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NOTICES

Emergency Medical Services Patient Care Report Data Elements, Confidential and Nonconfidential Data Elements and Essential Patient Information for Transmission at Patient Transfer

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Under 28 Pa. Code § 1001.41 (relating to data and information requirements for ambulance services) the Department of Health (Department) is publishing the following: (a) a list of data elements and form specifications for the emergency medical services (EMS) patient care report (PCR); (b) requirements that a prospective vendor must satisfy to secure endorsement of the vendor's software by the Bureau of Emergency Medical Services (Bureau); (c) a designation of data items for the PCR that are confidential; and (d) patient information in the PCR designated as essential for immediate transmission to the receiving facility for patient care.

(A) *Data Elements and Form Specifications*. The following standards must be met for an EMS data collection software program to satisfy the requirements for electronic PCR reporting:

1. A prospective vendor's software must be capable of collecting and reporting data in the format detailed in the National Emergency Medical Services Information System (NEMSIS) Data Dictionary version 2.2.1, published by the National Highway Traffic Safety Administration. Information on NEMSIS is published at www.nemsis.org. Prospective vendors are encouraged to contact the NEMSIS Technical Assistance Center (TAC) to clarify issues regarding the NEMSIS 2.2.1 requirements. Software marketed to Commonwealth ambulance services must be the version that has demonstrated that it is capable of collecting and reporting all NEMSIS 2.2.1 elements. Prospective vendors must use the Commonwealth list of Federal Information Processing Standard (FIPS) Codes for Commonwealth Municipalities, Hospital Identification Codes and Medication Codes (Codes). These are provided by the Bureau. The Bureau will maintain a list of required fields, Codes and resources on the Bureau's webpage at www.health.state.pa.us/ems.

2. A PCR data collection software program must satisfy the following:

i. It must be capable of recording all of the data elements identified in the column titled "Required Data Elements" on the EMS Patient Care Report Data and Information Chart included in this notice. It must have the ability to error check PCRs using the NEMSIS Data Dictionary published on the Bureau's webpage.

ii. It must produce an XML output file meeting the NEMSIS 2.2.1 standard.

iii. It must be able to collect and print narrative.

iv. It must allow for the ambulance service to make corrections when data elements are omitted or an error occurred when the form was initially completed.

v. It must annotate additions and corrections made to the PCR by identifying what data element was

added or changed, the date of change and who made the change.

    vi. It must assign a specific Patient Care Report Number (NEMSIS Field E01_01) to each PCR and prevent duplication of this identifier.

    3. A prospective vendor must assist ambulance services in setting up software and is to validate that PCR data created by the software being proposed will be compliant with the "Required Data Elements" on the EMS Patient Care Report Data and Information Chart included in this notice.

    4. A prospective vendor must coordinate with a regional EMS council that is willing to conduct a test of the software program using (10 of the PCRs previously submitted to the NEMSIS TAC) configured for use in the region where the test is conducted.

    The test will include:

    i. Printing of the 10 PCRs.

    ii. Printing a list of the data elements collected.

    iii. Printing reports that identify unit utilization for:

    a. Response outcome, hour/day of week.

    b. Fractal time.

    c. Municipal response for the test site.

    iv. Printing the following reports:

    a. Incident location/type report with number of calls and percentage of calls.

    b. Trauma summary.

    c. Revised trauma scores.

    d. Glasgow coma scale.

    e. Medical summary.

    f. EKG.

    g. Treatment summary.

    h. Admission summary.

    i. BLS and ALS skills report for each practitioner.

    j. BLS and ALS skills report for each beta test site.

    k. Demographics summary (age, gender, total).

    l. Vital signs summary (ranges, systolic, diastolic, pulse, respiration).

    m. Attendant activity.

    v. Printing output files of data elements to include:

a. Field number.

b. Field name.

c. Number of fields for each field name.

d. Type of field (that is, numeric, blanks stored as "0," mm/dd/yyyy, character, and acceptable field values).

5. A prospective vendor must secure a determination of software compliance from the Bureau by requesting a determination of compliance from the Bureau, upon which the Bureau will notify the prospective vendor of reports and information that the prospective vendor must submit to the Bureau to seek a determination of compliance.

(B) *Bureau Endorsement of Software*. To secure endorsement of the software by the Bureau, in addition to securing a determination of compliance from the Bureau, a prospective vendor must do the following:

1. Agree, in writing, to make changes to the software program at no cost to the ambulance service if the change is the addition of additional data elements included in the NEMSIS Data Dictionary version 2.2.1.

