



Washington Emergency Medical Services Information System (WEMSIS) and Washington Trauma Registry (WTR) Data Sharing Policies and Processes

The following describes the types of data from the Washington Emergency Medical Services Information System (WEMSIS) and the Washington Trauma Registry (WTR) that may be shared by the Washington State Department of Health (DOH) Emergency Care System (ECS) as well as specific data sharing restrictions and the overall data request and sharing process.

For more information contact ECSDataRequests@doh.wa.gov.

Data in WEMSIS and WTR is governed and shared under the authority and limitations of the [Revised Code of Washington \(RCW\) 70.168.090](#) and [Washington Administrative Code \(WAC\) 246-976-420](#) thru - 455. All data sharing decisions and processes are designed to adhere to these statutes and rules.

Data submitted to WEMSIS follow the standard of the National EMS Information System, NEMSIS. For information on what data may be available, see the [NEMSIS Data Dictionary](#). WEMSIS data fields will vary depending on how often they are documented. Any field classified by NEMSIS as “Mandatory” or “Required” will be documented more often, while fields marked “Recommended” or “Optional” will be less complete. See the [WEMSIS Data Quality Report](#) for more information on completeness of select fields.

Data submitted to WTR loosely follows the National Trauma Data Standard (NTDS) with some variation outlined in the WTR data dictionary, which is available upon request to ECSDataRequests@doh.wa.gov.

Per [RCW 70.168.090](#), data elements in both WEMSIS and WTR related to the identification of individual patient's, provider's and facility's care outcomes are considered confidential, and may require a data sharing agreement or approval from the Washington State Institutional Review Board (WSIRB). For information on the WSIRB review process, please visit [Human Research Review Section | DSHS \(wa.gov\)](#).

Unless otherwise specified, all information provided in this document pertains to both WEMSIS and WTR.

What type of data may be released?

1. Aggregate, de-identified data
 - Data that do not contain direct or indirect patient, provider, or facility identifiers may be available upon request for special studies and analysis. Non-zero numbers less than 10 will be suppressed. Data for research or private use may be subject to a fee.
 - Data containing indirectly identifiable fields is also presumed non-disclosable. It may be releasable at the discretion of the DOH, depending on the data being requested.
 - Requests for custom analysis and aggregation by DOH staff will be considered on a case-by-case basis depending on staff availability and priorities. Requests may be denied if resources are not available. Requestors who have been denied due to resources availability may resubmit a request for record-level data to conduct the analysis.

- Emergency Care System Partners: DOH is required by RCW 70.168.090 and WAC 246-976-445 to provide data and analytic support to the Washington Emergency Care System (AKA Washington EMS and Trauma System). As such, members of this system and partner body may receive priority services for WEMSIS and WTR data and analytic support.

The following groups belonging to the Emergency Care System partner body may request and receive aggregate data for the purpose of emergency care system quality assurance, system planning and programmatic needs.

- Regional EMS and Trauma Care Councils
- Regional EMS and Trauma Care Quality Improvement Committees
- EMS and Trauma Steering Committee
- Emergency Care System Technical Advisory Committees
- EMS Medical Program Directors – May receive full WEMSIS records for assigned jurisdiction (WAC 246-976-445(5)(c))

Emergency Care System partners are advised to request aggregate data at least 5 weeks in advance. This timeline may be adjusted depending on current staff availability and request volume. Emergency Care System partners listed above may request data and information through the [DOH Emergency Care System Data Request Form](#). Questions may be emailed to ECSDatarequests@doh.wa.gov. Requests should include the information needed, time it is needed by, and preferred format (presentation or document).

2. Data from an EMS agency or trauma designated hospital that submits data to WEMSIS or WTR requesting its own data
 - EMS agencies and trauma designated hospitals may request data for their agency or facility at no cost.
 - Data will be provided in a timely manner depending on current staff availability.
3. Data for research as defined in RCW 42.48 and RCW 70.02.210
 - WEMSIS and WTR data may be shared for bona fide research activities which are approved or exempted by the [Washington State Institutional Review Board \(WSIRB\)](#). A fee schedule may apply for data provided for research use.
 - Requestors must complete a WSIRB application and provide and Appendix G to DOH (ECSDataRequests@doh.wa.gov) for approval.
 - A WSIRB confidentiality agreement is required for approved projects. A data sharing agreement (DSA) will be required in addition to the confidentiality agreement. Required documentation may vary based on the content of data provided.
 - Each individual data user is required to submit a data use and confidentiality agreement.

