

**HEALTH INFORMATION STANDARDS COMMITTEE FOR ALBERTA**  
**APPROVAL/SIGNOFF FORM**

STANDARD: EMERGENCY HEALTH SERVICES - PATIENT CARE REPORT MINIMUM DATA SET

**Original Singed**  
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Committee for Alberta

**May 19<sup>th</sup>, 2006**  
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Date

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**May 19<sup>th</sup>, 2006**  
\_\_\_\_\_  
Date

HEALTH INFORMATION STANDARDS COMMITTEE FOR ALBERTA

EMERGENCY HEALTH SERVICES - PATIENT CARE REPORT  
MINIMUM DATA SET

STATUS: APPROVED  
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## REVISION HISTORY

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0.0	2003-06-17	Accepted in Draft
0.1	2005-01-01	Amendment to Accepted in Draft
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## INTRODUCTION

This document explains the Minimum Data Set for Emergency Health Services Patient Care Reporting used for gathering information required during the Pre-Hospital care of a patients through ambulance related services and procedures. The elements included span the major subject areas of the Patient Care Report (PCR); namely PCR Response Information, Person Health Status Information, and PCR Service Event Information subject areas.

These elements link with other health industry stakeholder / professional reporting so all elements that are measured alike follow the same format. This allows tracking of patients throughout an event, or throughout an event to discharge.

This document is divided into the following sections:

### **Introduction**

Provides a brief description of the purpose and contents of the document.

### **Patient Care Report (PCR) Subject Area**

Provides a background on how the minimum data set has been defined and presents business context information for the PCR data standards.

### **Conceptual Model**

Provides information that helps to put PCR business and data elements in the context of the overall health system.

### **Logical Data Model**

Presents an Entity Relationship Diagram (ERD) at the logical level to facilitate understanding of the business data, the relationship, and information requirements of PCR.

### **Data Element Standards**

Presents the standard specification for each of the PCR data groups and data elements using the HISCA standard template format.

## BACKGROUND

In April 1998, representatives from the Alberta Ambulance Operators Association (AAOA) and Emergency Health Services Branch (EHS), Alberta Health and Wellness, met to discuss the need for the objective identification, validation and acceleration of the adoption of best practices for emergency medical services in Alberta.

Following this meeting a committee was formed to assist Alberta ambulance operators in establishing goals and performance measures for the delivery of emergency medical services in Alberta. The committee is composed of representatives from the AAOA, Emergency Health Services, the City of Edmonton Emergency Response Department, and the City of Calgary Emergency Medical Services Department.

The goals of the committee are:

- To establish a minimum set of standardized definitions of performance measures (reporting requirements) which could be promoted provincially and nationally;
- To identify common data elements;
- To educate Emergency Medical Services (EMS) stakeholders in the province on the purpose and benefits of benchmarking;
- To identify core data for analysis.

Initially, the focus of the committee was to encouraging benchmarking of EMS within Alberta; however, as a common set of definitions and data elements is promoted nationally, it will eventually become possible to benchmark ambulance services in Alberta with other services provincially and then nationally.

## Business Case for the Alberta Health and Wellness System

Alberta Health and Wellness requires EMS data to assess the health status of the population, the impact of EMS programs, as well as the usage of EMS services. The service providers currently record detailed information about EMS health events. All ambulance trips and details of care provided to the patient are recorded on Patient Care Reports (PCR), which are then reported to Emergency Health Services, Alberta Health & Wellness.

The existing PCR computer system used today was developed to enable the collection of data from the PCR forms, and to facilitate the reporting of PCR data within AH&W to the ambulance operators and to outside agencies. Since its implementation, the PCR system has produced suspect data, and has been used very minimally by the ambulance operators.

The data identifies service recipients and details regarding EMS events. It is somewhat useful for high level planning, but detailed information is collected with insufficient edit checks to ensure its accuracy. The identification of service recipient is not consistent and often unsuitable for electronic identification.

## Benefits to Stakeholders

The benefits to the public as a result of this initiative include

- EHS, which is responsible for setting appropriate and beneficial public health policy, will be better positioned to proceed with the development of new systems to acquire EMS related data.
- EHS will have better information to assist in creating effective EMS programs for the population. This data will be useful for determining levels of service required and additional training or equipment that should be available in different areas.
- EMS providers will benefit from improved analysis of EMS procedure results. Procedures performed in the Pre-Hospital interval can be related to later in-hospital treatments and the final outcome for the patient. This will provide valuable evidence on the values of certain procedures.



- A recently completed MLA review recommended significant restructuring of the delivery of EMS services in Alberta. A minimum data set would be an asset when new responsibilities are defined.
- In the absence of an EHS initiative to develop a standard data capture mechanism for use by ambulance operators, a number of EMS providers have developed and are developing internal systems for electronic capture of PCR data. A well-defined minimum data set is essential to minimize wasted effort on their part and to build working relationships with them.

### **Feasibility and Ease or Difficulty of Implementation**

In general, there is a strong demand from industry stakeholders for improved PCR reporting. The implementation tasks will be considerably easier when the user community is involved with the design and development of a solution that recognizes their needs and appears to be progressing consistently.

Over the next few years, technology will likely make vast improvements in communication and devices to enable remote reporting and data retrieval. An ongoing issue will remain with the technological disparity between various ambulance operators and even among the EMS personnel. Formidable technical requirements cannot be imposed on the personnel, particularly in some of the rural areas. A successful implementation will have to consider the acceptability of various technologies, not just the capabilities of the technology.

### **Impact on Privacy, Confidentiality and Security**

Alberta Health and Wellness commenced a Privacy Impact Assessment (PIA) regarding their requirement to receive detailed EMS data in accordance with the proposed standard. The Privacy Impact Assessment for EHS - PCR MDS was accepted by the Privacy Commissioner in March 2005.

### **Results of the Literature Review**

As described in the Background section, a committee representing all stakeholders was formed and engaged to develop the 'Benchmarking of EMS in Alberta' documents in April 1998. The committee included representatives from the AAOA and Emergency Health Services, as well as the City of Edmonton Emergency Response Department and the City of Calgary Emergency Medical Services Department.

During the preparation of the consultation paper, the committee drew extensively on current research in the field of performance measurement and, more specifically, in EMS benchmarking. The purpose of the paper was to propose, and get feedback on, common definitions and data elements required to benchmark emergency medical services in Alberta.

Existing provincial data standards were also reviewed and used where applicable. This included utilizing HISCA data standards and data standards from Government of Alberta Standards Sub committee, notably Municipal Affairs for the 'City Code'.

Formal minimum data standards for patient care reporting do not exist provincially or nationally that PCR could use.

### **Relationship to Legislation and/or Existing Standards**

Currently, Ambulance Operators are required to report detailed PCR data, either in paper form or in some cases, electronically on diskette. They are to forward the PCR data at least on a monthly basis, although some smaller operations fail to be that regular.

As the information requirements of PCR were identified, existing standards were used to align the PCR minimum data set. The alignment process included:

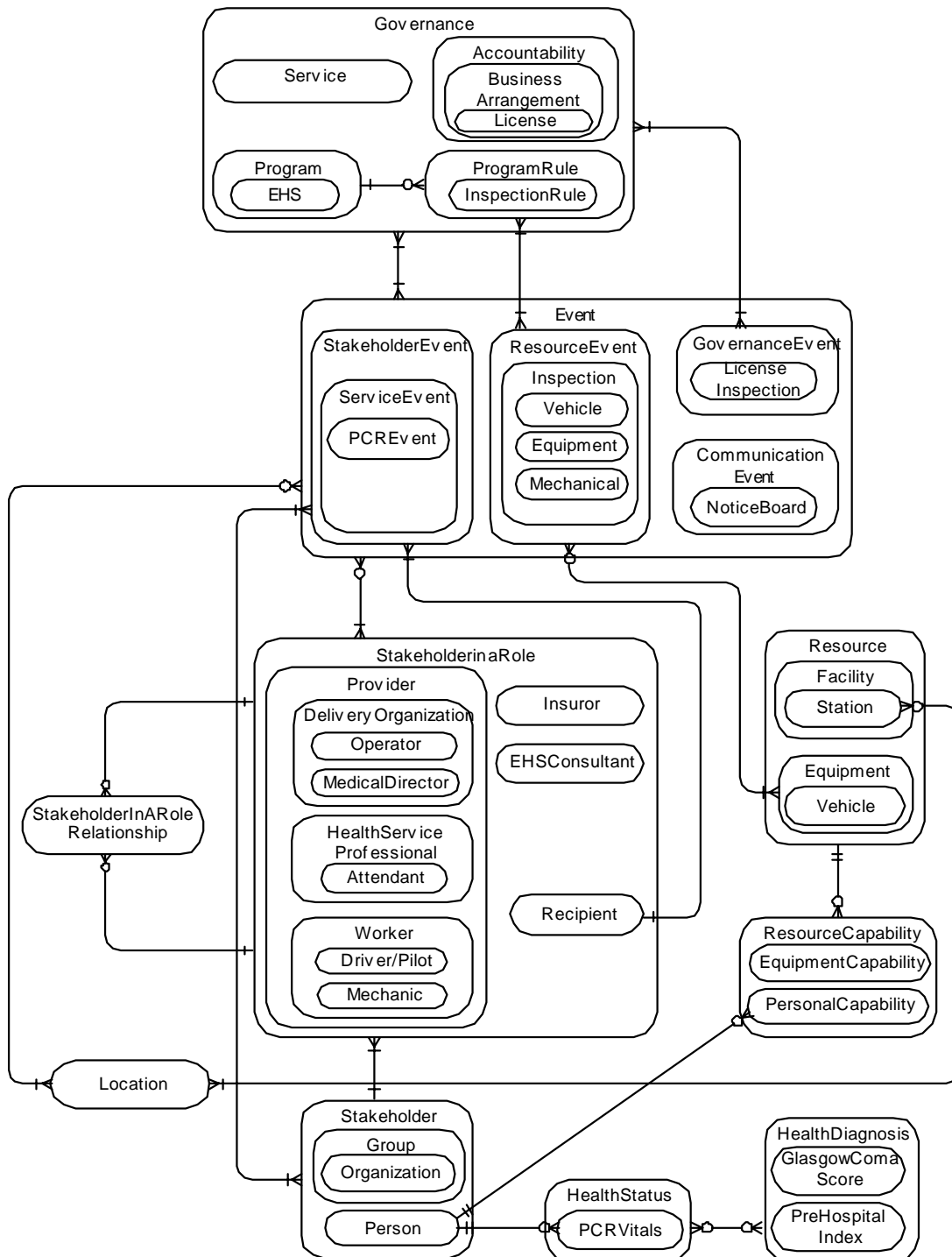
1. Standards already Approved or Accepted in Draft format by HISCA were adopted wherever possible.

**Summary of Consensus to Date**

The Benchmarking Document was distributed to each of the Ambulance Operators for review and comment. The resulting consultation paper "Benchmarking of Emergency Medical Services in Alberta" (February 1999) is attached as **Appendix A**.

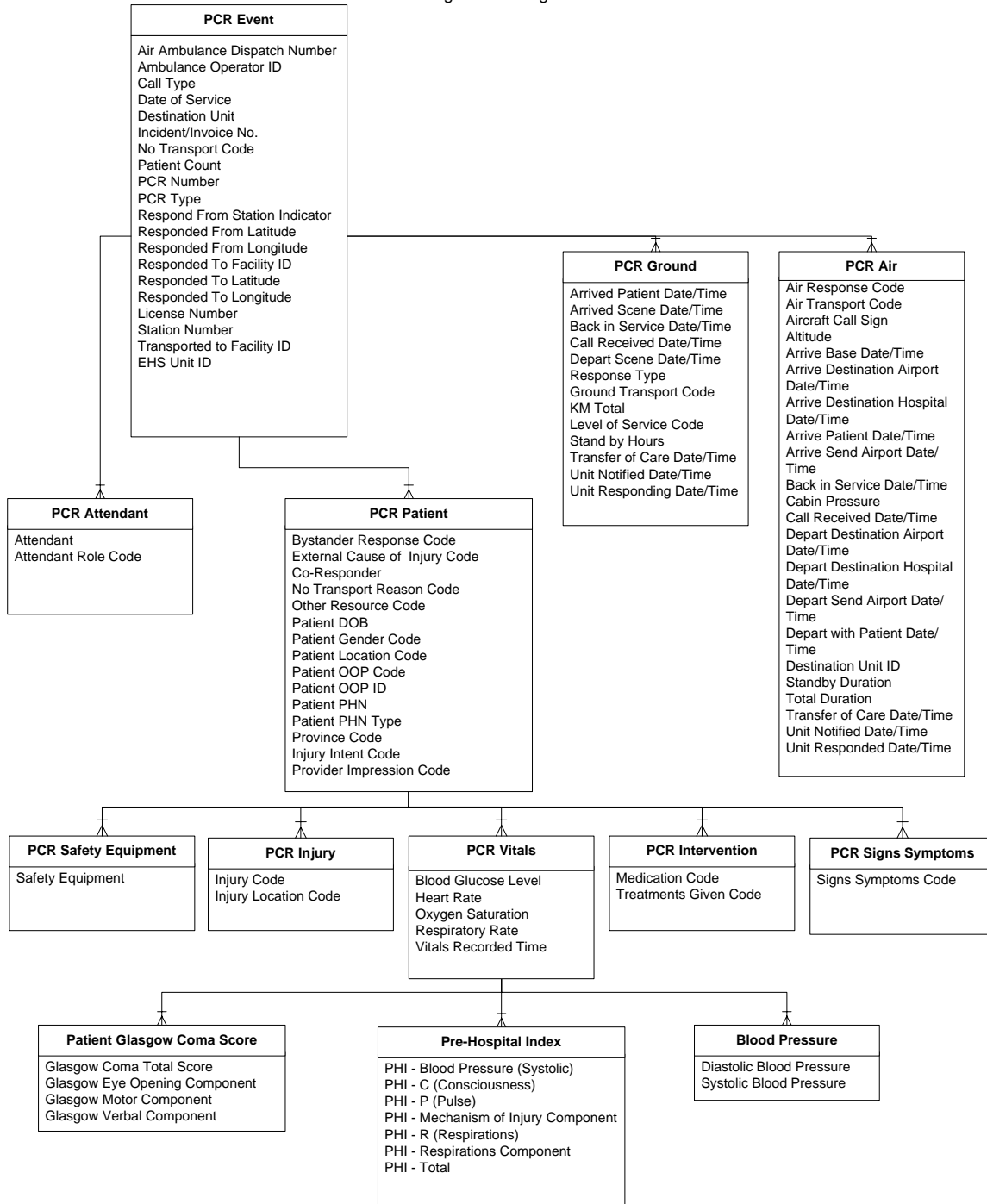
This HISCA submission is based upon the Benchmarking Document with final input from an internal Emergency Health Services (EHS) working committee.

CONCEPTUAL LOGICAL MODEL



## LOGICAL DATA MODEL

Emergency Health Services - Patient Care Report Minimum Data Set  
Logical ER-Diagram



<b>Compound Name</b>	PCR EVENT
<b>Parent Compound Name</b>	
<b>Component Name</b>	Air Ambulance Dispatch Number Ambulance Operator ID Call Type Date of Service Destination Unit Incident/Invoice No. No Transport Code Patient Count PCR Number PCR Type Respond From Station Indicator Responded From Latitude Responded From Longitude Responded To Facility ID Responded To Latitude Responded To Longitude License Number Station Number Transported to Facility ID EHS Unit ID PCR Attendant PCR Ground PCR Air PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	The Patient Care Report captures the minimum data set required for Alberta Health and Wellness.
<b>Business Rule/Coding Guideline</b>	

<b>Data Element Name</b>	Air Ambulance Dispatch Number
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Records the air ambulance dispatch number issued by Air Ambulance Dispatch for ground ambulances providing support to air ambulances.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Unique number generated by Air Ambulance Dispatch.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	20
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory if response is for Air Ambulance
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Ambulance Operator ID
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Legal and regulatory standards require that each ambulance operator be registered with EHS. Each ambulance operator is assigned an operator identifier for reference within the EHS application systems.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Unique identifier generated and assigned by AAIMS for each ambulance operator registered with Alberta Health and Wellness.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	4
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	0001-9999
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Call Type
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Used to categorize the types of service delivered, and allows planning of EMS resource allocation.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Benchmarking of Emergency Medical Services in Alberta
<b>Definition</b>	Code to indicate the type of call an ambulance responded to (i.e. emergency, rendezvous, transfer, etc.)
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	2
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	<p><b>Coding Guidelines</b></p> <p><b>Scene/Emergency</b> Refers to direct response to scene of incident or injury, such as roadway, etc. This code should not be used by the second unit which receives the transfer of a patient from another EMS responder prior to arrival at a medical facility or final destination which is coded as a rendezvous.</p> <p><b>Rendezvous</b> Refers to a situation in which a second ambulance unit receives the transfer of a patient from first ambulance unit before arrival at a medical facility. Can be used when two units meet to complete the initial scene response or during transfers.</p> <p><b>Unscheduled Transfer</b> Refers to transfers of patients from one facility to another facility. This code should not be used for planned, scheduled transfers, which are coded separately. This code should not be used by the second unit involved in the transfer of a patient from one EMS responder to another responder during an unscheduled inter-facility transfer, which is also coded as a rendezvous.</p> <p><b>Scheduled Transfer</b> Refers to transfers of patients from one facility to another facility, as defined above for unscheduled transfer. However, this code is chosen when the transfer is scheduled in advance, such as a planned morning transfer of a patient from one hospital to another.</p>



	<p>Between RHA and within RHA Refers to unscheduled and scheduled transfers. Between RHA is for transfers which occur between two regional health authorities and with RHA is for transfers which occur within one regional health authority.</p> <p>Air Ambulance Support Refers to a situation in which a ground ambulance unit transports a patient to an aircraft or from an aircraft as a part of an Air Ambulance service.</p> <p>Return to Residence Refers to a situation in which an ambulance unit transports a patient to his/her place of residence.</p>
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	<p>C1 / Scene/emergency C2 / Rendezvous C3 / Unscheduled transfer, between RHA C4 / Unscheduled transfer, within RHA C5 / Scheduled transfer, between RHA C6 / Scheduled transfer, within RHA C7 / Air ambulance support C8 / Return to residence</p>
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Date of Service
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Legal and regulatory standards require that each PCR have a Date of Service recorded.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Start date the incident occurred and/or ambulance service was provided.
<b>Information Exchange Format Type</b>	DATE
<b>Information Exchange Format Length</b>	10
<b>Information Exchange Format Mask</b>	YYYY/MM/DD
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Valid Date
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Destination Unit
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Legal and regulatory standards require that each certified ambulance be clearly identifiable by unit number displayed on the vehicle in fixed locations. This number must be clearly displayed on each vehicle.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	EHS assigned unit number of the ground ambulance vehicle responding to a requirement to complete the transportation of the patient to the destination point.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	4
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	1 to 9999
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Incident/Invoice No.
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	As more ambulance operators computerize their dispatch and call information processing, internal identifiers of foreign systems may be useful in investigative situations. This number will provide the possibility of a linkage from the PCR record to the related information in the source system. This is the unique number within an individual dispatch area's records that identifies the incoming incident reports. Useful for linking to other health files.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Benchmarking of Emergency Medical Services in Alberta.
<b>Definition</b>	A unique number generated by individual Dispatch Centers for an incident.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	16
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	This identifier may vary in format for each dispatch center. Uniqueness will only be guaranteed when combined with the Operator ID.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	No Transport Code
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Identifies if a patient was not transported.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Code to indicate a patient was not transported.
<b>Information Exchange Format Type</b>	BOOLEAN
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory if a patient was not transported by the responding ambulance unit.
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Patient Count
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	At times, one vehicle will be used to treat and/or transport more than one patient at a time. This element serves to verify data integrity, and can also be used in allocation of funding or billing.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	EHS Working Committee
<b>Definition</b>	The total number of patients treated on this trip.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	2
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	0 - 99
<b>Synonymous Name</b>	

<b>Data Element Name</b>	PCR Number
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	<p>Each physical patient care report is pre-printed with a unique number for identification purposes. Currently the paper copy is the required legal instance of the PCR and the PCR Number is the specific key to a specific report.</p> <p>This is the central and most important number in the Pre-Hospital portion of the EMS information system. Every response must result in a PCR even if there is no patient. A response will have multiple PCRs if there are multiple patients. If multiple responders respond to one incident, there will be multiple PCR's as well.</p>
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	A unique number assigned to identify each Patient Care Report. (PCR)
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	9
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	This identifier is preprinted on the PCR forms. Number allocation is controlled by EHS.
<b>Implementation Consideration</b>	This number currently is printed as a document identifier on each PCR form. Not all operators use identical forms, nor are they printed by the same supplier, so number uniqueness issues have arisen in the past.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	PCR Type
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Identifies whether the type of Patient Care Report is for ground or air ambulance service.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Indicator for what type of PCR (Ground or Air)
<b>Information Exchange Format Type</b>	BOOLEAN
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	