2. Agree, in writing, to provide to the Bureau and to Commonwealth ambulance services and quick response services (QRS) using the vendor's software, 30-days advance notice before selling the program source code or company, or going out of business. The prospective vendor must further agree, in writing, that if circumstances prevent the prospective vendor from meeting the 30-day notice requirement, the vendor will provide input specifications and the source code for the software program to the Bureau at no cost.

(C) *Confidential PCR Data Elements*. Under 28 Pa. Code § 1001.42 (relating to dissemination of information) the release of the PCR, disclosure of confidential information in the PCR or a report or record thereof, is prohibited except as authorized under 28 Pa. Code § 1001.42(a)(1)--(7). The Department has the authority under 28 Pa. Code § 1001.41(b) to designate some of the information in the PCR as nonconfidential but has chosen not to do so at this time. Consequently, the PCR is confidential in its entirety, and all information in the PCR is subject to the disclosure restrictions in 28 Pa. Code § 1001.41(b). The Bureau and the regional EMS councils will, however, release aggregate data extracted from PCRs.

(D) *Patient Information Required to be Transmitted to Hospital at Time of Patient Delivery*. Under 28 Pa. Code § 1001.41(d) an ambulance service is to provide to the individual at the hospital assuming responsibility for the patient the patient information designated in the PCR as essential for immediate transmission to personnel for patient care. The Bureau encourages ambulance services to transmit immediately to the facility all information solicited by the PCR, including the narrative section. If the ambulance service does not provide all of the information solicited by the PCR at the time the hospital or facility assumes care, essential information that must be transmitted are the items listed on the following EMS Patient Care Report Data and Information Chart. The information may be transmitted verbally, in writing or electronically in a format [developed by the hospital or other entity] that the hospital finds acceptable to ensure the confidentiality of information designated as confidential in the PCR form.

Persons with a disability who require an alternate format of this notice (for example, large print, audiotape or Braille) should contact Robert Cooney, Department of Health, Bureau of Emergency Medical Services, Room 606, 625 Forster Street, Health and Welfare Building, Harrisburg, PA 17120, (717) 787-8740. Speech or hearing impaired persons may use V/TT (717) 783-6154 or the Pennsylvania AT&T Relay Service at (800) 654-5984 (TT).

EMS Patient Care Report Data and Information Chart

Required PA NEMSIS Elements	Name	Essential Information for Immediate Transmission to Receiving Facility at Time of Patient Delivery
D01_01	EMS Number	
D01_03	EMS Agency State	
D01_04	EMS Agency County	
D01_07	Level of Service	
D01_08	Organizational Type	
D01_09	Organization Status	
D01_10	Statistical Year	
D01_12	Total Service Size Area	
D01_13	Total Service Area Population	
D01_14	911 Call Volume per Year	
D01_15	EMS Dispatch Volume per Year	
D01_16	EMS Transport Volume per Year	
D01_17	EMS Patient Contact Volume per Year	
D01_19	EMS Agency Time Zone	
D01_21	National Provider Identifier	
D02_07	Agency Contact Zip Code	
D04_04	Procedures	Required
D04_06	Medications Given	Required
D04_08	List of Protocols	
D04_11	Hospitals Served	
D04_12	Hospital Facility Number	
E01_01	Patient Care Report Number	
E01_02	Software Creator	
E01_03	Software Name	
E01_04	Software Version	
E02_01	EMS Agency Number	
E02_02	Incident Number	
E02_04	Type of Service Requested	
E02_05	Primary Role of the Unit	
E02_06	Type of Dispatch Delay	
E02_07	Type of Response Delay	
E02_08	Type of Scene Delay	
E02_09	Type of Transport Delay	
E02_10	Type of Turn-Around Delay	
E02_12	EMS Unit Call Sign (Decal Number)	
E02_20	Response Mode to Scene	

E03_01	Complaint Reported by Dispatch	
E03_02	EMD Performed	
E04_01	Crew Member ID	
E04_02	Crew Member Role	
E04_03	Crew Member Level	
E05_02	PSAP Call Date/Time	
E05_03	Dispatch Notified Date/Time	
E05_04	Unit Notified by Dispatch Date	Required
E05_05	Unit En Route Date/Time	
E05_06	Unit Arrived on Scene Date/Time	
E05_07	Arrived at Patient Date/Time	
E05_09	Unit Left Scene Date/Time	
E05_10	Patient Arrived at Destination Date/Time	
E05_11	Unit Back in Service Date/Time	
E05_13	Unit Back at Home Location Date/Time	
E06_08	Patient's Home Zip Code	
E06_11	Gender	Required
E06_12	Race	
E06_13	Ethnicity	
E06_14	Age	Required
E06_15	Age Units	
E06_16	Date of Birth	
E07_01	Primary Method of Payment	
E07_15	Work-Related	
E07_34	CMS Service Level	
E07_35	Condition Code Number	Required
E08_05	Number of Patients at Scene	
E08_06	Mass Casualty Incident	
E08_07	Incident Location Type	
E08_12	Incident City	
E08_13	Incident County	
E08_14	Incident State	
E08_15	Incident ZIP Code	
E09_01	Prior Aid	
E09_02	Prior Aid Performed by	
E09_03	Outcome of the Prior Aid	

