



## Requesting data from the Ohio EMS Data Center

The information contained in this document will help guide you through the process for requesting data from the Ohio EMS Data Center.

### Information regarding confidentiality

The Ohio Public Records Act is a set of laws in the Ohio Revised Code stating, with a few specified exceptions, that Ohio's citizens are entitled to access the records of their government. The Ohio Attorney General's office has a guide to Ohio's "Sunshine Laws" – the collective name for the Public Records Act and the Open Meetings Act – available free of charge on their website at <http://www.ag.state.oh.us>.

***The EMS Data Center must comply with the Sunshine Laws when dealing with data requests but cannot release any information which identifies or even tends to identify either the provider or the recipient of care.*** Because they contain personal medical information, the data collected by the EMS Data Center is a combination of public and confidential information. The determination of what is public and what is confidential data is made by the staff of the EMS Data Center and the EMS Division's custodian of records in accordance with Ohio Revised Code sections 149.43 and 4765.06. Once data has been approved for release, it will be delivered to the requestor as soon as possible.

### Data Systems

The Ohio EMS Data Center is responsible for maintaining several data systems. These include the EMS Incident Reporting System (EMSIRS) and the Ohio Trauma Registry, which has two separate modules: the Trauma Acute Care Registry (TACR) and the Trauma Rehabilitation Registry (TRR).

### Information regarding the data in EMSIRS

Not every response by an ambulance in Ohio qualifies to be submitted to EMSIRS. In general, only emergency runs are submitted. The following is the guide to what qualifies as a "reportable incident" provided to all Ohio EMS agencies to determine inclusion in EMSIRS:

The following types of runs are to be reported:

- Transports to an emergency department
- Transports to a trauma center
- Transports to an urgent care center
- Cancelled or disregarded runs not reported by another agency
- Refusals of care
- Treat and release
- No patient found / gone on arrival
- Dead at the scene
- Transfers from an ED or urgent care to another ED or urgent care

The following types of runs are NOT reportable:

- Transports to a doctor's office or an outpatient care center
- Transports to a rehabilitation facility
- Transports to a nursing home / skilled nursing facility / extended care facility
- Transports to an industrial clinic
- Transports to a part of a hospital other than the emergency department or trauma center
- Transports to a private residence
- Stand-by at public / private events at which there is no patient
- Incidents which are reported by another agency

Data collection began January 1, 2002 and continues today. However, because data submission deadlines are 30 days after the end of the quarter in which the incident occurred, real-time data is not available. Also, because implementing a statewide data system has inherent difficulties, the data for the first 18 months of data collection (through June 2003) is not as complete as would be desired, and its use is generally discouraged (but not prohibited).

#### Information regarding the data in the Trauma Acute Care Registry

Not every injured person taken to or admitted by an Ohio hospital qualifies to have their record submitted to the Trauma Acute Care Registry. In general, only the severely injured patients are submitted, with "severely injured" meaning a person who has suffered an injury requiring an admission to a hospital for 48 hours or more, or which causes death at any point in their treatment. The following is the full definition of "trauma patient" for inclusion in the TACR:

Patient's first or initial admission for at least 48 hours or transfer into the hospital for at least one injury ICD-9 diagnosis code in the range of 800-959.9 including burns<sup>1</sup>, hypothermia, smoke inhalation, hanging, drowning, abuse, DOAs, patients that die after receiving any evaluation or treatment while on hospital premises, and patients who transfer out of the hospital.

Excluding late effects of injury<sup>2</sup>, blisters<sup>3</sup>, contusions, abrasions, insect bites, foreign bodies<sup>4</sup>, isolated hip fracture<sup>5</sup>, and DOAs that are brought by funeral homes to be pronounced dead.

#### ICD-9-CM Code

<sup>1</sup> 991.0 – 991.6	Frostbite, hypothermia and external effects of cold
994.1 – 994.8	Hanging, drowning, electrocution and abuse
987.9	Smoke inhalation
<sup>2</sup> 905 – 909	Late effects of injury
<sup>3</sup> 910 – 924	Blisters, contusions, abrasions and insect bites
<sup>4</sup> 930 – 939	Foreign bodies
<sup>5</sup> 820 – 820.9	Isolated hip fractures

Data collection began in January 1999 and continues today. However, because data submission deadlines are 90 days after the end of the quarter in which a patient was discharged from care, real-time data is not available. Also, because implementing a statewide data system has inherent difficulties, the data from 1999 is not as complete as subsequent years and its use is generally discouraged (but not prohibited).

Please note that the TACR used different data dictionaries in the periods from 1999 through 2002, and from 2003 to present. If a data request bridges these two periods, care will need to be exercised to ensure proper translation of values.

#### Information regarding the data in the Trauma Rehabilitation Registry

Any patient who qualifies to have their record submitted to the Trauma Acute Care Registry and who subsequently is admitted to an in-patient rehabilitation facility qualifies to have their rehab record submitted to the Trauma Rehabilitation Registry. Please see the TACR inclusion criteria for the complete definition.

Data collection began in January 2005 and continues today. However, because data submission deadlines are 90 days after the end of the quarter in which a patient was discharged from care, real-time data is not available. Also, because implementing a statewide data system has inherent difficulties, the data is still largely incomplete and its use is generally discouraged (but not prohibited).

#### Requesting data

Before requesting data from the EMS Data Center, please review the data dictionary of the appropriate data system (EMSIRS, TACR, TRR) to familiarize yourself with the exact information that is collected.

Once you are familiar with what data is collected, all you have to do is contact the EMS Data Center at 800-233-0785 or EMSdata@dps.state.oh.us and ask for it. Honestly, it's that simple.

The EMS Data Center staff will work with you to create a report that fulfills your needs without violating the confidentiality provisions of the Revised Code.

Sometimes it is helpful to fill out a form to ensure the request is clear and complete. The Data Request form can be found in the Forms section of the EMS Division's website, but its use is optional.

Filling out the data request form

Should you choose to use the data request form, a follow-up telephone call by EMS Data Center staff may still be necessary to resolve questions or to clarify your request.

Please fill out the form as completely as possible, and be certain you provide at least one method for contacting you. This information is necessary so the EMS Data Center staff can contact you should any questions arise and to advise you promptly of your request's public/confidential status.

Report formatting and delivery

Ohio's Sunshine Laws allows a person requesting public records to specify the medium in which the records are sent, as well as the method of delivery, provided they can be done within the normal operations of the office. Some formats may incur costs that will be charged to the requestor, such as printing of large files or copying to CD-ROM, as well as shipping and handling of non-standard envelopes. Please contact the EMS Data Center to find out what formats are available and what charges may be involved.

Acknowledgement of data source

The Ohio Department of Public Safety requests that written credit within any publication utilizing the data resulting from this request notes the Ohio Department of Public Safety, Division of Emergency Medical Services as the source.

Contacting the Ohio EMS Data Center

If you have any questions or comments for the Ohio EMS Data Center, we can be contacted at the following:

Phone – 800-233-0785, ask for the Data Center

E-mail – EMSdata@dps.state.oh.us

Fax – 614-466-9461

USPS – EMS Data Center

1970 W. Broad St.

PO Box 182073

Columbus, OH 43218-2073