<b>Data Element Name</b>	Respond From Station Indicator
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Respond from Coordinates compound.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Indicator to identify the ambulance unit responded from its station. Acts as a default to indicate the GPS coordinates of that station/base.
<b>Information Exchange Format Type</b>	BOOLEAN
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Responded From Latitude
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Respond To Coordinates compound.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: Government of Alberta Data Standards Data Element Name: Geographic Location Coordinates V1.1
<b>Definition</b>	The decimal degrees of latitude of the location that the responding unit responded from.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	11
<b>Information Exchange Format Mask</b>	SNN.NNNNNNN
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Negative (-) values are South of the equator, Positive (+) are North of the equator Values are expressed as decimal values, rather than the traditional degrees, minutes, seconds format.
<b>Implementation Consideration</b>	It is not expected that this field will be utilized until the corresponding unit is equipped with a GPS.
<b>Permissible Data Element Value</b>	(-)90.0000000 through +90.0000000
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Responded From Longitude
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Respond To Coordinates compound.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: Government of Alberta Data Standards Data Element Name: Geographic Location Coordinates V1.1
<b>Definition</b>	The decimal degrees of longitude of the location that the responding unit responded from.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	11
<b>Information Exchange Format Mask</b>	SNN.NNNNNNN
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Negative (-) values are South of the equator, Positive (+) are North of the equator Values are expressed as decimal values, rather than the traditional degrees, minutes, seconds format.
<b>Implementation Consideration</b>	It is not expected that this field will be utilized until the corresponding unit is equipped with a GPS.
<b>Permissible Data Element Value</b>	(-)180.0000000 through +180.0000000
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Responded To Facility ID
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	When an ambulance trip involves responding to a location and transfer a patient from a registered facility, the standard identifier for the facility must be used.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	The Facility ID, as defined in the Alberta Health and Wellness Interim Facility Registry System, of the facility that the patient was transported from. (i.e. Active Treatment Center, Auxiliary Hospital, etc.)
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	6
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory when the ambulance responds to a known facility and not specified if the response was not to a registered facility.
<b>Implementation Consideration</b>	Alignment with the Pharmaceutical Information Network Clinical Data Set. The list of facilities is currently under review. The current CLASS (Alberta Health & Wellness Claims Assessment System) values will be used until new values are available. When defined, the Facility Registry may result in a new format for the Facility ID.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Responded To Latitude
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Respond To Coordinates compound.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: Government of Alberta Data Standards Data Element Name: Geographic Location Coordinates V1.1
<b>Definition</b>	The decimal degrees of latitude of the location that the responding unit responded to.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	11
<b>Information Exchange Format Mask</b>	SNN.NNNNNNN
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Negative (-) values are South of the equator, Positive (+) are North of the equator Values are expressed as decimal values, rather than the traditional degrees, minutes, seconds format.
<b>Implementation Consideration</b>	It is not expected that this field will be utilized until the corresponding unit is equipped with a GPS.
<b>Permissible Data Element Value</b>	(-)90.0000000 through +90.0000000
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Responded To Longitude
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Respond To Coordinates compound.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: Government of Alberta Data Standards Data Element Name: Geographic Location Coordinates V1.1
<b>Definition</b>	The decimal degrees of longitude of the location that the responding unit responded to.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	11
<b>Information Exchange Format Mask</b>	SNNN.NNNNNNN
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Negative (-) values are South of the equator, Positive (+) are North of the equator Values are expressed as decimal values, rather than the traditional degrees, minutes, seconds format.
<b>Implementation Consideration</b>	It is not expected that this field will be utilized until the corresponding unit is equipped with a GPS.
<b>Permissible Data Element Value</b>	(-)180.0000000 through +180.0000000
<b>Synonymous Name</b>	

<b>Data Element Name</b>	License Number
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Legal and regulatory standards require that each ambulance operator be licensed and registered with EHS. EHS assigns a license identifier for each ambulance operators for reference with the EHS.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	EHS assigned license identifier for the ambulance operator that responded to the incident
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	5
<b>Information Exchange Format Mask</b>	A9999
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Station Number
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Legal and regulatory standards require that each station be registered with EHS. EHS assigns a station number for each station for reference within the EHS application systems.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Number assigned by EHS to uniquely identify a Station. A station can be a Fire Hall, Ambulance Bay, EMS Services, etc.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	001 - 999
<b>Synonymous Name</b>	



<b>Data Element Name</b>	Transported to Facility ID
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	When an ambulance trip involves transporting a patient to a facility, the standard identifier for the facility must be used.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	The Facility ID, as defined in the Alberta Health and Wellness Interim Facility Registry System, of the facility that the patient was transported to. (i.e. Active Treatment Center, Auxiliary Hospital, etc.)
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	6
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory when the ambulance responds to a known facility and not specified if the response was not to a registered facility.
<b>Implementation Consideration</b>	Alignment with the Pharmaceutical Information Network Clinical Data Set. The list of facilities is currently under review. The current CLASS (Alberta Health & Wellness Claims Assessment System) values will be used until new values are available. When defined, the Facility Registry may result in a new format for the Facility ID.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	EHS Unit ID
<b>Compound Name</b>	PCR Event
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Legal and regulatory standards require that each certified ambulance be clearly identifiable by unit number displayed on the vehicle in fixed locations. This number must be clearly displayed on each vehicle.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Ambulance Services Act
<b>Definition</b>	Unique ID for the vehicle assigned by EHS, representing the chassis and the ambulance unit. This will be either a 4 character ID for ground vehicle, or the 6 character call sign for an aircraft.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	6
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Any valid Ambulance Unit ID assigned by EHS.
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Compound Name</b>	PCR Attendant
<b>Parent Compound Name</b>	PCR Event
<b>Component Name</b>	Attendant Attendant Role Code
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	
<b>Business Rule/Coding Guideline</b>	

<b>Data Element Name</b>	Attendant
<b>Compound Name</b>	PCR Attendant
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The level of qualification of attendants is necessary in defining the level of the service available during an incident. The Ambulance Services Act defines the level of service operators may provide.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Alberta College of Paramedics: Health Disciplines Act Benchmarking of Emergency Medical Services in Alberta Ambulance Services Act
<b>Definition</b>	The Alberta College of Paramedics registration Number for the attendant(s).
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	8
<b>Information Exchange Format Mask</b>	A9999999
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Any valid Alberta College of Paramedics registration number for a practicing attendant.
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Attendant Role Code
<b>Compound Name</b>	PCR Attendant
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Identifies which attendant provided a treatment or medication.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Code to indicate the role of the attendant for the duration of the response. (i.e. Attendant A Primary, Attendant B/Driver or Attendant C/Student)
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	A
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory when the patient receives a treatment or medication.
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	A - Primary B - Driver C - Student
<b>Synonymous Name</b>	

<b>Compound Name</b>	PCR Ground
<b>Parent Compound Name</b>	PCR Event
<b>Component Name</b>	Arrived Patient Date/Time Arrived Scene Date/Time Back in Service Date/Time Call Received Date/Time Depart Scene Date/Time Response Type Ground Transport Code KM Total Level of Service Code Stand by Hours Transfer of Care Date/Time Unit Notified Date/Time Unit Responded Date/Time
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	
<b>Business Rule/Coding Guideline</b>	

<b>Data Element Name</b>	Arrived Patient Date/Time
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Desirable in certain situations in which there may be a significant delay between the time at which a response unit arrives at the scene and the time at which the personnel can access the patient. For example, if the attendant(s) are delayed or prevented from establishing contact because of fire or adverse conditions from approaching the patient, this time will be useful.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time the responding attendant(s) established direct contact with patient.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Coding Guidelines: Search and rescue operations will also note delays between arrival at the overall scene and the actual patient contact. Also important as patients' perception of EMS response interval is from the time call requesting service was made to the time when EMS personnel arrive at their side to deliver care.
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Arrived Scene Date/Time
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Permits measurement of the time required for the responding ambulance vehicle to go from the station to the scene. This data element refers to the physical motion of the responding EMS vehicle.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time the responding ambulance unit or aircraft stops physical motion at scene (last place that the unit or vehicle stops prior to assessing the patient).
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Coding Guidelines: If an individual attendant arrives at the scene by private vehicle that is NOT the value to be entered in this field. Otherwise, system delays in having an equipped vehicle at the scene will fail to be identified.
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	



<b>Data Element Name</b>	Back in Service Date/Time
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Permits assessment of the delay between arrival at destination and availability of the responding ambulance unit.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	The date and time that the responding ambulance unit is back in service or arrives back in its response area or base and available to provide another service.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Call Received Date/Time
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides the start point of the dispatch component of the EMS response. This data element allows managers to assess delays between the time of incident report and the notification of EMS dispatchers.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	The time that a call is first answered by a Public Safety Answering Point (PSAP) or other designated agency.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Depart Scene Date/Time
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Permits calculation of scene time by subtracting the time of arrival at scene from the time unit left scene.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time when the response unit begins physical motion from scene.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Response Type
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Allows system administrators to know the frequency with which responder units are using light and sirens/type of priority. Such usage carries explicit risks and EMS managers are responsible to assume that light and sirens/type of priority are used appropriately.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Benchmarking of Emergency Medical Services in Alberta
<b>Definition</b>	Code to indicate whether lights/sirens/type of priority were used in the response to an incident.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	R1 / Non-emergent, no lights/sirens R2 / Emergent, with lights/sirens
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Ground Transport Code
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Allows system administrators to know the frequency with which responder vehicles are using lights and sirens. Such usage carries explicit risks and EMS managers are responsible to assure that lights and sirens are used appropriately.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Benchmarking of Emergency Medical Services in Alberta
<b>Definition</b>	Code to indicate whether lights/sirens were used in the transport of the patient from an incident.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory when a patient is transported.
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	U1 / Non-emergent, no lights/sirens U2 / Emergent, with lights/sirens
<b>Synonymous Name</b>	

<b>Data Element Name</b>	KM Total
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	In some billing situations, the total distance traveled may be a component in the amount that can be charged for the response.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	EHS Working Committee
<b>Definition</b>	Total number of (kilometers for ground ambulance, miles for air ambulance) traveled from start of a response until the ambulance unit is back in service.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	5
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	<ul style="list-style-type: none"> <li>· Decimals not accepted</li> <li>· System default to kilometers if ground ambulance and miles if air ambulance</li> </ul>
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	0 - 99999
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Level of Service Code
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Used to categorize the level of service that was available for a call.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	EHS Working Committee Ambulance Services Act
<b>Definition</b>	Code to indicate the level of service that the operator is certified to provide. (I.e. ALS - Advanced Life Support, BLS - Basic Life Support or EMR - Emergency Medical Responder.)
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	LS1 / ALS – Advanced Life Support LS2 / BLS – Basic Life Support LS3 / EMR – Emergency Medical Responder
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Stand by Hours
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Permits measurement of the amount of time required for the attendants to stand by (wait) at the destination place.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Amount of time a service involved standby (waiting) time.
<b>Information Exchange Format Type</b>	TIME
<b>Information Exchange Format Length</b>	8
<b>Information Exchange Format Mask</b>	HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory when a service involves stand-by (wait) time.
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	



<b>Data Element Name</b>	Transfer of Care Date/Time
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Permits measurement of the time required for the attendant(s) to transfer the care of the patient to a personnel at the destination place.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time when responsibility for the patient's care has been transferred.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory only when a patient is transported.
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Unit Notified Date/Time
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Permits the measurement of the actual response or delays. Assists planning of communication resources for individual responders, and allows identification of system delays following the dispatch component of the EMS system.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	The time that Dispatch Center notifies an individual ambulance unit.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Unit Responded Date/Time
<b>Compound Name</b>	PCR Ground
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Permits measurement of delay between notification of EMS responder and the actual mobilization of the response unit.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	The time that Dispatch Center notifies an individual ambulance unit.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Coding Guidelines: This data element refers to physical motion of the responding EMS vehicle, and does not refer to individual EMTs who may respond directly to the scene when notified by individual radio or telephone. For example, if an EMS incident is reported, one EMT may be at home or at work and be responsible to go to the station which holds the ambulance. Another EMT may be notified and may drive in a private vehicle directly to the scene. The data element entered should be the time that the ambulance actually leaves the station, not the time at which the other EMT drives to the scene in the private vehicle.
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Compound Name</b>	PCR Air
<b>Parent Compound Name</b>	PCR Event
<b>Component Name</b>	Air Response Code Air Transport Code Aircraft Call Sign Altitude Arrive Base Date/Time Arrive Destination Airport Date/Time Arrive Destination Hospital Date/Time Arrive Patient Date/Time Arrive Send Airport Date/Time Back in Service Date/Time Cabin Pressure Call Received Date/Time Depart Destination Airport Date/Time Depart Destination Hospital Date/Time Depart Send Airport Date/Time Depart with Patient Date/Time Destination Unit ID Standby Duration Total Duration Transfer of Care Date/Time Unit Notified Date/Time Unit Responded Date/Time
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	
<b>Business Rule/Coding Guideline</b>	

<b>Data Element Name</b>	Air Response Code
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Allows system administrators to know the frequency of the type of priority used in the response. Such usage carries explicit risks and EMS managers are responsible to assume that types of priority are used appropriately.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Benchmarking of Emergency Medical Services in Alberta
<b>Definition</b>	Code to indicate the type of priority used in the response to an incident.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	R3 / Red R4 / Yellow R5 / Green R6 / Blue R7 / White
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Air Transport Code
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Allows system administrators to know the frequency of the type of priority used in the transportation of the patient. Such usage carries explicit risks and EMS managers are responsible to assume that types of priority are used appropriately.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Benchmarking of Emergency Medical Services in Alberta
<b>Definition</b>	Code to indicate the type of priority used in the transport of the patient from an incident.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	U4 / Red U5 / Yellow U6 / Green U7 / Blue U8 / White
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Aircraft Call Sign
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Legal and regulatory standards require that each certified aircraft be clearly identifiable by aircraft call sign displayed on the aircraft in fixed locations. This number must be clearly displayed on each aircraft.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Unique identifier issued by Transport Canada.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	6
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	A-AAAA
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Altitude
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The recording of the altitude of the aircraft during the transportation of the patient to be considered in the evaluation of patient care and condition.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	The measurements of altitude of the aircraft during the transportation of the patient.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	10
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	99999/9999
<b>Synonymous Name</b>	



<b>Data Element Name</b>	Arrive Base Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides the time the patient arrived at the Base. This data element allows manager to assess delays between the time of the transfer of care of the patient and when the unit is back at the base.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time the responding unit arrived at the base.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Arrive Destination Airport Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides the time the patient arrived at the Destination Airport. This data element allows manager to assess delays between the time of the incident report and the arrival at the destination airport.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time the responding unit and patient arrives at the destination airport.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Arrive Destination Hospital Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides the time the patient arrived at the Destination Hospital. This data element allows manager to assess delays between the time of the incident report and the arrival at the destination hospital.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	The time the responding unit and patient arrives at the destination hospital.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Arrive Patient Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides the time the attendant(s) arrived at the patient. This data element allows manager to assess delays between the time of the incident reported and the time the unit arrives at with the patient.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	The time the responding attendant(s) establish direct contact with patient.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Arrive Send Airport Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides the time the patient arrived at the sending airport. This data element allows manager to assess delays between the time of the incident reported and the time the unit arrived at the airport.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	The time the responding unit arrives at the sending airport with the patient.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Back in Service Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Permits assessment of the delay between arrival at destination and availability of the response unit.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time that the responding unit is back in service and available to provide another service.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Cabin Pressure
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The recording of the cabin pressure of the aircraft during the transportation of the patient to be considered in the evaluation of patient care and condition.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	The measurements of the cabin pressure during the transportation of the patient.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	10
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	99999/9999
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Call Received Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides the start point of the dispatch component of the EMS response. This data element allows managers to assess delays between the time of incident report and the notification of EMS dispatchers.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time the call is first answered by a Public Safety Answering Point (PSAP) or other designated agency.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	



<b>Data Element Name</b>	Depart Destination Airport Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides the time the patient departs the Destination Airport. This data element allows manager to assess delays between the time of the incident reported and the time the unit departs from the destination hospital.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time the responding unit departed the destination airport
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Depart Destination Hospital Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides the time the patient departs the Destination Hospital. This data element allows manager to assess delays between the time of the incident reported and the time the unit departs from the destination hospital.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time the responding unit cleared the destination hospital.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Depart Send Airport Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides the time the patient depart the sending airport. This data element allows manager to assess delays between the time of the incident reported and the time the unit departs from the sending airport.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time the responding unit departs with the patient from the sending airport.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	<p>For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.</p> <p>EMS Dispatch refers to a facility that operates the dispatching of EMS services for an area. This may be quite separate from the Public Service Answering Point.</p>
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Depart with Patient Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides the time the patient departed the Destination Airport. This data element allows manager to assess delays between the time of the incident reported and the time the unit departs with the patient.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time the responding unit leaves the scene with the patient.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Destination Unit ID
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Legal and regulatory standards require that each certified ambulance be clearly identifiable by unit number displayed on the vehicle in fixed locations. This number must be clearly displayed on each vehicle.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	EHS assigned unit number of the ground ambulance vehicle responding to a requirement to complete the transportation of the patient to the destination point.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	4
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	0001 - 9999
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Standby Duration
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Identifies the amount of time the attendants/unit were required to standby at the destination point.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Amount of time the trip involved standby (waiting) time.
<b>Information Exchange Format Type</b>	TIME
<b>Information Exchange Format Length</b>	8
<b>Information Exchange Format Mask</b>	HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory when a service involves stand-by (wait) time.
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Total Duration
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	In some billing situations, the total time may be a component in the amount that be charge for the response. This data element also allows for the planning of EMS resource allocation.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Time Timestamp (TS)
<b>Definition</b>	Complete amount of time for the entire trip from departure time to return to base time.
<b>Information Exchange Format Type</b>	TIME
<b>Information Exchange Format Length</b>	8
<b>Information Exchange Format Mask</b>	HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Transfer of Care Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides a record of the transfer of responsibility to the destination service provider.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time when responsibility for the patient's care has been transferred.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	



<b>Data Element Name</b>	Unit Notified Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Permits measurement of the actual responder response or delays. Assists planning of communication resources for individual responders and allows identification of system delays following the dispatch component of the EMS System.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Date and time that EMS Dispatch notifies the unit.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	<p>For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.</p> <p>EMS Dispatch refers to a facility that operates the dispatching of EMS services for an area. This may be quite separate from the Public Service Answering Point.</p>
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Unit Responded Date/Time
<b>Compound Name</b>	PCR Air
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides the time the aircraft took off from its destination airport. This data element allows manager to assess delays between the time of the incident reported and the time the unit departs with the patient.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Standard: HISCA Standard Format HL7 Version 2.4 Data Element Name: Date, Time Timestamp (TS)
<b>Definition</b>	Time the responding unit was wheels-up after receiving the call.
<b>Information Exchange Format Type</b>	DATETIME
<b>Information Exchange Format Length</b>	19
<b>Information Exchange Format Mask</b>	YYYY/MM/DD HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	For this entity, the Time portion is meaningless without the Date portion, and so it is defined as one entity that can be externally represented as two components, the Date and Time. Internally, timestamps are often simply a number of time units since a known reference date, with no delineation into the date and time components.
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Compound Name</b>	PCR Patient
<b>Parent Compound Name</b>	PCR Event
<b>Component Name</b>	Bystander Response Code External Cause of Injury Code Co-Responder No Transport Reason Code Other Resource Code Patient DOB Patient Gender Code Patient Location Code Patient OOP Code Patient OOP ID Patient PHN Patient PHN Type Province Code Injury Intent Code Provider Impression Code PCR Safety Equipment PCR Injury PCR Vitals PCR Intervention PCR Signs Symptoms
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	
<b>Business Rule/Coding Guideline</b>	

<b>Data Element Name</b>	Bystander Response Code
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides information concerning the early use of CPR or defibrillation in the patient treatment
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	EHS Working Committee
<b>Definition</b>	Provides information concerning the early use of CPR or defibrillation in the patient treatment.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	2
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Bystander Response Code
<b>Synonymous Name</b>	

<b>Data Element Name</b>	External Cause of Injury Code
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	It is necessary to have a broad taxonomy for defining the external causes of injury, and ICD-10-CA provides such taxonomy.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	ICD-10-CA: 'External causes of morbidity and mortality' Benchmarking of Emergency Medical Services in Alberta
<b>Definition</b>	Code which depicts the external cause of injury.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	7
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	While ICD-10-CA provides a much more exhaustive set of possible values, the following have been identified as a required base set. Other valid ICD-10-CA codes will be allowed if and when operators are able to collect more explicit indications.
<b>Implementation Consideration</b>	It has been traditional to attempt to assign a single external cause of injury code to individual incidents. Multiple entries, however, aids in gathering better detail about injuries, and to eliminate confusion when the EMS provider must choose between two reasonable codes.
<b>Permissible Data Element Value</b>	External Cause of Injury Code
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Co-Responder
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides information concerning the early use of CPR or defibrillation in the patient treatment.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	EHS Working Committee
<b>Definition</b>	Indicates that trained personnel other than the crew of the responding ambulance provided care on scene, CPR or defibrillation.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	2
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Co-responder Code
<b>Synonymous Name</b>	

<b>Data Element Name</b>	No Transport Reason Code
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Allows reports to be generated according to the final disposition of EMS responses. This will provide information about the reasons for which EMS is notified, correlated with the ultimate incident disposition. For instance, it will be of value to know that in certain regions, EMS is frequently activated to see patients who require no treatment or transport. Reports generated from this data element may be of use in coordinating the dispatch and responder functions as well.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Benchmarking of Emergency Medical Services in Alberta
<b>Definition</b>	This code is used to indicate the reason that there was no transport associated with this PCR.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	2
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	<p>Mandatory when a patient is not transported by a responding ambulance unit.</p> <p>Coding Guidelines</p> <p>No patient found If not cancelled, but no patient can be found by the responder.</p> <p>Transfer care to other EMS agency This code means that the EMS responder provided treatment at the scene but the patient was transferred into the care of another service. The EMS responder did not provide transport in this instance. For example, if a BLS provider is at a scene and treats a patient, but a separate ALS responder arrives and takes over, the BLS record would indicate this code. If an EMS responder treats a patient who is then transported by a separate police or fire vehicle, this is the correct code for the EMS responder record.</p> <p>Treated and released This code means that the EMS responder provided treatment, and the patient required no further emergency care. This is distinct from the instance in which the patient is known to be in need of further care, but is transported by himself or others to the facility providing further care</p>

	<p>No treatment required This code means that the EMS responder evaluated the patient, and no treatment was required. If the patient refused evaluation, or if the EMS responder did not evaluate a specific patient, this is not the correct code for this data element.</p> <p>Refused care Patient was at scene and refused care, whether injured or not. If the EMS responder knows that there is an injury, but the patient refuses care and is transported by friends or acquaintances, this is still the correct code for this data element.</p> <p>Dead at scene This code means that the patient was pronounced dead at the scene, whether or not treatment was undertaken. If a patient is given CPR at the scene and transported to the hospital while undergoing CPR, then this is not the correct code. If a patient is given CPR and is then pronounced dead at the scene, this is the correct code.</p> <p>Cancelled This code means that the EMS response was cancelled en route or on scene.</p> <p>Provided back-up/Assistance only This code is used when a responding ambulance unit acted as a secondary unit and provided back-up or only assistance to a primary responding ambulance unit.</p>
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	<p>N1 No patient found</p> <p>N2 Transfer care to other EMS agency</p> <p>N3 Treated and released</p> <p>N4 No treatment required</p> <p>N5 Refused care</p> <p>N6 Dead at scene</p> <p>N7 Cancelled</p> <p>N8 Provided back-up/assistance only</p>
<b>Synonymous Name</b>	



