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To: EMS Medical Directors
EMS System Coordinators
EMS Providers on Existing IDPH Approved Plans of Corrections
July 23, 2019

From: Leslee Stein-Spencer R.N., M.S. *ks*
Acting Division Chief of EMS and Highway Safety

Subject: Follow-up Memo Regarding Compliance with State Prehospital Patient Care Reporting Requirements

On July 17, 2019, IDPH's Division of EMS and Highway Safety held an informal discussion in which various EMS participants, from both public and private providers, shared input and perspectives on compliance regarding data submission. The purpose of the meeting was to better understand data submission issues and barriers to compliance for both NEMSIS Version 2 and Version 3 ePCR. More specifically, to understand the providers' perspective with respect to submission of EMS Data. As a reminder, under 77 Ill Adm. Code 515.350(c), data from a given month must be submitted by the 15th of the following month, at the latest.

From this discussion, it appeared that some additional information and clarification might be helpful:

- IDPH is still accepting Version 2 NEMSIS data, so long as Version 2 data relates to a run occurring prior to 1 January 2020. Therefore, providers with historical NEMSIS Version 2 data do not need to convert Version 2 data to Version 3 before submitting.
- Section 515.350(a) requires that "A patient care run report shall be completed by each Illinois-licensed transport vehicle provider for every: (i) inter-hospital transport; and (ii) every pre-hospital emergency response, regardless of the outcome of the call". Under 515.350(c), such reports must be submitted to the EMS system or if the system is unable to accept the report, to IDPH. However, this rule does not require the electronic submission of data for non-emergent inter-facility transports.
- IDPH believes that the submission of all the emergent data, going back to 1 January 2016, as referenced above, is essential for the following reasons: spot trends, identify needs for additional drugs and equipment, detect patient care gaps, and support for continuing medical education programs. Looking at past and current data and patient complaints gives the Department, the System, and EMS providers important information that can help guide new programs such as Mobile Integrated Health Care, Mobile Stroke Ambulances, and other innovations. Without quality data, it is not possible to recognize changes, problems and/or emerging patient care issues.
- Under 77 Ill Adm Code 515.150(b), a provider may request a waiver for the submission of data. However, this rule requires that the applicant demonstrate/provide all of the following: (i) an

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explanation of why the applicant believes that compliance is a “unique hardship”; (ii) the reasons for past non-compliance; (iii) a detailed plan for achieving compliance, which must include a specific timetable; (iv) the period of time for which the waiver is sought; and (v) the applicant’s EMS System Medical Director shall state, in writing whether he/she recommends or opposes the waiver and how the waiver will not reduce the quality of care. In addition, to facilitate consideration of such an application, the Department recommends that providers also detail the number of EMS runs by year, that have not previously been submitted.

- Waivers under 515.150 are temporary in nature. IDPH does not possess the authority to “permanently” waive any requirement of the EMS Act or EMS Code.
- IDPH understands that some 2016-2018 data may be incomplete. IDPH’s Data Manager is prepared to work with providers to identify which submission criteria may potentially be relaxed, so long as quality is not compromised.
- It is important to understand IDPH does not want “bad” data nor data that is inaccurate. However, incomplete data may potentially be acceptable for 2016-2018.

Each EMS provider who has previously submitted a plan of correction for data submission for years 2016-2018 should review the above points. If such a provider has no changes to the initial plan that was previously submitted and approved by IDPH, then it should continue with what has been previously approved by IDPH. For those EMS providers that feel that the submission is still a unique hardship, then they should submit a new written and detailed waiver request under Section 515.150. It is recommended that all waiver requests include a description, by year, of the numbers of eligible EMS records that have not previously been submitted and a reasonable timeframe that is needed to become compliant.

All waiver requests should be submitted via email at leslee.stein-spencer@illinois.gov preferably by August 20, 2019. All technical questions should go to either Dan Lee at daniel.lee@illinois.gov or Adrienne Lefevre at adrienne.lefevre@illinois.gov.

In addition, as a reminder, every EMS provider agency must regularly review applicable sections of the EMS Act (210 ILCS 50) and the EMS Administrative Code (77 Ill Adm. Code 515), as well as the Provider’s local EMS System Program Plan. Regular review is necessary to ensure ongoing provider awareness and compliance. While the Department may post various communications on specific topics from time to time, such communications should be considered a supplement to and not a replacement for regularly reviewing applicable provisions of the EMS Act, EMS Code and the System Program Plan. Providers are responsible for knowing and complying with all applicable requirements. The following is a link to our Web site for the pre-hospital data program: <http://www.dph.illinois.gov/topics-services/emergency-preparedness-response/ems/preHospData>.

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