Data Request Form
Office of Emergency Medical Services (OEMS)
Division of Trauma/Critical Care

Requestor Name:	
Agency/Hospital/Organization:	
Requestor Phone #:	
Requestor Email:	
Date Requested:	
Data Use Terms:	By consenting to these data use terms, I agree that the data provided by VDH OEMS will only be utilized for the purpose(s) outlined on this form. If this data is used for publication, I agree to: 1) collaborate with OEMS to answer any questions about these data, build research questions, and write/review studies before submitting them for publication; 2) provide OEMS a copy of any articles using data obtained through this agreement for review and comment in advance of publication; 3) include at least one OEMS member as an author in all studies submitted for publication; and 4) Include a disclaimer in the manuscript which states that "This research was conducted using data obtained from the Virginia Department of Health Office of Emergency Medical Services." Any published material using OEMS data must acknowledge OEMS as the original data source. By entering my name here, I agree to abide by these data use terms:

Data Source Requested:
- ☐ **Virginia Pre-Hospital Information Bridge (VPHIB)**
- ☐ **Virginia Statewide Trauma Registry (VSTR)**
- ☐ **Other**

1. Please clearly describe the information that you are requesting and what it will be used for. Specify the geographical area of interest.

2. Please select the specific data elements that you would like included in your request. Refer to the Data Dictionary for data element definition.

VPHIB v3 Data Element (Data Dictionary)http://oemssupport.kayako.com/Knowledgebase/Article/View/265/36/

- Agency Name
- Agency Number
- Primary Type of Service
- Other Type of Service
- Incident ID
- Type of Service Requested
- Primary Role of the Unit
- Type of Dispatch Delay
- Type of Response Delay
- Type of Scene Delay
- Type of Transport Delay
- Type of Turn-Around Delay
- Response Mode to Scene
- Complaint reported by Dispatch
- EMD Performed
- PSAP Call Date/Time
- Unit Notified by Dispatch Date/Time
- Unit En Route Date/Time
- Unit Arrived on Scene Date/Time
- Arrived at Patient Date/Time
- Transfer of Patient Care Date/Time
- Transfer of Patient Care Date/Time
- Unit Left Scene Date/Time
- Arrived at Destination Landing Area Date/Time
- Patient Arrived at Destination Date/Time
- Destination Patient Transfer Of Care Date/Time
- Unit Back in Service Date/Time
- Type of Dispatch Delay
- Patient Gender
- Patient Race
- Patient Age
- Patient Age Units
- Incident Location Type
- Incident City
- Incident State
- Incident Zip Code
- First EMS Unit on Scene
- Incident County
- Mass Casualty Incident
- Date/Time Symptom Onset
- Possible Injury

- Complaint Type
- Complaint
- Provider's Primary Impression
- Provider's Secondary Impression
- Initial Patient Acuity
- Date/Time Last Known Well
- Cause of Injury
- Mechanism of Injury
- Trauma Center Criteria
- Cardiac Arrest
- Cardiac Arrest Etiology
- Resuscitation Attempted by EMS
- First Monitored Arrest Rhythm of the Patient
- Any Return of Spontaneous Circulation
- Date/Time of Cardiac Arrest
- Date/Time Resuscitation Discontinued
- Cardiac Rhythm on Arrival at Destination
- End of EMS Cardiac Arrest Event
- Reason CPR Discontinued
- Date/Time of Initial CPR
- Barriers to Patient Care
- Alcohol/Drug Indicators
- Date/Time Vital Signs Taken
- ECG Type
- Method of ECG Interpretation
- Cardiac Rhythm/Electro-cardiography
- Systolic Blood Pressure
- Diastolic Blood Pressure
- Heart Rate
- Pulse Oximetry
- Respiratory Rate
- End Tidal Carbon Dioxide
- Blood Glucose Level
- Total Glasgow Coma Score
- Pain Scale Score
- Stroke Scale Score
- Stoke Scale Type
- Glasgow Coma Score Qualifier
- Body Weight in Kilograms
- Length Based Tape Measure

