

State of Minnesota
Emergency Medical Services Regulatory Board
Executive Committee Meeting Agenda
October 29, 2015

1. Call to Order – 10:00 a.m.

2. Public Comment – 10:05 a.m.

The public comment portion of the Executive Committee meeting is where the public may address the Executive Committee on subjects which are not part of the meeting agenda. Persons wishing to speak must complete the participation form provided at the meeting room door prior to the start of the meeting. Please limit remarks to 3 minutes. The Executive Committee will listen attentively to comments but, in most instances, will not respond at the meeting. Typically, replies to issues or concerns expressed will be made via letter or phone call within a week.

3. Approve Agenda – 10:10 a.m.

4. Approve Minutes – 10:15 a.m.

- Approval Executive Committee Meeting Minutes from August 20, 2015 Attachments
CA 1
- Approval of Board Meeting Minutes to consent agenda from September 11, 2015 CA 2

5. Board Chair Report – 10:20 a.m.

- Welcome Dr. Burnett—Chair of MDSAC/State Medical Director
- Welcome New Board Member

6. Executive Director Report – 10:25 a.m. – Tony Spector

- NASEMSO Update
- Ambulance Vehicle Standards Workgroup Board Metrics Update
- Staff Update
- Agency Update

Attachments
Distributed at Meeting

7. Committee Reports – 11:00 a.m. – Committee Chairs/Staff

- DPSAC Committee Report – Megan Hartigan/Robert Norlen
- Post Transition Education Standards Workgroup – Mary Zappetillo
- Legislative Workgroup Report – Kevin Miller

Attachments
D 1 & D 2

8. New Business – 11:30 a.m.

9. Adjourn – 11:35 a.m.

Next Executive Committee Meeting: Thursday, December 17, 2015, at 10:00 a.m.

Attachment Key:

BC = Board Chair

CA = Consent Agenda

ED = Executive Director

D = DPSAC Handout

If you plan to attend the meeting and need accommodations for a disability, please contact Melody Nagy at (651) 201-2802. In accordance with the Minnesota Open Meeting Law and the Internal Operating Procedures of the Emergency Medical Services Regulatory Board, this agenda is posted at: <http://www.emsrb.state.mn.us>

**Emergency Medical Services Regulatory Board
Executive Committee (EC)**

**Thursday, August 20, 2015, 10:00 a.m. – 12:00 p.m.
Conference Room A, 4th Floor**

CA 1

Draft Minutes

Attendance: J.B. Guiton, Board Chair; Megan Hartigan, Secretary/Treasurer; Jeffrey Ho, M.D, At-Large Board Member; Kevin Miller, Vice Chair; Matt Simpson, CRP Chair; Tony Spector, Executive Director; Robert Norlen, Field Services Supervisor; Chris Popp, Compliance Supervisor; Melody Nagy, Office Coordinator; Greg Schaefer, Assistant Attorney General; Juli Vangsness, Director, Administrative Services Unit.

1. Call to Order – J.B. Guiton, Board Chair – 10:00 a.m.
Mr. Guiton called the meeting to order at 10:09 a.m.

2. Approve Agenda – J.B. Guiton

Dr. Ho moved to approve the agenda for the August 20, 2015 Executive Committee meeting. Ms. Hartigan seconded. Motion carried.

3. Approval of Executive Committee Meeting Minutes

Mr. Miller moved to approve the Executive Committee meeting minutes for June 18, 2015. Ms. Hartigan seconded. Motion carried.

**Approval to Move July 16, 2015 Draft Board Minutes to September 11, 2015, Board Meeting
Consent Agenda**

Mr. Simpson moved to move the July 16, 2015 draft Board minutes to consent agenda for the September 11, 2015 Board meeting. Mr. Miller seconded. Motion carried.

Budget Presentation

Mr. Spector asked Juli Vangsness, Director of the Administrative Services Unit to come to the meeting and provide an overview of the EMSRB budget. Ms. Vangsness provided a handout and a brief explanation of the EMSRB budget that included a summary review of the 2014 – 2015 budget biennium that concluded on June 30, 2015, as well as a summary introduction of the 2016 – 2017 biennium that began on July 1, 2015. Ms. Vangsness explained that there will be unanticipated expense increases for MTiT services that were not contemplated when the budget had been set. There also will be increases to payroll and employee benefit expenses because the budget was set before contract negotiations with bargaining units had concluded. Mr. Guiton thanked Ms. Vangsness for her work for the Board.

4. Public Comment – J.B. Guiton

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None.

5. Board Chair Report – J.B. Guiton

• Data Policy Standing Advisory Committee (“DPSAC”) Update on August 10th Meeting

Ms. Hartigan said the committee met and presentations were provided by Karen Jacobson of NEMSIS and Joe Graw and Chris Patera of ImageTrend.

• DPSAC Recommendations for Filling Current Committee Vacancies

Mr. Norlen said that a person representing public health is interested in serving on DPSAC. In addition, DPSAC is seeking a recommendation from the Minnesota Ambulance Association for the second vacant committee position and is hoping for this position to be filled by a person from greater Minnesota.

Mr. Guiton asked if we will have a report to the Board in January. Ms. Hartigan said that some deadlines have changed. Mr. Norlen said that NEMSIS has deadlines for the timeframe when they are stopping collecting data in the old version and moving to the new version. Mr. Norlen said that the committee will bring recommendations to the Board for the move to the newest version.

6. Executive Director Report – Tony Spector

Mr. Spector said he is finished with his EMT class and needs to take his National Registry written exam. Then he will have his EMT certification.

• Community Paramedic Education Program Approval

Mr. Spector said that he was asked by a member of the public why there is a moratorium on Community Paramedic Education Programs. This moratorium was the result of a previous Board decision made in March 2014, and although a workgroup was to be established to make recommendations to the Board at its September 2014 meeting, no such workgroup ever was established.

Mr. Guiton said this issue should be re-opened. He suggested the Medical Direction Standing Advisory Committee (MDSAC) should discuss this topic.

Ms. Hartigan referred members to the <http://communityparamedic.org/> website that provides information on Community Paramedic Program accreditation.

Mr. Schaefer said that the program must be Board approved. Mr. Norlen said that staff developed a program review process that included a site visit and program standards.

Mr. Guiton said that the interested entity should apply and then this would come before the Board for a decision.

Mr. Miller said that the Board will also need to address the Community EMT. There was further discussion about utilizing the process for Community Paramedic to frame the conversation for Community EMT.

7. New Executive Committee Business – J.B. Guiton

Change to Board Internal Operating Procedures

Mr. Guiton suggested the chair of the MDSAC should be included in the membership of the Executive Committee. He asked that this be added to the September Board meeting agenda.

Mr. Guiton said that we had Board members appearing by telephone at previous Board meetings. Mr. Spector said we should review the relevant statutes and discuss with Attorney General’s office whether such appearances are authorized by statute. Mr. Guiton said this will be discussed again by the Board.