What level of data will be provided?

As a general principle, the least possible amount of data will be provided to fulfill the stated purpose in the data request. Per RCW 70.168.090, data containing direct or indirect patient, provider, or facility identifiers related to care outcomes shall be confidential and are not released to government agencies,



healthcare facilities or researchers without WSIRB approval. Data that do not contain direct or indirect identifiers may be released on request.

Stated Purpose: All data requests must include a stated purpose by which DOH representatives may assess the appropriateness and applicability of the data being requested. If a specific purpose is not provided a request will be denied.

Data Element Justification: All data elements/fields/variables requested must include a justification describing the need for the element in relation to the stated purpose of the request.

Data selection criteria: All data requests must include specific selection criteria to determine the specific patient records needed. All criteria must be related to the stated purpose. For example, a request for the purpose of firearms injury surveillance should not include records related to stroke. Where there is not obvious connection between the criteria and stated purpose, the requestor should specify and describe the need for all records defined by the criteria.

DOH staff may not be available to consult on selection criteria. Requestors are encouraged to study the [NEMESIS data dictionary](#) and/or WTR data dictionary and related resources available on the [Emergency Care System data request website](#) to inform their requested selection criteria and data elements.

What uses of the data are allowed?

Uses allowed with conditions:

1. Publish in scientific literature, present at conferences?
You may present or publish the data, adhering to all terms of your DSA, after receiving approval from DOH. Data appearing in publication should be attributed to DOH. Co-authorship may be requested where support is provided in preparing data aggregation, defining selection criteria or providing other substantive support toward research objectives.
2. Conduct research?
Data may only be used for research when WSIRB approval or exemption has been obtained and data use for research has been specifically approved by the DOH.
3. Link with other datasets?
In specific instances, WEMESIS and WTR data may be linked with other datasets, at DOH discretion, and subject to all terms and conditions of agreements, laws, and rules governing data and all linked datasets.
4. Publish in a media outlet?
Data may be requested and used by members of the media for analysis and publishing of findings. Members of the media must meet all data sharing requirements including the provision of a stated purpose and justification of elements.
5. Publish or share aggregate information within a small geography?

Data may be requested for small geographies, such as ZIP codes or cities, provided that the data is not related to care outcomes. Per RCW 70.168.090, data elements related to the identification of individual patient's, provider's and facility's care outcomes shall be confidential.

Any data associated with the care outcomes provided to a patient or by a provider, EMS service or trauma designated hospital are therefore not publicly disclosable, and requestors are prohibited from publishing information that may directly or indirectly identify this information.

Examples of care outcomes include but are not limited to:

- Patient assessment procedures and outcomes
- Patient condition upon release from providers
- EMS response, scene and transport or transfer times

Data users are prohibited from publishing or disclosing care outcomes at a geographic level which may directly or indirectly identify a patient, provider, EMS service or trauma designated hospital. This may include geographies as large as county or region level depending on the number of EMS services or trauma hospitals of a given type in the given geography. For example, a summary of average EMS transport times in a county with only one ambulance service, which provides patient transport, is considered confidential and not publicly disclosable.

Aggregate information pertaining to the general purpose of a dispatch or the nature of the EMS response is not considered a care outcome. Specifically, aggregations derived from the following WEMIS fields may be publicly disclosable at the small geography level, as they do not represent care outcomes or care performance of the patient, provider or EMS service:

[eDispatch.01 - Dispatch Reason](#)

[eSituation.09 – Primary Symptom](#)

[eSituation.10 – Other Associated Symptoms](#)

[eSituation.11 - Provider's Primary Impression](#)

[eSituation.12 - Provider's Secondary Impressions](#)

[eInjury.01 – Cause of Injury](#)

The above guidance does not apply to certain conditions which may be protected under other applicable laws and regulations (e.g. suicide, HIV etc...) Users are responsible for being aware of which laws and regulations may apply and not disclosing such information in a public setting.

All data must adhere to the DOH Small Numbers Guidelines and prevent direct or indirect identification of individuals.

Uses not allowed:

1. Re-disclose data to public health or healthcare practitioners?
You may not re-disclose record level data or aggregate care outcome information that may directly or indirectly identify a patient, provider, EMS service or trauma designated hospital.
2. Attempt to re-identify an individual, provider, or facility?