<b>Data Element Name</b>	Other Resource Code
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides information concerning additional qualified personnel that were in attendance to the patient during the trip outside of the crew for this ambulance.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Indicates that trained personnel other than the crew of this ambulance were present for the trip.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	4
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	OR1 / ICU/CCU - Intensive Care Unit/Cardiac Care Unit OR2 / NICU/PICU - Neonatal Intensive Care Unit/Pediatric Intensive Care Unit OR3 / RN Assist OR4 / Physician Assist OR5 / RN & Physician Assist OR6 / Firefighter Assist
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Patient DOB
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides demographic data on the patient, the date of birth.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Date of birth of the patient
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	8
<b>Information Exchange Format Mask</b>	YYYY/MM/DD
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Patient Gender Code
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides information concerning the gender of the patient.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Code to indicate the gender of the patient.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	M - Male F - Female U - Unknown
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Patient Location Code
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Location type of the incident is important for epidemiologists as well as EMS planners deciding where to allocate EMS resources. ICD-10-CA defines the 'Place of occurrence code' to be used in conjunction with the 'External causes of morbidity and mortality'.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	ICD-10-CA 'Place of occurrence codes'/'External causes of morbidity and mortality'.
<b>Definition</b>	Code to depict the type of location where the incident occurred. This location refers to the location where the injury occurred, not necessarily the origin of the transport.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	2
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	While ICD-10-CA provides a much more exhaustive set of possible values, the following have been identified as a required base set. Other valid ICD-10-CA codes will be allowed if and when operators are able to collect more explicit indications.
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Patient Location Code
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Patient OOP Code
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Identifies that the patient recorded on the PCR is from another province within Canada.
<b>Information Exchange Format Type</b>	BOOLEAN
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Patient OOP ID
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Unique system generated personal health number assigned by the province providing health coverage for their residents.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	15
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory if OOP personal health number is selected.
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Patient PHN
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Unique system generated personal health number assigned by Stakeholder for residents of Alberta.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	9
<b>Information Exchange Format Mask</b>	999999999
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory is Alberta PHN is selected.
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Patient PHN Type
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	An indicator to determine if the patient health coverage is responsibility of Alberta, another province or outside of the country.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	An indicator that identifies if the patient's health coverage is provided by a specific province or a other issuer. (i.e. Alberta, OOP or Other)
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	



<b>Data Element Name</b>	Province Code
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	This data intended to identify the province responsible for the health coverage of the patient if applicable.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	A code to indicate which province is responsible for the health coverage of the patient.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	2
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory if OOP personal health number is selected.
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Injury Intent Code
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Intended to help injury surveillance specialists who are interested in homicide and suicides, inflicted child injuries, etc. This information may also be of use in suicide or spousal/child abuse prevention programs. The EMS provider may be in a unique situation to assess this issue which would then be of enormous value to the medical personnel caring for the patient.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Benchmarking of Emergency Medical Services in Alberta.
<b>Definition</b>	Code to depict the intent of the individual inflicting injury.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	2
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Coding Guidelines  If the data element is collected, the EMS provider should indicate that an event is intentional if he or she has any suspicion of such. The data element is not intended to carry legal significance, but rather is intended to assist researchers in identifying possible cases of intentional injury for further study. If a firearm or stabbing is involved, this data element is redundant with proper coding of the external cause of injury, which permits coding for intentional injury on self or others.
<b>Implementation Consideration</b>	It is clear that the EMS provider will often not be able to assess this question.
<b>Permissible Data Element Value</b>	I1 / Intentional, self I2 / Intentional, other I3 / Unintentional I4 / Unknown
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Provider Impression Code
<b>Compound Name</b>	PCR Patient
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	In order to determine whether the treatments or medications provided match protocols that relate to the clinical impression, a standard for recording the clinical impression is required.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	ICD-10-CA Benchmarking of Emergency Medical Services in Alberta
<b>Definition</b>	Code representing a clinical assessment as provided by the primary attendant.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	2
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	<p>Coding Guidelines</p> <p>When more than one choice is applicable to a patient, the responder should indicate the single most important clinical assessment that drove most of the plan of therapy and management.</p> <p>All values entered will be validated against the ICD-10-CA table.</p> <p>This list may be amended to suit changing needs of the industry, but values will be coded as ICD-10-CA codes.</p>
<b>Implementation Consideration</b>	These are the codes as identified to date, additional codes may be added which conform to HISCA standard.
<b>Permissible Data Element Value</b>	Provider Impression Code
<b>Synonymous Name</b>	

<b>Compound Name</b>	PCR Safety Equipment
<b>Parent Compound Name</b>	PCR Patient
<b>Component Name</b>	Safety Equipment
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides important information about safety device use in motor vehicle accidents, boating accidents, and industrial accidents with eye injuries. Data will be of use for corroboration of police reports concerning crashes.
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	
<b>Business Rule/Coding Guideline</b>	

<b>Data Element Name</b>	Safety Equipment
<b>Compound Name</b>	PCR Safety Equipment
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Benchmarking of Emergency Medical Services in Alberta.
<b>Definition</b>	Safety equipment in use by patient at time of injury.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	2
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Coding Guidelines  None used - If the EMS responder knows that no safety device was employed.
<b>Implementation Consideration</b>	Multiple values permitted.
<b>Permissible Data Element Value</b>	01 / None used 02 / Lap Belt 03 / Shoulder and lap belt 04 / Driver airbag deployed 05 / Passenger airbag deployed 06 / Side airbag deployed 07 / Child seat, forward facing 08 / Child seat, rear facing 09 / Use of appropriate helmet 10 / Use of inappropriate helmet 11 / Eye protection 12 / Flotation device
<b>Synonymous Name</b>	

<b>Compound Name</b>	PCR Injury
<b>Parent Compound Name</b>	PCR Patient
<b>Component Name</b>	Injury Code Injury Location Code
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	This compound reflects the clinical impression of injury by the EMS responder, not necessarily the final, correct medical diagnosis.
<b>Business Rule/Coding Guideline</b>	

<b>Data Element Name</b>	Injury Code
<b>Compound Name</b>	PCR Injury
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	This is a crucial data element (injury description) that will enable EMS planners to know what type of injuries are incurred by patients using the EMS system. The data element will also be of value in assessing the correspondence between injury assessment in the field and actual injuries as evaluated in medical facilities. It is stressed that this data element is supposed to reflect the clinical impression of injury by the EMS responder, not necessarily the final, correct medical diagnosis.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Code to indicate the description of injury. (i.e. burn injury, contusion, etc.)
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory is an injury location code is specified.
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Injury Code
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Injury Location Code
<b>Compound Name</b>	PCR Injury
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	This is a crucial data element (injury body location) that will enable EMS planners to know what type of injuries are incurred by patients using the EMS system. The data element will also be of value in assessing the correspondence between injury assessment in the field and actual injuries as evaluated in medical facilities. It is stressed that this data element is supposed to reflect the clinical impression of injury by the EMS responder, not necessarily the final, correct medical diagnosis.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Code to indicate the location of injury on the body. (i.e. head, face, ankle, etc.)
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory if an injury code is specified.
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Injury Location Code
<b>Synonymous Name</b>	



<b>Compound Name</b>	PCR Intervention
<b>Parent Compound Name</b>	PCR Patient
<b>Component Name</b>	Medication Code Treatments Code
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	
<b>Business Rule/Coding Guideline</b>	

<b>Data Element Name</b>	Medication Code
<b>Compound Name</b>	PCR Intervention
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Intended to provide planners and educators with information about which drugs are administered in the field, by whom, and for what indications.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	Health Canada" 'QRYM_ACTIVE_INGREDIENTS' table available for download on their web-site. ( <a href="http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/dpd.html">http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/dpd.html</a> ) Benchmarking of Emergency Medical Services in Alberta
<b>Definition</b>	Identification of medication for which the administration was attempted or performed on patient.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	4
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory if an attendant was specified as administering a medication.
<b>Implementation Consideration</b>	The identification scheme will follow the HC-AIGC medication code standards
<b>Permissible Data Element Value</b>	Medication Code
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Treatments Code
<b>Compound Name</b>	PCR Intervention
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Intended to provide ambulance service planners and educators with information about which procedures are conducted in the field, by whom, and for what indications. Procedures are defined here as anything done by way of assessment or treatment of the patient.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	CCI Benchmarking of Emergency Medical Services in Alberta
<b>Definition</b>	Code to identify the treatments or assessments attempted or performed on the patient.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Conditional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory if an attendant was specified as attempting or performing a treatment.
<b>Implementation Consideration</b>	The identification scheme follows the ICD-10-CA9-CM/CCI Procedure Classification. While the use of 'rubic's' portion of a code is not technically permitted within CCI, there are some instances where there is little practical choice. The best example being the 'Obstetrical care' treatment. Even though specific codes are not practical now, in the future mobile electronic devices may make the selection of definitive codes feasible. Until then, the use of rubics retains the basis of the classification scheme for data analysis.
<b>Permissible Data Element Value</b>	Assessment Treatment
<b>Synonymous Name</b>	

<b>Compound Name</b>	PCR Signs Symptoms
<b>Parent Compound Name</b>	PCR Patient
<b>Component Name</b>	Signs Symptoms Code
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	
<b>Business Rule/Coding Guideline</b>	

<b>Data Element Name</b>	Signs Symptoms Code
<b>Compound Name</b>	PCR Signs Symptoms
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	This data element is intended to capture the information provided to, or obtained by, the EMS responder in order to assess the patient. It is intended that these signs and symptoms be correlated with the clinical impression of the responder. This would help EMS managers plan educational programs for the responders.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	ICD-10-CA Benchmarking of Emergency Medical Services in Alberta
<b>Definition</b>	Code to indicate the signs and symptoms reported to and/or observed by the attendant.
<b>Information Exchange Format Type</b>	CHAR
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Mandatory
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	All values entered will be validated against the ICD-10-CA values.
<b>Permissible Data Element Value</b>	Sign Symptom Code
<b>Synonymous Name</b>	

<b>Compound Name</b>	PCR Vitals
<b>Parent Compound Name</b>	PCR Patient
<b>Component Name</b>	Blood Glucose Level Heart Rate Oxygen Saturation Respiratory Rate Vitals Recorded Time Pre-Hospital Index Blood Pressure Patient Glasgow Coma Score Pre-Hospital Index Mechanism of Injury Blood Pressure
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	
<b>Business Rule/Coding Guideline</b>	

<b>Data Element Name</b>	Blood Glucose Level
<b>Compound Name</b>	PCR Vitals
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Patient Vital Signs cluster.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Blood glucose level is the amount of glucose (sugar) in the blood. It is also known as serum glucose level. The amount of glucose in the blood is expressed as millimoles per litre (mmol/l).
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	4
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	1 to 9999
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Heart Rate
<b>Compound Name</b>	PCR Vitals
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Patient Vital Signs cluster. The heart rate is a component of various triage scoring systems, and permits a rough assessment of the severity of illness of the patient.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	The number of beats per minute. Heart rate can be determined by taking the pulse. A number indicating the patient's palpated or auscultated heart rate expressed in number per minute. The measurement of heart rate is in beats per minute. Note that 'Heart Rate' is the correct name for this element. Pulse is a more inclusive term that can include both the heart rate, and characteristics of the heart rhythm.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	<p>This data element is based on the physical examination of the patient, and the pulse must be palpated or auscultated. An electrical rhythm is not sufficient, as the patient could have electromechanical dissociation.</p> <p>Successful readings are recorded as a three digit value</p> <p>Unknown – When a reading was attempted, but could not be determined</p> <p>Not applicable – When the value is not applicable or not attempted</p> <p>If a patient has electromechanical dissociation, code 000.</p>
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	<p>000-300 / Reading obtained and recorded</p> <p>888 / Unknown</p> <p>999 / Not applicable</p>
<b>Synonymous Name</b>	



<b>Data Element Name</b>	Oxygen Saturation
<b>Compound Name</b>	PCR Vitals
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Patient Vital Signs cluster.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	EHS Working Committee
<b>Definition</b>	The percentage of the haemoglobin that is saturated by oxygen as measured by oximetry.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	<p>This data element is typically measured using an oximeter. Successful readings are recorded as a three digit value</p> <p>Unknown – When a reading was attempted, but could not be determined</p> <p>Not applicable – When the value is not applicable or not attempted</p> <p>The determination of oxygen-haemoglobin saturation of blood either by withdrawing a sample and passing it through a classical photoelectric oximeter or by electrodes attached to some translucent part of the body like finger, earlobe, or skin fold. It includes non-invasive oxygen monitoring by pulse oximetry.</p>
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	000-100 / Reading obtained and recorded 888 / Unknown 999 / Not applicable
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Respiratory Rate
<b>Compound Name</b>	PCR Vitals
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Patient Vital Signs cluster. This is a component of several triage-scoring systems and provides some assessment of severity of illness or injury.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	The number of breaths per minute (or, more formally, the number of movements indicative of inspiration and expiration per unit time). In practice, the respiratory rate is usually determined by counting the number of times the chest rises (or falls) per minute. By whatever means, the aim is to determine if the respirations are normal, abnormally fast (tachypnea), abnormally slow (bradypnea), or nonexistent (apnea). A number indicating the patient's unassisted respiratory rate expressed as number per minute.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Successful readings are recorded as a three digit value  Unknown – When a reading was attempted, but could not be determined Not applicable – When the value is not applicable or not attempted  If a patient is not breathing and requires artificial ventilation, code 000.  In practice, the respiratory rate is usually determined by counting the number of times the chest rises (or falls) per minute. By whatever means, the aim is to determine if the respirations are normal, abnormally fast (tachypnea), abnormally slow (bradypnea), or nonexistent (apnea).
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Vitals Recorded Time
<b>Compound Name</b>	PCR Vitals
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The patient parameters are only meaningful in the context of when they were measured. The measurement time is critical for the evaluation of patient care and condition.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Time when the vitals were collected by the attendant.
<b>Information Exchange Format Type</b>	TIME
<b>Information Exchange Format Length</b>	8
<b>Information Exchange Format Mask</b>	HH:MM:SS
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Mandatory when vitals and an attendant are specified.
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Compound Name</b>	Patient Glasgow Coma Score
<b>Parent Compound Name</b>	PCR Vitals
<b>Component Name</b>	Glasgow Coma Total Score Glasgow Eye Opening Component Glasgow Motor Component Glasgow Verbal Component
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	The Glasgow coma scale assesses the degree of coma in patients with craniocerebral injuries; also assesses brain function, brain damage, and patient progress. The score and its components are also parts of a variety of triage scoring systems. The Glasgow Coma Scale has been defined and used since circa 1974.
<b>Business Rule/Coding Guideline</b>	

<b>Data Element Name</b>	Glasgow Coma Total Score
<b>Compound Name</b>	Patient Glasgow Coma Score
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	<p>The rationale for this data element has been defined as part of the Patient Glasgow coma score cluster.</p> <p>While this value can be computed by summing the three component values, historical data has only provided the total score, and not the component values.</p>
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	This is one of the defined components for the Glasgow Coma Scale. The Glasgow Coma Scale has been defined and used since circa 1974.
<b>Definition</b>	The sum of the three individual components of the Glasgow Coma Score.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	2
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Glasgow Eye Opening Component
<b>Compound Name</b>	Patient Glasgow Coma Score
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Patient Glasgow coma score cluster.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	This is one of the defined components for the Glasgow Coma Scale. The Glasgow Coma Scale has been defined and used since circa 1974.
<b>Definition</b>	Code to rate the patient's eye opening component of the Glasgow coma score.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Value/Assessment Criteria 4 = spontaneous 3 = to voice 2 = to pain 1 = none
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Glasgow Motor Component
<b>Compound Name</b>	Patient Glasgow Coma Score
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Patient Glasgow coma score cluster.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	This is one of the defined components for the Glasgow Coma Scale. The Glasgow Coma Scale has been defined and used since circa 1974.
<b>Definition</b>	Code to rate the patient's motor component of the Glasgow coma score.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Value/Assessment Criteria 6 = Obeys Commands 5 = Localize Pain 4 = Withdraw (Pain) 3 = Flexion (Pain) 2 = Extension (Pain) 1 = None
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Glasgow Verbal Component
<b>Compound Name</b>	Patient Glasgow Coma Score
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Patient Glasgow coma score cluster.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	This is one of the defined components for the Glasgow Coma Scale. The Glasgow Coma Scale has been defined and used since circa 1974.
<b>Definition</b>	Code to rate the patient's verbal component of the Glasgow coma score.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Value/Assessment Criteria 5 = Oriented 4 = Confused 3 = Inappropriate words 2 = Incomprehensible sounds 1 = None
<b>Synonymous Name</b>	



<b>Compound Name</b>	Pre-Hospital Index
<b>Parent Compound Name</b>	PCR Vitals
<b>Component Name</b>	PHI - Blood Pressure (Systolic) Component PHI - Consciousness Component PHI - Pulse Component PHI - Mechanism of Injury Component PHI - Respirations Component PHI - Total
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Pre-Hospital Index – The PHI scale assesses the patient overall condition of the patient and his/her progress
<b>Business Rule/Coding Guideline</b>	

<b>Data Element Name</b>	PHI - Blood Pressure (Systolic) Component
<b>Compound Name</b>	Pre-Hospital Index
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides information concerning the assessment of the patient based on a variety of triage scoring systems.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Code to rate the patient's systolic blood pressure component of the Pre-Hospital Index Score
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Value/Assessment Criteria 0 = > 100 1 = 86 - 100 2 = 75 - 85 5 = 0 - 74
<b>Synonymous Name</b>	

<b>Data Element Name</b>	PHI - Consciousness Component
<b>Compound Name</b>	Pre-Hospital Index
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides information concerning the assessment of the patient based on a variety of triage scoring systems.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Code to rate the patient's level of consciousness component of the Pre-Hospital Index Score.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Value/Assessment Criteria 0 = Normal 3 = Confused/Combative 5 = No intelligible Words
<b>Synonymous Name</b>	

<b>Data Element Name</b>	PHI - Pulse Component
<b>Compound Name</b>	Pre-Hospital Index
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides information concerning the assessment of the patient based on a variety of triage scoring systems.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Code to rate the patient's pulse component of the Pre-Hospital Index Score
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Value/Assessment Criteria 3 = > 120 0 = 50 - 120 5 = < 50
<b>Synonymous Name</b>	

<b>Data Element Name</b>	PHI - Mechanism of Injury Component
<b>Compound Name</b>	Pre-Hospital Index
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides information concerning the assessment of the patient based on a variety of triage scoring systems.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Code to rate the patient's mechanism of injury component of the Pre-Hospital Index Score.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	<p>Value/Assessment Criteria</p> <p>If any of the following are present , add 4</p> <ul style="list-style-type: none"> <li>- MVC pt. ejected or roll-over w/o seatbelt</li> <li>- MVC death or serious injury to occupant in same vehicle</li> <li>- MVC steering wheel deformed or interior intrusion &gt; 20" (45 cm)</li> <li>- Motorcycle crash; victim separated from bike @ &gt; 30 kph</li> <li>- Pedestrian or cyclist struck @ velocity &gt; 15 kph</li> <li>- Penetrating injury to head, chest, abdomen or groin</li> <li>- Fall &gt; 3m (10 ft.)</li> </ul>
<b>Synonymous Name</b>	

<b>Data Element Name</b>	PHI - Respirations Component
<b>Compound Name</b>	Pre-Hospital Index
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides information concerning the assessment of the patient based on a variety of triage scoring systems.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	Code to rate the patient's respiratory component of the Pre-Hospital Index Score.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	1
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	Value/Assessment Criteria 0 = Normal 3 = Labored 5 = < 10/min.
<b>Synonymous Name</b>	

<b>Data Element Name</b>	PHI - Total
<b>Compound Name</b>	Pre-Hospital Index
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	Provides information concerning the assessment of the patient based on a variety of triage scoring systems.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	The total amount provides an assessment of the patient's condition and his/her progress.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	2
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	
<b>Implementation Consideration</b>	
<b>Permissible Data Element Value</b>	
<b>Synonymous Name</b>	

<b>Compound Name</b>	Blood Pressure
<b>Parent Compound Name</b>	PCR Vitals
<b>Component Name</b>	Diastolic Blood Pressure Systolic Blood Pressure
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	The force that the circulating blood exerts on the walls of the arteries. This measurement is divided into systolic (pressure during contraction of the heart) and diastolic (pressure during relaxation phase).
<b>Business Rule/Coding Guideline</b>	



<b>Data Element Name</b>	Diastolic Blood Pressure
<b>Compound Name</b>	Blood Pressure
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Patient Vital Signs.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	The pressure exerted on the walls of the arteries when the heart is the relaxation phase (diastole). A number indicating the patient's diastolic blood pressure measured in millimeters of Hg.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	<p>Successful readings are recorded as a three digit value</p> <p>Blood Pressure is usually displayed as Systolic/Diastolic in the format 999/999.</p> <p>For a Palpated reading, the Diastolic value of '777' is presented as 'P', e.g. 120/P</p> <p>Palpated reading – For a palpated reading, only the Systolic value is measurable.</p> <p>Unknown – When a reading was attempted, but could not be determined</p> <p>Not applicable – When the value is not applicable or not attempted</p>
<b>Implementation Consideration</b>	The Diastolic Blood Pressure is normally used in conjunction with the Systolic Blood Pressure.
<b>Permissible Data Element Value</b>	<p>000-300 / Reading obtained and recorded</p> <p>777 / Palpated reading - Diastolic Blood Pressure unknown</p> <p>888 / Unknown</p> <p>999 / Not applicable</p>
<b>Synonymous Name</b>	