8. Adjourn – J.B. Guiton – 12:00 p.m.

Dr. Ho moved adjourn. Mr. Simpson seconded. Motion carried. Meeting adjourned at 12:08 p.m.

Next Executive Committee Meeting: October 29, 2015, 10 a.m.

Meeting Minutes

CA 2

Emergency Medical Services Regulatory Board

Friday, September 11, 2015, 9:00 a.m. – 11:00 a.m.

Arrowwood Resort, Alexandria, Minnesota

Attendance: J.B. Guiton, Board Chair; Rep. Jeff Backer; Aaron Burnett, M.D.; Lisa Consie; Patrick Coyne; Megan Hartigan; Jeffrey Ho, M.D.; Paula Fink-Kocken, M.D.; Kevin Miller; John Pate, M.D.; Matt Simpson; Tony Spector, Executive Director; Pat Lee, EMS Specialist; Melody Nagy, Office Coordinator; Robert Norlen, Field Services Supervisor; Rose Olson, Licensing Administrator; Chris Popp, Compliance Supervisor; Mary Zappetillo, EMS Specialist; Greg Schaefer, Assistant Attorney General.

Absent: Steve DuChien, Mark Dunaski; Scott Hable, Michael Jordan; Mark Schoenbaum; Jill Ryan Schultz; Senator Kathy Sheran

1. Call to Order – (9:00 a.m.) – J.B. Guiton, Board Chair

Mr. Guiton called the meeting to order at 9:04 a.m. and asked for introductions from members and guests.

2. Public Comment

Dr. Wilcox provided information to the Board regarding the requirements for becoming a Community Paramedic. Mr. Guiton thanked Dr. Wilcox for being a pioneer in the development and implementation of the Community Paramedic Program.

3. Review and Approve Board Meeting Agenda

Motion: Rep. Backer moved to approve the agenda for the September 11, 2015 Board meeting. Dr. Fink-Kocken seconded. Motion carried.

4. Consent Agenda – J.B. Guiton

All items listed under the consent agenda are considered to be routine by the EMSRB and will be enacted by one motion and an affirmative vote by a majority of the members present. There will be no separate discussion of these items unless a Board member requests to remove an item from the consent agenda and then the item will be considered a separate subject of discussion.

Approve Board Minutes: July 16, 2015

Motion: Mr. Miller moved to approve the Consent Agenda for the September 11, 2015 Board meeting. Dr. Burnett seconded. Motion carried.

5. Board Chair Report – J.B. Guiton

Mr. Guiton asked for a moment of silence in remembrance of September 11 tragedy and also to honor the memory the St. Paul fire fighter Shane Clifton who died in the line of duty on August 31, 2015.

Employee Recognition

Mr. Guiton asked Robert Norlen to come to the front of the room to be recognized with a plaque for his leadership as the Interim Executive Director. Mr. Guiton announced that it was Robert's birthday and the group sang Happy Birthday and he was presented with a ceremonial EMSRB cupcake.

Data Policy Standing Advisory Committee List of Positions

Ms. Hartigan said the committee is resurrected and has been meeting. One of the recommendations was to change the membership to have six members from ambulance services and to include Minnesota Ambulance Association (MAA) representation. We would like to appoint the persons listed on the agenda to DPSAC.

Motion: Rep. Backer moved to appoint Kristin Mellstrom; Mark Jones; Dan Stensrud; and Manu Madhok, M.D. to the DPSAC. Dr. Burnett seconded. Motion carried.

Federal Specifications – KKK-A-1822 F Star of Life Ambulance (change notice 8)

Mr. Guiton said there are questions on these guidelines. (handout provided.) Mr. Guiton asked about the rules for how stretchers are placed in ambulances. Mr. Norlen responded that the current requirements are found in Minnesota Rule 4690.1500. The EMSRB does not have authority to regulate those standards.

Mr. Guiton said that every ambulance service in Minnesota needs to make patient safety a top priority. Mr. Guiton suggested a workgroup to review these standards and asked that those who are interested in participating on this work group to please let him or Tony Spector know. The workgroup will be appointed at the November Board meeting. Mr. Miller said that there are other bodies that set standards for ambulance manufacture. This issue needs further discussion.

Change to Internal Operating Procedures

Mr. Guiton said he would like the chair of the Medical Direction Standing Advisory Committee to be a member of the Executive Committee. This will require a change to the Board's Internal Operating Procedures and a vote of the Board.

Motion: Dr. Pate moved to revise EMSRB Internal Operating Procedures by adding the position of the chair of the Medical Direction Standing Advisory Committee to the composition of the Executive Committee. Dr. Ho seconded. Motion carried.

Legislative Chair Report

Mr. Miller said he has had discussions with Board members interested in being part of the Legislative Committee. He wants to set a meeting schedule. If anyone else is interested please let the Executive Director know of your interest.

6. Executive Director Report – Tony Spector

Agency Budget Update

Mr. Spector provided information about the EMSRB budget and asked those who have questions to please let him know. The EMSRB received a 1.8 % increase which includes salary increases but the union salary increases were negotiated to be 2.5%. MN.IT has informed the boards they are changing their billing significantly. Our budget is set so we will need to adjust somewhere. The EMSRB may need to ask for a supplemental budget increase.

Mr. Spector said that in response to the Board mandate to transition to NEMESIS 3.0 in January 2016, EMSRB staff have had discussion with our MNSTAR vendor on the costs as to how this change would occur. The costs associated with purchasing servers and software and hosting internally through MN.IT would be \$59,000.00 If EMSRB is to use the current vendor they would charge \$1,800.00 a month and a \$5,000.00 transition fee. We will look at our options for these changes. Our MNSTAR data is hosted offsite for \$600.00 a month. The previous Executive Director sought a budget increase, but we did not receive any funds.

Board Metrics

Mr. Spector provided the quarterly board metrics.

Executive Director Update

Mr. Spector said that as a health regulatory agency staff investigate and act on reports to protect the public health and safety. He complimented Assistant Attorney General Greg Schaefer's work for the CRP.

Mr. Spector said he met with Administrative Services Unit staff to discuss budget and other issues. The EMSRB has reduced staffing and we are considering what is needed for staffing.

Mr. Spector said this is a policy session for legislation and a short session. We want to make changes to make things better for the citizens of Minnesota. We want to work with stakeholders; we do not have to have conflicts but may have different goals.

Mr. Spector said that a new Board member was appointed by the Governor; Lisa Brodsky of Scott County Public Health. She could not attend the meeting today due to the lateness of the appointment (i.e., September 7, 2015) and the date of this board meeting and her prior engagements.

