COUNTY OF SAN DIEGO STEMI FORM PATIENT REGISTRY DATA FIELD CODES, LIST, DESCRIPTION AND VALUES

Preliminary Draft as of Feb. 29, 2024

Field Code	Data Fields	Field Description (if applicable)	Values (if applicable)
ST1.2	Symptom Onset Date	(blank)	
ST1.3	Symptom Onset Time	(blank)	
ST1.3.1	Symptom onset time not available	Indicate if the symptom onset time was not available	
ST1.5	Symptom onset time estimated	Indicate if the symptom onset time was estimated.	
ST16.4	Transferred From Outside Facility	Indicate if the patient was an interfacility transfer to your facility. Reminder: if the patient was first seen at a doctor's office, urgent care, or another similar type of facility and then transferred to your facility, then your facility is considered the first facility.	No -Select- Yes
ST16.7	Location of First Evaluation	Indicates the location the patient was first evaluated at your facility.	Cath Lab ED Not Known/Not Recorded Other -Select-
ST16.8	Means of Transportation from outside facility to your facility	Indicates the means of Transportation from outside facility to your facility.	Air Ambulance -Select-
ST2.1	STEMI or Equivalent Indication - SRC	Indicate if the first ECG findings demonstrated a STEMI or STEMI equivalent	No Yes
ST2.11	Cath Lab Team Activation	Indicate if the Cath Lab Team was activated.	No Yes
ST2.2	ECG Findings (STEMI/Equivalent ECG Findings)	If STEMI/Equivalent, specific findings (ST Elevation, LBBB, Isolated Posterior MI)	Isolated Posterior MI LBBB (new or presumed new) Not Applicable Not Known/Not Recorded -Select- ST Elevation
ST2.20	Stent(s) Placed	Indicate if a stent or stents were placed in the affected coronary artery.	No Yes
ST2.24	PCI Indication	Indicate the primary reason PCI was performed or attempted.	Immediate primary PCI for STEMI Other PCI for NSTEMI PCI for STEMI (stable after successful full-dose Thrombolysis) PCI for STEMI (Stable, >12 from hrs Sx onset) PCI for STEMI (Unstable, >12 hrs from Sx onset) Rescue PCI for STEMI (after failed full-dose lytics)

			-Select-
ST2.25	Non-system Reason for Delay in PCI	Indicate if there is documentation of a non-system reason for a delay in doing the first percutaneous coronary	Atypical presentation by patient
			Cardiac arrest and/or need for intubation before PCI
			Difficult vascular access
			Difficulty crossing the culprit lesion during the PCI procedure
			Emergent placement of LV support device
			Initially deferred due to shock / condition / To stabilize respiratory status
			Necessary for CT scan of head / chest prior to PCI
			Need for additional PPE for suspected/confirmed infectious disease
			None
			Other
			Patient delays in providing consent for the procedure
			Rule out Aortic dissection first
			-Select-
ST2.26	Indicate when the first electrocardiogram (ECG) was obtained. (First ECG Obtained)	Indicate where the first electrocardiogram (ECG) was obtained.	After First Hospital Arrival
			Pre-Hospital
ST2.7	Reason Cath lab not activated/cancelled (Reason Patient Did Not Go to Cath Lab)	Enter the reason why the patient did not go to the Cath Lab. Required if patient did not go to the Cath Lab. (mark Not Applicable if the patient went to Cath Lab)	Allergic to Contrast
			DNR
			ED ECG Interpretation was NOT STEMI
			Medical Condition
			Not Applicable
			Not Known/Not Recorded
			Other
			Patient Expired
			Physician Decision
			-Select-
			Treatment Refused
ST3.1	Reperfusion Candidate	Is patient a reperfusion candidate?	No
			Yes
ST3.12	CABG	Indicate if the patient had a CABG during this hospitalization	No
			Yes
ST3.12.1	CABG Date	Indicate the date of the coronary artery bypass graft (CABG) surgery. Required if CABG=Yes.	