<b>Data Element Name</b>	Systolic Blood Pressure
<b>Compound Name</b>	Blood Pressure
<b>Submission</b>	EHS - PCR MDS
<b>Requirement for the Standard</b>	The rationale for this data element has been defined as part of the Patient Vital Signs Cluster.
<b>Submitting Organization</b>	Alberta Health and Wellness
<b>Standard Reference</b>	
<b>Definition</b>	The pressure exerted on the walls of the arteries during the contraction phase of the heart. A number indicating the patient's systolic blood pressure measured in millimeters of Hg.
<b>Information Exchange Format Type</b>	NUMBER
<b>Information Exchange Format Length</b>	3
<b>Information Exchange Format Mask</b>	
<b>Presentation/Display Format</b>	
<b>Obligation</b>	Optional
<b>Cardinality</b>	
<b>Business Rule/Coding Guideline</b>	Successful readings are recorded as a three digit value Blood Pressure is usually displayed as Systolic/Diastolic in the format 999/999. Unknown – When a reading was attempted, but could not be determined Not applicable – When the value is not applicable or not attempted
<b>Implementation Consideration</b>	The Systolic Blood Pressure is normally used in conjunction with the Diastolic Blood Pressure.
<b>Permissible Data Element Value</b>	000-300 / Reading obtained and recorded 888 / Unknown 999 / Not applicable
<b>Synonymous Name</b>	

PERMISSIBLE VALUE LIST

Provider Impression

Code	Description
P1	Abdominal pain/problems
P2	Airway obstruction
P3	Allergic/anaphylactic reaction
P4	Behavioral/psychiatric
P5	Burns
P6	Cardiac arrest
P7	Cardiac rhythm disturbance
P8	Chest pain, Ischemic
P9	Chest pain, Non-cardiac
P10	Dementia
P11	Drowning
P12	Electrocution
P13	Epistaxis
P14	Fever
P15	General malaise/unwell
P16	G/I bleed
P17	Hyperglycemia
P18	Hypoglycemia
P19	Hyperthermia
P20	Hypothermia
P21	Inhalation injury - smoke
P22	Inhalation injury - toxic gas, other
P23	Miscarriage
P24	OB delivery
P25	Obvious death
P26	Poisoning
P27	Pregnancy and complications of
P28	Renal colic
P29	Respiratory arrest
P30	Respiratory distress
P31	Seizure
P32	Sexual assault/rape
P33	Shock - hypovolemic or other
P34	Stings/venomous bites
P35	Stroke/CVA/TIA
P36	Syncope/fainting
P37	Traumatic injury
P88	Unknown
P99	Not applicable

**Sign Symptom**

<b>Code</b>	<b>Description</b>
S1	Active bleeding
S2	Altered level of consciousness/confused
S3	Breathing difficulty/dyspnea
S4	Blood in urine (hematuria)
S5	Bloody stools
S6	Burns
S7	Cardio-respiratory arrest
S8	Childbirth, imminent
S9	Choking
S10	Deformity, limb
S11	Diarrhea
S12	Diaphoretic/sweating
S13	Dizziness
S14	Fever/hyperthermia
S15	Lethargic
S16	Hypothermia
S17	Labor
S18	Nausea/vomiting
S19	Numbness/decreased sensation
S20	Pain, abdominal
S21	Pain, back
S22	Pain, chest
S23	Pain, ear
S24	Pain, eye
S25	Pain, flank
S26	Pain, generalized
S27	Pain, headache
S28	Pain, limb
S29	Palpitations
S30	Paralysis
S31	Seizure/convulsions
S32	Swelling/edema
S33	Syncope
S34	Uncooperative/combative
S35	Unresponsive/unconsciousness
S36	Vaginal Bleeding
S37	Weakness
S99	Not Applicable

**Injury Location Code**

Code	Description
A	Head/face
B	Neck
C	Back
D	Chest
E	Abdomen
F	Pelvis
G	Shoulder/upper arm
H	Elbow/forearm
I	Wrist/hand
J	Hip/thigh
K	Knee/lower leg
L	Ankle/foot
M	Multiple body sites
N	Other

**Injury Code**

Code	Description
1	Abrasion/ superficial injury
2	Amputation, complete
3	Amputation, partial
4	Burn injury
5	Contusion
6	Crush injury
7	Dislocation
8	Fracture
9	Open wound/ laceration
10	Sprain
99	Unspecified

## Assessment Treatment

Code	Description
T1	Assessment (examination)
T2	Bandaging
T3	Control bleeding
T4	Extrication of patient
T5	Spinal immobilization devices
T6	Splinting
T7	Traction splint
T8	Vital signs
T9	Blood glucose testing
T10	Pulse oximetry (SPo2)
T20	Airway - oropharyngeal (OPA)
T21	Airway - combi-tube
T22	Airway - laryngeal mask adjunct (LMA)
T23	Airway - nasopharyngeal
T24	Bag-value mask (BVM)
T25	Cricothyrotomy
T26	End-tidal CO2 monitoring
T27	Esophageal intubation detector
T28	Intubation - endotracheal (ET tube)
T29	Intubation - nasotracheal
T30	Intermit positive pressure breathing device
T31	Manual airway maneuvers
T32	Percutaneous transtracheal ventilation (PTTV)
T33	Suction - deep chest
T34	Suction - endotracheal
T35	Suction - meconium aspiration
T36	Suction - nasopharyngeal
T37	Suction - nasotracheal
T38	Suction - oropharyngeal
T39	Suction - tracheal
T45	Cardiac monitoring - twelve lead
T46	Cardiac monitoring - basic
T47	Cardioversion
T48	Cardio pulmonary resuscitation (CPR)
T49	Defibrillation
T50	Transcutaneous pacing (TCP)
T51	Vagal maneuver
T60	Endotracheal
T61	Intramuscular
T62	Intranasal
T63	Intravenous
T64	Nebulized
T65	Oral
T66	Rectal
T67	Subcutaneous

T68	Sublingual
T69	Topical
T70	Assist patient with own meds
T80	IV infusions - initiate, monitor and maintain
T81	Intraosseous infusion
T82	OB delivery
T83	Rapid Sequence Induction (RSI)
T84	Rapid Sequence Sedation (RSS)
T85	Draw blood - arterial blood gas sample
T86	Draw blood - external jugular venipuncture
T87	Draw blood - femoral venipuncture
T88	Draw blood - other venipuncture
T89	Gastric tubes
T90	Monitoring chest tube
T91	Needle thoracostomy
T92	Suturing
T93	Urinary catheterization
T99	Other

**Patient Location**

<b>Code</b>	<b>Description</b>
L1	Home
L2	Residential institution
L3	School
L4	Public administration area
L5	Health facility
L6	Other institution
L7	Sports or athletics area
L8	Park
L9	Street
L10	Highway
L11	Intersection
L12	Sidewalk
L13	Ditch
L14	Trade or service area
L15	Industrial worksite
L16	Farm
L17	Body of water
L18	Other specified place
L19	Unspecified place



### External Cause of Injury

Code	Description
E1	Bicycle related incident
E2	Motorcycle related incident
E3	Motor vehicle, traffic collision
E4	Motor vehicle, non-traffic collision
E5	Off-road vehicle
E6	Pedestrian vs. vehicle collision
E7	Aircraft related, powered
E8	Aircraft related, non-powered
E9	Assault - bodily force
E10	Bitten by animal
E11	Chemical ingestion
E12	Drug ingestion
E13	ETOH ingestion
E14	Electrocution (non-lightning)
E15	Excessive heat
E16	Excessive cold
E17	Fall < 10 feet
E18	Fall > 10 feet
E19	Fire/flames
E20	Gunshot - handgun
E21	Gunshot - rifle, shotgun
E22	Hanging/other mechanical suffocation
E23	Lightning
E24	Machinery-related incident
E25	Radiation exposure, including sun
E26	Sexual assault/rape
E27	Stabbing
E28	Venomous bites and stings (plants, animals)
E29	Water-related incident
E99	Not applicable

### Bystander Response

Code	Description
B1	Cardiopulmonary Resuscitation
B2	Automated External Defibrillator
B3	Cardiopulmonary Resuscitation & Automated External Defibrillator

### Co-Responder

Code	Description
CR1	On Scene
CR2	Cardiopulmonary Resuscitation
CR3	Automated External Defibrillator
CR4	Cardiopulmonary Resuscitation & Automated External Defibrillator

# Medication

Code	Description	Trade Name
M5	Acetaminophen susp	Tempra drops
M10	Acetaminophen	Tylenol
M15	Acetylsalicylic acid	Aspirin
M20	Activated Charcoal	Charcodote
M25	Adenosine	Adenocard
M30	Amiodarone HCL	Amiodarone/Cordarone
M35	Atropine Sulphate	Atropine preload
M40	Atropine Sulphate	Atropine vial
M45	Benzotropine Mesylate	Cogentin
M50	Budesonide	Pulmicort
M55	Calcium Chloride 10%	Calcium Chloride
M60	Calcium Gluconate 10%	Calcium Gluconate
M65	Cefazolin Sodium	Kefzol
M70	Chlorpromazine HCL	Largactil
M75	Dexamethasone	Decadron
M80	Dextrose 50%	D50W
M85	Diazepam Inj	Valium
M90	Digoxin	Lanoxin
M95	Diltiazem HCL	Cardizem/Diltiazem
M100	Dimenhydrinate	Gravol
M105	Diphenhydramine HCL	Benadryl/Diphenist
M110	Dobutamine	Dobutrex
M115	Dopamine HCL	Dopamine/Intropin
M120	Droperidol	Droperidol
M125	Enoxaparin sodium	Lovenox
M130	Epeniphrine HCL	Adrenalin pre-load
M135	Epinephrine HCl	Adrenalin vial
M140	Etomidate	Amidate - No AIG code; May only be used by special release from Health Cda
M145	Fenoterol/Ipratropium	Duovent
M150	Fentanyl Citrate	Fentanyl Citrate
M155	Flumazenil	Anexate
M160	Furosemide	Lasix
M165	Glucagon	Glucagon, preload
M170	Glucose, oral	Insta Glucose
M175	Haloperidol	Haldol
M180	Heparin Sodium	Hepalean/Heparin Inj
M185	Hydralazine HCL	Apresoline Inj
M190	Ipratropium Bromide	Atrovent
M195	Ipratropium Bromide/Salbutamol	Combivent Solution
M200	Isoproterenol HCL	Isoproterenol HCL
M205	Ketamine HCL	Ketalar
M210	Labetalol HCL	Trandate
M215	Lidocaine HCL	Xylocard, preload
M220	Lidocaine HCL IV	Lidocaine 0.4% 250 ml premix bag
M225	Lidocaine HCL spray	Lidodan
M230	Lorazepam tab	Ativan/Lorazepam
M235	Lorazepam Inj	Lorazepam Inj
M240	Magnesium Sulphate	Magnesium Sulphate Inj 50%
M245	Mannitol	Mannitol 20%/Osmitrol 20

M250	Meperidine HCL	Demerol/Meperidine
M255	Methylprednisolone	Solu Medrol
M260	Metoclopramide HCL	Metoclopramide
M265	Metoprolol Tartrate	Betaloc/Lopresor/Metoprolol
M270	Midazolam HCL	Versed
M275	Morphine Sulphate	Morphine
M280	Naloxone HCL	Narcan
M285	Neostigmine Methylsulfate	NeostigmineProstigmin
M290	Nifedipine	Adalat
M295	Nitroglycerine SL Tab	Nitrostat
M300	Nitroglycerine Spray	Nitro Pumpspray
M305	Nitroglycerine IV	Nitroglycerine IV Pre-mix
M310	Oxytocin	Oxytocin/Pitocin/Syntocinon
M315	Pancuronium Bromide	Pancuronium Bromide
M320	Pentastarch	Pentaspan
M325	Phenytoin Sodium	Dilantin
M330	Potassium Chloride	Potassium Chloride (KCL) Inj
M335	Prednisone	Prednisone
M340	Procainamide HCL	Procainamide (INJ)/Pronestyl
M345	Prochlorperazine	Stemetil
M350	Retapase	Retavase
M355	Rocuronium	Zemuron
M360	Salbutamol	Ventolin Nebs
M365	Sodium Bicarbonate	Sodium Bicarbonate 8.4%
M370	Sodium Bicarbonate, Pediatric	Sodium Bicarbonate 4.2%
M375	Streptokinase	Streptase
M380	Succinylcholine Chloride	Quelicin/Succinylcholine
M385	Tenecteplase	TNKase
M390	Tetracaine HCL	Minims Tetracaine/Tetracaine/Pontocaine
M395	Thiamin HCl	Betaxin/Vitamin B1
M400	Vasopressin	Pressyn/Vasopressin
M405	Vecuronium Bromide	Norcuron/Vecuronium Bromide Inj
M410	Verapamil HCL	Isoptin
M500	Nitrous Oxide	Entonox
M510	Oxygen	Oxygen
M520	Dextrose 5%	D <sub>5</sub> W
M530	Ringers Lactate	Ringers Lactate
M540	Normal Saline	Sodium Chloride, 0.9%
M550	2/3; 1/3	Dextrose 3.3%/NaCl 0.3%

## APPENDIX A

The following is the document produced by the stakeholders.

# Benchmarking of Emergency Medical Services In Alberta

Consultation Paper  
February 28, 1999

## Introduction

In April 1998, representatives from the Alberta Ambulance Operators Association (AAOA) and Emergency Health Services, Alberta Health, met to discuss the need for the objective identification, validation, and acceleration of the spread of best practices in Alberta emergency medical services.

Following this meeting a committee was struck to assist Alberta ambulance operators in establishing goals and performance measures. The committee is composed of representatives from the AAOA and Emergency Health Services, as well as the City of Edmonton Emergency Response Department and the City of Calgary Emergency Medical Services Department.

The goals of the committee are:

To establish a set of standardized definitions of performance measures to promote provincially and eventually nationally;

To identify common data elements;

To educate EMS stakeholders in the province on the purpose and benefits of benchmarking;

To identify core data for analysis.

Initially, the focus of the committee will be on encouraging benchmarking of emergency medical services within Alberta; however, as a common set of definitions and data elements is promoted nationally, it will eventually become possible to benchmark ambulance services in Alberta with other services nationally and internationally.

During the preparation of this consultation paper the committee drew extensively on current research in the field of performance measurement and, more specifically, in EMS benchmarking. The purpose of this paper is to propose, and get feedback on, common definitions and data elements required to benchmark emergency medical services in Alberta.

Comments may be recorded separately or directly in this document. Please state clearly the definitions and/or data elements referred to.

Comments should be sent to the following address by **March 31, 1999**:

Emergency Health Services Branch  
Alberta Health  
19<sup>th</sup> Floor, 10025 Jasper Avenue  
Edmonton AB T5J 2N3

## EMS Definitions

### **Advanced Cardiac Life Support:**

Attempts to restore spontaneous circulation with basic CPR plus advanced airway management and ventilation techniques (including intubation of the airway and the use of airway devices that pass the pharynx), as well as defibrillation and intravenous or endotracheal medications.<sup>i</sup>

### **Advanced Life Support Level of Service:**

An ambulance meets the requirements necessary to provide ambulance services at the advanced life support level if it is staffed with at least one Emergency Medical Technologist-Paramedic and one Emergency Medical Technician-Ambulance and it is equipped with the equipment and supplies specified in the regulation. (*Alberta Ambulance Services Act, Staff, Vehicle and Equipment Regulation.*)

### **Advance Life Support Level of Care:**

An ALS level of care is said to have been delivered when a patient has been provided health services within the scope of practice of an Alberta Registered Emergency Medical Technologist-Paramedic, as defined in the Emergency Medical Technicians Regulation of the Alberta Health Disciplines Act. (In the future, the Health Disciplines Act will be replaced by the Health Professions Act.)

### **Automated External Defibrillators:**

An automated external defibrillator is a defibrillator that performs rhythm analysis of the patient's surface electrocardiogram. This rhythm analysis is dichotomous; either ventricular fibrillation / ventricular tachycardia or non-ventricular fibrillation. An automated external defibrillator provides information to the operator when it detects ventricular fibrillation or rapid ventricular tachycardia. This information is also dichotomous; either "shock" or "no shock indicated".<sup>ii</sup>

### **Basic Cardiac Life Support**

The attempt to restore effective circulation with (cardiopulmonary resuscitation, which is) external compression of the chest wall plus expired air inflation of the lungs. Rescuers can provide ventilation through airway adjuncts and face shields (and bag-valve-masks). Invasive techniques of airway maintenance such as intubation of the airway and airway devices that pass the pharynx are not included under this definition.<sup>iii</sup>

### **Basic Life Support Level of Service:**

An ambulance meets the requirements necessary to provide ambulance services at the basic life support level if it is staffed with at least one Emergency Medical Technician-Ambulance and one Emergency Medical Responder and it is equipped with the equipment and supplies specified in Schedule 2 of the regulation. (*Ambulance Services Act, Staff, Vehicle and Equipment Regulation, Section 3.*)

### **Basic Life Support Level of Care:**

A BLS level of care is said to have been delivered when a patient has been provided health services within the scope of practice of an Alberta Registered Emergency Medical Technician-Ambulance, as defined in the Emergency Medical Technicians Regulation of the Health Disciplines Act. (In the future, the Health Disciplines Act will be replaced by the Health Professions Act.)

### **Bystander CPR:**

An attempt to perform cardiopulmonary resuscitation (CPR) by someone who is not part of an organized emergency response system.<sup>iv</sup>

### **Cardiac Arrest:**

The cessation of cardiac mechanical activity, confirmed by the absence of a detectable pulse, unresponsiveness, and apnea (or agonal, gasping respirations).<sup>v</sup>

### **Emergency Medical Dispatcher (EMD):**

A person formally trained in a recognized program to perform dispatching duties.

### **Emergency Medical Responder (EMR):**

A person who is registered with the Alberta Pre-Hospital Professions Association under the Health Disciplines Act, Emergency Medical Technicians Regulation as being one who can bear the title of EMR and who, with the appropriate training and on-going medical audit, can perform the health services described in the regulation. (In the future, the Health Disciplines Act will be replaced by the Health Professions Act.)

### **Emergency Medical Technician-Ambulance (EMT-A):**

A person who is registered with the Alberta Pre-Hospital Professions Association under the Health Disciplines Act, Emergency Medical Technicians Regulation as being one who can bear the title of EMT-A and who, with the appropriate training and on-going medical audit, can perform the health services described in the regulation. (In the future, the Health Disciplines Act will be replaced by the Health

Professions Act.)

**Emergency Medical Technologist-Paramedic (EMT-P):**

A person who is registered with the Alberta Pre-Hospital Professions Association under the Health Disciplines Act, Emergency Medical Technicians Regulation as being one who can bear the title of EMT-P and who, with the appropriate training and on-going medical audit, can perform the health services described in the regulation. (In the future, the Health Disciplines Act will be replaced by the Health Professions Act.)

**ICD-9-CM**

The International Classification of Diseases, Ninth Revision, Clinical Modification. A classification system that groups related disease entities and procedures for the reporting of statistical information. The National Centre for Statistics developed the clinical modification of the ICD-9 for use in North America.<sup>vi</sup>

**Incident**

An unplanned, undesired or unacceptable situation that could have or did result in injury, loss or detrimental circumstances.<sup>vii</sup>

**Incident Investigation**

Eliciting of the facts surrounding an occurrence to determine root causes in order to initiate actions to prevent a re-occurrence.<sup>viii</sup>

**Medical Audit:**

An assessment by the medical director of the health services provided by a registered member of the designated health discipline of Emergency Medical Technicians and the protocols under which the registered member operates.<sup>ix</sup>

**Medical Control:**

Orders within the registered member's scope of practice, that define patient management and are issued by the medical director or their designate. Medical control may take place prospectively through development of protocols, directly by oral or written orders or retrospectively by medical audits.<sup>x</sup>

**Medical Control Guidelines:**

A document containing Medical Protocols which provides guidelines for treatment options to EMRs, EMT-As and EMT-Ps. It is a form of prospective performance measurement by establishing standards of care prior to patient contact.<sup>xi</sup>

**Medical Director:**

A physician who is designated by an employer to provide medical control to people registered as members of the designated health discipline of Emergency Medical Technicians.<sup>xii</sup>

**Medical Priority Dispatch**

A patented system of determining the most appropriate response according to the answers from the caller to a set of pre-scripted questions. The system also includes pre-arrival instruction to empower the caller to help the patient while waiting for the ambulance to arrive.<sup>xiii</sup>

**Quality Assurance**

**Document:**

Something written, printed, etc. that gives information or proof of some fact; any object used as evidence; to prove or support by means of documents.<sup>xiv</sup>

**Documentation:**

The use of documentary evidence; the documents used.<sup>xv</sup>

**Procedure:**

A specified way to perform an activity. A procedure should normally specify the purpose and scope of an activity; what is to be done and by whom; where and how it must be done; what materials, equipment and documents shall be used; and how it must be controlled and recorded.<sup>xvi</sup>

**Quality:**

The totality of characteristics of a product or service that bear on its ability to satisfy stated or implied needs. Quality is sometimes referred to as "fitness for use", "customer satisfaction", or "conformance to the requirements".<sup>xvii</sup>

**Quality Assurance:**

All the planned and systematic actions to be implemented and demonstrated to provide adequate confidence that the product or service will satisfy given requirements for quality. All that is done to be sure that quality control is what it should be.

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Within an organization, quality assurance serves as a tool to provide confidence to management (internal quality assurance). In contractual or other situations, quality assurance also serves to provide confidence to the customer or others (external quality assurance).<sup>xviii</sup>

**Quality Audit:**

A systematic and independent examination to determine whether quality activities and related results comply with planned arrangements and whether these arrangements are implemented effectively and are suitable to achieve objectives.

The quality audit typically applies, but is not limited to a quality system or elements thereof, to processes, to products, or to services. Such audits are often called “quality system audit”, “process quality audit”, “product quality audit”, or “service quality audit”.

Quality audits are carried out by staff not having direct responsibility in the areas being audited but preferably, work in cooperation with the relevant personnel.

One purpose of a quality audit is to evaluate the need for improvement or corrective action. An audit should not be confused with surveillance or inspection activities performed for the purpose of process control or product acceptance.

Quality audits can be conducted for internal or external purposes.<sup>xix</sup>

**Quality Control**

The operational techniques and activities that are used to fulfill requirements for quality. All that is done to be sure that the product is what it should be.