7. Committee Reports – Committee Chairs:

Data Policy Standing Advisory Committee – Ms. Hartigan

Ms. Hartigan said the Committee has met three times. She thanked the returning members and staff for their work. The committee will be making recommendations on a timeline for the transition. The current deadline is January 2016. We will have a report for the November Board meeting.

Mr. Norlen said that staff has a documented process in place for regulation of submission requirements. This will be reviewed again for updates/recommendations to the Board.

Mr. Miller said that he wanted to have a discussion of the fiscal impact to ambulance services for this transition. There will be additional costs for employee education.

Mr. Guiton asked about the timeline for implementation in January 2016. Ms. Hartigan said this ties to the national standards. The 2.21 version will end in 2018. We need time for these changes to be implemented.

Complaint Review Panel – Mr. Simpson

Mr. Simpson said this is a significant involvement of Board member time. He provided the statistics on cases reviewed and acted upon by the Committee.

Mr. Spector said our focus is protecting the public's health and safety and we are sensitive that our decisions are affecting people's (i.e., those we certify) livelihood.

Medical Direction Standing Advisory Committee – Dr. Burnett

Dr. Burnett said that MDSAC met yesterday. Three motions were passed for Board consideration. We are asking the EMSRB Legislative Committee to consider changes to 144E.103.

Dr. Pate moved to accept the recommendation as follows:

If published peer review literature in a reputable medical journal relating to the storage and maintenance of equipment and drugs conflicts with the manufactures recommendations a service medical director may choose to store and maintain the equipment or drug according to the information/data provided in the peer review journal.

Ms. Hartigan seconded the motion. Discussion followed. Motion carried.

Dr. Fink Kocken moved to accept the recommendation as follows:

The EMSRB allow institutions of higher learning to use the most current version of the International Roundtable on Community Paramedic Curriculum.

Dr. Pate seconded the motion. Discussion followed. Motion carried.

Dr. Ho moved to accept the recommendation as follows:

The Legislative Committee investigates changes to Minnesota Statute 253B subdivision 9 definition of health officer to include paramedics and online medical control.

Rep. Backer seconded the motion. Discussion followed. Motion carried.

8. New Board Business – J.B. Guiton

None.

Mr. Guiton announced that the Board will now go into closed session.

9. Closed Session*– J.B. Guiton

*Closed per Minnesota Statutes 144E.28, subdivision 5 and Minnesota Statute 13D.05, Subdivision 2(b) (*Complaint Reviews*) or Minnesota Statutes 13D.05, Subd. 3(2) (*Personnel Matters*)

Disciplinary actions were discussed and voted on by Board members.

Re-Open Meeting – J.B. Guiton

Mr. Guiton reopened the meeting.

10. Adjourn – (11:00 a.m.) – J.B. Guiton

Motion: Mr. Coyne moved to adjourn. Ms. Consie seconded. Motion carried.

Meeting adjourned 10:55 a.m.

Next Board Meeting: Thursday, November 19, 2015, 10:00 a.m.; Minneapolis, MN

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			National	State	Required	
dAgency.08	EMS Agency Service Area ZIP Codes			National	State	Required	
dAgency.09	Primary Type of Service	Yes	D01_05	National	State	Mandatory	
dAgency.10	Other Types of Service		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 NEMIS 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).
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	State Associated with the Certification/Licensure Levels	Yes		National	State	Mandatory	This will be MN = 27.
dConfiguration.02	State Certification/Licensure Levels	Yes	D04_01	National	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		National	State	Required	Not Applicable can be submitted.
dConfiguration.04	Medications Permitted by the State	No		National	State	Required	Not Applicable can be submitted.
dConfiguration.05	Protocols Permitted by the State	No		National	State	Required	Not Applicable can be submitted.

***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

dConfiguration.06	EMS Certification Levels Permitted to Perform Each Procedure	No	D04_05	National	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	National	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	National	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	National	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	National	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		National	State	Mandatory	There is a "None" option. This is a multi-select element.
dConfiguration.12	Billing Status	No	D04_10			Optional	
dConfiguration.13	Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area	Yes		National	State	Mandatory	
dConfiguration.14	EMD Vendor	No	D04_17		State	Recommended	
dConfiguration.15	Patient Monitoring Capability(ies)	Yes		National	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	Crew Call Sign	Yes	D04_02	National	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	
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	EMS Personnel's Last Name	Yes	D08_01		State	Recommended	
dPersonnel.02	EMS Personnel's First Name	Yes	D08_03		State	Recommended	
dPersonnel.03	EMS Personnel's Middle Name/Initial	Yes	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	EMS Personnel's State of Licensure	Yes			State	Recommended	
dPersonnel.23	EMS Personnel's State's Licensure ID Number	Yes	D07_02		State	Recommended	

dPersonnel.24	EMS Personnel's State EMS Certification Licensure Level	Yes	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	
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	

