Ending EMS Run Affidavit (Policy 2014-B)

Background  Texas Administrative Codes require the submission of pre-hospital and hospital data to the Texas EMS/Trauma Registry for purposes of studying and enhancing the Texas medical care delivery system. In the past, there have been issues with the old trauma registry data collection system during which time DSHS accepted run affidavits from EMS Providers. However, over the last 3 ½ years the Texas EMS/Trauma Registry has been replaced and will be fully operational for a year in July 2014. With the advancements made to the registry system, the need for affidavits to validate submissions of EMS Provider run data is coming to the end.

Rule Reference  
Chapter 773, §773.112(c) and §773.113(a) (3), requires the department to establish and maintain a trauma reporting and analysis system. The reporting rules are found at 25TAC, §103.1 -- §103.8

Policy  
Due to the increasing reliability of the Texas EMS/Trauma Registry for receiving run data from EMS Providers, the need for affidavits from EMS Providers will end.

Beginning January 1, 2016, EMS run affidavits will no longer be accepted from EMS Providers for validating that the service is providing data to the Texas EMS/Trauma Registry as required at Texas Administrative Code, Chapter 103, §103.5 This rule was adopted on December 16, 2007.

General Information regarding this requirement:
  1.) All data should be transmitted at least quarterly; monthly electronic data submission is preferred.
  2.) EMS providers shall submit data to the Registry within three months of the date of call for assistance.
  3.) EMS providers must complete and submit a No Reportable Data (NRD) Form to the Registry within ninety (90) days of any given month with no runs.
  4.) All runs, as defined in the Texas EMS/Trauma Registry EMS Data Dictionary, must be submitted electronically to the department’s online EMS/Trauma Registry System.

If an EMS Provider does not provide data or fails to provide the data to the Registry in the required timeframes which are established in rules, this will impact future funding opportunities for the EMS Provider and DSHS may impose an adverse disciplinary action against a provider’s license.

Joseph W. Schmider  
Joseph W. Schmider, Director  
Texas Emergency Medical Services  
Office of EMS/Trauma System Coordination

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