Quality control involves operational techniques and activities aimed both at monitoring a process and at eliminating causes of unsatisfactory performance at all stages of the organization's operation in order to result in economic effectiveness.<sup>xx</sup>

**Quality Improvement**

The actions taken to increase the value to the customer by improving the effectiveness and efficiency of processes and activities throughout the organizational structure.<sup>xxi</sup>

**Benchmarking Definitions****Benchmark:**

A “best in class” comparator; a high level of performance that others achieve when undertaking a similar responsibility.<sup>xxii</sup> A comparison of key performance indicators or measures of results.<sup>xxiii</sup>

**Core Data:**

Data without which analyses and comparisons would be difficult or meaningless. These data are generally easier to collect and in some systems are routinely collected.<sup>xxiv</sup>

**Expectation:**

A desired result as set out in a goal, guideline, policy standard, target or benchmark.<sup>xxv</sup>

**Goal:**

A broad statement of a desired condition which is potentially attainable though not necessarily easily or within a short time frame.<sup>xxvi</sup>

**Guideline:**

A recommendation developed to guide an individual or an organization undertaking an activity.<sup>xxvii</sup>

**Input:**

The amount and type of resources (staff, clients, money, supplies, material, buildings, etc.) used to deliver programs and services.<sup>xxviii</sup>

**Lateral Benchmarking:**

Comparing the same key indicator for several organizations.<sup>xxix</sup>

**Measure:**

A quantitative tool to assess progress in meeting expectations.<sup>xxx</sup>

**Outcome:**

A change in health status or health determinants of clients that can be attributed to a program or service.<sup>xxxi</sup>

**Outcome-Oriented Benchmarking:**

Measurement of the external effects of organizational performance. In the ambulance industry, outcome-oriented key indicators include cardiac survival rates, measures of customer satisfaction and measured effects on downstream health care costs.<sup>xxxii</sup>

**Output-Oriented Benchmarking:**

Measurement of the quantity, quality or cost to the provider of the products or services provided by the

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organization. In the ambulance industry, output-oriented key indicators include fractile measures of response time reliability, measures of protocol compliance, clinical level of service and the provider's cost per patient served.<sup>xxxiii</sup>

**Output:**

The results of processes that were completed, for example, average daily cost per client, average length of stay.<sup>xxxiv</sup>

**Process:**

The activities and tasks undertaken to achieve program or service objectives.<sup>xxxv</sup>

**Process-Oriented Benchmarking:**

The key indicator, compared over time or across sites, to evaluate how well a production process is being performed.<sup>xxxvi</sup>

**Sequential Benchmarking:**

Comparing the same key indicators over time for the same organization (i.e., trend analysis).<sup>xxxvii</sup>

**Supplementary Data:**

Data that is more comprehensive and more specific than core data and should be reported whenever possible. These data permit more detailed comparisons and more precise analyses of outcomes. They are generally more difficult to collect and tend to be less precise than core data.<sup>xxxviii</sup>

**Target:**

A specific statement of a desired level of or change in performance to be achieved usually within a given time period.<sup>xxxix</sup>

Demographic/Geographic Measures

**City**

Part 4, Division 2, Section 82 of the Municipal Government Act states that a city may be formed for an area in which (a) a majority of the buildings are on parcels of land smaller than 1850 square metres, and (b) there is a population of 10 000 or more.

**Hamlet**

Part 3, Division 6, Section 59(1) of the Municipal Government Act states that the council of a municipal district or specialized municipality may designate an unincorporated community described in subsection (2) that is within its boundaries to be a hamlet. Subsection (2) states that an unincorporated community may be designated a hamlet if: the community consists of 5 or more buildings used as dwellings and a majority of these dwellings are on parcels of land smaller than 1850 square metres; the community has a generally accepted boundary and name; and the community contains parcels of land that are used for non-residential purposes.

**Municipal District**

Part 4, Division 2, Section 78 of the Municipal Government Act states that a municipal district may be formed for an area in which (a) a majority of the buildings used as dwellings are on parcels of land with an area of at least 1850 square metres, and (b) there is a population of **1000** or more.

**Population Density:**

The number of persons per square kilometre.<sup>xi</sup>

**Province/Territory:**

The major political divisions of Canada. From a statistical point of view, they are a basic unit for which data are tabulated and cross-classified. The ten provinces combined with the two territories cover the complete country.<sup>xii</sup>

**Rural Area:**

Rural areas are sparsely populated lands lying outside urban areas. Taken together, urban and rural areas cover all of Canada. Within the rural areas of Canada population densities and living conditions can vary greatly.<sup>xiii</sup>

**Standard Geographical Classification (SGC):**

Statistic Canada's official classification of geographic areas in Canada. The SGC provides unique numeric identification codes for three types of geographic areas. These are provinces and territories, census divisions and census subdivisions. The three geographic areas are hierarchically related.<sup>xliii</sup>

**Town**

Part 4, Division 2, Section 81 of the Municipal Government Act states that a town may be formed for an area in which (a) a majority of the buildings are on parcels of land smaller than 1850 square metres, and (b) there is a population of 1000 or more.

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**Urban Area:**

Urban areas have minimum population concentrations of 1,000 and a population density of at least 400 per square kilometre, based on the previous census population counts. All territory outside urban areas is considered rural. Taken together, urban and rural areas cover all of Canada.<sup>xliv</sup>

**Village**

Part 4, Division 2, Section 80 of the Municipal Government Act states that a village may be formed for an area in which (a) a majority of the buildings are on parcels of land smaller than 1850 square metres, and (b) there is a population of **300** or more.

**Administrative/Financial Measures****Cost Per Call:**

Actual EMS operation net expenses (annual) divided by the EMS call volume for the same period of time.<sup>xlv</sup>

**EMS Call Volumes:**

The number of EMS calls received through EMS dispatch for a given period of time. (This number includes cancelled calls and calls for treatment but no transfers.)

**Net Cost Per Capita:**

Actual EMS operation net expenses (annual) divided by population of the city/town/village(s) served.<sup>xlvi</sup>

**Net Budget:**

Budgeted revenues less budgeted expenses as approved by City/Town/Village Council or Ambulance Board for a period of one year.<sup>xlvii</sup>

**Revenue:**

Revenue received through the billing of ambulance services, which includes fees for transports and mileage, response fees, standby fees and air medevacs agreements (if applicable).<sup>xlviii</sup>

**Unit Hour Utilization (UHU):**

A ratio describing the amount of time the EMS vehicle is in use compared to the time the vehicle is available.

The formula for calculating the UHU is as follows:

$$\text{UHU} = \frac{\text{Total Unit Hours Available}}{\text{Number of Calls Per Hour}}$$

Total Unit Hours = (Units x # hours) x # of days

Number of Calls Per Hour = Average number of calls per hour over same number of days used in Total Unit Hours calculation.<sup>xlix</sup>

**Time Intervals**

*(Refer to Figure 1 for a depiction of the Emergency Medical Services Time Interval Model.)*

**Call Response Interval:**

The period elapsed from the time the phone rings at the EMS dispatch centre to the time the EMS vehicle has stopped curb-side at the scene of the call.

**Delivery Interval:**

The period elapsed from the time that the EMS vehicle has stopped at the hospital to the time that the patient is off of the EMS stretcher in the hospital.

**Dispatch Interval:**

The period elapsed from the time the phone rings at the EMS dispatch centre to the time the EMS crew is pre-alerted.

**EMS Activation Interval:**

The period elapsed from the time the phone rings at a public service answering point (PSAP), or directly at the dispatch centre, to the time when the EMS crew is pre-alerted.

**EMS Call:**

The sum of all of the events that occur once the phone rings at the dispatch centre until the EMS vehicle is placed back in service.

**EMS Vehicle Travel Interval:**

The period elapsed from the time the EMS vehicle is in-gear responding to a request for service to the time that the EMS vehicle is stopped curb-side at the scene of the call.

**Interval:**

The period elapsed between two points in time.<sup>l</sup>

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**On-Scene Interval:**

The period elapsed from the time the EMS vehicle is stopped curbside at the scene of the call to the time the EMS vehicle is in-gear departing the scene of a call.

**Out-of-Chute Interval:**

The period elapsed from the time the EMS crew is pre-alerted to the time that the EMS vehicle is in-gear responding to the request for service.

**Out-of-Service Interval:**

The period elapsed from the time that the EMS crew is pre-alerted by dispatch to the time the EMS vehicle is placed back in service.

**PSAP Screening Interval:**

The period elapsed from the time that the phone rings at a public service answering point to the time that the transfer-call rings at the EMS dispatch centre.

**Recovery Interval:**

The period elapsed from the time that the patient is off of the EMS stretcher in the hospital to the time that the EMS vehicle is back in service.

**Total Emergency Call:**

The sum of all of the events that occur once the phone rings at either a public service answering point, or directly at the dispatch centre, until the ambulance is placed back in service.

**Total Emergency Medical Services Call:**

The sum of all of the events that occur once the phone rings directly at the dispatch centre, until the ambulance is placed back in service.

**Total Pre-Hospital Assessment/Treatment Interval:**

The period elapsed from the time the EMS crew reaches the patient's side to the time the patient is off of the EMS stretcher in the receiving hospital.

**Total Pre-Hospital System Interval:**

The period elapsed from the time EMS dispatch answers a phone call requesting emergency medical services to the time the patient is off of the EMS stretcher in a hospital.

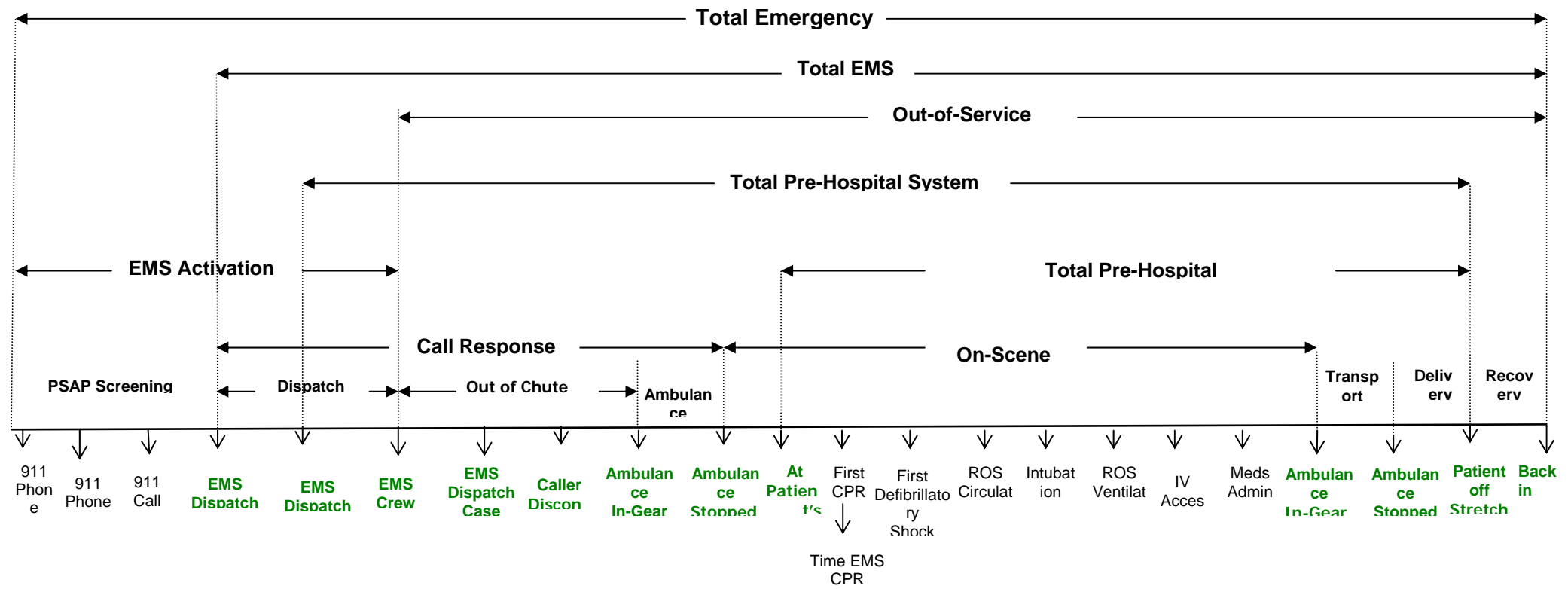
**Transport Interval:**

The period elapsed from the time that the EMS vehicle is in-gear departing the scene of the call to the time that the EMS vehicle is stopped at the hospital.

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**Figure 1.**  
**Emergency Medical Services Time Interval Model**



- ROS: Return of spontaneous (I.e., return of spontaneous circulation.)

**Uniform EMS Data Element Dictionary Format**

Each data element is presented using the following template. Sufficient detail about each data element has been included to justify its inclusion in the uniform data set. It is recognized that the lists that are included in this dictionary are imperfect, but definitions of these lists have been debated for many years without resolution. The lists included here were initially developed at the Uniform Pre-Hospital EMS Data Conference in 1993 and have been modified to reflect Canadian information processing standards. Those data elements that were not relevant to the delivery of emergency medical services in Alberta were not included in this dictionary, as a result the element numbers may not be sequential.

Space is provided after each data element for your comments. Additional comments may be attached on a separate sheet; please indicate the number and name of the corresponding data element.

#

<b>Name of Data Element:</b>	Name
<b>Priority:</b>	Essential or desirable
<b>Definition:</b>	Short definition of data element
<b>Data Items:</b>	Defined data elements - alternative descriptions of the data element values or attributes.

**Discussion and Justification:** Provide further details and justify the data element.

**Comments:**

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Uniform EMS Data Element Dictionary

1.

<b>Name of Data Element:</b>	Incident Address
<b>Priority:</b>	Essential
<b>Definition:</b>	Address (or best approximation) where patient was found, or, if no patient, address to which unit responded.

**Discussion and Justification:** Provides location of incident, which can be used to determine the appropriate allocation of EMS resources for specific areas. Contains the street address or post office box number, followed by the apartment number or internal building number.

**Comments:**

2.

<b>Name of Data Element:</b>	Incident City
<b>Priority:</b>	Essential
<b>Definition:</b>	City, town, village or hamlet (if applicable) where patient was found or to which unit responded (or best approximation)
<b>Data Items:</b> Standard Geographic Classification Code	

**Discussion and Justification:** Provides city or other urban area location of incident, which can be used to determine the appropriate allocation of EMS resources for specific areas. In addition, this field may facilitate probabilistic linkage to crash reports from the same city, or to hospitals within the same city. Field may be used for local city reports, permitting local understanding of the impact of EMS.

**Comments:**

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3.

<b>Name of Data Element:</b>	Incident Municipal District
<b>Priority:</b>	Essential
<b>Definition:</b>	Municipal district, or best approximation, where patient was found or to which unit responded (if applicable)
<b>Data Items:</b> Standard Geographic Classification Code	

**Discussion and Justification:** Provides municipal district or other rural area location of incident, which can be used to determine the appropriate level of EMS resources for specific areas. In addition, this field may facilitate probabilistic linkage to crash reports from the same county, or to hospitals within the same county. Field may be used for local county reports, permitting local understanding of the impact of EMS. Can link data file with census data to determine effects of population density, socioeconomic information, etc. on need for EMS and evaluations of EMS outcome.

**Comments:**

4.

<b>Name of Data Element:</b>	Incident Province
<b>Priority:</b>	Essential
<b>Definition:</b>	Province, territory, or State, where patient was found or to which unit responded
<b>Data Items:</b> Standard Geographic Classification Code	

**Discussion and Justification:** Provides a means of aggregating EMS incidents by province, which allows reports to provincial legislatures concerning province-wide EMS activities. Can be used to assess province-wide resource requirements for EMS operations. Important where patients are transported across provincial borders.

**Comments:**

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5.

<b>Name of Data Element:</b>	Location Type
<b>Priority:</b>	Essential
<b>Definition:</b>	Type of location of incident
<p style="text-align: center;"><b>Data Items</b></p> <p>849.0 Home / Residence 849.6 Public Building  849.1 Farm 849.7 Residential Institution  849.2 Mine or quarry 849.E Educational Institution  849.3 Industrial place and premises 849.8 Other specified location  849.4 Place for recreation or sport 849.9 Unspecified location  849.5 Street or highway 849.U Unknown</p>	

**Discussion and Justification:** Location type data items are coded in terms of the (ICD-91) E849 place of occurrence codes. This location refers to the location where the injury occurred, not necessarily the origin of the transport.

Location type of the incident is important for epidemiologists as well as EMS planners deciding where to allocate EMS resources.

The categories in this dictionary are from ICD-9 and are E849 place of occurrence codes, with the exceptions that a category for educational institutions has been added, and an unknown category is provided. The unknown category is provided so that inaccurate data is not entered into this field.

*Home / Residence (E Code 849.0)*

Includes apartment, boarding house, farm house, home premises, residential house, non-institutional place of residence, private driveway, private garage, private garden, private home, private walkway, swimming pool within private house or garden, and yard of home. Excludes home under construction but not occupied, or institutional place of residence.

*Farm (E Code 849.1)*

Includes farm buildings and land under cultivation. Excludes farm house and home premises of farm.

*Mine or quarry (E Code 849.2)*

Includes gravel pit, sand pit, or tunnel under construction.

*Industrial place and premises (E Code 849.3)*

Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform in factory or store, industrial plant, railway yard, shop (place of work), warehouse, and workhouse.

*Place for recreation or sport (E Code 849.4)*

Includes amusement park, baseball field, basketball court, beach resort, cricket ground, football field, golf course, gymnasium, hockey field, holiday camps, ice palace, lake resort, mountain resort, playgrounds including school playground, public parks, racecourses, resorts of all types, riding school, rifle range, seashore resorts, skating rink, sports ground, sports palace, stadium, public swimming pool, tennis court, vacation resort. Excludes occurrences in private house, private garden, private swimming pool, private yard.

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1 The International Classification of Diseases, Ninth Revision. A classification system that groups related disease entities and procedures for the reporting of statistical information.

*Street or highway* (E Code 849.5)

Includes all public roadways.

*Public building* (E Code 849.6)

Includes any building used by the general public, including airport, bank, cafe, casino, church, cinema, clubhouse, courthouse, dance hall, parking garage, hotel, market, movie theater, music hall, nightclub, office, office building, opera house, post office, public hall, broadcasting station, restaurant, commercial shop, bus or railway station, store, or theater. Excludes home garage or industrial building or workplace. Also excludes public, and private schools, which varies from the ICD-9 definition.

*Residential institution* (E Code 849.7)

Children's home, dormitory, hospital, jail, home for elderly, orphanage, prison, reform school.

*Educational institution* (E Code 849.E)

Includes public and private schools. Excludes playground, gymnasium, and other recreational locations within educational institutions, which should be coded as place for recreation or sport.

*Other specified location* (E Code 849.8)

Includes beaches, canal, caravan site, derelict house, desert, dock, forest, harbor, hill, lake, mountain, parking lot, parking place, pond or natural pool, prairie, railway line, reservoir, river, sea, seashore, stream, swamp, trailer court, and woods. Excludes resorts.

*Unspecified location* (E Code 849.9)

Includes any location not included in the above classification.

*Unknown* (E Code 849.U)

To be used when the location of incident is not known.

**Comments:**

8.

<b>Name of Data Element:</b>	Date Incident Reported
<b>Priority:</b>	Essential
<b>Definition:</b>	Date the call is first received by a public safety answering point (PSAP) or other designated entity.
<b>Data Item:</b>	YYYYMMDD.

**Discussion and Justification:** Used in conjunction with "Time Incident Reported" to assess the duration between onset of a medical emergency and receipt of a request for EMS response, as well as to assess the duration of time required to mobilize the response and provide the patient definitive care. The data element is also used to help EMS planners allocate resources by day of week and season of year.

**Comments:**

9

<b>Name of Data Element:</b>	Time Incident Reported
<b>Priority:</b>	Essential
<b>Definition:</b>	Time call is first answered by Public Safety Answering Point (PSAP) or other designated entity.
<b>Data Item:</b>	HHMM.

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59. When available, the time should be the connect time to the PSAP.

Provides the start point of the EMS response, and allows managers to assess the adequacy of EMS response, identify delays, and plan resources in a manner to provide expeditious EMS response.

**Comments:**

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10.

<b>Name of Data Element:</b>	Time Dispatch Notified
<b>Priority:</b>	Essential
<b>Definition:</b>	Time the phone is answered by EMS dispatch.
<b>Data Item:</b>	HHMM.

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59.  
Provides the start point of the dispatch component of the EMS response. This data element allows managers to assess delays between the time of incident report and the notification of EMS dispatchers.

**Comments:**

11.

<b>Name of Data Element:</b>	Date Unit Notified
<b>Priority:</b>	Essential
<b>Definition:</b>	Date response unit is notified by EMS dispatch.
<b>Data Item:</b>	YYYYMMDD.

**Discussion and Justification:** Permits planning of EMS resources by day of week or season of year. Also permits assessment of EMS responsiveness. The data element will be of use particularly when the incident is reported immediately prior to midnight, and the response unit is notified after midnight.

**Comments:**

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12.

<b>Name of Data Element:</b>	Time Unit Notified
<b>Priority:</b>	Essential
<b>Definition:</b>	Time response unit or aircraft is notified by EMS dispatch
<b>Data Item:</b>	HHMM.

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59.

Permits measurement of the actual responder response or delays. Assists planning of communication resources for individual responders, and allows identification of system delays following the dispatch component of the EMS system.

**Comments:**

13.

<b>Name of Data Element:</b>	Time Unit Responding
<b>Priority:</b>	Essential
<b>Definition:</b>	Time that the response unit or aircraft begins physical motion.
<b>Data Item:</b>	HHMM.

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59.

Permits measurement of delay between notification of EMS responder and the actual mobilization of the response unit. This data element refers to physical motion of the responding EMS vehicle, and does not refer to individual EMTs who may respond directly to the scene when notified by individual radio or telephone. For example, if an EMS incident is reported, one EMT may be at home or at work and be responsible to go to the station which holds the ambulance. Another EMT may be notified and may drive in a private vehicle directly to the scene. The data element entered should be the time that the ambulance actually leaves the station, not the time at which the other EMT drives to the scene in the private vehicle.

**Comments:**

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14.

<b>Name of Data Element:</b>	Time arrival at scene
<b>Priority:</b>	Essential
<b>Definition:</b>	Time response unit or aircraft stops physical motion at scene (last place that the unit or vehicle stops prior to assessing the patient).
<b>Data Item:</b>	HHMM.

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59. Permits measurement of the time required for the response vehicle to go from the station to the scene. This data element refers to the physical motion of the responding EMS vehicle. If an individual EMT arrives at the scene by private vehicle, that is NOT the value to be entered in this field. Otherwise, system delays in having an equipped vehicle at the scene will fail to be identified.

**Comments:**

15.

<b>Name of Data Element:</b>	Time of arrival at patient
<b>Priority:</b>	Desirable
<b>Definition:</b>	Time response personnel establish direct contact with patient.
<b>Data Item:</b>	HHMM.