EMSDataset Element Name & Number	ElementName	2015 DPSAC v3 Final eElement Selection:	MNSTAR v2.2.1 elements	V2 .2.1 Number	National	State	Data Usage*	Comment Regarding v3 Elements	
eRecord.01	Patient Care Report Number	Yes	Yes	E01_01	National	State	Mandatory	*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	
eRecord.02	Software Creator	Yes	Yes-Automat	E01_02	National	State	Mandatory		
eRecord.03	Software Name	Yes	Yes-Automat	E01_03	National	State	Mandatory		
eRecord.04	Software Version	Yes	Yes-Automat	E01_04	National	State	Mandatory		
eResponse.01	EMS Agency Number	Yes	Yes	E02_01	National	State	Mandatory		
eResponse.02	EMS Agency Name	Yes				State	Recommended		Must be provided (no NV values accepted) on all reports - Populated in software from Agency ID
eResponse.03	Incident Number	Yes	Yes	E02_02	National	State	Required		
eResponse.04	EMS Response Number	Yes	Yes	E02_03	National	State	Required		
eResponse.05	Type of Service Requested	Yes	Yes	E02_04	National	State	Mandatory		
eResponse.06	Standby Purpose	No					Optional		
eResponse.07	Primary Role of the Unit	Yes	Yes	E02_05	National	State	Mandatory		
eResponse.08	Type of Dispatch Delay	Yes	Yes	E02_06	National	State	Required		Default to option of "None" or Not Value of "Not Recorded". Gives agency the option to complete if applicable.
eResponse.09	Type of Response Delay	Yes	Yes	E02_07	National	State	Required		
eResponse.10	Type of Scene Delay	Yes	Yes	E02_08	National	State	Required		Default in system to "000" if not completed by agency.
eResponse.11	Type of Transport Delay	Yes	Yes	E02_09	National	State	Required		
eResponse.12	Type of Turn-Around Delay	Yes	Yes	E02_10	National	State	Required		
eResponse.13	EMS Vehicle (Unit) Number	Yes		E02_11	National	State	Mandatory		
eResponse.14	EMS Unit Call Sign	Yes	Yes	E02_12	National	State	Mandatory		
eResponse.15	Level of Care of This Unit	Yes			National	State	Mandatory		
eResponse.16	Vehicle Dispatch Location	No		E02_13			Optional		
eResponse.17	Vehicle Dispatch GPS Location	No		E02_15			Optional		
eResponse.18	Vehicle Dispatch Location US National Grid Coordinates	No					Optional		
eResponse.19	Beginning Odometer Reading of Responding Vehicle	Yes	Yes	E02_16		State	Optional		
eResponse.20	On-Scene Odometer Reading of Responding Vehicle	Yes	Yes	E02_17		State	Optional		
eResponse.21	Patient Destination Odometer Reading of Responding Vehicle	Yes	Yes	E02_18		State	Optional		
eResponse.22	Ending Odometer Reading of Responding Vehicle	Yes	Yes	E02_19		State	Optional		
eResponse.23	Response Mode to Scene	Yes	Yes	E02_20	National	State	Mandatory		
eResponse.24	Additional Response Mode Descriptors	Yes			National	State	Required	Provide only if documented in call record - if blank default to Not Recorded (only applicable if eResponse.23 is valid).	
eDispatch.01	Complaint Reported by Dispatch	Yes	Yes	E03_01	National	State	Mandatory		
eDispatch.02	EMD Performed	Yes	Yes	E03_02	National	State	Required	Default in system to "NO"	
eDispatch.03	EMD Card Number	No		E03_03			Optional		
eDispatch.04	Dispatch Center Name or ID	No					Optional		
eDispatch.05	Dispatch Priority (Patient Acuity)	No					Optional		
eDispatch.06	Unit Dispatched CAD Record ID	No					Optional		
eCrew.01	Crew Member ID	Yes	Yes	E04_01		State	Recommended Mandatory	Must be on Agency Roster at time of Incident Date; Must be a Minnesota Certification ID Number; Must be Provided (No NV values accepted) on all records	
eCrew.02	Crew Member Level	Yes	Yes	E04_03		State	Recommended		
eCrew.03	Crew Member Response Role	Yes	Yes	E04_02		State	Recommended		
eTimes.01	PSAP Call Date/Time	Yes	Yes	E05_02	National	State	Required	Default to "Not Recorded" if Blank	
eTimes.02	Dispatch Notified Date/Time	Yes	Yes	E05_03			Optional		
eTimes.03	Unit Notified by Dispatch Date/Time	Yes	Yes	E05_04	National	State	Mandatory	Value sent must be > eTimes.01 and < eTimes.05; Date must be within 1 year of the current date - Work on additional data quality verifications for all Mandatory Times.	
eTimes.04	Dispatch Acknowledged Date/Time	No					Optional		
eTimes.05	Unit En Route Date/Time	Yes	Yes	E05_05	National	State	Required Mandatory	Value sent must be > eTimes.03 and < eTimes.06; Date must be within 1 year of the current date	

Data Usage - eElements:

Mandatory:	21
Required:	102
Recommended:	28
Optional:	50
Total:	201

2015 DPSAC v3 Final eElement 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

eTimes.06	Unit Arrived on Scene Date/Time	Yes	Yes	E05_06	National	State	Required Mandatory	Value sent must be > eTimes.05 and < eTimes.07; Date must be within 1 year of the current date
eTimes.07	Arrived at Patient Date/Time	Yes	Yes	E05_07	National	State	Required	
eTimes.08	Transfer of EMS Patient Care Date/Time	Yes		E05_08		State	Recommended	
eTimes.09	Unit Left Scene Date/Time	Yes	Yes	E05_09	National	State	Required Mandatory	Value sent must be > eTimes.07 and < eTimes.11; Date must be within 1 year of the current date
eTimes.10	Arrival at Destination Landing Area Date/Time	Yes					Optional	
eTimes.11	Patient Arrived at Destination Date/Time	Yes	Yes	E05_10	National	State	Required Mandatory	Value sent must be > eTimes.09 and < eTimes.12; Date must be within 1 year of the current date
eTimes.12	Destination Patient Transfer of Care Date/Time	Yes			National	State	Required	
eTimes.13	Unit Back in Service Date/Time	Yes	Yes	E05_11	National	State	Mandatory	
eTimes.14	Unit Canceled Date/Time	Yes		E05_12		State	Optional	
eTimes.15	Unit Back at Home Location Date/Time	Yes	Yes	E05_13			Optional	
eTimes.16	EMS Call Completed Date/Time	No					Optional	
ePatient.01	EMS Patient ID	Yes					Optional	May be used if Agency has Patient unique ID process in place. No statewide system in place for unique Patient ID at this time.
ePatient.02	Last Name	Yes	Yes	E06_01		State	Recommended Required	If Patient Contact*, then must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete" or "Refused".
ePatient.03	First Name	Yes	Yes	E06_02		State	Recommended Required	If Patient Contact*, then must be provided (no NV values accepted) Pertinent negatives accepted with option of "Unable to Complete" or "Refused".
ePatient.04	Middle initial/Name	Yes	Yes	E06_03			Optional	
ePatient.05	Patient's Home Address	Yes	Yes	E06_04		State	Optional Required	Must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete".
ePatient.06	Patient's Home City	Yes	Yes	E06_05		State	Optional Required	Must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete".
ePatient.07	Patient's Home County	Yes	Yes	E06_06	National	State	Required	Must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete".
ePatient.08	Patient's Home State	Yes	Yes	E06_07	National	State	Required	Must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete".
ePatient.09	Patient's Home ZIP Code	Yes	Yes	E06_08	National	State	Required	Must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete".
ePatient.10	Patient's Country of Residence	Yes		E06_09		State	Optional	
ePatient.11	Patient Home Census Tract	No					Optional	
ePatient.12	Social Security Number	Yes	Yes	E06_10			Optional	
ePatient.13	Gender	Yes	Yes	E06_11	National	State	Required	
ePatient.14	Race	Yes	Yes	E06_12	National	State	Required	
ePatient.15	Age	Yes	Yes	E06_14	National	State	Required	
ePatient.16	Age Units	Yes	Yes	E06_15	National	State	Required	
ePatient.17	Date of Birth	Yes	Yes	E06_16		State	Recommended Mandatory	If Patient Contact*, then must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete" or "Refused".
ePatient.18	Patient's Phone Number	Yes	Yes	E06_17			Optional	
ePatient.19	Patient's Email Address	No					Optional	
ePatient.20	State Issuing Driver's License	No		E06_18			Optional	
ePatient.21	Driver's License Number	No		E06_19			Optional	
ePayment.01	Primary Method of Payment	Yes	No - but Natl	E07_01	National	State	Required	
ePayment.02	Physician Certification Statement	No		E07_02			Optional	
ePayment.03	Date Physician Certification Statement Signed	No					Optional	
ePayment.04	Reason for Physician Certification Statement	No					Optional	
ePayment.05	Healthcare Provider Type Signing Physician Certification Statement	No					Optional	
ePayment.06	Last Name of Individual Signing Physician Certification Statement	No					Optional	
ePayment.07	First Name of Individual Signing Physician Certification Statement	No					Optional	

