the event a person performing risk adjustment under this chapter violates this duty, the department of public safety, division of EMS, may terminate such person and employ any other remedies, legal or equitable, available to it.

(3) Each person performing risk adjustment of data shall sign and adhere to a contract with the department of public safety, division of EMS, regarding the confidentiality of such information. In the event a person performing risk adjustment under this chapter violates any terms of this contract, the department of public safety, division of EMS, may terminate such person and employ any other remedies, legal or equitable, available to it.

(4) All meetings in which persons are engaged in performing risk adjustment functions, including deliberations therein, shall not be open to the public.

(5) All records of deliberations of persons performing risk adjustment functions shall be maintained in confidence.
(A) The information required to be provided to the data systems under section 4765.06 of the Revised Code and this chapter shall be provided and maintained in such a way as to protect against revealing the identity of the recipient of EMS care or trauma care. Any person handling information received for the data systems has a fiduciary duty to maintain the confidentiality of such information and shall sign and adhere to a contract with the department of public safety, division of EMS, regarding the confidentiality of such information. If such person violates this fiduciary duty or violates any terms of the contract, the department of public safety, division of EMS, may terminate such person and employ any other remedies, legal or equitable, available to it. Emergency medical service organizations, health care facilities and other providers shall be identified in the data systems by a code or similar designation other than name.

(B) Information that identifies or would tend to identify a specific EMS casualty or a specific recipient of EMS care or trauma care shall include, but not be limited to, the recipient's social security number, medical record number, EMS incident number and name.

(1) No records provided in response to a public records request shall contain any information that identifies or would tend to identify a specific EMS casualty or a specific recipient of EMS care or trauma care.

(2) No records shall be provided in response to a public records request if the request asks for information sorted by, or if the request contains, information that identifies or would tend to identify a specific EMS casualty or a specific recipient of EMS care or trauma care.

(3) Prior to the implementation of risk adjustment standards and procedures, no records shall be provided in response to a public records request if the request asks for information sorted by, or if the request contains, information that identifies or would tend to identify a specific provider of EMS care or trauma care. After risk adjustment standards and procedures are implemented, such records may be made public, but only on a risk adjusted basis.
Submission of data.

(A) Data and information submitted to the data systems shall be transmitted in a format directed by the board.

(B) Data and information submitted to the data systems shall be transmitted using a method directed by the board. The board shall ensure that the methods used to transmit data protect the security of the data during transmission.

(1) The board shall ensure that the methods used to transmit data protect the security of the data during transmission.

(C) Data and information submitted to and maintained by the data systems shall be in such a format that:

(1) Protects the identity of specific EMS casualties or of specific patients to whom EMS care or trauma care has been rendered;

(2) Identifies specific health care facilities and EMS organizations by a code or similar designation other than name;

(3) Avoids or minimizes duplication of entry.
4765-4-07 Reporting deadlines.

(A) The information required under section 4765.06 of the Revised Code and this chapter shall be reported on a schedule determined by the board and which is available at http://www.ems.ohio.gov.

(B) The board may develop policies for granting extensions to the submission deadlines and which shall be made available at http://www.ems.ohio.gov.
Failure to report.

(A) Any entity that fails to submit data and information to the data systems, as required under section 4765.06 of the Revised Code or this chapter, may be ineligible to participate in the emergency medical services grants program established under section 4765.07 of the Revised Code and as provided in Chapter 4765-5 of the Administrative Code.

(B) Any entity that fails to submit data and information as required in this chapter shall be notified of this failure in writing. The notification shall advise the organization of:

1. The requirement to report to the appropriate data system pursuant to section 4765.06 of the Revised Code and this chapter.

2. The consequences of failing to report as provided in paragraph (A) of this rule.

(C) A copy of the notification created pursuant to paragraph (B) of this rule may be delivered to the following individuals as appropriate:

1. The chief executive officer of the political subdivision for which the EMS organization provides emergency medical services;

2. The chief executive officer of the private organization under which the EMS organization is established;

3. The chief executive officer of the health care facility that provides trauma care;

4. The chairperson of the appropriate regional physician advisory board.
Regional reporting.

Any entity, otherwise required to report to the state trauma registry under section 4765.06 of the Revised Code or this chapter, that reports required information to a regional trauma registry need not report individually to the state trauma registry, provided the regional registry reports such information to the state trauma registry in compliance with section 4765.06 of the Revised Code and this chapter. Those entities intending to report through a regional registry shall so notify the board in a manner indicated by the board.