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59. Desirable in certain situations in which there may be a significant delay between the time at which a response unit arrives at the scene and the time at which the personnel can access the patient. For example, if the EMTs are prevented because of fire or adverse conditions from approaching the patient, this time will be useful. Search and rescue operations will also note delays between arrival at the overall scene and the actual patient contact. Also important as patients' perception of EMS response interval is from the time call requesting service was made to the time when EMS personnel arrive at their side to deliver care.

**Comments:**

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16.

<b>Name of Data Element:</b>	Time Unit Left Scene
<b>Priority:</b>	Essential
<b>Definition:</b>	Time when the response unit begins physical motion from scene.
<b>Data Item:</b>	HHMM

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59.  
Permits calculation of scene time by subtracting the time of arrival at scene from the time unit left scene.

**Comments:**

17.

<b>Name of Data Element:</b>	Time Arrival at Destination
<b>Priority:</b>	Essential
<b>Definition:</b>	Time when patient arrives at destination or transfer point.
<b>Data Item:</b>	HHMM

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59.  
Permits calculation of the time required to go from the scene to the destination of the response unit. If the patient is transferred from one EMS responder vehicle to another, then the time of arrival at destination for the first responding unit is the time of arrival or patient contact (or both) for the second agency.

**Comments:**

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18.

<b>Name of Data Element:</b>	Time back in service
<b>Priority:</b>	Essential
<b>Definition:</b>	Time response unit back in service and available for response.
<b>Data Item:</b>	HHMM

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59. Allows planning of EMS resources. Permits assessment of the delay between arrival at destination and availability of the response unit.

**Note:** The relationship between various time periods may be demonstrated through the use of a chart as follows:

Incident onset	Time/date
Incident reported	Time/date
Dispatch notified	Time
Unit notified	Time/date
Unit responding	Time
Arrival at scene	Time
Arrival at patient	Time
Unit left scene	Time
Arrival at destination	Time
Return to service	Time

**Comments:**

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19.

<b>Name of Data Element:</b>	Type of Response
<b>Priority:</b>	Essential
<b>Definition:</b>	The use of lights and sirens en route to scene.
<b>Data Items:</b> 01 Non-emergent, no lights or sirens 02 Initial emergent, downgraded to no lights or sirens 03 Initial non-emergent, upgraded to lights or sirens 04 Emergent, with lights or sirens 88 Not applicable	

**Discussion and Justification:** To allow system administrators to know the frequency with which responder vehicles are using lights and sirens. Such usage carries explicit risks and EMS managers are responsible to assure that lights and sirens are used appropriately.

**Comments:**

20.

<b>Name of Data Element:</b>	Service type
<b>Priority:</b>	Essential
<b>Definition:</b>	Type of service requested.
<b>Data Items:</b> 01 Scene 02 Unscheduled Inter-facility Transfer 03 Scheduled Inter-facility Transfer 04 Standby 05 Rendezvous 88 Not Applicable 99 Unknown	

**Discussion and Justification:** Used to categorize the types of service that are required, and allows planning of EMS resource allocation.

*Scene*

Refers to direct response to scene of incident or injury, such as roadway, etc. This location should be the location indicated in Data Elements 1-5 in this document. This code should not be used by the second unit which receives the transfer of a patient from another EMS responder prior to arrival at a medical

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facility or final destination which is coded as a rendezvous.

*Unscheduled Inter-facility Transfer*

Refers to transfers of patients from one facility to another facility. This code should not be used for planned, scheduled transfers, which are coded separately. This code should not be used by the second unit involved in the transfer of a patient from one EMS responder to another responder during an unscheduled inter-facility transfer, which is also coded as a rendezvous.

*Scheduled Transfer*

Refers to transfers of patients from one facility to another facility, as defined above for *inter-facility*. However, this code is chosen when the transfer is scheduled in advance, such as a planned morning transfer of a patient from one hospital to another.

*Standby*

Refers to situation in which EMS response unit is requested to arrive at a scene and be available, such as at a football stadium. If an incident occurs during the *standby*, the service requested becomes *scene*.

*Rendezvous*

Refers to situation in which a second EMS unit receives transfer of patient from first EMS unit before arrival at a medical facility. Can be used when two units meet to complete the initial scene response or during an unscheduled inter-facility transfer.

**Comments:**

21.

<b>Name of Data Element:</b>	Incident Number
<b>Priority:</b>	Essential
<b>Definition:</b>	Unique number for each incident reported to dispatch.

**Discussion and Justification:** This number should be a unique identifying number for the incident assigned by the local EMS dispatch.

This number is valuable for linking EMS data files with other files related to the incident, such as emergency department and inpatient hospital files, if those medical files also contain this number. Accurate numbering within all available files may be facilitated by technologies such as bar codes. In some cases incident number, patient care number, or response number may be the same.

Probabilistic linkage methodology is of great value when linking files that do not have numeric fields such as incident number in common. However, linkage is greatly facilitated by the presence of such a number in each of the files to be linked.

**Comments:**

22.

<b>Name of Data Element:</b>	Response Number
<b>Priority:</b>	Essential
<b>Definition:</b>	Unique number for each individual response by a response unit to an incident.

**Discussion and Justification:** This is the unique number within an individual response unit's records that identifies its runs. This number should be unique for an incident within a single EMS response unit. Useful for linking to other health files. Same purposes as incident number.

In some cases incident number, patient care number, or response number may be the same. In other instances, this response number may be a component of the incident number. For example, an incident number might be constructed from a responder license number combined with the response number.

**Comments:**

23.

<b>Name of Data Element:</b>	Patient care record number
<b>Priority:</b>	Essential
<b>Definition:</b>	Unique number for each patient care record (PCR).

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**Discussion and Justification:** Unique number for a patient care record. Provides a specific key to a specific record. This record number, if unique within a province or region of interest, will fulfill all the requirements for linkage which have been described under incident number. In some cases incident number, patient care record number, or response number may be the same.

This is the central and most important number in the prehospital portion of the EMS information system. Every incident must have a PCR number even if there is no patient. An incident will have multiple PCRs if there are multiple patients or multiple responders to single patients.

**Comments:**

24.

<b>Name of Data Element:</b>	Unit Number
<b>Priority:</b>	Essential
<b>Definition:</b>	The Alberta Health assigned unit number of the vehicle responding to the incident.

**Discussion and Justification:** Identifies the Alberta Health assigned unit number of the vehicle responding the incident. Can be used to construct reports which are specific to agencies or units. Particularly valuable for local reporting. This number may also be of value in the automatic construction of PCR numbers or incident numbers.

**Comments:**

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25.

<b>Name of Data Element:</b>	Vehicle type
<b>Priority:</b>	Essential
<b>Definition:</b>	Type of vehicle that responded to incident.
<b>Data Items:</b> 01 Ground 02 Rotary wing 03 Fixed wing 04 Other 05 None	

**Discussion and Justification:** Allows EMS managers and planners to break out EMS responses by the major categories of responding vehicles. While there are clearly numerous other possible vehicles, such as bicycle, water craft, skis, sleds, etc., the categories provided here are the major vehicle types which will be of interest at regional and provincial levels. For individual data systems in which there is more specific interest in other vehicles, additional categories may certainly be added. For purposes of exporting data to a common data set, these additional categories should be collapsed into the category *Other*.

**Comments:**

26.

<b>Name of Data Element:</b>	Primary Attendant
<b>Priority:</b>	Essential
<b>Definition:</b>	Attendant primarily responsible for providing care to the patient.
<b>Data Item:</b>	Professional registration number

**Discussion and Justification:** Necessary to identify specific crew members participating in an EMS response. Allows local EMS managers to construct experience reports, monitor care rendered by specific providers, and plan educational programs. The attendant's professional registration number also allows for the assessment of the level of care that was available on the EMS responder team. By combining this information with vehicle type, there is maximum flexibility in describing the type of service that was provided

Reports of value may include descriptions of therapies according to level of provider, adherence to protocols that are written differently for various levels of provider, etc.

**Comments:**

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27.

<b>Name of Data Element:</b>	Driving Attendant
<b>Priority:</b>	Essential
<b>Definition:</b>	Attendant primarily responsible for driving the EMS vehicle.
<b>Data Item:</b>	Professional registration number

**Discussion and Justification:** Necessary to identify specific crew members participating in an EMS response. Allows local EMS managers to construct experience reports, monitor care rendered by specific providers, and plan educational programs. The attendant's professional registration number also allows for the assessment of the level of care that was available on the EMS responder team. By combining this information with vehicle type, there is maximum flexibility in describing the type of service that was provided

Reports of value may include descriptions of therapies according to level of provider, adherence to protocols that are written differently for various levels of provider, etc.

**Comments:**

28.

<b>Name of Data Element:</b>	Secondary Attendant
<b>Priority:</b>	Essential
<b>Definition:</b>	Additional crew member or student or observer.
<b>Data Item:</b>	Professional registration number

**Discussion and Justification:** Necessary to identify specific crew members participating in an EMS response. Allows local EMS managers to construct experience reports, monitor care rendered by specific providers, and plan educational programs. The attendant's professional registration number also allows for the assessment of the level of care that was available on the EMS responder team. By combining this information with vehicle type, there is maximum flexibility in describing the type of service that was provided

Reports of value may include descriptions of therapies according to level of provider, adherence to protocols that are written differently for various levels of provider, etc.

**Comments:**

32.

<b>Name of Data Element:</b>	Patient Name
<b>Priority:</b>	Essential

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<b>Definition:</b>	Patient name.
<b>Data Item:</b>	Free text entry, "not applicable" or "unknown"

**Discussion and Justification:** Essential because of its value in probabilistic linkage, both as a linking variable as well as a confirmatory variable to determine appropriate linkage. It is recognized that this data element requires careful protection from misuse, but it is more appropriate to regulate appropriate use of this field rather than to prevent its collection.

**Note:** "Not applicable" is used when there is no patient, such as when the responding team cannot find the patient, or when the responding team is on standby.

**Comments:**

33.

<b>Name of Data Element:</b>	Patient Address
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient's residential address.
<b>Data Item:</b>	Free text entry, "not applicable", "unknown" or "none"

**Discussion and Justification:** Useful for determining the political entity responsible for potential public health interventions, payment for services, etc..

**Comments:**

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34.

<b>Name of Data Element:</b>	City of Residence
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient city, town, village or hamlet of residence (if applicable)
Data Items: <b>Standard Geographic Classification</b>	

**Discussion and Justification:** Useful for determining the political entity responsible for potential public health interventions, payment for services, etc.

**Comments:**

35.

<b>Name of Data Element:</b>	Municipal District of Residence
<b>Priority:</b>	Desirable
<b>Definition:</b>	Municipal district where patient resides (if applicable).
Data Items: Standard Geographic Classification	

**Discussion and Justification:** Useful for determining the political entity responsible for potential public health interventions, payment for services, etc.

**Comments:**

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36.

<b>Name of Data Element:</b>	Province of Residence
<b>Priority:</b>	Desirable
<b>Definition:</b>	Province, territory, or State, where patient resides.
<b>Data Items:</b> Standard Geographic Classification	

**Discussion and Justification:** Provides a means of aggregating EMS incidents by province, which allows reports to provincial legislatures concerning province-wide EMS activities. Can be used to assess province-wide resource requirements for EMS operations.

**Comments:**

37.

<b>Name of Data Element:</b>	Postal Code of Residence
<b>Priority:</b>	Desirable
<b>Definition:</b>	Postal Code of patient's residence

**Discussion and Justification:** Useful for determining the political entity responsible for potential public health interventions, payment for services, etc. City/township/county could be derived from Postal Code.

**Comments:**

38.

<b>Name of Data Element:</b>	Telephone Number
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient's primary 10 digit telephone number

**Discussion and Justification:** Permits follow-up with patient and facilitates billing.

**Comments:**

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39.

<b>Name of Data Element:</b>	Personal Health Number
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's personal health number

**Discussion and Justification:** Could provide valuable linkage data element, i.e., to track patient outcome. It is recognized that this field may be very difficult for field responders to obtain. "Unknown" should be coded when the responder does not know the personal health number, while "not applicable" is coded when there is no patient, when the patient is known to not have a personal health number, or for out-of-country residents.

**Comments:**

40.

<b>Name of Data Element:</b>	Date of Birth
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's date of birth.
<b>Data Item:</b>	YYYYMMDD

**Discussion and Justification:** Extremely valuable for probabilistic linkage and calculation of accurate age information. Provides much more discriminatory power in probabilistic linkage than the numeric age.

**Comments:**

41.

<b>Name of Data Element:</b>	Age
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient's age or best approximation

**Discussion and Justification:** Valuable in the absence of a date of birth. Age information permits linkage to other files, and is useful for epidemiologists interested in patterns of emergency medical problems in different age groups. For infants two years of age or younger, age may be expressed in months rather than years.

**Comments:**

42.

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<b>Name of Data Element:</b>	Gender
<b>Priority:</b>	Essential
<b>Definition:</b>	Gender of patient.
<b>Data Items:</b> Male Female Unknown	

**Discussion and Justification:** Valuable for linkage to other files, and permits reporting of epidemiological information by gender.

**Comments:**

43.

<b>Name of Data Element:</b>	Population Group
<b>Priority:</b>	Essential
<b>Definition:</b>	Refers to the population group to which the patient belongs.
<b>Data Items:</b> White Chinese Aboriginal (e.g., North American Indian, Metis or Inuit) Black (e.g., African, Haitian, Jamaican, Somali) South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan) Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan) Filipino South East Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese) Latin American Japanese Korean Other 88 Not Applicable 99 Unknown	

**Discussion and Justification:** Useful for epidemiological studies.

**Comments:**

44.

<b>Name of Data Element:</b>	Destination / Transferred To
<b>Priority:</b>	Essential
<b>Definition:</b>	Health Care Facility or Prehospital Unit/Home that received patient from EMS responder providing this record.
<b>Data Items:</b> 01 Home 02 Police/jail 03 Medical Office/clinic 04 Other EMS responder (ground) 05 Other EMS responder (air) 06 Hospital 07 Morgue 88 Not applicable	

**Discussion and Justification:** Allows reporting by destination facilities, and allows linking when a patient is transferred between EMS responder agencies. Not applicable would be selected when there is no patient. This data element is very valuable for probabilistic linkage. For instance, when an EMS responder indicates a specific hospital identifier, this can greatly facilitate linkage to outpatient and inpatient facility records.

The province will codify its list of hospitals in an internally consistent manner, permitting reports by facility. For purposes of the uniform data set, the first 8 categories have been defined above. For purposes of export to a larger data set, such as a national data set, all hospital destinations would be collapsed down into a single code for Hospital.

**Comments:**

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45.

<b>Name of Data Element:</b>	Destination Determination
<b>Priority:</b>	Essential
<b>Definition:</b>	Reason a transport destination was selected.
<b>Data Items:</b> 01 Closest Facility (none below) 06 Protocol 02 Patient/Family Choice 07 Specialty Resource Center 03 Patient Physician Choice 08 On-line Medical Direction 04 Managed Care 09 Diversion 05 Law Enforcement Choice 10 Other 88 Not Applicable 99 Unknown	

**Discussion and Justification:** Helps EMS managers to determine whether the choice of destination is appropriate. Items which are defined as patient, physician, or family choice are of interest to determine whether a trauma or referral system is functioning well, or is frequently overridden by non-medical issues.

**Comments:**

46.

<b>Name of Data Element:</b>	Type of transport from scene
<b>Priority:</b>	Essential
<b>Definition:</b>	Use of lights and/or sirens from the scene.
<b>Data Items:</b> 01 Non-emergent, no lights or sirens 02 Initial emergent, downgraded to no lights or sirens 03 Initial non-emergent, upgraded to lights or sirens 04 Emergent, with lights or sirens 88 Not applicable	

**Discussion and Justification:** Allows system administrators to know the frequency with which responder vehicles are using lights and sirens. Such usage carries explicit risks and EMS managers are responsible to assure that lights and sirens are used appropriately.

**Comments:**

47.

<b>Name of Data Element:</b>	Incident / Patient Disposition
<b>Priority:</b>	Essential
<b>Definition:</b>	End result of EMS response.
<b>Data Items:</b> 01 Treated, transported by EMS 06 Patient refused care 02 Treated, transferred care      07 Dead at scene 03 Treated, transported by private vehicle    08 Cancelled 04 Treated and released              88 Not Applicable 99 Unknown 05 No treatment required              00 No patient found	

**Discussion and Justification:** Allows reports to be generated according to the final disposition of EMS responses. This will provide information about the reasons for which EMS is notified, correlated with the ultimate incident disposition. For instance, it will be of value to know that in certain regions, EMS is frequently activated to see patients who require no treatment nor transport. Reports generated from this data element may be of use in coordinating the dispatch and responder functions as well.

**Note:***01 Treated and transported by EMS*

This code means that the EMS responder providing the data record treated and transported the patient. Transport may be to any valid destination, as defined for the destination data element. If the EMS responder transports a patient to a rendezvous point with another EMS responder (for instance, a ground crew rendezvous with a helicopter based agency), this is the correct code for this data element.

*02 Treated, transferred care*

This code means that the EMS responder provided treatment at the scene but the patient was transferred into the care of another service. The EMS responder did not provide transport in this instance. For example, if a BLS provider is at a scene and treats a patient, but a separate ALS responder arrives and takes over, the BLS record would indicate this code. If an EMS responder treats a patient who is then transported by a separate police or fire vehicle, this is the correct code for the EMS responder record.

*03 Treated, transported by private vehicle*

This code means that the EMS responder provided treatment, but the patient was transported to his or her destination by a private vehicle. This includes instances in which the patient transports himself via private automobile, if the EMS responder understands that the patient is going to seek further medical care, such as at a private doctor's office or the local emergency department.

*04 Treated and released*

This code means that the EMS responder provided treatment, and the patient required no further emergency care. This is distinct from the instance in which the patient is known to be in need of further care, but is transported by himself or others to the facility providing further care.

*05 No treatment required*

This code means that the EMS responder evaluated the patient, and no treatment was required. If the patient refused evaluation, or if the EMS responder did not evaluate a specific patient, this is not the correct code for this data element.

*06 Patient refused care*

Patient was at scene and refused care, whether injured or not. If the EMS responder knows that there is an injury, but the patient refuses care and is transported by friends or acquaintances, this is still the correct code for this data element.

**07**      *Dead at scene*

This code means that the patient was pronounced dead at the scene, whether or not treatment was undertaken. If a patient is given CPR at the scene and transported to the hospital while undergoing CPR, then this is not the correct code. If a patient is given CPR and is then pronounced dead at the scene, this is the correct code.

**08**      *Cancelled*

This code means that the EMS response was cancelled en route or on scene.

**88**      *Not Applicable*

This code is used when a disposition is not applicable. For instance, if the unit is on standby and no incident occurs, then this data element is not applicable. In this instance, the data element call "Service Type" will have been coded as standby. For all standby records, this data element should be coded as not applicable.

**00**      *No patient found*

If not cancelled, but no patient can be found by the responder, this is coded as not applicable.

**Comments:**



48.

<b>Name of Data Element:</b>	Chief complaint
<b>Priority:</b>	Desirable
<b>Definition:</b>	Statement of problem by patient or other person.

**Discussion and Justification:** May be useful, particularly with sophisticated text searching algorithms, for analysis of certain types of EMS incidents. Difficulties of categorization and interpretation were the primary reasons for labeling this item as desirable rather than essential. May also be of use in correlating the perception of patients who utilize the EMS system with the objective outcome of the run. This information could be of use in directing public educational efforts concerning health or EMS use.

("Unknown" should be used when this information cannot be obtained (for instance, a comatose patient, or a patient injured without witnesses). If there is no patient, such as in a standby call, this should be coded as not applicable.)

**Comments:**

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49.

<b>Name of Data Element:</b>	Cause of Injury
<b>Priority:</b>	Essential
<b>Definition:</b>	External cause of injury.
<p><b>Data Items:</b></p> <p>E81x.x Motor vehicle traffic accident  E814.x Pedestrian traffic accident  E82x.x Motor vehicle non-traffic accident  E826.x Bicycle accident  E83x.x Water transport accident  E84x.x Aircraft related accident  E85x.x Accidental drug poisoning  E86x.x Accidental chemical poisoning  E88x.x Accidental falls  E89x.x Fire and flames  E89x.2 Smoke inhalation  E900.x Excessive heat  E901.x Excessive cold  E905.x Venomous stings (plants, animals)  E906.x Bites  E907.x Lightning  E910.x Drowning  E913.x Mechanical suffocation  E919.x Machinery accidents  E925.x Electrocution (non-lightning)  E926.x Radiation exposure  E985.x Firearm injury (accidental)  E965.x Firearm assault  E955.x Firearm self inflicted (intentional)  E960.1 Rape  E966.x Stabbing assault  E967.x Child battering  E000.8 Not applicable  E000.9 Unknown</p>	

**Discussion and Justification:** It is necessary to have a broad taxonomy for defining the external causes of injury, and this data element is coded according to the E codes in ICD-9. It has been traditional to attempt to assign a single E code to individual incidents. Multiple entries, however, aids in gathering better detail about injuries, and to eliminate confusion when the EMS provider must choose between two reasonable E codes.

**Note:**

*Motor vehicle traffic accident* E81x.x

This includes any motor vehicle accident occurring on a public roadway or highway.

*Pedestrian traffic accident* E814.x

Motor vehicle accidents in which the patient was a pedestrian struck by a motor vehicle of any type. Includes individuals on skates, in baby carriages, in wheelchairs, on skateboards, skiers, etc.

*Motor vehicle non-traffic accident* E82x.x

This includes any motor vehicle accident occurring entirely off public roadways or highways. For instance, an accident involving an all terrain vehicle (ATV) in an off-road location would be a non-traffic accident.

*Bicycle accident* E826.x

Includes any pedal cycle accident. Pedal cycle is defined to include bicycles, tricycles, and excludes any motorized cycles.

*Water transport accident* E83x.x

Includes all accidents related to watercraft. Excludes drowning and submersion accidents unless they are related to watercraft use. Thus, if a person falls out of a boat and drowns, it should be coded within this category. If a person drowns in a swimming pool or bathtub, it should be coded as E910.x (see below).

*Aircraft related accident* E84x.x

Includes spacecraft.

