

**Demographic Data Set  
d-demographic 10/5/2015**

Dataset Section Name & Element Number	ElementName	2015 DPSAC v3 - Final Demographic Selection:	V2 Number	National	State	Data Usage*	Comment
dState.01	State Required Element	No				Optional	
dAgency.01	EMS Agency Unique State ID	Yes		National	State	Mandatory	For MN dAgency.01 and dAgency.02 will be the same state EMS agency license number.
dAgency.02	EMS Agency Number	Yes	D01_01	National	State	Mandatory	For MN dAgency.01 and dAgency.02 will be the same state EMS agency license number.
dAgency.03	EMS Agency Name	No	D01_02		State	Recommended	This will be populated in the dem dataset from license number.
dAgency.04	EMS Agency State	Yes	D01_03	National	State	Mandatory	This will be MN = 27.
dAgency.05	EMS Agency Service Area States	Yes		National	State	Mandatory	This will be MN = 27.
dAgency.06	EMS Agency Service Area County(ies)	Yes	D01_04	National	State	Mandatory	This will be the counties in MN the EMS agency serves. At minimum one county will be documented.
dAgency.07	EMS Agency Census Tracts	No		National	State	Required	
dAgency.08	EMS Agency Service Area ZIP Codes	No		National	State	Required	
dAgency.09	Primary Type of Service	Yes	D01_05	National	State	Mandatory	
dAgency.10	Other Types of Service	No	D01_06		State	Recommended	
dAgency.11	Level of Service	Yes	D01_07	National	State	Mandatory	Examples of proper documentation include 1) BLS service will document 2009EMT; 2) Part-time ALS service: because Paramedic may not be able to respond to every request for service document 2009 EMT.
dAgency.12	Organization Status	Yes	D01_09	National	State	Mandatory	
dAgency.13	Organizational Type	Yes	D01_08	National	State	Mandatory	
dAgency.14	EMS Agency Organizational Tax Status	Yes		National	State	Mandatory	This information can be populated from the EMSRB licensure system.
dAgency.15	Statistical Calendar Year	Yes	D01_10	National	State	Mandatory	The Statistical Year information will be generated annually for the previous calendar year and submitted to the NEMSIS TAC
dAgency.16	Total Primary Service Area Size	Yes	D01_12	National	State	Required	Statistical Year information submitted annual with the appropriate calendar year.
dAgency.17	Total Service Area Population	Yes	D01_13	National	State	Required	Statistical Year information submitted annual with the appropriate calendar year.
dAgency.18	911 EMS Call Center Volume per Year	Yes	D01_14	National	State	Required	Statistical Year information submitted annual with the appropriate calendar year.
dAgency.19	EMS Dispatch Volume per Year	Yes	D01_15	National	State	Required	Statistical Year information submitted annual with the appropriate calendar year.
dAgency.20	EMS Patient Transport Volume per Year	Yes	D01_16	National	State	Required	Statistical Year information submitted annual with the appropriate calendar year.
dAgency.21	EMS Patient Contact Volume per Year	Yes	D01_17	National	State	Required	Statistical Year information submitted annual with the appropriate calendar year.
dAgency.22	EMS Billable Calls per Year	No	D01_18		State	Recommended	
dAgency.23	EMS Agency Time Zone	No	D01_19			Optional	
dAgency.24	EMS Agency Daylight Savings Time Use	No	D01_20			Optional	
dAgency.25	National Provider Identifier	No	D01_21	National	State	Required	This is an identifier for EMS agencies from CMS for Medicare & Medicaid reimbursement.
dAgency.26	Fire Department ID Number	No		National	State	Required	This only applies to Fire Departments.
dContact.01	Agency Contact Type	No			State	Recommended	
dContact.02	Agency Contact Last Name	No	D02_01		State	Recommended	
dContact.03	Agency Contact First Name	No	D02_03		State	Recommended	
dContact.04	Agency Contact Middle Name/Initial	No	D02_02			Optional	
dContact.05	Agency Contact Address	No	D02_04		State	Recommended	
dContact.06	Agency Contact City	No	D02_05		State	Recommended	
dContact.07	Agency Contact State	No	D02_06		State	Recommended	This will be MN = 27 for most EMS agencies, but will be the identifiers for the border states in other situations (FM, Tri-State, etc).