ePayment.08	Patient Resides in Service Area	No					Optional
ePayment.09	Insurance Company ID	No		E07_03			Optional
ePayment.10	Insurance Company Name	No					Optional
ePayment.11	Insurance Company Billing Priority	No		E07_04			Optional
ePayment.12	Insurance Company Address	No		E07_05			Optional
ePayment.13	Insurance Company City	No		E07_06			Optional
ePayment.14	Insurance Company State	No		E07_07			Optional
ePayment.15	Insurance Company ZIP Code	No		E07_08			Optional
ePayment.16	Insurance Company Country	No					Optional
ePayment.17	Insurance Group ID	No		E07_09			Optional
ePayment.18	Insurance Policy ID Number	No		E07_10			Optional
ePayment.19	Last Name of the Insured	No		E07_11			Optional
ePayment.20	First Name of the Insured	No		E07_12			Optional
ePayment.21	Middle Initial/Name of the Insured	No		E07_13			Optional
ePayment.22	Relationship to the Insured	No		E07_14			Optional
ePayment.58	Insurance Group Name	No					Optional
ePayment.23	Closest Relative/Guardian Last Name	No		E07_18			Optional
ePayment.24	Closest Relative/ Guardian First Name	No		E07_19			Optional
ePayment.25	Closest Relative/ Guardian Middle Initial/Name	No		E07_20			Optional
ePayment.26	Closest Relative/ Guardian Street Address	No		E07_21			Optional
ePayment.27	Closest Relative/ Guardian City	No		E07_22			Optional
ePayment.28	Closest Relative/ Guardian State	No		E07_23			Optional
ePayment.29	Closest Relative/ Guardian ZIP Code	No		E07_24			Optional
ePayment.30	Closest Relative/ Guardian Country	No					Optional
ePayment.31	Closest Relative/ Guardian Phone Number	No		E07_25			Optional
ePayment.32	Closest Relative/ Guardian Relationship	No		E07_26			Optional
ePayment.33	Patient's Employer	No		E07_27			Optional
ePayment.34	Patient's Employer's Address	No		E07_28			Optional
ePayment.35	Patient's Employer's City	No		E07_29			Optional
ePayment.36	Patient's Employer's State	No		E07_30			Optional
ePayment.37	Patient's Employer's ZIP Code	No		E07_31			Optional
ePayment.38	Patient's Employer's Country	No					Optional
ePayment.39	Patient's Employer's Primary Phone Number	No		E07_32			Optional
ePayment.40	Response Urgency	No		E07_33			Optional
ePayment.41	Patient Transport Assessment	No					Optional
ePayment.42	Specialty Care Transport Care Provider	No					Optional
ePayment.44	Ambulance Transport Reason Code	No					Optional
ePayment.45	Round Trip Purpose Description	No					Optional
ePayment.46	Stretcher Purpose Description	No					Optional
ePayment.47	Ambulance Conditions Indicator	No					Optional
ePayment.48	Mileage to Closest Hospital Facility	No					Optional
ePayment.49	ALS Assessment Performed and Warranted	No					Optional
ePayment.50	CMS Service Level	Yes	No - but Natl	E07_34	National	State	Required
ePayment.51	EMS Condition Code	Yes	Yes	E07_35			Optional
ePayment.52	CMS Transportation Indicator	No		E07_37			Optional
ePayment.53	Transport Authorization Code	No					Optional
ePayment.54	Prior Authorization Code Payer	No					Optional
ePayment.55	Supply Item Used Name	No					Optional
ePayment.56	Number of Supply Item(s) Used	No					Optional
ePayment.57	Payer Type	No					Optional
eScene.01	First EMS Unit on Scene	Yes			National	State	Required
eScene.02	Other EMS or Public Safety Agencies at Scene	Yes	Yes	E08_01			Optional
eScene.03	Other EMS or Public Safety Agency ID Number	No					Optional
eScene.04	Type of Other Service at Scene	No		E08_02			Optional
eScene.05	Date/Time Initial Responder Arrived on Scene	No		E08_04			Optional
eScene.06	Number of Patients at Scene	Yes	Yes	E08_05	National	State	Required
eScene.07	Mass Casualty Incident	Yes	Yes	E08_06	National	State	Required
eScene.08	Triage Classification for MCI Patient	Yes			National	State	Required
eScene.09	Incident Location Type	Yes	Yes	E08_07	National	State	Required
eScene.10	Incident Facility Code	Yes		E08_08		State	Recommended