ST3.12.2	CABG Time	Indicate the time of the coronary artery bypass graft (CABG) surgery	
ST3.14	First Device Activation Date	Indicate the date the first device was activated regardless of type of device used.	
ST3.2	Reason no Reperfusion	Primary reason no reperfusion done	Chest pain resolved
			MI diagnosis unclear
			MI symptoms onset > 12 hours
			No chest pain
			No ST elevation/LBBB
			Other
			-Select-
			ST elevation resolved
ST3.20	Thrombolytics	Indicate if the patient received thrombolytic therapy as an urgent treatment for STEMI.	No
			Yes
ST3.26	Reason Thrombolytics Not Administered	Indicate the one primary reason, documented in the medical record, that thrombolytics were not administered as reperfusion therapy.	Transferred for PCI
ST3.3.1	Cath Lab Arrival Date	Indicate the date the patient arrived to the cath lab where the PCI was being performed as documented in the medical record.	
ST3.3.2	Cath Lab Arrival Time	Indicate the time the patient arrived to the cath lab where the PCI was being performed as documented in the medical record.	
ST3.6	First Device Activation Time	Indicate the time the first device was activated regardless of type of device used	
ST3.9	Culprit Lesion	Primary culprit lesion.	CX - Left Circumflex Artery
			Diag - Diagonal artery
			IMA - Internal Mammary Artery
			L Main-Left Main Artery
			LAD-Left Anterior Descending Artery
			None
			Not Known/Not Recorded
			OM - Obtuse Marginal
			Other
			PDA - Posterior Descending Artery
			Ramus Intermedius
			RCA-Right Coronary Artery
			Saphenous Vein Graft
			-Select-
ST4.2	Cardiac Arrest	Did patient experience cardiac arrest prior to PCI?	No
			Yes
ST4.3	Cardiogenic Shock	>30 minute episode of SBP <90 and/or cardiac index <2.2 L/min/m2	No
			Yes
ST4.31	Heat Failure	Heart Failure prior to PCI	No
			Yes
ST4.33	Atrial Fibrillation	Atrial Fibrillation at Hospital	No
			Yes

ST4.35	VTach/VFib	VTach/VFib prior to PCI	No
			Yes
ST4.7	CVA/Stroke	Any stroke	No
			Yes
ST4.8	Hemorrhagic Stroke	Any hemorrhagic stroke prior to PCI?	No
			Yes
ST7.1	First ECG Time	Indicate time of first ECG performed	
ST7.1.1	Date of the first 12-lead electrocardiogram (ECG) (First ECG Date)	Date of the first ECG performed	
ST7.8.1	Date PECG Transmission	Indicate date of PECG transmission. If the prehospital ECG was transmitted, enter the DATE ONLY of transmission.	
ST8.7	PECG interpretation concordance (ECG interpretation agreement)	Indicate if hospital physician ECG interpretation is the same as the pre-hospital interpretation. For ALL prehospital ECGs reviewed by a hospital physician: Did the hospital physician agree with prehospital's interpretation?	No, physician did not agree
			Not Stated/Inadequately Described OR ECG Not Available
			Yes, physician agreed
ST9.1	Systolic Blood Pressure	Use this field to record if patient experienced hypotension prior to PCI. If the patient had hypotension prior to PCI but SBP is not known, enter 90 in the box below (Free text field)	
TR1.10	Middle Initial	The patient's middle initial (NEMSIS ePatient.04)	
TR1.12	Age	The patient's age at the time of injury (best approximation) (NEMSIS ePatient.15)	
TR1.14	Age Units	The units used to document the patient's age (Years, Months, Days, Hours) (NEMSIS ePatient.16)	Days
			Hours
			Months
			Not Applicable
			Not Known/Not Recorded
			-Select-
			Years
TR1.15	Gender	The patient's gender (NEMSIS ePatient.13)	Female
			Male
			Not Known/Not Recorded
			-Select-
TR1.16	Race (select all that apply)	The patient's race (ePatient.14)	American Indian or Alaska Native
			Asian
			Black or African American
			Native Hawaiian or Other Pacific Islander
			Not Known/Not Recorded
			Other Race
			-Select-
			White
TR1.17	Ethnicity	The patient's ethnicity.	Hispanic or Latino
			Not Hispanic or Latino
			Not Known/Not Recorded
			-Select-