*Accidental drug poisoning* E85x.x

Includes accidental poisoning by drugs, medicinal substances, or biological products. Extensive codes are available if an agency wishes to collect specific information.

*Accidental chemical poisoning* E86x.x

Includes accidental poisoning by solid or liquid substances, gases, and vapors, which are not included under accidental drug poisoning.

*Accidental falls* E88x.x

Excludes falls which occur in the context of other external causes of injury, such as fires, falling off boats, or falling in accidents involving machinery.

*Fire and flames* E89x.x

Includes burning by fire, asphyxia or poisoning from conflagration or ignition, and fires secondary to explosions. Excludes injuries related to machinery in operation, vehicle accidents, and arson.

*Smoke inhalation* E89x.2

Includes smoke and fume inhalation from conflagration. The numeric code includes an option to indicate the site of the fire (3rd digit).

*Excessive heat* E900.x

Includes thermal injuries related to weather or heat produced by man, such as in a boiler room or factory. Excludes heat injury from conflagration.

*Excessive cold* E901.x

Includes cold injury due to weather exposure, or cold produced by man, such as in a freezer.

*Venomous stings (plants, animals)* E905.x

Includes bites and stings from venomous snakes, lizards, spiders, scorpion, insects, marine life, or plants.

*Bites* E906.x

Includes animal bites, including non-venomous snakes and lizards. Sub codes are available to include dog, cat, rat, and other specific bites.

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*Lightning* E907.x

Excludes falling of an object secondary to lightning, and also excludes injuries from fire secondary to lightning.

*Drowning* E910.x

Accidental drowning not related to watercraft use. Includes swimming accidents, bathtubs, etc.

*Mechanical suffocation* E913.x

Includes suffocation in bed or cradle (crib death), closed space suffocation, plastic bag asphyxia, accidental hanging, etc.

*Machinery accidents* E919.x

Includes all machinery accidents except when machinery is not in operation. Excludes electrocution.

*Electrocution (non-lightning)* E925.x

Includes accidents related to electric current from exposed wire, faulty appliance, high voltage cable, live rail, or open electric socket. Excludes lightning, which is coded as E907.x.

*Radiation exposure* E926.x

Excludes complications of radiation therapy.

*Firearm injury (accidental)* E985.x*Firearm assault* E965.x*Firearm self inflicted (intentional)* E955.x

These codes refer to firearm injuries, which are sub coded by the final digit into handguns (.0), shotguns (0.1), hunting rifle (0.2) and others. If the EMS responder knows that an intentional assault was involved, or knows that the injury was intentionally self inflicted, then the E code should be entered to indicate this (E965.x or E955.x). In most instances, the EMS provider will not be able to easily assess this issue, and then the code should be entered as accidental (E985.x).

*Stabbing assault* E966.x

Includes cuts, punctures, or stabs of any part of the body.

*Child battering* E967.x

Includes all forms of child battering and non-accidental injury to children. This code should be entered in all instances in which there is sufficient suspicion by the EMS responder that the responder would be required by law to report the case to authorities as a suspected case of child abuse.

*Not applicable* E000.0

This code is not an official E code, and should be entered in any case where an external injury code is not applicable, such as when a patient suffers from chest pain or fever. In nearly all instances where an injury has occurred, this data element should be filled in with a valid E code, not a not applicable designation.

*Unknown* E000.1

This code is provided primarily for situations in which the data is being entered at a time when the information cannot be accurately reconstructed from the run record. This should be a rare entry.

**Comments:**

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50.

<b>Name of Data Element:</b>	Provider Impression
<b>Priority:</b>	Essential
<b>Definition:</b>	Provider's clinical impression which led to the management given to the patient (treatments, medications, procedures).
<b>Data Items:</b> 789.00 Abdominal pain / problems 519.80 Airway obstruction 995.30 Allergic reaction 780.09 Altered level of consciousness 312.90 Behavioral / psychiatric disorder 427.50 Cardiac arrest 427.90 Cardiac rhythm disturbance 786.50 Chest pain / discomfort 250.90 Diabetic symptoms (hypoglycemia) 994.80 Electrocution 780.60 Hyperthermia 780.90 Hypothermia 785.59 Hypovolemia / shock 987.90 Inhalation injury (toxic gas) 798.99 Obvious death 977.90 Poisoning / drug ingestion 659.90 Pregnancy / OB delivery 799.10 Respiratory arrest 786.09 Respiratory distress 780.30 Seizure 959.90 Sexual assault / rape 987.90 Smoke inhalation 989.50 Stings / venomous bites 436.00 Stroke / CVA 780.20 Syncope / fainting 959.90 Traumatic injury 623.80 Vaginal hemorrhage 000.88 Not applicable 000.99 Unknown	

**Discussion and Justification:** This data element contains the single clinical assessment that primarily drove the actions of the EMS responder. It should be possible to determine whether the treatments or medications provided match protocols that relate to the clinical impression. When more than one choice is applicable to a patient, the responder should indicate the single most important clinical assessment that drove most of the plan of therapy and management.

It is obvious that this list is incomplete. It is also recognized that different agencies, which have different assessment driven protocols, will wish to have lists corresponding to the authority of their own responders. The list above is provided in order that consistent coding of at least the above items be achieved.

It should be noted that this coding system differs from current systems. For instance, many EMS data sets include the entity, Animal Bite. In the uniform data set, such an entry should be coded in this field as a Traumatic Injury. The site of injury should be indicated in the injury field described later in this dictionary, showing the type (laceration or puncture) and site of the bite itself. In addition, the Cause of Injury should be coded as E906.x as discussed under the data element, Cause of Injury. For another

example, Sexual Assault is coded in this data element in the same manner as a Traumatic Injury, but the Cause of Injury would be coded as E960.1, and Injury Intent would be coded as intentional. The reason for using this approach is to avoid overlapping, duplicative codes which are not attached to a general taxonomy such as ICD9. Such codes would become agency specific and would not be flexible enough to permit combining data from different agencies.

**Note:** The list provided here is not all-inclusive, but the definitions are described in more detail below.

*Abdominal pain / problems* 789.00

Includes acute abdomen, painful abdomen, cramps, etc. Does not include abdominal trauma.

*Airway obstruction* 519.80

Includes choking, swelling of neck, croup, epiglottitis, foreign body in airway, etc.

*Allergic reaction* 995.30

Includes reactions to drugs, plants, insects, etc. Category includes hives, urticaria, wheezing and so forth when suspected of being related to allergy.

*Altered level of consciousness* 780.09

Refers to patients with any alteration of consciousness, including patients who appear to be substance abusers or under the influence of drugs or alcohol.

*Behavioral / psychiatric disorder* 312.90

Includes all situations in which a behavioral or psychiatric problem was considered the major problem for the EMS responder.

*Cardiac arrest* 427.50

All instances in which cardiac arrest occurred, and either death was pronounced immediately, or external cardiac massage was instituted.

*Cardiac rhythm disturbance* 427.90

Includes any rhythm disturbance which was noted on physical examination or with a cardiac monitor, when the rhythm was the major clinical reason for care rendered by the EMS responder.

*Chest pain / discomfort* 786.50

Includes patients with complaint of chest pain, including pain felt related to heart disease, upset stomach, or muscle pain in the chest wall. If an agency has different protocols for different types of chest pain, then this code should be separated out according to the types of protocols.

*Diabetic symptoms (hypoglycemia)* 250.90

Relates to patients with symptoms relatable to diabetes, generally when there is a history of diabetes in the patient. The major symptom is hypoglycemia, but in circumstances where diabetes is known to exist, this category can include ketoacidosis, as well as other complications of diabetes.

*Electrocution* 994.80

Instances of electrocution. Please note that the proper E code should be entered in the Cause of Injury data element.

*Hyperthermia* 780.60

When hyperthermia is the major clinical assessment driving EMS responder care.

*Hypothermia* 780.90

Usually relates to environmental hypothermia, such as following submersion in cold water, avalanches, or other environmental exposure situations.

*Hypovolemia / shock* 785.59

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Patients with clinical shock, usually felt to be hypovolemic. All patients considered to have shock by EMS responders should be coded with this code, as it is relatively difficult to identify other less common forms of shock outside the hospital setting.

*Inhalation injury (toxic gas)* 987.90  
Excludes smoke inhalation.

*Obvious death* 798.99  
Patients who were dead at the scene; no therapy was undertaken.

*Poisoning / drug ingestion* 977.90  
Includes drug ingestions which are inappropriate drugs or overdoses, as well as poisonings from chemicals. Toxic gases should be coded as inhalation injury (987.90). Venomous bites or stings should be coded as 989.50 (see below).

*Pregnancy / OB delivery* 659.90  
Includes all aspects of obstetric care rendered in the prehospital setting. This ICD code is the closest approximation for such a general category, and agencies may wish to break down this category more explicitly.

*Respiratory arrest* 799.10  
Instances in which the patient stops breathing. These patients always require ventilatory support on at least a temporary basis.

*Respiratory distress* 786.09  
Includes patients with respiratory distress who continue to have spontaneous breathing and never suffer respiratory arrest. These patients may require ventilatory support.

*Seizure* 780.30  
Includes major and minor motor seizures.

*Sexual assault / rape* 959.90  
Refers to suspected sexual assault / rape. The code refers to unspecified traumatic injury, but the Cause of Injury code should resolve this adequately.

*Smoke inhalation* 987.90  
Smoke inhalation encountered in conflagration setting. The Cause of Injury code should include the proper E code.

*Stings / venomous bites* 989.50  
Includes poisonous snakes, insects, bees, wasps, ants, etc. If an allergic reaction occurs and predominates the clinical situation, then the clinical assessment should be coded as an allergic reaction rather than a sting or bite, since the E code in the Cause of Injury data element will further clarify the cause.

*Stroke / CVA* 436.00  
Cardiovascular accidents, strokes, TIA.

*Syncope / fainting* 780.20  
Fainting is the major clinical assessment, even though the patient may be fully awake at the time of EMS evaluation.

*Traumatic injury* 959.90  
All patients in whom traumatic injury is the major reason for the EMS action. Further details should be provided in the injury description matrix described later in this data dictionary.

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*Vaginal hemorrhage*

623.80

Refers to abnormal vaginal bleeding in sufficient amount to have driven the EMS response. When pregnancy is involved, vaginal hemorrhage should be coded when the hemorrhage itself was the major concern to the EMS responder. When childbirth or other obstetric issues are more important, then this data element should be coded as 659.90.

*Not applicable*

000.88

Use this code when there is no patient.

*Unknown*

000.99

Use this code when there is not enough information on the run sheet to determine the clinical impression of the EMS responder. This should be a very rarely used code.

**Comments:**

51.

<b>Name of Data Element:</b>	Pre-existing Condition
<b>Priority:</b>	Essential
<b>Definition:</b>	Pre-existing medical conditions known or reported to the provider.
<b>Data Items:</b> 493.90 Asthma                      585.00 Chronic Renal Failure 250.00 Diabetes                      239.90 Cancer 011.90 Tuberculosis                      401.90 Hypertension 492.80 Emphysema                      312.90 Psychiatric problems 518.81 Chronic respiratory                      780.30 Seizure disorder failure                      V44.00 Tracheotomy	

**Discussion and Justification:** Multiple entries should be possible. Pre-existing conditions may affect the protocols followed by EMS responders. The data element is intended to capture information as understood by EMS providers at the scene, not as defined later in the medical record of the hospital. Thus, if the EMS responder finds out that a patient has several pre-existing conditions after he or she arrives at the hospital, those conditions should not be coded in this data element. It is clear that the list provided here may not include other important conditions. Other conditions should be added as desired, but it is hoped that the above conditions will be included in all data sets.

In the future, it may be possible to use ICD9 codes for this field. However, some of the items on the list are not diagnoses per se, yet would significantly alter the approach of the EMS responder. This data element will clearly need refinement after there is more experience with its collection and interpretation.

**Comments:**



52.

<b>Name of Data Element:</b>	Signs and Symptoms Present
<b>Priority:</b>	Essential
<b>Definition:</b>	Signs and symptoms reported to or observed by provider.
<b>Data Items:</b> 789.00 Abdominal pain 401.90 Hypertension 724.50 Back pain 780.90 Hypothermia 578.10 Bloody stools 787.00 Nausea 786.09 Breathing difficulty 344.90 Paralysis 427.50 Cardioresp. arrest 785.10 Palpitations 786.50 Chest pain 659.90 Pregnancy/childbirth/miscarriage 933.10 Choking 780.30 Seizures/convulsions 558.90 Diarrhea 780.20 Syncope 780.40 Dizziness 780.09 Unresponsive/unconscious 388.70 Ear pain 623.80 Vaginal bleeding 379.91 Eye pain 787.00 Vomiting 780.60 Fever/Hyperthermia 780.70 Weakness (malaise) 784.00 Headache	

**Discussion and Justification:** Multiple entries should be possible. This data element is intended to capture the information provided to, or obtained by, the EMS responder in order to assess the patient. It is intended that these signs and symptoms be correlated with the clinical impression of the responder. This would help EMS managers plan educational programs for the responders.

**Comments:**

53.

<b>Name of Data Element:</b>	Injury Description																						
<b>Priority:</b>	Essential																						
<b>Definition:</b>	Clinical description of injury type and body site.																						
<p><b>Data Items:</b></p> <table> <tr> <th>Body Sites</th><th>Injury Types</th></tr> <tr> <td>A External (<i>including burns</i>)</td><td>1 Pain w/o swelling/bruising</td></tr> <tr> <td>B Head only (<i>excluding neck, cervical spine and ear</i>)</td><td>2 Soft tissue swelling/bruising</td></tr> <tr> <td>C Face (<i>including ear</i>)</td><td>3 Blunt injury</td></tr> <tr> <td>D Neck</td><td>4 Laceration</td></tr> <tr> <td>E Thorax (<i>excluding thoracic spine</i>)</td><td>5 Dislocation/fracture</td></tr> <tr> <td>F Abdomen (<i>excluding lumbar spine</i>)</td><td>6 Puncture/stab</td></tr> <tr> <td>G Spine</td><td>7 Gunshot</td></tr> <tr> <td>H Upper extremities</td><td>8 Amputation</td></tr> <tr> <td>I Lower extremities or bony pelvis</td><td>9 Crush</td></tr> <tr> <td>J Body region unspecified</td><td>10 Burn</td></tr> </table>		Body Sites	Injury Types	A External ( <i>including burns</i> )	1 Pain w/o swelling/bruising	B Head only ( <i>excluding neck, cervical spine and ear</i> )	2 Soft tissue swelling/bruising	C Face ( <i>including ear</i> )	3 Blunt injury	D Neck	4 Laceration	E Thorax ( <i>excluding thoracic spine</i> )	5 Dislocation/fracture	F Abdomen ( <i>excluding lumbar spine</i> )	6 Puncture/stab	G Spine	7 Gunshot	H Upper extremities	8 Amputation	I Lower extremities or bony pelvis	9 Crush	J Body region unspecified	10 Burn
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G Spine	7 Gunshot																						
H Upper extremities	8 Amputation																						
I Lower extremities or bony pelvis	9 Crush																						
J Body region unspecified	10 Burn																						

**Discussion and Justification:** Intended to permit the detailed listing of all injuries sustained by a patient, coded according to injury type and body site of the injury. Multiple entries will be possible. Each injury should be designated by body site and injury type. The most severe five injuries should be recorded. The body sites included as Data Items are consistent with body areas used to calculate the Injury Severity Score (ISS). This list is slightly expanded from the usual ISS, but is easily collapsed if necessary.

This is a crucial data element that will enable EMS planners to know what types of injuries are incurred by patients using the EMS system. The data element will also be of value in assessing the correspondence between injury assessment in the field and actual injuries as evaluated in medical facilities. A major reason for using ISS related body sites is the ability to compare the hospital inpatient ISS areas with those indicated by the prehospital provider. It is understood that various levels of providers will be permitted to make injury assessments at different levels of sophistication. It is stressed that this data element is supposed to reflect the clinical impression of injury by the EMS responder, not necessarily the final, correct medical diagnosis.

**Comments:**

54.

<b>Name of Data Element:</b>	Injury intent
<b>Priority:</b>	Desirable
<b>Definition:</b>	Intent of individual inflicting injury
<b>Data Items:</b> 1 Intentional, self 2 Intentional, other 3 Unintentional 8 Not applicable 9 Unknown	

**Discussion and Justification:** Intended to help injury surveillance specialists who are interested in homicide and suicides, inflicted child injuries, etc. This information may also be of use in suicide or spousal/child abuse prevention programs. The EMS provider may be in a unique situation to assess this issue which would then be of enormous value to the medical personnel caring for the patient. However, it is clear that the EMS provider will often not be able to assess this question.

Drug or alcohol abuse is impossible to code with this data element unless involved in a suicide attempt. For instance, if an EMS responder transports an intoxicated patient to a hospital with no other injuries, this data element would be coded as not applicable.

If the data element is collected, the EMS provider should indicate that an event is intentional if he or she has any suspicion of such. The data element is not intended to carry legal significance, but rather is intended to assist researchers in identifying possible cases of intentional injury for further study. If a firearm or stabbing is involved, this data element is redundant with proper coding of the external cause of injury, which permits coding for intentional injury on self or others.

**Comments:**

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55.

<b>Name of Data Element:</b>	Safety Equipment
<b>Priority:</b>	Essential
<b>Definition:</b>	Safety equipment in use by patient at time of injury.
<b>Data Items:</b> 01 None used 02 Shoulder belt only 03 Lap belt only 04 Shoulder and lap belt 05 Child safety seat 06 Airbag deployed, no lap belt 07 Airbag deployed, lap belt used 08 Airbag deployed, lap and shoulder used 09 Airbag deployed, child safety seat used 10 Helmet 11 Eye protection 12 Protective clothing 13 Personal flotation device 14 Protective clothing/gear 88 Not applicable 99 Unknown	

**Discussion and Justification:** Provides important information about safety device use in motor vehicle accidents, boating accidents, and industrial accidents with eye injuries. Data will be of use for corroboration of police reports concerning crashes.

If the EMS responder knows that no safety device was employed, then the data element should be coded as none. If none of the indicated devices was used, the element should also be coded as none. If the data element is not applicable, then this should be coded as such. Finally, if the EMS provider has no information about safety device use and cannot obtain such information from the patient or witnesses, then the data element should be coded as unknown.

**Comments:**

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56.

<b>Name of Data Element:</b>	Factors Affecting EMS Delivery of Care
<b>Priority:</b>	Desirable
<b>Definition:</b>	Special circumstances affecting the EMS response or delivery of care.
<b>Data Items:</b>	
01 Adverse weather	05 Language barrier
02 Adverse road conditions	06 Prolonged extrication (>20 min)
03 Vehicle problems	07 Hazardous material
04 Unsafe scene	08 Crowd Control
09 Other	
88 Not applicable	

**Discussion and Justification:** For systems planners who are evaluating response times, this data element provides explanations for delays encountered in the system. For instance, the time to scene is expected to be prolonged if there was a blizzard, or if gunfire prevented EMS responders from patient access. If there was no problem with EMS delivery, this data element would be coded as not applicable.

The list provided is intentionally small, as it is expected that agencies that collect this data element will have very specific issues to address. Their data should, however, be collapsible to the above list.

Unsafe scene includes presence of gunfire, instances in which police prevented access because of safety concerns, etc. Vehicle problems includes problems with the EMS responder vehicle itself, not with other vehicles which might have obstructed traffic.

Extrication has been moved into this data elements because extrication is not a patient treatment and relates less to the medical care of the patient than to the environment in which EMS responders must work.

**Comments:**

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57.

<b>Name of Data Element:</b>	Alcohol / Drug Use
<b>Priority:</b>	Essential
<b>Definition:</b>	Suspected alcohol or drug use by patient.
<b>Data Items:</b> 01 Alcohol, yes 02 Drugs, yes 03 Alcohol/Drugs, yes 04 No 88 Not applicable 99 Unknown	

**Discussion and Justification:** Important data element for injury research, permitting reports of value to public health researchers and policy makers.

Should be coded as yes whenever the EMS responder suspects alcohol or drug use by the patient may have contributed to the incident. The use of drugs or alcohol in isolation have been coded individually for epidemiological purposes and specific use should be coded appropriately when possible. Not applicable should be used when there is no patient, such as in a standby response. If alcohol or drugs are totally unrelated to the incident, this field should be coded as no.

**Comments:**

58.

<b>Name of Data Element:</b>	Time of First CPR
<b>Priority:</b>	Desirable
<b>Definition:</b>	Best estimate of time of first CPR.
<b>Data Item:</b>	HHMM.

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59. Permits assessment of the duration of cardiopulmonary resuscitation prior to arrival of EMS responder. Useful for research purposes and for planning public education concerning CPR.

**Comments:**

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59.

<b>Name of Data Element:</b>	Provider of First CPR
<b>Priority:</b>	Desirable
<b>Definition:</b>	Person who performed first CPR on patient.
<b>Data Items:</b> 01 Bystander 02 EMS responder 88 Not applicable 99 Unknown	

**Discussion and Justification:** Useful for assessing the quality of CPR rendered by initial responders to a cardiorespiratory arrest, for planning public educational efforts, etc.

**Comments:**

60.

<b>Name of Data Element:</b>	Time CPR Discontinued
<b>Priority:</b>	Desirable
<b>Definition:</b>	Time at which medical control or responding EMS unit terminated resuscitation efforts (chest compressions and CPR) in the field.
<b>Data Item:</b>	HHMM

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59.  
Provides information concerning the duration of CPR in the field in cases in which the patient was pronounced dead in the field. This data element is not recorded if CPR was never administered

**Comments:**

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61.

<b>Name of Data Element:</b>	Time of Witnessed Cardiac Arrest
<b>Priority:</b>	Desirable
<b>Definition:</b>	Time of witnessed cardiac arrest.
<b>Data Item:</b>	HHMM

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59.

Allows assessment of actual total arrest time in patients with cardiac arrest. This information is valuable for researchers and educators concerned with CPR training. This data element is not recorded if CPR was never administered.

**Comments:**

62.

<b>Name of Data Element:</b>	Witness of Cardiac Arrest
<b>Priority:</b>	Desirable
<b>Definition:</b>	Person who witnessed the cardiac arrest.
<b>Data Items:</b> 01 Bystander 02 EMS Responder 88 Not Applicable 99 Unknown	

**Discussion and Justification:** Provides information concerning the incidence of witnessed cardiac arrest prior to or during EMS responses.