**\*Data Usage Definitions:**  
**Mandatory** = Must be completed and does not allow for NOT values  
**Required** = Must be completed and allows NOT values  
**Recommended** = Does not need to be completed and allows NOT values  
**Optional** = Does not need to be completed and does not allow for NOT values

Data Usage Demographic Elements:  
**Mandatory:** 16  
**Required:** 6  
**Recommended:** 6  
**Total:** 28

2015 DPSAC v3 Review - Final Demographic Selection:  
**Yes** = Will be included in the EMSRB version 3.4.0 Data Dictionary  
**No** = Will Not be included in the EMSRB version 3.4.0 Data Dictionary  
 • The element will be available for local use and submission

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dContact.08	Agency Contact ZIP Code	No	D02_07		State	Recommended	
dContact.09	Agency Contact Country	No				Optional	
dContact.10	Agency Contact Phone Number	No	D02_08		State	Recommended	
dContact.11	Agency Contact Email Address	No	D02_10		State	Recommended	
dContact.12	EMS Agency Contact Web Address	No	D02_11		State	Recommended	
dContact.13	Agency Medical Director Degree	No			State	Recommended	
dContact.14	Agency Medical Director Board Certification Type	No			State	Recommended	
dContact.15	Medical Director Compensation	No				Optional	
dContact.16	EMS Medical Director Fellowship Trained Status	No				Optional	
dConfiguration.01	<b>State Associated with the Certification/Licensure Levels</b>	<b>Yes</b>		<b>National</b>	State	Mandatory	This will be MN = 27.
dConfiguration.02	<b>State Certification/Licensure Levels</b>	<b>Yes</b>	D04_01	<b>National</b>	State	Mandatory	EMSRB will indicate which certification levels are allowed in the state and make the information available to software companies and EMS agencies.
dConfiguration.03	Procedures Permitted by the State	No		<b>National</b>	State	Required	Not Applicable can be submitted.
dConfiguration.04	Medications Permitted by the State	No		<b>National</b>	State	Required	Not Applicable can be submitted.
dConfiguration.05	Protocols Permitted by the State	No		<b>National</b>	State	Required	Not Applicable can be submitted.
dConfiguration.06	EMS Certification Levels Permitted to Perform Each Procedure	No	D04_05	<b>National</b>	State	Mandatory	To increase data quality an EMS agency should identify which procedures are allowed within it's organization based on certification level.
dConfiguration.07	EMS Agency Procedures	No	D04_04	<b>National</b>	State	Mandatory	To increase data quality an EMS agency should identify which procedures are allowed within it's organization based on certification level. This is a multi-select element.
dConfiguration.08	EMS Certification Levels Permitted to Administer Each Medication	No	D04_07	<b>National</b>	State	Mandatory	To increase data quality an EMS agency should identify which medications are allowed within it's organization based on certification level.
dConfiguration.09	EMS Agency Medications	No	D04_06	<b>National</b>	State	Mandatory	To increase data quality an EMS agency should identify which medications are allowed within it's organization based on certification level. This is a multi-select element.
dConfiguration.10	EMS Agency Protocols	No	D04_08	<b>National</b>	State	Mandatory	Use the v3 list of protocols to identify the EMS Agency protocols (name - not treatment specifics) in practice. This information will also be captured in eProtocols for the care provided to the patient. This is a multi-select element.
dConfiguration.11	EMS Agency Specialty Service Capability	No		<b>National</b>	State	Mandatory	There is a "None" option. This is a multi-select element.
dConfiguration.12	Billing Status	No	D04_10			Optional	
dConfiguration.13	<b>Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area</b>	<b>Yes</b>		<b>National</b>	State	Mandatory	
dConfiguration.14	EMD Vendor	No	D04_17		State	Recommended	
dConfiguration.15	<b>Patient Monitoring Capability(ies)</b>	<b>Yes</b>		<b>National</b>	State	Mandatory	EMS agencies in MN are required to have an AED or cardiac monitor. For BLS agencies document "ECG-Less than 12 Lead (Cardiac Monitor)". This is a multi-select element.
dConfiguration.16	<b>Crew Call Sign</b>	<b>Yes</b>	D04_02	<b>National</b>	State	Mandatory	This is a multi-select element allowing more than one Crew Call Sign to be documented (EMS Unit Call Sign [eResponse.14 - EMS Unit Call Sign]).
dConfiguration.17	Dispatch Center (CAD) Name or ID	No				Optional	
dLocation.01	EMS Location Type	No				Optional	
dLocation.02	EMS Location Name	No	D05_01			Optional	
dLocation.03	EMS Location Number	No	D05_02			Optional	
dLocation.04	EMS Location GPS	No	D05_04			Optional	
dLocation.05	EMS Location US National Grid Coordinates	No				Optional	
dLocation.06	EMS Location Address	No	D05_05			Optional	
dLocation.07	EMS Location City	No	D05_06			Optional	
dLocation.08	EMS Location State	No	D05_07			Optional	
dLocation.09	EMS Station or Location ZIP Code	No	D05_08			Optional	
dLocation.10	EMS Location County	No				Optional	
dLocation.11	EMS Location Country	No				Optional	