eScene.11	Scene GPS Location	No		E08_10		State	Optional	
eScene.12	Scene US National Grid Coordinates	No				State	Optional	
eScene.13	Incident Facility or Location Name	No				State	Optional	
eScene.14	Mile Post or Major Roadway	No				State	Recommended	
eScene.15	Incident Street Address	Yes	Yes	E08_11		State	Recommended Required	
eScene.16	Incident Apartment, Suite, or Room	No				State	Recommended	
eScene.17	Incident City	Yes	Yes	E08_12		State	Recommended	
eScene.18	Incident State	Yes	Yes	E08_14	National	State	Required	
eScene.19	Incident ZIP Code	Yes	Yes	E08_15	National	State	Required	
eScene.20	Scene Cross Street or Directions	No				State	Recommended	
eScene.21	Incident County	Yes	Yes	E08_13	National	State	Required	
eScene.22	Incident Country	No					Optional	
eScene.23	Incident Census Tract	No					Optional	
eSituation.01	Date/Time of Symptom Onset	Yes	Yes	E05_01	National	State	Required	Validation rule to work with e situation 18
eSituation.02	Possible Injury	Yes	Yes	E09_04	National	State	Required	
eSituation.03	Complaint Type	No				State	Recommended	
eSituation.04	Complaint	No	Yes	E09_05		State	Recommended	
eSituation.05	Duration of Complaint	No		E09_06		State	Recommended	
eSituation.06	Time Units of Duration of Complaint	No		E09_07		State	Recommended	
eSituation.07	Chief Complaint Anatomic Location	Yes	Yes	E09_11	National	State	Required	
eSituation.08	Chief Complaint Organ System	Yes	Yes	E09_12	National	State	Required	
eSituation.09	Primary Symptom	Yes	No - handled	E09_13	National	State	Required	
eSituation.10	Other Associated Symptoms	Yes	Yes	E09_14	National	State	Required	
eSituation.11	Provider's Primary Impression	Yes	Yes	E09_15	National	State	Required	
eSituation.12	Provider's Secondary Impressions	Yes	Yes	E09_16	National	State	Required	
eSituation.13	Initial Patient Acuity	Yes			National	State	Required	Validation rule to associate with patient contact
eSituation.14	Work-Related Illness/Injury	No		E07_15		State	Recommended	
eSituation.15	Patient's Occupational Industry	No		E07_16			Optional	
eSituation.16	Patient's Occupation	No		E07_17			Optional	
eSituation.17	Patient Activity	No				State	Recommended	
eSituation.18	Date/Time Last Known Well	Yes					Optional	
eInjury.01	Cause of Injury	Yes	Yes	E10_01	National	State	Required	
eInjury.02	Mechanism of Injury	Yes	Yes	E10_03		State	Recommended	
eInjury.03	Trauma Center Criteria	Yes			National	State	Required	
eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor	Yes		E10_04	National	State	Required	
eInjury.05	Main Area of the Vehicle Impacted by the Collision	No		E10_05		State	Optional	
eInjury.06	Location of Patient in Vehicle	No		E10_06		State	Optional	
eInjury.07	Use of Occupant Safety Equipment	Yes	Yes	E10_08		State	Recommended	
eInjury.08	Airbag Deployment	Yes	Yes	E10_09		State	Optional	
eInjury.09	Height of Fall (feet)	Yes		E10_10		State	Optional	
eInjury.10	OSHA Personal Protective Equipment Used	No					Optional	
eInjury.11	ACN System/Company Providing ACN Data	No					Optional	
eInjury.12	ACN Incident ID	No					Optional	
eInjury.13	ACN Call Back Phone Number	No					Optional	
eInjury.14	Date/Time of ACN Incident	No					Optional	
eInjury.15	ACN Incident Location	No					Optional	
eInjury.16	ACN Incident Vehicle Body Type	No					Optional	
eInjury.17	ACN Incident Vehicle Manufacturer	No					Optional	
eInjury.18	ACN Incident Vehicle Make	No					Optional	
eInjury.19	ACN Incident Vehicle Model	No					Optional	
eInjury.20	ACN Incident Vehicle Model Year	No					Optional	
eInjury.21	ACN Incident Multiple Impacts	No					Optional	
eInjury.22	ACN Incident Delta Velocity	No					Optional	
eInjury.23	ACN High Probability of Injury	No					Optional	
eInjury.24	ACN Incident PDOF	No					Optional	
eInjury.25	ACN Incident Rollover	No					Optional	

eInjury.26	ACN Vehicle Seat Location	No					Optional
eInjury.27	Seat Occupied	No					Optional
eInjury.28	ACN Incident Seatbelt Use	No					Optional
eInjury.29	ACN Incident Airbag Deployed	No					Optional
eArrest.01	Cardiac Arrest	Yes	Yes	E11_01	National	State	Required
eArrest.02	Cardiac Arrest Etiology	Yes	Yes	E11_02	National	State	Required
eArrest.03	Resuscitation Attempted By EMS	Yes	Yes	E11_03	National	State	Required
eArrest.04	Arrest Witnessed By	Yes	Yes	E11_04	National	State	Required
eArrest.05	CPR Care Provided Prior to EMS Arrival	Yes			National	State	Required
eArrest.06	Who Provided CPR Prior to EMS Arrival	Yes				State	Optional
eArrest.07	AED Use Prior to EMS Arrival	Yes			National	State	Required
eArrest.08	Who Used AED Prior to EMS Arrival	Yes				State	Optional
eArrest.09	Type of CPR Provided	Yes			National	State	Required
eArrest.11	First Monitored Arrest Rhythm of the Patient	Yes	Yes	E11_05	National	State	Required
eArrest.12	Any Return of Spontaneous Circulation	Yes	Yes	E11_06	National	State	Required
eArrest.13	Neurological Outcome at Hospital Discharge	No		E11_07			Optional
eArrest.14	Date/Time of Cardiac Arrest	Yes	Yes	E11_08	National	State	Required
eArrest.15	Date/Time Resuscitation Discontinued	Yes	Yes	E11_09		State	Recommended
eArrest.16	Reason CPR/Resuscitation Discontinued	Yes	Yes	E11_10	National	State	Required
eArrest.17	Cardiac Rhythm on Arrival at Destination	Yes	Yes	E11_11	National	State	Required
eArrest.18	End of EMS Cardiac Arrest Event	Yes			National	State	Required
eArrest.19	Date/Time of Initial CPR	Yes					Optional
eHistory.01	Barriers to Patient Care	Yes	Yes	E12_01	National	State	Required
eHistory.02	Last Name of Patient's Practitioner	No		E12_06			Optional
eHistory.03	First Name of Patient's Practitioner	No		E12_04			Optional
eHistory.04	Middle Name/Initial of Patient's Practitioner	No		E12_05			Optional
eHistory.05	Advance Directives	No		E12_07		State	Recommended
eHistory.06	Medication Allergies	No		E12_08		State	Recommended
eHistory.07	Environmental/Food Allergies	No		E12_09			Optional
eHistory.08	Medical/Surgical History	No		E12_10		State	Recommended
eHistory.09	Medical History Obtained From	No		E12_11			Optional
eHistory.10	The Patient's Type of Immunization	No		E12_12			Optional
eHistory.11	Immunization Year	No		E12_13			Optional
eHistory.12	Current Medications	No		E12_14		State	Recommended
eHistory.13	Current Medication Dose	No		E12_15			Optional
eHistory.14	Current Medication Dosage Unit	No		E12_16			Optional
eHistory.15	Current Medication Administration Route	No		E12_17			Optional
eHistory.16	Presence of Emergency Information Form	No		E12_18			Optional
eHistory.17	Alcohol/Drug Use Indicators	Yes	Yes	E12_19	National	State	Required
eHistory.18	Pregnancy	No		E12_20			Optional
eHistory.19	Last Oral Intake	No					Optional
eNarrative.01	Patient Care Report Narrative	Yes	Yes	E13_01		State	Recommended
eVitals.01	Date/Time Vital Signs Taken	Yes	Yes	E14_01	National	State	Required
eVitals.02	Obtained Prior to this Unit's EMS Care	Yes		E14_02	National	State	Required
eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	Yes	Yes	E14_03	National	State	Required
eVitals.04	ECG Type	Yes			National	State	Required
eVitals.05	Method of ECG Interpretation	Yes			National	State	Required
eVitals.06	SBP (Systolic Blood Pressure)	Yes	Yes	E14_04	National	State	Required
eVitals.07	DBP (Diastolic Blood Pressure)	Yes	Yes	E14_05		State	Recommended
eVitals.08	Method of Blood Pressure Measurement	No		E14_06	National	State	Required
eVitals.09	Mean Arterial Pressure	No					Optional
eVitals.10	Heart Rate	Yes	Yes	E14_07	National	State	Required
eVitals.11	Method of Heart Rate Measurement	No					Optional
eVitals.12	Pulse Oximetry	Yes	Yes	E14_09	National	State	Required
eVitals.13	Pulse Rhythm	No	Yes	E14_10			Optional