E09_04	Possible Injury	
E09_05	Chief Complaint	Required
E09_11	Chief Complaint Anatomic Location	
E09_12	Chief Complaint Organ System	Required
E09_13	Primary Symptom	Required
E09_14	Other Associated Symptoms	
E09_15	Providers Primary Impression	Required
E09_16	Provider's Secondary Impression	
E10_01	Cause of Injury	Required
E10_02	Intent of Injury	
E10_04	Vehicular Injury Indicators	Required
E10_08	Use of Occupant Safety Equipment	Required
E10_09	Airbag Deployment	
E10_10	Height of Fall	Required
E11_01	Cardiac Arrest	
E11_02	Cardiac Arrest Etiology	
E11_03	Resuscitation Attempted	
E11_04	Arrest Witnessed By	
E11_05	First Monitored Rhythm of the Patient	Required
E11_11	Cardiac Rhythm on Arrival at Destination	
E12_01	Barriers to Patient Care	
E12_08	Medication Allergies	Required
E12_10	Medical/Surgical History	
E12_14	Current Medications	Required
E12_19	Alcohol/Drug Use Indicators	
E13_01	Run Report Narrative	
E14_03	Cardiac Rhythm	Required
E14_04	SBP (Systolic Blood Pressure)	Required
E14_05	DBP (Diastolic Blood Pressure)	Required
E14_06	Method of Blood Pressure Measurement	Required
E14_07	Pulse Rate	Required
E14_08	Electronic Monitor Rate	
E14_11	Respiratory Rate	Required
E14_15	Glasgow Coma Score-Eye	

E14_16	Glasgow Coma Score-Verbal	
E14_17	Glasgow Coma Score-Motor	
E14_27	Revised Trauma Score	
E14_28	Pediatric Trauma Score	
E15_01	NHTSA Injury Matrix External/Skin	
E15_02	NHTSA Injury Matrix Head	Required
E15_03	NHTSA Injury Matrix Face	Required
E15_04	NHTSA Injury Matrix Neck	Required
E15_05	NHTSA Injury Matrix Thorax	Required
E15_06	NHTSA Injury Matrix Abdomen	Required
E15_07	NHTSA Injury Matrix Spine	Required
E15_08	NHTSA Injury Matrix Upper Extremities	Required
E15_09	NHTSA Injury Matrix Pelvis	Required
E15_10	NHTSA Injury Matrix Lower Extremities	Required
E15_11	NHTSA Injury Matrix Unspecified	
E18_03	Medication Given	Required
E18_05	Medication Dosage	Required
E18_06	Medication Dosage Units	
E18_08	Medication Complication	
E18_09	Medication Crew Member ID	
E19_02	Procedure Performed Prior to this Units EMS Care	
E19_03	Procedure	
E19_05	Number of Procedure Attempts	
E19_06	Procedure Successful	
E19_07	Procedure Complication	
E19_09	Procedure Crew Member ID	
E19_10	Procedure Authorization	
E19_12	Successful IV Site	
E20_02	Destination/Transferred To, Code	

E20_07	Destination Zip Code
E20_10	Incident/Patient Disposition
E20_14	Transport Mode from Scene
E20_15	Condition of Patient at Destination
E20_16	Reason for Choosing Destination
E20_17	Type of Destination
E22_01	Emergency Department Disposition
E22_02	Hospital Disposition
E23_03	Personal Protective Equipment Used
E23_09	Research Survey Field
E23_10	Who Generated This Report
E23_11	Research Survey Field Title

Essential Information for Immediate Transmission to Receiving Facility at Time of Patient Delivery, Not Required to be Transmitted to the Regional EMS Council.

NEMSIS Elements	Name
D01_02	EMS Agency Name
D08_01	EMS Personnel's Last Name
D08_03	EMS Personnel's First Name
E06_01	Patient's Last Name
E06_02	Patient's First Name

A. EVERETTE JAMES,
Acting Secretary

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