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dLocation.12	EMS Location Phone Number	No	D05_09			Optional
dVehicle.01	Unit/Vehicle Number	No	D06_01		State	Recommended
dVehicle.02	Vehicle Identification Number	No				Optional
dVehicle.03	EMS Unit Call Sign	No				Optional
dVehicle.04	Vehicle Type	No	D06_03		State	Recommended
dVehicle.05	Crew State Certification/Licensure Levels	No	D06_04			Optional
dVehicle.06	Number of Each EMS Personnel Level on Normal 911 Ambulance Response	No	D06_05			Optional
dVehicle.07	Number of Each EMS Personnel Level on Normal 911 Response (Non-Transport) Vehicle	No				Optional
dVehicle.08	Number of Each EMS Personnel Level on Normal Medical (Non-911) Transport Ambulance	No				Optional
dVehicle.09	Vehicle Initial Cost	No	D06_06			Optional
dVehicle.10	Vehicle Model Year	No	D06_07		State	Recommended
dVehicle.11	Year Miles/Kilometers Hours Accrued	No	D06_08			Optional
dVehicle.12	Annual Vehicle Hours	No	D06_09			Optional
dVehicle.13	Annual Vehicle Miles/Kilometers	No	D06_10			Optional
dPersonnel.01	<b>EMS Personnel's Last Name</b>	<b>Yes</b>	D08_01		State	Recommended
dPersonnel.02	<b>EMS Personnel's First Name</b>	<b>Yes</b>	D08_03		State	Recommended
dPersonnel.03	<b>EMS Personnel's Middle Name/Initial</b>	<b>Yes</b>	D08_02		State	Recommended
dPersonnel.04	EMS Personnel's Mailing Address	No	D08_04			Optional
dPersonnel.05	EMS Personnel's City of Residence	No	D08_05			Optional
dPersonnel.06	EMS Personnel's State	No	D08_06			Optional
dPersonnel.07	EMS Personnel's ZIP Code	No	D08_07			Optional
dPersonnel.08	EMS Personnel's Country	No				Optional
dPersonnel.09	EMS Personnel's Phone Number	No	D08_08			Optional
dPersonnel.10	EMS Personnel's Email Address	No	D08_10			Optional
dPersonnel.11	EMS Personnel's Date of Birth	No	D08_11		State	Recommended
dPersonnel.12	EMS Personnel's Gender	No	D08_12		State	Recommended
dPersonnel.13	EMS Personnel's Race	No	D08_13		State	Recommended
dPersonnel.14	EMS Personnel's Citizenship	No				Optional
dPersonnel.15	EMS Personnel's Highest Educational Degree	No				Optional
dPersonnel.16	EMS Personnel's Degree Subject/Field of Study	No				Optional
dPersonnel.17	EMS Personnel's Motor Vehicle License Type	No				Optional
dPersonnel.18	EMS Personnel's Immunization Status	No				Optional
dPersonnel.19	EMS Personnel's Immunization Year	No				Optional
dPersonnel.20	EMS Personnel's Foreign Language Ability	No				Optional
dPersonnel.21	EMS Personnel's Agency ID Number	No	D07_01			Optional
dPersonnel.22	<b>EMS Personnel's State of Licensure</b>	<b>Yes</b>			State	Recommended
dPersonnel.23	<b>EMS Personnel's State's Licensure ID Number</b>	<b>Yes</b>	D07_02		State	Recommended
dPersonnel.24	<b>EMS Personnel's State EMS Certification Licensure Level</b>	<b>Yes</b>	D08_15		State	Recommended
dPersonnel.25	EMS Personnel's State EMS Current Certification Date	No	D08_17			Optional
dPersonnel.26	EMS Personnel's Initial State's Licensure Issue Date	No	D08_18			Optional
dPersonnel.27	EMS Personnel's Current State's Licensure Expiration Date	No				Optional
dPersonnel.28	EMS Personnel's National Registry Number	No				Optional
dPersonnel.29	EMS Personnel's National Registry Certification Level	No				Optional
dPersonnel.30	EMS Personnel's Current National Registry Expiration Date	No				Optional
dPersonnel.31	EMS Personnel's Employment Status	No	D07_03		State	Recommended
dPersonnel.32	EMS Personnel's Employment Status Date	No	D07_04		State	Recommended
dPersonnel.33	EMS Personnel's Hire Date	No				Optional
dPersonnel.34	EMS Personnel's Primary EMS Job Role	No			State	Recommended
dPersonnel.35	EMS Personnel's Other Job Responsibilities	No			State	Recommended
dPersonnel.36	EMS Personnel's Total Length of Service in Years	No	D08_19			Optional

