



# COMMONWEALTH of VIRGINIA

Department of Health

Office of Emergency Medical Services

P.O. Box 2448

Richmond, VA 23218-2448

109 Governor St., Suite UB-55  
Richmond, VA 23219

1-800-523-6019 (VA only)  
804-864-7600  
FAX: 804-864-7580

Karen Remley, MD, MBA, FAAP  
State Health Commissioner

Gary R. Brown  
Director

P. Scott Winston  
Assistant Director

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To: All Virginia Licensed EMS Agencies

From: Virginia Department of Health (VDH), Office of Emergency Medical Services (OEMS)

Re: Change of mandatory minimum dataset and technical format

Per §32.1-116.1 of the *Code of Virginia* “all licensed emergency medical services agencies shall participate in the Virginia EMS Registry (VPHIB) by making available to the Commissioner or his designees the minimum data set in the format prescribed by the Board or any other format which contain equivalent information and meets any technical specifications of the Board...”

The minimum dataset for all emergency medical services (EMS) responses shall be submitted to the OEMS within 30 days of the completion of any EMS responses. As always, all assigned EMS responses including the following dispositions:

- Treated and Transported
- Patient refusals
- Treated and went by POV
- Treated and transferred care
- Treated and released
- EMS not needed
- Referred to Police
- Dead at scene
- Cancelled
- No patient found

The technical format for submission is extensible markup language (XML) and the XML schema (a.k.a. XSD) as prescribed by OEMS and is based on the NHTSA/NEMSIS standard. For those needing detailed technical information for importing data contact our vendor ImageTrend directly and/or the OEMS VPHIB Coordinator.

The following is a list of the Virginia EMS minimum dataset. Definitions for each element can be found at [www.NEMSIS.org](http://www.NEMSIS.org). Note that the Virginia EMS dataset has limited the use of some variables (choices within and element) due to their potential to weaken the data. Additionally

there are 11 elements that are NISE codes and not part of the NEMSIS data elements. These NISE codes are noted in the list of elements starting with an IT (i.e. IT1\_1 Pulse Ox Qualifier). These elements were developed using the NEMSIS Research standard and are in use in other states also. The full Virginia dataset can be found in the document “Virginia Minimum Dataset Elements and Variables.”

<b>NEMSIS/NISE Element Code</b>	<b>Data Element</b>
D01_01	EMS Agency Number (State Bridge)
D01_02	EMS Agency Name
D01_03	EMS Agency State
D01_04	EMS Agency County
D01_08	Organizational Type
D01_09	Organization Status
D01_21	National Provider Identifier
D02_10	Agency Contact Email Address
D05_01	Station Name
D05_02	Station Number
D05_04	Station GPS
D05_05	Station Address
D05_06	Station City
D05_07	Station State
D05_08	Station Zip
D06_01	Unit/Vehicle Number
D06_03	Vehicle Type
D06_07	Vehicle Model Year
D07_02	State/Licensure ID Number
D07_05	Personnel's Level of Certification/Licensure for Agency
D08_01	EMS Personnel's Last Name
D08_02	EMS Personnel's Middle Name/Initial
D08_15	State EMS Certification Licensure Level
E01_02	Software Creator
E01_03	Software Name
E01_04	Software Version
E02_01	EMS Agency Number (on each PCR)
E02_02	Incident Number
E02_04	Type of Service Requested
E02_05	Primary Role of the Unit
E02_06	Type of Dispatch Delay
E02_07	Type of Response Delay
E02_08	Type of Scene Delay
E02_09	Type of Transport Delay
E02_10	Type of Turn-Around Delay
E02_12	EMS Unit Call Sign (Radio Number)
E02_20	Response Mode to Scene
E03_01	Complaint Reported by Dispatch
E03_02	EMD Performed
E04_01	Crew Member ID
E05_02	PSAP Call Date/Time

