

DRAFT

Washington State Department of Health

Washington Emergency Medical Services Information System (WEMISIS)

Temporary Guideline for Reporting of Canceled EMS Activations

December 2024

This guidance is temporary as discussions and research into the data needs and reporting capacity of EMS services continue.

Background

[RCW 70.168.090](#) authorizes the department to adopt rules requiring licensed ambulance and aid services to report and furnish patient encounter data to the electronic emergency medical services data system.

[WAC 246-976-455](#) lists data reporting requirements for licensed ambulance and aid services including required fields and record inclusion criteria.

“Inclusion criteria: Ambulance and aid services must submit electronic patient care reports for all activations to which they are dispatched. Criteria includes 911 and interfacility activations where treatment or transport occurred, patient refusal of treatment or transport, and canceled activations. All activations which cross Washington borders and involve a Washington licensed ambulance or aid service must be included if the service is dispatched to a location in Washington state or if a patient is transported to a facility in Washington state.”

The required inclusion criteria include canceled activations to which a licensed ambulance or aid service is dispatched. This guideline will provide additional details regarding the circumstances in which a canceled activation is reportable to WEMISIS.

Definitions

As defined in [WAC 246-976-010](#):

- "Ambulance" or "aid service activation" means the dispatch or other initiation of a response by an ambulance or aid service to provide prehospital care or interfacility ambulance transport.
- "Dispatch" means to identify and direct an emergency response unit to an incident location.

As defined by WEMSIS:

- "Canceled activation" means an ambulance or aid service activation which is canceled prior to EMS providers contacting a potential patient.
- "Canceled enroute" means an ambulance or aid service activation which is canceled prior to EMS providers arriving on the scene of an incident.
- "Canceled on-scene" means an ambulance or aid service activation which is canceled after EMS providers arrive on the scene but prior to patient contact.
- "On-scene" means the activated unit or personnel have arrived at the address or physical location of the incident and notified the dispatching entity of their arrival.
- "Unit" means one or more personnel or equipment intended for the purpose of responding to a recognized or potential emergency.

Guidance:

Beginning January 1, 2025, the following guidance applies to the reporting of canceled activations.

An ambulance or aid service is required to report a canceled activation to WEMSIS when:

- 1) The activation is canceled on-scene where a patient is found; or
- 2) The activation is canceled on-scene where a potential patient is found and determined by the provider not to be a patient; or
- 3) The activation is canceled on-scene where a patient is found but the primary responding agency has determined no support is needed

An ambulance or aid service is not required to report a canceled activation to WEMSIS when:

- 1) The activation is canceled enroute to the scene; or
- 2) The activation is canceled prior to departure to the scene; or
- 3) The activation is canceled on-scene where no patient is found

Rationale:

Decision not to collect records for all canceled activations:

Discussion with EMS services and other involved partners of the EMS system including Medical Program Directors identified costs and benefits to requiring EMS services to report all canceled calls (canceled on-scene and prior to scene).

The primary benefit in collecting all canceled calls is the ability of local and state offices to assess the utilization and availability of EMS services and where canceled calls may impact access to EMS services.

The primary costs for collecting all canceled calls are

- 1) additional data reporting burden for EMS providers
- 2) additional fees charged to EMS services by electronic Patient Care Record (ePCR) system vendors who assess fees based on the volume of records.

Additional factors impacting this decision include the availability of canceled call reports in the National Fire Incident Reporting System (NFIRS). The department will seek to acquire this information directly from national and state partners rather than directly from EMS services through WEMSIS.

Decision to continue to require reporting of records for activations canceled on-scene where a patient or potential patient is found:

Discussion with EMS system partners identify significant clinical and quality assurance value in understanding the details surrounding the decision of EMS providers to cancel calls on-scene.

An example of activations where this information may be of value may include those where an EMS provider determines no care is needed after arriving on the scene of an incident and a subsequent negative health outcome is experienced by the potential patient. A review of the incident may reveal critical opportunities for improved assessment protocols or other opportunities to improve prehospital response.

Disclaimer:

This guidance is temporary and subject to change in the future as data needs and/or EMS capacity and capabilities may dictate. Future changes will be made at the discretion of the department and will adhere to the requirements and confines of applicable statutes and administrative codes. Changes will be communicated in advance of taking effect.



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