eVitals.14	Respiratory Rate	Yes	Yes	E14_11	National	State	Required	
eVitals.15	Respiratory Effort	No		E14_12			Optional	
eVitals.16	End Tidal Carbon Dioxide (ETCO2)	Yes	Yes	E14_13	National	State	Required	
eVitals.17	Carbon Monoxide (CO)	No				State	Recommended	
eVitals.18	Blood Glucose Level	Yes	Yes	E14_14	National	State	Required	
eVitals.19	Glasgow Coma Score-Eye	Yes	Yes	E14_15	National	State	Required	
eVitals.20	Glasgow Coma Score-Verbal	Yes	Yes	E14_16	National	State	Required	
eVitals.21	Glasgow Coma Score-Motor	Yes	Yes	E14_17	National	State	Required	
eVitals.22	Glasgow Coma Score-Qualifier	Yes		E14_18	National	State	Required	
eVitals.23	Total Glasgow Coma Score	Yes	Yes	E14_19		State	Recommended	
eVitals.24	Temperature	Yes		E14_20		State	Recommended	
eVitals.25	Temperature Method	Yes		E14_21			Optional	
eVitals.26	Level of Responsiveness (AVPU)	Yes	Yes	E14_22	National	State	Required	
eVitals.27	Pain Scale Score	Yes		E14_23	National	State	Required	
eVitals.28	Pain Scale Type	Yes				State	Recommended	
eVitals.29	Stroke Scale Score	Yes		E14_24	National	State	Required	
eVitals.30	Stroke Scale Type	Yes			National	State	Required	
eVitals.31	Reperfusion Checklist	No		E14_25	National	State	Required	
eVitals.32	APGAR	Yes		E14_26			Optional	
eVitals.33	Revised Trauma Score	No		E14_27			Optional	
eLabs.01	Date/Time of Laboratory or Imaging Result	No					Optional	
eLabs.02	Study/Result Prior to this Unit's EMS Care	No					Optional	
eLabs.03	Laboratory Result Type	No					Optional	
eLabs.04	Laboratory Result	No					Optional	
eLabs.05	Imaging Study Type	No					Optional	
eLabs.06	Imaging Study Results	No					Optional	
eLabs.07	Imaging Study File or Waveform Graphic Type	No					Optional	
eLabs.08	Imaging Study File or Waveform Graphic	No					Optional	
eExam.01	Estimated Body Weight in Kilograms	Yes	Yes	E16_01		State	Recommended	
eExam.02	Length Based Tape Measure	No		E16_02		State	Recommended	
eExam.03	Date/Time of Assessment	Yes		E16_03			Optional	
eExam.04	Skin Assessment	Yes		E16_04			Optional	
eExam.05	Head Assessment	Yes		E16_05			Optional	
eExam.06	Face Assessment	Yes					Optional	
eExam.07	Neck Assessment	Yes		E16_06			Optional	
eExam.08	Chest/Lungs Assessment	Yes		E16_07			Optional	
eExam.09	Heart Assessment	Yes		E16_08			Optional	
eExam.10	Abdominal Assessment Finding Location	Yes					Optional	
eExam.11	Abdomen Assessment	Yes		E16_09			Optional	
eExam.12	Pelvis/Genitourinary Assessment	Yes		E16_13			Optional	
eExam.13	Back and Spine Assessment Finding Location	Yes					Optional	
eExam.14	Back and Spine Assessment	Yes		E16_14			Optional	
eExam.15	Extremity Assessment Finding Location	Yes					Optional	
eExam.16	Extremities Assessment	Yes		E16_17			Optional	
eExam.17	Eye Assessment Finding Location	Yes					Optional	
eExam.18	Eye Assessment	Yes		E16_21			Optional	
eExam.19	Mental Status Assessment	Yes		E16_23			Optional	
eExam.20	Neurological Assessment	Yes		E16_24			Optional	
eExam.21	Stroke/CVA Symptoms Resolved	No				State	Recommended	
eProtocols.01	Protocols Used	No		E17_01	National	State	Required	Default to Not Recorded
eProtocols.02	Protocol Age Category	No			National	State	Required	Default to Not Recorded
eMedications.01	Date/Time Medication Administered	Yes	Yes	E18_01	National	State	Required	
eMedications.02	Medication Administered Prior to this Unit's EMS Care	Yes		E18_02	National	State	Required	This handles retired prior aid elements