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dPersonnel.37	EMS Personnel's Date Length of Service Documented	No	D08_20			Optional	
dPersonnel.38	EMS Personnel's Practice Level	No	D07_05			Optional	
dPersonnel.39	Date of Personnel's Certification or Licensure for Agency	No	D07_06			Optional	
dDevice.01	Medical Device Serial Number	No	D09_01			Optional	
dDevice.02	Medical Device Name or ID	No	D09_02			Optional	
dDevice.03	Medical Device Type	No				Optional	
dDevice.04	Medical Device Manufacturer	No	D09_03			Optional	
dDevice.05	Medical Device Model Number	No	D09_04			Optional	
dDevice.06	Medical Device Purchase Date	No	D09_05			Optional	
dFacility.01	Type of Facility	No	D04_15			Optional	These will be populated from version 2 facility information ↓
dFacility.02	Facility Name	No	D04_11			Optional	
dFacility.03	Facility Location Code	No	D04_12			Optional	
dFacility.04	Hospital Designations	No				Optional	
dFacility.05	Facility National Provider Identifier	No				Optional	
dFacility.06	Facility Room, Suite, or Apartment	No				Optional	
dFacility.07	Facility Street Address	No				Optional	These will be populated from version 2 facility information ↓
dFacility.08	Facility City	No				Optional	
dFacility.09	Facility State	No				Optional	
dFacility.10	Facility ZIP Code	No				Optional	
dFacility.11	Facility County	No				Optional	
dFacility.12	Facility Country	No				Optional	
dFacility.13	Facility GPS Location	No				Optional	
dFacility.14	Facility US National Grid Coordinates	No				Optional	
dFacility.15	Facility Phone Number	No				Optional	