

KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM

Kentucky Board of Emergency Medical Services

(Emergency Waivers and Modifications)

202 KAR 7:540. Emergency Medical Services data collection, management, and compliance.

Section 1. Data Collection and Statewide Compliance Plan. (1) The board shall require each licensed ambulance service to collect and submit run report data that aids in identifying patient care needs in the Commonwealth of Kentucky.

(2) The board shall collect, maintain, and use data provided by licensed ground and air ambulance services to assist the board and other state and federal agencies relevant to emergency management or public health.

(3) The information and data collected shall be used at a minimum to determine demographic trends and other emerging situations involving the provision of EMS to and the medical transport of individuals within the state.

(4) The board shall collect and use the submitted data to develop and adopt a statewide plan for EMS Information and Analysis.

Section 2. Data Management Committee. (1) A Data Management Committee shall be established by this section.

(2) The Data Management Committee shall consist of seven (7) members appointed by the board chair in the manner established in 202 KAR 7:020.

(3) Any office of the board staff member specifically employed through or designated by the Kentucky Community and Technical College System (KCTCS) for the purpose of EMS data collection and analysis shall serve as the staff liaison for the Data Management Committee.

- (4) The Data Management Committee shall be responsible for the following:
- (a) The development of a statewide plan for data collection and compliance;
 - (b) Identification of information initiatives for EMS in Kentucky;
 - (c) Identification and research of funding sources tied to EMS data collection;
 - (d) Assistance to licensed services with questions or other needs associated with this

administrative regulation, KRS Chapter 311A, and other issues associated with the board's statutory authority to require data collection and submission; and

(e) Matters identified by board members, the chair, or the executive director that involve data collection, data submission, or information use.

(5) The Data Management Committee shall be conducted in accordance with 202 KAR 7:020 and the board bylaws.

(6) The Data Management Committee shall schedule on an annual basis at least six (6) regular meetings.

Section 3. Data Collection and Submission. (1) Each licensed ground and air ambulance service shall collect data relevant to patient care in Kentucky.

(2) Each service shall collect data at a rate that allows the service to submit the required data elements to the board on a schedule established by Section 5 of this administrative regulation.

Section 4. (1) The most recent version of the National EMS Information System (NEMESIS) data dictionary, US Department of Transportation National Highway Traffic Safety Administration (NHTSA) Uniform Pre-Hospital Emergency Medical Services (EMS) Dataset found at www.nemesis.org shall be Kentucky's standard for required data elements.

(2) The board shall not require information that is not contained within the most recent version of the NEMESIS data dictionary found at www.nemesis.org.

(3) The required data set shall be known as the Kentucky Emergency Medical Services Information System (KEMSIS) project.

Section 5. Compliance; Manner and Rate of Submission. (1) Each licensed service shall submit data electronically upon the full implementation of KEMSIS.

(2) Data shall be provided electronically to KBEMS no later than the fifteenth day of the month following the last day of the prior reporting month. (Example: The day of submission for data collected in January shall be February 15.)

(3) Failure to submit collected data at the rate required by subsection (2) of this section shall subject a service to disciplinary action pursuant to KRS Chapter 311A.

Section 6. Quality of Data Determined by Completeness and Accuracy. (1) The board shall determine a service's compliance with data collection requirements by the quality of data submitted.

(2) The quality of a service's data shall be determined by the completeness and the accuracy of the submitted data.

(3) A service shall submit data that meets both components of compliance.

(4) The board shall determine data completeness by comparing a service's number of submitted records with the number of the service's submitted records that contain fully incomplete or partially incomplete fields.

(5) The accuracy of data shall be determined by comparing the total number of fields in a service's submitted records with the total number of a service's fields completed correctly.

(6) The board shall impose on a service a plan of correction pursuant to KRS 311A.060 and 202 KAR 7:501 if a service's rate of accuracy, completeness, or both falls below ninety (90) percent for three (3) consecutive months.

(7) The eligibility of a service to receive block grant funds pursuant to 202 KAR 7:520 shall be dependent on compliance with the data collection requirements in this administrative regulation.

(8) Failure to comply with a plan of correction shall subject a service to disciplinary action pursuant to KRS 311A.060.

(9) The board staff shall report to the Data Management Committee a determination of incomplete or inaccurate data submission that results in a plan of correction.

Section 7. Run Reports. (1) Each ambulance service shall provide a copy of the completed run report, or its electronic equivalent, to the receiving medical facility prior to departure.

(2) A service that cannot leave a copy of the completed run report, or its electronic equivalent, with the receiving medical facility prior to departure shall leave a continuation of care form that contains at least the following data elements for the patient:

(a) First name;

(b) Last Name;

- (c) Date of birth;
- (d) Complaint;
- (e) Duration of complaint;
- (f) Time units of duration of complaint;
- (g) Provider's primary impression;
- (h) Current medications;
- (i) Medical/surgical history;
- (j) Medication allergies;
- (k) SBP (Systolic Blood Pressure);
- (l) DBP (Diastolic Blood Pressure);
- (m) Heart rate;
- (n) Respiratory rate;
- (o) Date/time medication administered;
- (p) Medication given;
- (q) Condition of patient at destination;
- (r) Unit notified by dispatch date/time;
- (s) EMS agency name; and
- (t) EMS provider name.

(3) If a service provides the receiving hospital or other healthcare facility with a continuation of care form that meets the requirements of subsection (2) of this section, the service shall have twenty-four (24) hours to provide the full patient care report.

(4) The twenty-four (24) hour timeframe for delivery of the full patient care report shall not apply to situations involving mass disaster, mass casualty, or other documented emergency of similar scope.

(5) During the COVID-19 declaration of emergency, receiving destination facility physical signatures on Patient Care Reports are not required as to limit cross contamination of EMS equipment; however, the full name and role of the individual receiving responsibility for the patient shall be documented in the EMS patient care report.

Section 8. Data Use and Confidentiality. (1) Unless otherwise required by law, the board shall not release information of a confidential or private nature or any information protected by

local, state, or federal non-disclosure laws.

(2) The board may release information of a statistical nature that does not reveal or contain personal information.

(3) The board may share information with research, state, and other organizations that have a shared interest in the promotion of EMS or patient care.

(4) Unless otherwise required by law, the board shall not release information for purely commercial uses.

Section 9. Incorporation by Reference. (1) "US Department of Transportation National Highway Traffic Safety Administration (NHTSA) Uniform Pre-Hospital Emergency Medical Services (EMS) Dataset", 2005, www.nemsis.org/theProject/historyofNemsis.html, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Emergency Medical Services, Kentucky Community and Technical College System Office, 300 North Main Street, Versailles, Kentucky 40383, Monday through Friday, 8:30 a.m. to 4:30 p.m. (39 Ky.R. 2092; 40 Ky.R. 30; 281; eff. 8-21-2013; Crt eff. 2-12-2020.)

Approved on: 10.11.2021



Michael Poynter, Executive Director
Kentucky Board of Emergency Medical Services