eMedications.03	Medication Given	Yes	Yes	E18_03	National	State	Required	
eMedications.04	Medication Administered Route	Yes	Yes	E18_04		State	Optional	
eMedications.05	Medication Dosage	Yes	Yes	E18_05	National	State	Required	
eMedications.06	Medication Dosage Units	Yes	Yes	E18_06	National	State	Required	
eMedications.07	Response to Medication	No		E18_07	National	State	Required	Default to "Not Recorded"
eMedications.08	Medication Complication	Yes	Yes	E18_08	National	State	Required	
eMedications.09	Medication Crew (Healthcare Professionals) ID	Yes	Yes	E18_09		State	Recommended	
eMedications.10	Role/Type of Person Administering Medication	Yes			National	State	Required	
eMedications.11	Medication Authorization	Yes	Yes	E18_10			Optional	
eMedications.12	Medication Authorizing Physician	No		E18_11			Optional	
eProcedures.01	Date/Time Procedure Performed	Yes	Yes	E19_01	National	State	Required	
eProcedures.02	Procedure Performed Prior to this Unit's EMS Care	Yes		E19_02	National	State	Required	This handles retired prior aid elements
eProcedures.03	Procedure	Yes	Yes	E19_03	National	State	Required	
eProcedures.04	Size of Procedure Equipment	No		E19_04			Optional	
eProcedures.05	Number of Procedure Attempts	Yes	Yes	E19_05	National	State	Required	Need to define attempt, only airway and IV (give to MDSAC)
eProcedures.06	Procedure Successful	Yes	Yes	E19_06	National	State	Required	
eProcedures.07	Procedure Complication	Yes		E19_07	National	State	Required	
eProcedures.08	Response to Procedure	No	Yes	E19_08	National	State	Required	
eProcedures.09	Procedure Crew Members ID	Yes	Yes	E19_09		State	Recommended	
eProcedures.10	Role/Type of Person Performing the Procedure	Yes			National	State	Required	
eProcedures.11	Procedure Authorization	No		E19_10			Optional	
eProcedures.12	Procedure Authorizing Physician	No		E19_11			Optional	
eProcedures.13	Vascular Access Location	Yes		E19_12		State	Recommended	
eAirway.01	Indications for Invasive Airway	Yes				State	Recommended	
eAirway.02	Date/Time Airway Device Placement Confirmation	Yes				State	Recommended	
eAirway.03	Airway Device Being Confirmed	Yes				State	Recommended	
eAirway.04	Airway Device Placement Confirmed Method	Yes				State	Recommended	
eAirway.05	Tube Depth	Yes					Optional	
eAirway.06	Type of Individual Confirming Airway Device Placement	Yes				State	Recommended	
eAirway.07	Crew Member ID	Yes				State	Recommended	
eAirway.08	Airway Complications Encountered	Yes				State	Recommended	
eAirway.09	Suspected Reasons for Failed Airway Management	Yes				State	Optional	
eAirway.10	Date/Time Decision to Manage the Patient with an Invasive Airway	No					Optional	
eAirway.11	Date/Time Invasive Airway Placement Attempts Abandoned	No					Optional	
eDevice.01	Medical Device Serial Number	No					Optional	
eDevice.02	Date/Time of Event (per Medical Device)	No		E21_01			Optional	
eDevice.03	Medical Device Event Type	No		E21_02			Optional	
eDevice.04	Medical Device Waveform Graphic Type	No		E21_03			Optional	
eDevice.05	Medical Device Waveform Graphic	No		E21_04			Optional	
eDevice.06	Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)	No		E21_05			Optional	
eDevice.07	Medical Device ECG Lead	No		E21_06			Optional	
eDevice.08	Medical Device ECG Interpretation	No		E21_07			Optional	
eDevice.09	Type of Shock	No		E21_08			Optional	
eDevice.10	Shock or Pacing Energy	No		E21_09			Optional	
eDevice.11	Total Number of Shocks Delivered	No		E21_10			Optional	
eDevice.12	Pacing Rate	No		E21_11			Optional	
eDisposition.01	Destination/Transferred To, Name	Yes		E20_01		State	Recommended	
eDisposition.02	Destination/Transferred To, Code	Yes	Yes	E20_02		State	Recommended	
eDisposition.03	Destination Street Address	Yes		E20_03		State	Optional	
eDisposition.04	Destination City	Yes		E20_04		State	Optional	
eDisposition.05	Destination State	Yes		E20_05	National	State	Required	
eDisposition.06	Destination County	Yes		E20_06	National	State	Required	
eDisposition.07	Destination ZIP Code	Yes	Yes	E20_07	National	State	Required	

eDisposition.08	Destination Country	No					Optional	
eDisposition.09	Destination GPS Location	No		E20_08			Optional	
eDisposition.10	Destination Location US National Grid Coordinates	No					Optional	
eDisposition.11	Number of Patients Transported in this EMS Unit	Yes				State	Recommended	
eDisposition.12	Incident/Patient Disposition	Yes	Yes	E20_10	National	State	Mandatory	
eDisposition.13	How Patient Was Moved to Ambulance	Yes		E20_11			Optional	
eDisposition.14	Position of Patient During Transport	Yes		E20_12			Optional	
eDisposition.15	How Patient Was Transported From Ambulance	Yes		E20_13			Optional	
eDisposition.16	EMS Transport Method	No			National	State	Required	
eDisposition.17	Transport Mode from Scene	Yes	Yes	E20_14	National	State	Required	
eDisposition.18	Additional Transport Mode Descriptors	No			National	State	Required	
eDisposition.19	Final Patient Acuity	Yes		E20_15	National	State	Required	
eDisposition.20	Reason for Choosing Destination	Yes	Yes	E20_16	National	State	Required	
eDisposition.21	Type of Destination	Yes	Yes	E20_17	National	State	Required	
eDisposition.22	Hospital In-Patient Destination	No			National	State	Required	
eDisposition.23	Hospital Capability	No			National	State	Required	
eDisposition.24	Destination Team Pre-Arrival Alert or Activation	Yes			National	State	Required	
eDisposition.25	Date/Time of Destination Prearrival Alert or Activation	No			National	State	Required	Default to Not Recorded
eDisposition.26	Disposition Instructions Provided	No					Optional	
eOutcome.01	Emergency Department Disposition	No	No - but Natl	E22_01	National	State	Required	
eOutcome.02	Hospital Disposition	No	No - but Natl	E22_02	National	State	Required	
eOutcome.03	External Report ID/Number Type	No					Optional	
eOutcome.04	External Report ID/Number	No					Optional	
eOutcome.05	Other Report Registry Type	No					Optional	
eOutcome.06	Emergency Department Chief Complaint	No					Optional	
eOutcome.07	First ED Systolic Blood Pressure	No					Optional	
eOutcome.08	Emergency Department Recorded Cause of Injury	No					Optional	
eOutcome.09	Emergency Department Procedures	No					Optional	
eOutcome.10	Emergency Department Diagnosis	No					Optional	
eOutcome.11	Date/Time of Hospital Admission	No					Optional	
eOutcome.12	Hospital Procedures	No					Optional	
eOutcome.13	Hospital Diagnosis	No					Optional	
eOutcome.14	Total ICU Length of Stay	No					Optional	
eOutcome.15	Total Ventilator Days	No					Optional	
eOutcome.16	Date/Time of Hospital Discharge	No					Optional	
eOutcome.17	Outcome at Hospital Discharge	No					Optional	
eOther.01	Review Requested	No		E23_01			Optional	
eOther.02	Potential System of Care/Specialty/Registry Patient	No		E23_02			Optional	
eOther.03	Personal Protective Equipment Used	No		E23_03			Optional	
eOther.04	EMS Professional (Crew Member) ID	No					Optional	
eOther.05	Suspected EMS Work Related Exposure, Injury, or Death	No		E23_05	National	State	Required	Default to Not Recorded
eOther.06	The Type of Work-Related Injury, Death or Suspected Exposure	No		E23_06		State	Recommended	
eOther.07	Natural, Suspected, Intentional, or Unintentional Disaster	No		E23_04			Optional	
eOther.08	Crew Member Completing this Report	No		E23_10		State	Recommended	
eOther.09	External Electronic Document Type	No					Optional	
eOther.10	File Attachment Type	No					Optional	
eOther.11	File Attachment Image	No					Optional	
eOther.12	Type of Person Signing	No					Optional	
eOther.13	Signature Reason	No					Optional	
eOther.14	Type Of Patient Representative	No					Optional	
eOther.15	Signature Status	No					Optional	
eOther.16	Signature File Name	No					Optional	
eOther.17	Signature File Type	No					Optional	
eOther.18	Signature Graphic	No					Optional	
eOther.19	Date/Time of Signature	No					Optional	
eOther.20	Signature Last Name	No					Optional	
eOther.21	Signature First Name	No					Optional	

*eDisposition.12 = 4212017, 4212019, 4212021, 4212023, 4212025, 4212027, 4212029, 4212031, 4212033, 4212035, 4212037