<b>NEMESIS/NISE Element Code</b>	<b>Data Element</b>
E05_03	Dispatch Notified Date/Time
E05_05	Unit En Route Date/Time
E05_06	Unit Arrived on Scene Date/Time
E05_07	Arrived at Patient Date/Time
E05_08	Transfer of Patient Care Date/Time
E05_09	Unit Left Scene Date/Time
E05_10	Patient Arrived at Destination Date/Time
E05_11	Unit Back in Service Date/Time
E05_13	Unit Back at Home Location Date/Time
E06_01	Last Name
E06_02	First Name
E06_05	Patient's Home City
E06_08	Patient's Home Zip Code
E06_10	Social Security Number (may provide DL number instead)
E06_11	Gender
E06_12	Race
E06_13	Ethnicity
E06_14	Age
E06_15	Age Units
E06_16	Date of Birth
E06_18	State Issuing Driver's License (alternative to SSN)
E06_19	Driver's License Number
E07_01	Primary Method of Payment
E08_01	Other EMS Agencies at Scene
E08_05	Number of Patients at Scene
E08_06	Mass Casualty Incident
E08_07	Incident Location Type
E08_11	Incident Address
E08_15	Incident ZIP Code (replaces existing FIPS Code)
E09_04	Possible Injury
E09_06	Duration of Chief Complaint
E09_07	Time Units of Duration of Chief Complaint
E09_11	Chief Complaint Anatomic Location
E09_12	Chief Complaint Organ System
E09_13	Primary Symptom
E09_14	Other Associated Symptoms
E09_15	Providers Primary Impression
E09_16	Provider's Secondary Impression
E10_01	Cause of Injury
E10_02	Intent of the Injury
E10_04	Vehicular Injury Indicators
E10_05	Area of the Vehicle impacted by the collision
E10_08	Use of Occupant Safety Equipment
E10_09	Airbag Deployment
E10_10	Height of Fall
E11_01	Cardiac Arrest

<b>NEMESIS/NISE Element Code</b>	<b>Data Element</b>
E11_02	Cardiac Arrest Etiology
E11_03	Resuscitation Attempted
E11_05	First Monitored Rhythm of the Patient
E11_06	Any Return of Spontaneous Circulation
E11_08	Estimated Time of Arrest Prior to EMS Arrival
E11_09	Date/Time Resuscitation Discontinued
E11_10	Reason CPR Discontinued
E11_11	Cardiac Rhythm on Arrival at Destination
E12_01	Barriers to Patient Care
E12_10	Medical/Surgical History
E12_12	Immunization History
E12_19	Alcohol/Drug Use Indicators
E12_20	Pregnancy
E14_03	Cardiac Rhythm
E14_04	SBP (Systolic Blood Pressure)
E14_05	DBP (Diastolic Blood Pressure)
E14_06	Method of Blood Pressure Measurement
E14_07	Pulse Rate
E14_09	Pulse Oximetry
E14_10	Pulse Rhythm
E14_11	Respiratory Rate
E14_12	Respiratory Effort
E14_13	Carbon Dioxide
E14_14	Blood Glucose Level
E14_15	Glasgow Coma Score-Eye
E14_16	Glasgow Coma Score-Verbal
E14_17	Glasgow Coma Score-Motor
E14_18	Glasgow Coma Score-Qualifier
E14_23	Pain Scale
E14_24	Stroke Scale
E14_25	Thrombolytic Screen
E14_26	APGAR
E16_01	Estimated Body Weight
E18_01	Date/Time Medication Administered
E18_03	Medication Given
E18_04	Medication Administered Route
E18_05	Medication Dosage
E18_06	Medication Dosage Units
E18_07	Response to Medication
E18_08	Medication Complication
E18_09	Medication Crew Member ID
E19_01	Date/Time Procedure Performed Successfully
E19_03	Procedure
E19_05	Number of Procedure Attempts
E19_06	Procedure Successful
E19_07	Procedure Complication

<b>NEMESIS/NISE Element Code</b>	<b>Data Element</b>
E19_09	Procedure Crew Members ID
E19_13	Tube Confirmation
E20_01	Destination/Transferred To, Name
E20_10	Incident/Patient Disposition
E20_14	Transport Mode from Scene
E20_16	Reason for Choosing Destination
E20_17	Type of Destination
E23_08	Required Reportable Conditions
IT1_1	Pulse Oximetry Qualifier
IT5_19	Exterior Damage
IT5_6	Motor Vehicle Type
IT7_24	Procedure Location
IT7_25	Method of Securing ETT
IT8_19	AMA Type
IT8_21	AMA Reason
IT10_1	Facility Diverted From-Name
IT10_2	Specialty Team Notified
IT10_6	Facility Notified By
IT12_3	STEMI 12 Lead Interpretation sent to hospital in advance