- Medication Given Prior to the Unit's EMS Care
- Medication Given
- Date/Time Medication Administered
- Medication Administered Route
- Medication Dosage
- Medication Dosage Units
- Response to Medication
- Medication Authorization
- Role/Type of Person Administering Medication
- Protocols Used
- Procedure Performed
- Date/Time Procedure Performed
- Procedure Performed Prior to This Unit
- Number of Procedure Attempts
- Size of Procedure Equipment
- Procedure Successful
- Response to Procedure
- Vascular Access Location
- Date/Time Airway Device Placement Confirmation
- Airway Device Being Confirmed
- Airway Device Placement Confirmed
- Airway Device Placement Confirmed Method
- Indication of Invasive Airway
- Tube Length
- Destination Hospital Name
- Destination Hospital Code
- Incident/Patient Disposition
- EMS Transport Method
- Transport Mode from Scene
- Reason for Choosing Destination
- Type of Destination
- Destination Team Pre-Arrival Alert or Activation
- Date/Time of Destination Pre-Arrival Alert or Activation
- Hospital Capability
- Personal Protective Equipment Used

VSTR Data Elements (Data Dictionary)http://oemssupport.kayako.com/Knowledgebase/Article/View/133/32/)

- Incident ID
- Patient Age
- Patient Age Unit
- Patient Race
- Patient Ethnicity
- Patient Gender
- Injury Incident Date
- Injury Incident Time
- Work Related
- Patient's Occupational Industry
- Patient's Occupation
- Primary E-Code Type
- Injury E-Code Type
- Additional E-Code Type
- Incident State
- Incident County
- Incident City
- Airbag Deployment
- Use of Protective Devices/Safety Equipment
- EMS Dispatch Date
- EMS Dispatch Time
- EMS Unit Arrival Date at Scene
- EMS Unit Arrival Time at Scene
- EMS Unit Left Scene Date
- EMS Unit Left Scene Time
- Transport Method to Hospital
- Additional Transport Method to Hospital
- Initial Field Systolic BP
- Initial Field Heart Rate
- Initial Field Respiratory Rate
- Initial Field Pulse Oximetry
- Initial Field GCS-Eye
- Initial Field GCS-Verbal
- Initial Field GCS-Motor
- Initial Field Total GCS
- Inter-facility Transfer
- Name of the Hospital Transferred From Code
- EMS Agency Received from Code
- Initial ED/Hospital Arrival Date
- Initial ED/Hospital Arrival Time
- Initial ED/Hospital Systolic BP
- Initial ED/Hospital Heart Rate
- Initial ED/Hospital Temperature
- Initial ED/Hospital Respiratory Rate
- Initial ED/Hospital Respiratory Assistance
- Initial ED/Hospital Pulse Oximetry
- Initial ED/Hospital Supplemental Oxygen
- Initial ED/Hospital GCS Qualifier
- Initial ED/Hospital GCS-Eye
- Initial ED/Hospital GCS-Verbal
- Initial ED/Hospital GCS-Motor
- Initial ED/Hospital Total GCS
- Alcohol Use Indicator
- Drug Use Indicator
- Signs of Life
- ED Disposition Date
- ED Disposition Time
- Hospital Procedures
- Hospital Procedures Start Date
- Hospital Procedures Start Time
- Co-Morbid Condition
- Organs Donated
- Injury Diagnosis
- AIS Code
- AIS Severity
- AIS Version
- ISS Score
- Locally Calculated ISS
- Total ICU length of Stay
- Total Ventilator Days
- Hospital Discharge Date
- Hospital Discharge Time
- ED Discharge Disposition
- Hospital Discharge Disposition
- Hospital Transferred to Name
- Name of Hospital Transferred to Code
- Primary Method of Payment
- Hospital Complication

3. Please list any additional data elements of interest, if not available for selection above (refer to the data dictionary).

4. Please identify the date ranges for the data in your request.

5. Who, other than the requestor, should be contacted with any technical or business related questions, during the development of this report?

6. Who is the intended audience for this report?

***Data will be sent via e-mail to the e-mail address provided unless otherwise specified by the requestor.**