You may not attempt to re-identify an individual, provider, EMS service or trauma designated hospital.

3. Look up patients in a facility's Electronic Health Record (EHR)?

You may not look up a patient in a facility's Electronic Health Record (EHR) unless permitted under the terms of your DSA and/or Confidentiality Agreement.

4. Regulatory or law enforcement activities?

Per [RCW 70.168.090](#), WEMSIS and WTR data are not intended to be used for regulatory or law enforcement activities and shall not be subject to discovery by subpoena or admissible as evidence. "Patient care quality assurance proceedings, records, and reports developed pursuant to [RCW 70.168.090](#) are confidential, exempt from chapter [42.56 RCW](#), and are not subject to discovery by subpoena or admissible as evidence."

5. Disclose to the public?

WEMSIS and WTR data are exempt from public disclosure. Aggregate data which contains no direct or indirect identifiers or small numbers according to the terms of your DSA may be released publicly. For additional restrictions regarding small geographies, see "Publish or share aggregate information within a small geography?" above.

Adhere to DOH [Guidelines for Working With Small Numbers](#).

Any public information request for WEMSIS or WTR data should be directed to DOH.

6. Commercial (for-profit) activities?

WEMSIS and WTR data are not intended for commercial or for-profit use and may not be used for such activities.

Commercial use includes but is not limited to:

- Professional consultation services
- Medical or healthcare related sales research
- Hospital, EMS service or healthcare representative for the purpose of market research

Commercial use does not include*:

- Determination of need for increased or decreased EMS, Trauma, Stroke or Cardiac resources within the Emergency Care System.
- Hospital or EMS service seeking data for quality improvement purposes.
- Contracted evaluation, assessment or analytic services provided to a hospital, public health entity, EMS service or other non-commercial data user.

*Not a comprehensive list – subject to DOH staff determination.

How do I request data?

You may request data using the [data request form](#) found on the [Emergency Care System data request website](#). Estimated timelines for data request review and fulfillment may be found on



the data request website and are updated regularly based on current request volume and staff availability.

It is recommended that you initiate a data request with DOH prior to beginning an application with the Washington State Internal Review Board (WSIRB).

If a requestor is unresponsive to DOH staff regarding their request for a period greater than four weeks the request may expire. If a request is expired, a requestor must submit a new request to continue.

What is the request review and agreement process?

Non-Research Requests (Not requiring a Data Sharing Agreement (DSA)):

- 1) Submit request to DOH
- 2) ECS Staff review request
- 3) Clarifying questions sent back to requestor if necessary
- 4) Request approved or denied
- 5) If approved: Request summarized, and completion date assigned based on resource availability
- 6) If denied: Requestor may seek record-level data through DSA (see next process)

Non-Research Requests (Requiring a Data Sharing Agreement (DSA)):

- 1) Submit request to DOH
- 2) ECS Staff review request
- 3) Clarifying questions sent back to requestor if necessary
- 4) Draft DSA sent to requestor to review/approve
- 5) Draft DSA sent to DOH Privacy, Data Security and Technical Operations to review
- 6) Draft DSA sent back to requestor for clarifications or change approvals if needed
- 7) Draft DSA sent to DOH contracts office for final approval
- 8) Final DSA sent to requestor for signature
- 9) Data request fulfilled as specified in DSA

Research Requests:

- 1) Submit request to DOH
- 2) ECS Staff review request
- 3) Clarifying questions sent back to requestor if necessary
- 4) Preliminary approval to continue to WSIRB
- 5) Requestor begins WSIRB application
- 6) Requestor sends DOH WSIRB Application Appendix G for approval
- 7) DOH requests changes to appendix G if needed
- 8) ECS data steward approves appendix G and returns to WSIRB (cc requestor)
- 9) Requestor completes WSIRB application and receives approval or exemption from WSIRB (timeline dependent on WSIRB)
- 10) Confidentiality agreement signed by DOH data owner
- 11) Draft DSA sent to requestor to review/approve
- 12) Draft DSA sent to DOH Privacy, Data Security and Technical Operations to review
- 13) Draft DSA sent back to requestor for clarifications or change approvals if needed
- 14) Draft DSA sent to DOH contracts office for final approval
- 15) Final DSA sent to requestor for signature
- 16) Data request fulfilled as specified in DSA and Confidentiality Agreement

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.