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## CHAPTER THREE – RULES PERTAINING TO EMERGENCY MEDICAL SERVICES DATA AND INFORMATION COLLECTION AND RECORD KEEPING

Adopted by the Board of Health on April 20, 2022; effective June 14, 2022

### Section 1 – Purpose and Authority for Rules

- 1.1 The authority and requirement for data collection is provided in § 25-3.5-501(1), C.R.S., which states, "Each ambulance service shall prepare and transmit copies of uniform and standardized records, as specified by regulation adopted by the Department, concerning the transportation and treatment of patients in order to evaluate the performance of the emergency medical services system and to plan systematically for improvements in said system at all levels."

Additional authority for data collection and analysis is provided in § 25-3.5-307, C.R.S., requiring data collection and reporting by air ambulance agencies, § 25-3.5-308(1)(e), C.R.S., requiring data collection and reporting by a ground ambulance service, and § 25-3.5-704(2)(h), C.R.S., requiring the establishment of a continuous quality improvement system to evaluate the statewide emergency medical and trauma services system.

- 1.2 This section consists of rules for the collection and reporting of essential data related to the performance, needs, and quality assessment of the statewide emergency medical and trauma services system. These rules focus primarily on the data that ambulance agencies are required to collect and provide to the Department. Rules regarding the collection of data by designated trauma facilities can be found in 6 CCR 1015-4, Chapter 1.

### Section 2 – Definitions

- 2.1 "Agency" or "agencies" - Ambulance service(s) and/or air ambulance service(s).
- 2.2 "Air Ambulance" - A fixed-wing or rotor-wing aircraft that is equipped to provide air transportation and is specifically designed to accommodate the medical needs of individuals who are ill, injured, or otherwise mentally or physically incapacitated and who require in-flight medical supervision.
- 2.3 "Air Ambulance Service"- Any public or private entity that uses an air ambulance to transport patients to a medical facility.
- 2.4 "Ambulance"- Any privately or publicly owned vehicle that meets the requirements of § 25-3.5-103(1.5), C.R.S.
- 2.5 "Ambulance Service"- The furnishing, operating, conducting, maintaining, advertising, or otherwise engaging in or professing to be engaged in the transportation of patients by ambulance. Taken in context, it also means the person so engaged or professing to be so engaged. The person so engaged and the vehicles used for the emergency transportation of persons injured at a mine are excluded from this definition when the personnel utilized in the operation of said vehicles are subject to the mandatory safety standards of the federal mine safety and health administration, or its successor agency.
- 2.6 "Care Outcomes" – For the purposes of this Chapter 3, information related to patient care, combined with the result(s) of that care.
- 2.7 "Department" - The Colorado Department of Public Health and Environment.
- 2.8 "NEMESIS" - National Emergency Medical Services Information System

2.9 "Patient"- Any individual who is sick, injured, or otherwise incapacitated or helpless.

### **Section 3 – Reporting Requirements**

3.1 All agencies licensed in Colorado shall provide the Department with the required data and information as specified in Sections 3.2 and 3.3 below in a form and manner determined by the Department.

3.2 Agencies shall provide organizational profile data in a manner determined by the Department.

3.2.1 Organizational profile data shall include but not be limited to information about licensing, service types and level, agency contact information, agency director and medical director contact information, demographics of the service area, number and types of responding personnel, number of calls by response type, counties served, organizational type, and number and type of vehicles.

3.2.2 Agencies shall update organizational profile data whenever changes occur and at least annually.

3.3 The required data and information on patient care shall be based on the NEMSIS EMS Data Standard published on November 30, 2019, referenced below.

3.3.1 The National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services, NEMSIS Data Dictionary NHTSA Version 3.5.0, EMS Data Standard, published on November 30, 2019 (NEMSIS 3.5.0) is hereby incorporated by reference into this rule. Such incorporation does not include later amendments to or editions of the referenced material. The Health Facilities and Emergency Medical Services Division of the Department maintains a copy of the complete text of required data elements for public inspection at [https://drive.google.com/file/d/1yjKW192TyL7w\\_RLRhVE\\_0PTUYtcgLzPz/view](https://drive.google.com/file/d/1yjKW192TyL7w_RLRhVE_0PTUYtcgLzPz/view). Certified copies of the incorporated materials may be obtained from the Division by contacting:

EMTS Branch Chief  
Health Facilities and EMS Division  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

3.3.2 No later than January 1, 2023, agencies shall submit patient care data to the Department as defined by NEMSIS 3.5.0.

A) All elements that are identified as National Mandatory, National Required, State Recommended, and State Optional by NEMSIS 3.5.0 shall be reported to the Department.

3.3.3 Submission of NEMSIS 3.5.0 data as stated above in Section 3.3.2 is required. However, ambulance services may provide additional data as outlined in the complete NEMSIS 3.5.0 Data Dictionary or as suggested by the Department.

3.3.4 All agencies licensed in Colorado shall report the required data elements, as stated in Section 3.3.2, on all responses that resulted in patient contact. Although not required, agencies may also report the required data elements on responses that did not result in patient contact or transport.

- 3.3.5 Agencies unable to transmit or submit data in a form and manner determined by the Department shall obtain written approval from the Department prior to submitting patient care data and information in any other format.
- 3.3.6 Agencies shall provide the data to the Department within 48 hours from the time the unit went back in service.
- 3.4 The Department will monitor and enforce compliance regarding submission of organizational profile information as described in Section 3.2, and regular submission of patient care information as described in Sections 3.3.2 and 3.3.6, including, but not limited to, the below.
  - 3.4.1 In order to be eligible to apply for funding through the EMTS grants program, agencies shall provide organizational profile information as described in Section 3.2 and regularly submit patient care information as described in Sections 3.3.2 and 3.3.6.
  - 3.4.2 In order to be eligible to apply for scope of practice waivers, pursuant to 6 CCR 1015-3, Chapter Two, agencies shall provide organizational profile information as described in Section 3.2 and regularly submit patient care information as described in Sections 3.3.2 and 3.3.6.
  - 3.4.3 If an agency fails to comply with these rules, the Department may report this lack of compliance to any counties in which the agency is licensed.
  - 3.4.4 The Department may establish policies and procedures to implement parts 3.4.1 through 3.4.3, above.

**Section 4 – Confidentiality of Data and Information on Patient Care**

- 4.1 The data and information provided to the Department in accordance with Section 3.3 of these rules shall be used to conduct continuing quality improvement of the Emergency Medical and Trauma System, pursuant to § 25-3.5-704 (2)(h)(I), C.R.S. Any data provided to the Department that identifies an individual or an individual patient's, provider's, or facility's care outcomes shall be strictly confidential, whether such data are recorded on paper or electronically. The confidentiality protections provided in § 25-3.5-704 (2)(h)(II), C.R.S. apply to these data.
- 4.2 The Department may establish procedures to allow agencies, institutions, or individuals to obtain information from the EMS data system.
  - A) The Department shall not release patient care data from the EMS data system that could be reasonably expected to identify individual patients, or care outcomes that, when combined with other data, identifies an individual, provider, agency, or facility, except as provided in Section 4.3.
  - B) The Department procedures shall address circumstances under which the Department may deny a request for data.
- 4.3 An agency may retrieve the patient care data that the agency has transmitted to the Department or submitted via the Department's web-based data entry utility.