**Comments:**

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63.

<b>Name of Data Element:</b>	Time of First Defibrillatory Shock
<b>Priority:</b>	Desirable
<b>Definition:</b>	Time of first defibrillatory shock.
<b>Data Item:</b>	HHMM

**Discussion and Justification:** HH ranges from 00 to 23; MM ranges from 00 to 59.

Allows assessment of the time required between onset of cardiac arrest and provision of defibrillation in instances of ventricular fibrillation. Provides information about the rapidity with which the EMS responder correctly diagnoses the rhythm and takes action.

**Comments:**

64.

<b>Name of Data Element:</b>	Return of Spontaneous Circulation
<b>Priority:</b>	Desirable
<b>Definition:</b>	Whether a palpable pulse or blood pressure was restored following cardiac arrest and resuscitation in the field.
<b>Data Items:</b> 01 Yes 02 No 88 Not applicable	

**Discussion and Justification:** Outcome of cardiac resuscitation in the field. If the patient remains in cardiac arrest throughout the incident and continues to receive CPR until reaching the emergency department, this data element should be coded as no, even if the patient was subsequently resuscitated in the emergency department. If no cardiac arrest ever occurred, this data element is not applicable and should be coded as such.

**Comments:**

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65.

<b>Name of Data Element:</b>	Pulse Rate
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's palpated or auscultated pulse rate expressed in number per minute.
<b>Data Items:</b> {pulse rate} 888    Not Obtained 999    Unknown	

**Discussion and Justification:** The pulse rate is a component of various triage scoring systems, and permits a rough assessment of the severity of illness of the patient. This data element is based on the physical examination of the patient, and the pulse must be palpated or auscultated. An electrical rhythm is not sufficient, as the patient could have electromechanical dissociation. In this instance, the correct value of this data element is '000'.

**Comments:**

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66.

00:

<b>Name of Data Element:</b>	Initial Cardiac Rhythm
<b>Priority:</b>	Desirable
<b>Definition:</b>	Initial monitored cardiac rhythm as interpreted by EMS personnel.
<b>Data Items:</b>	
01 Sinus rhythm	06 Narrow complex tachycardia
02 Other rhythm from 60-100 (not otherwise listed) 08	07 Wide complex tachycardia
03 Paced rhythm	09 Asystole
04 Bradycardia	10 Pulseless electrical activity
05 Extrasystoles	88 Not Applicable
99 Unknown	

**Discussion and Justification:** Provides the initial monitored rhythm, permitting reports generated according to initial rhythm. Such reports would be of use in assessing the survival rate after certain rhythms.

It is understood that some agencies collect data about cardiac rhythms with more detail than this list. For instance, many agencies expect EMS personnel to distinguish first, second, and third degree heart block. There is no intention to restrict the manner in which any agencies decide to code cardiac rhythms, but there is a necessity to be able to collapse those rhythms to a common definition that can then be combined. For the examples of heart block mentioned, those would all collapse into a wide or narrow complex tachycardia (if the rate is > 100), other rhythm between 60 and 100, or bradycardia, if heart rate < 60.

This field should be coded as not applicable when the EMS responder is not an appropriate level provider to assess electrical rhythm, or if electrical monitoring is unavailable to the provider.

**Comments:**

67.

<b>Name of Data Element:</b>	Rhythm at Destination		
<b>Priority:</b>	Desirable		
<b>Definition:</b>	Monitored cardiac rhythm upon arrival at destination.		
<b>Data Items:</b>			
01	Sinus rhythm	06	Narrow complex tachycardia
02	Other rhythm from 60-100 (not otherwise listed)	07	Wide complex tachycardia
	08	Ventricular fibrillation	
03	Paced rhythm	09	Asystole
04	Bradycardia	10	Pulseless electrical activity
05	Extrasystoles	88	Not Applicable
99	Unknown		

**Discussion and Justification:** Captures the electrical rhythm at the time of arrival at a destination, as previously defined. Reports could examine whether this rhythm differs from the initial rhythm of the patient when encountered in the field, whether there was improvement or deterioration, etc. If an EMS responder is not equipped with electrical monitoring capability or is not of an appropriate level to assess rhythm, this field should be coded as not applicable.

**Comments:**

68.

cc:

<b>Name of Data Element:</b>	Respiratory Rate
<b>Priority:</b>	Essential
<b>Definition:</b>	Unassisted patient respiratory rate expressed as number per minute.
<b>Data Items:</b> {respiratory rate} 888 Not Obtained 999 Unknown	

**Discussion and Justification:** Component of several triage scoring systems and provides some assessment of severity of illness or injury. If a patient is not breathing and requires artificial ventilation, this data element should be coded as '000'.

**Comments:**

69.

<b>Name of Data Element:</b>	Respiratory Effort
<b>Priority:</b>	Desirable*
<b>Definition:</b>	Patient respiratory effort.
<b>Data Items:</b> 0 Normal 1 Increased, not labored 2 Increased and labored, or, decreased and fatigued 3 Absent 9 Not assessed	

\* This field is essential for children. For purposes of the uniform data definition, children are defined as 18 years or younger.

**Discussion and Justification:** Respiratory effort is an integral component of pediatric emergency assessment, and is a major part of curricula dealing with pediatric emergencies. Respiratory effort is also potentially valuable in assessing adult patients.

**Comments:**

70.

<b>Name of Data Element:</b>	Systolic Blood Pressure
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's systolic blood pressure
<b>Data Items:</b> {systolic blood pressure} 888 Not Obtained 999 Unknown	

**Discussion and Justification:** Important component of several scoring systems for triage, and permits some assessment of acuity of patient.

**Comments:**

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71.

<b>Name of Data Element:</b>	Diastolic Blood Pressure
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's diastolic blood pressure
<b>Data Items:</b> {diastolic blood pressure} 888 Not Obtained 99 Unknown	

**Discussion and Justification:** Important component of several scoring systems for triage, and permits some assessment of acuity of patient.

**Comments:**

72.

<b>Name of Data Element:</b>	Skin Perfusion
<b>Priority:</b>	Desirable*
<b>Definition:</b>	Patient skin perfusion, expressed as normal or decreased.
<b>Data Items:</b> 1 Normal 2 Decreased 3 Not assessed	

\* This field is essential for children. For purposes of the uniform data definition, children are defined as 18 years or younger.

**Discussion and Justification:** Normal is defined as warm, pink, and with a capillary refill time of 2 or less seconds. Decreased is defined as cool, pale, mottled, dusky, and with a capillary refill time of greater than 2 seconds.

If the patient is hypothermic or febrile, this may affect skin perfusion. However, the skin perfusion should be scored consistently as defined above.

**Comments:**

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73.

<b>Name of Data Element:</b>	Glasgow Eye Opening Component
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's eye opening component of the Glasgow coma scale.
<b>Data Items:</b>	
1	None
2	Opens eyes in response to painful stimulation
3	Opens eyes in response to verbal stimulation
4	Opens eyes spontaneously
9	Unknown

**Discussion and Justification:** One of three components of the Glasgow coma scale, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

**Comments:**

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74.

<b>Name of Data Element:</b>	Glasgow Verbal Component
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's verbal component of the Glasgow coma scale
<b>Code:</b>	Numeric entry.
<p><b>Data Items:</b></p> <p>For patients &gt;5years:</p> <ul style="list-style-type: none"> <li>1 None</li> <li>2 Non-specific sounds</li> <li>3 Inappropriate words</li> <li>4 Confused conversation or speech</li> <li>5 Oriented and appropriate speech</li> <li>9 Unknown</li> </ul> <p>For patients 2-5 years:</p> <ul style="list-style-type: none"> <li>1 None</li> <li>2 Grunts</li> <li>3 Cries and/or screams</li> <li>4 Inappropriate words</li> <li>5 Appropriate words</li> <li>9 Not assessed</li> </ul> <p>For patients 0-23 months:</p> <ul style="list-style-type: none"> <li>1 None</li> <li>2 Persistent cry, grunting</li> <li>3 Inappropriate cry</li> <li>4 Cries, inconsolable</li> <li>5 Smiles, coos, cries appropriately</li> <li>9 Not assessed</li> </ul>	

**Discussion and Justification:** One of three components of the Glasgow coma scale, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

**Comments:**



75.

<b>Name of Data Element:</b>	Glasgow Motor Component
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's motor component of the Glasgow coma scale.
<p><b>Data Items:</b></p> <p>For patients &gt;5 years:</p> <ul style="list-style-type: none"> <li>1 None</li> <li>2 Extensor posturing in response to painful stimulation</li> <li>3 Flexor posturing in response to painful stimulation</li> <li>4 General withdrawal in response to painful stimulation</li> <li>5 Localization of painful stimulation</li> <li>6 Obeys commands with appropriate motor response</li> <li>9 Unknown</li> </ul> <p>For patients up to 5 years:</p> <ul style="list-style-type: none"> <li>1 None</li> <li>2 Extensor posturing in response to painful stimulation</li> <li>3 Flexor posturing in response to painful stimulation</li> <li>4 General withdrawal in response to painful stimulation</li> <li>5 Localization of painful stimulation</li> <li>6 Spontaneous</li> <li>9 Not assessed</li> </ul>	

**Discussion and Justification:** One of three components of the Glasgow coma scale, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

**Comments:**

76.

<b>Name of Data Element:</b>	Glasgow Coma Score (Total)
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient's total Glasgow coma scale score. (The sum of the eye opening, verbal and motor response components.)

**Discussion and Justification:** The range of the score is 3 to 15. Important component of several triage scoring systems. Provides information about severity of neurologic disorder. The intent is that an electronic information system would calculate this total.

**Comments:**

77.

<b>Name of Data Element:</b>	Revised Trauma Score
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient's revised trauma score.

**Discussion and Justification:** One example of a triage scoring system which may be used to categorize injured patients in an EMS system. This data element is considered desirable, but the intention is that local agencies use scoring systems which are applicable to their own purposes. Most of these scoring systems should be calculable from other data elements which are included as core elements of the uniform data set.

**Note:** The revised trauma score may be calculated from other data elements. It is the sum of a respiratory rate component, systolic blood pressure component, and a neurologic component.

Respiratory Rate Component

4	10 - 29 per minute
3	>29 per minute
2	6 - 9 per minute
1	1 - 5 per minute
0	None spontaneous

Systolic Blood Pressure Component

4	>89 mm Hg
3	76 - 89 mm Hg
2	50 - 75 mm Hg
1	1 - 49 mm Hg

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0        No pulse

Neurologic Component

4        Glasgow coma score 13 - 15  
3        Glasgow coma score 9 - 12  
2        Glasgow coma score 6 - 8  
1        Glasgow coma score 4 - 5  
0        Glasgow coma score 3

**Comments:**

78.

<b>Name of Data Element:</b>	Procedure or Treatment Name																										
<b>Priority:</b>	Essential																										
<b>Definition:</b>	Identification of procedure attempted or performed on patient.																										
<table> <tr> <td><b>Data Items:</b></td><td></td></tr> <tr> <td>96.70 Assisted ventilation (positive pressure)</td><td>38.93 Intravenous catheter</td></tr> <tr> <td>93.59 Backboard</td><td>41.92 Intraosseous catheter</td></tr> <tr> <td>39.98 Bleeding controlled</td><td>99.29 Intravenous fluids</td></tr> <tr> <td>93.57 Burn care</td><td>93.58 MAST (military antishock trousers)</td></tr> <tr> <td>99.60 Cardiopulmonary resuscitation</td><td>96.01 Nasopharyngeal airway insertion</td></tr> <tr> <td>93.52 Cervical immobilization</td><td>96.05 Nasogastric tube insertion</td></tr> <tr> <td>31.10 Cricothyrotomy</td><td>73.59 Obstetrical care (delivery)</td></tr> <tr> <td>89.51 ECG monitoring</td><td>96.02 Oropharyngeal airway insertion</td></tr> <tr> <td>96.04 Endotracheal intubation</td><td>93.96 Oxygen by mask</td></tr> <tr> <td>99.63 External cardiac massage</td><td>93.96 Oxygen by cannula</td></tr> <tr> <td>99.62 External defibrillation (includes auto)</td><td>93.54 Splint of extremity</td></tr> <tr> <td></td><td>93.54 Traction splint</td></tr> </table>		<b>Data Items:</b>		96.70 Assisted ventilation (positive pressure)	38.93 Intravenous catheter	93.59 Backboard	41.92 Intraosseous catheter	39.98 Bleeding controlled	99.29 Intravenous fluids	93.57 Burn care	93.58 MAST (military antishock trousers)	99.60 Cardiopulmonary resuscitation	96.01 Nasopharyngeal airway insertion	93.52 Cervical immobilization	96.05 Nasogastric tube insertion	31.10 Cricothyrotomy	73.59 Obstetrical care (delivery)	89.51 ECG monitoring	96.02 Oropharyngeal airway insertion	96.04 Endotracheal intubation	93.96 Oxygen by mask	99.63 External cardiac massage	93.96 Oxygen by cannula	99.62 External defibrillation (includes auto)	93.54 Splint of extremity		93.54 Traction splint
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**Discussion and Justification:** Multiple entries should be possible. Intended to provide ambulance service planners and educators with information about which procedures are conducted in the field, by whom, and for what indications. Procedures are defined here as anything done by way of assessment or treatment of the patient. The procedures listed above and detailed below are not a restrictive list, nor is it expected that every agency will permit its providers to carry out all of these procedures. These lists are intended as samples, while the coding scheme should remain consistent. The coding system used above is the ICD-9 Procedure Classification (p codes).

**Comments:**

79.

<b>Name of Data Element:</b>	Procedure Attempts
<b>Priority:</b>	Desirable
<b>Definition:</b>	Total number of attempts for each procedure attempted, regardless of success.

**Discussion and Justification:** For procedures that are performed on the patient, this field indicates the number of attempts required. In most instances, this number will be 1. Local EMS managers may use this number to analyze attendant field competency or to identify additional training needs. This data element also permits educators to know whether certain procedures are posing particular technical problems in the field.

**Comments:**

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80.

<b>Name of Data Element:</b>	Medication Name
<b>Priority:</b>	Essential
<b>Definition:</b>	Medication name.
<p><b>Data Items:</b></p> <p>Acetaminophen      Ipecac  Adenosine            Isoproterenol  Albuterol             Lidocaine  Amyl nitrate          Lorazepam  Aspirin                Magnesium sulfate  Atropine               Mannitol  Bretylium tosylate      Meperidine  Bumetanide            Metaproterenol  Calcium chloride        Methylprednisolone  Calcium gluconate       Metoclopramide  Charcoal, activated      Morphine  Dexamethasone          Naloxone  Dextrose and water (50%)    Nifedipine  Diazepam               Nitroglycerin  Diphenhydramine        Procainamide  Dopamine               Sodium bicarbonate  Epinephrine              Succinylcholine  Furosemide               Terbutaline  Glucagon                Thiamine  Heparin                 Verapamil</p>	

**Discussion and Justification:** Intended to provide planners and educators with information about which drugs are administered in the field, by whom, and for what indications. It is likely that each responder agency will have its own list of drugs that are carried by the response vehicles, and this list should be used for the data collection efforts of the agency. The drugs listed above and detailed below are not a restrictive list, nor is it expected that every agency will permit its providers to use all these drugs. Emergency Health Services is currently developing a more comprehensive list of medications that may be grouped by type.

**Comments:**

81.

<b>Name of Data Element:</b>	Treatment Authorization
<b>Priority:</b>	Desirable
<b>Definition:</b>	Indicates the type, if any, of treatment authorization.
<b>Data Items</b>	
01	Protocol (Standing Orders)
02	On-Line (Radio Telephone)
03	On-Scene
04	Written Orders (Patient Specific)
88	Not Applicable
99	Unknown

**Discussion and Justification:** Enables managers of EMS systems to determine the authorization type used for emergency medical care provided on specific EMS runs. This data may be of used for determining legal accountability and for auditing the supervision of EMS systems.

**Note:**

Following is a more detailed explanation of the Data Items that define Treatment Authorization:

*Protocol (Standing Orders)*

Pre-established physician authorized procedures or guidelines for medical care of a specified clinical situation, based on patient presentation. Also known as standing orders. The pre-establishment of protocols is the responsibility of a physician having responsibility for medical direction of an EMS system.

*On-line (Radio Telephone)*

Immediate physician orders to EMS provider through direct telecommunications such as radio or telephone. Also known as *on-line medical direction*.

*On-Scene*

Immediate orders to an EMS provider by a physician at the scene of the medical emergency who has officially assumed responsibility for the management of the prehospital care of the patient.

*Written Orders (Patient Specific)*

Written orders by a physician having on-going or continuing responsibility for the medical care of the patient, to an EMS provider regarding the prehospital care of the patient. The orders must accompany the patient, must be in writing, and must be signed by the responsible physician. Also known as *advanced medical directions*. An example is "Do Not Resuscitate" orders.

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*Not Applicable*

Citation of authorization is not applicable or indicated, such as in cases where no medical treatments are provided, or no treatments requiring explicit physician authorization are administered.

*Unknown*

Applicable authorization for treatment not recorded or not known by the EMS provider, such as cases where prehospital skills and treatments are applied by an EMS provider based on his training and experience, without knowledge of the existence of applicable protocols. This is a default data entry, to be used when none of the other above Data Items are recorded.

**Comments:**



## References

- Cummins RO et al.: "Recommended Guidelines for Uniform Reporting of Data from Out-of-Hospital Cardiac Arrest: The Ustein Style". *Annals of Emergency Medicine*, August 1991:20:861-874.
- ISO 9000-1:94. *Quality Management and Quality Assurance Standards – Part 1: Guidelines for Selection and Use*. Canadian Standards Association, ON, Canada.
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- Spaite DW et al.: "Prospective Validation of a New Model for Evaluating Emergency Medical Service Systems by In-Field Observation of Specific Time Intervals in Pre-Hospital Care". *Annals of Emergency Medicine*, April 1993:22:638-645.
- Standards & Measures Branch: *Achieving Accountability in Alberta's Health System*. Alberta Health, November 1998.
- Statistics Canada: *1996 Census Dictionary*. Ministry of Industry, Catalogue no. 92-351-XPE, February 1997.
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- Statutes of Alberta, Municipal Government Act. 1994, Chapter M-26.1 with amendments in force as of July 15, 1996. Consolidated July 17, 1996.
- Stout JL: "Capture the Competitive Edge: How Benchmarking Can Improve Your Ambulance Service". *JEMS*, September & October 1997:51-65.
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## Endnotes

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- <sup>i</sup> RO Cummins et al., "Recommended Guidelines for Uniform Reporting of Data from Out of Hospital Cardiac Arrest: The Ustein Style", *Annals of Emergency Medicine*, August 1991, pp. 862.
- <sup>ii</sup> Ibid., p. 863.
- <sup>iii</sup> Ibid., p. 862.
- <sup>iv</sup> Ibid.
- <sup>v</sup> Ibid.
- <sup>vi</sup> Central Office on ICD-9-CM, website: <http://icd-9-cm.org>
- <sup>vii</sup> City of Calgary Emergency Medical Services Department, *EMS Definitions*, p. 5.
- <sup>viii</sup> Ibid.
- <sup>ix</sup> Emergency Medical Technicians Regulation, Health Disciplines Act, Statutes of Alberta, Alberta Regulation 48/93, Section 1(h), p.2.
- <sup>x</sup> Ibid., Section 1(i), p.2.
- <sup>xi</sup> City of Calgary Emergency Medical Services Department, p. 6.
- <sup>xii</sup> Emergency Medical Technicians Regulation, Section 1(j), p. 3.
- <sup>xiii</sup> City of Calgary Emergency Medical Services Department, p. 7.
- <sup>xiv</sup> All Canadian Training Institute Inc., ISO 9000:94, July 1995, p. 120.
- <sup>xv</sup> Ibid.
- <sup>xvi</sup> Ibid., p. 123.
- <sup>xvii</sup> Ibid., p. 125.
- <sup>xviii</sup> Ibid.
- <sup>xix</sup> Ibid., pp. 125-126.
- <sup>xx</sup> Ibid., p. 127.
- <sup>xxi</sup> Ibid., p. 128.
- <sup>xxii</sup> Standards & Measures Branch, *Achieving Accountability in Alberta's Health System*, Alberta Health, November 1998, p. 17.
- <sup>xxiii</sup> JL Stout, "Capture the Competitive Edge: How Benchmarking Can Improve Your Ambulance Service", *JEMS*, September 1997, p. 53.
- <sup>xxiv</sup> Cummins et al., p. 864.
- <sup>xxv</sup> Standards & Measures Branch, p.17.
- <sup>xxvi</sup> Ibid.
- <sup>xxvii</sup> Ibid.
- <sup>xxviii</sup> Ibid., p. 18.
- <sup>xxix</sup> Stout, p. 53.
- <sup>xxx</sup> Standards & Measures Branch, p.17.
- <sup>xxxi</sup> Ibid., p. 18.
- <sup>xxxii</sup> Stout, p. 54.
- <sup>xxxiii</sup> Ibid.
- <sup>xxxiv</sup> Standards & Measures Branch, p.18.
- <sup>xxxv</sup> Ibid.
- <sup>xxxvi</sup> Stout, p. 54.
- <sup>xxxvii</sup> Ibid., p. 53.
- <sup>xxxviii</sup> Cummins et al., p. 864.
- <sup>xxxix</sup> Standards & Measures Branch, p.17.
- <sup>xl</sup> Statistics Canada, 1996 Census Dictionary, Ministry of Industry, February 1997, p. 218.
- <sup>xli</sup> Ibid., p. 220.
- <sup>xlii</sup> Ibid., p. 224.
- <sup>xliiii</sup> Ibid., p. 225.
- <sup>xliv</sup> Ibid., p. 227.
- <sup>xlvi</sup> City of Calgary Emergency Medical Services Department, p. 3.
- <sup>xlvi</sup> Ibid., p. 7.
- <sup>xlvi</sup> Ibid.
- <sup>xlvi</sup> Ibid.
- <sup>xlvi</sup> Ibid.
- <sup>xlvi</sup> Ibid., p. 8.
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<sup>1</sup> DW Spaite, et al., "Prospective Validation of a New Model for Evaluating Emergency Medical Service Systems by In-Field Observation of Specific Time Intervals in Pre-Hospital Care", Annals of Emergency Medicine, April 1993, p.639.

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