TR1.2	Hospital Specific Tracking ID	ID number specific to your hospital - for your patient tracking purposes.	
TR1.20	Postal Code	The patient's home ZIP code of primary residence. Use the Zip Code N/A field for homeless patients and enter the zip code of the hospital in the Postal Code field (NEMSIS ePatient.09)	
TR1.20.1	Zip Code N/A	Indicate if the patient does not have a United States Postal Service zip code	
TR1.28	Other Race	Other Race free Text Field	
TR1.7	Date of Birth	The Patient's age at the time of injury (best approximation) (NEMSIS ePatient.17)	
TR1.8	Patient's First Name	The patient's First Name (NEMSIS ePatient.03)	
TR1.9	Patient's Last Name	The patient's Last Name (NEMSIS ePatient.02)	
TR15.61	Provider's Primary Impression	Provider's Primary Impression	
TR15.75	Date of Symptom Onset (Date the symptom began as it relates to this EMS event)	The date the symptom began (or was discovered) as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.	
TR15.75.1	Time of Symptom Onset (Time the symptom began as it relates to this EMS event)	The time the symptom began (or was discovered) as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.	
TR15.76	Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)	Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.) (NEMSIS eArrest.02).	Cardiac (Presumed)
			Drowning/Submersion
			Drug Overdose
			Electrocution
			Exsanguination
			Not Applicable
			Not Recorded
			Other
			Respiratory/Asphyxia
			-Select-
			Trauma
TR17.10	Date Physician Called (Date Called)	The date and time physician was called. NOT REQUIRED.	
TR17.11	Time Physician Arrived (Time Arrived)	The time physician arrived. NOT REQUIRED.	
TR17.12	Was Physician Arrival in ED Timely (Timely Arrival)	Was the physician arrival timely? NOT REQUIRED.	N/A
			No
			Not Known/Not Recorded
			Pending
			-Select-
			Yes
TR17.14	Time Physician Called (Time Called)	The time the physician was called. NOT REQUIRED.	
TR17.15	Date Physician Arrived (Date Arrived)	Date physician arrived. NOT REQUIRED.	
TR17.25	Transfer Out of ED Date (ED Discharge Date)	The date the patient was discharged from the ED.	
TR17.26	Transfer Out of ED Time (ED Discharge Time)	The time the patient was discharged from the ED.	
TR17.27	ED Discharge Disposition	The disposition of the patient at the time of discharge from the ED (NEMSIS eOutcome.01)	AMA
			Cath Lab
			Deceased/Expired
			Floor bed (general admission, non specialty unit bed)
			Home with services
			Home without services
			Intensive Care Unit

			Interventional Radiology
			Left without being seen / Eloped
			Not Applicable
			Not Known/Not Recorded
			Observation unit (unit that provides < 24 hour stays)
			Operating room
			Other (jail, institution, etc)
			Radiology
			-Select-
			Telemetry/step-down unit (less acuity than ICU)
			Transferred to another hospital
TR17.46	ED Chief Complaint	ED Chief Complaint (NEMSIS eOutcome.06)	
TR17.60	Discharge Transport Mode	The type of transportation used to transfer the patient.	
TR17.61	Hospital Transferred To	Name of the facility the patient was transferred to.	
TR17.67	Team Member Level	Indicates level of team member	Attending
			Not Applicable
			Not Known/Not Recorded
			Other
			Physician Extender (LIP)
			Resident
			-Select-
TR17.9	ED Physician (Team Member)	Cath Lab team member name. NOT REQUIRED.	
TR18.10	Initial ED/Hospital Respiratory Assistance	Determination of respiratory assistance associated with the initial ED/hospital(expressed as percentage).	Assisted Respiratory Rate
			Not Applicable
			Not Known/Not Recorded
			-Select-
			Unassisted Respiratory Rate
TR18.104	Initial Assessment Vitals Date (Vitals Date)	The date the assessment was performed.	
	Initial Assessment Vitals Time (Vitals Time)	The Time the assessment was performed.	
TR18.109	Initial ED/Hospital Supplemental Oxygen	Determination of the presence of supplemental oxygen during assessment of the Initial ED/hospital oxygen saturation level	No
			Not Applicable
			Not Known/Not Recorded
			-Select-
			Yes
TR18.11	First ED Systolic Blood Pressure	Initial Assessment Systolic Blood Pressure (NEMSIS eOutcome.07) Enter First ED Systolic Blood Pressure, at minimum	
TR18.13	Initial Assessment Diastolic Blood Pressure	Initial Assessment Diastolic Blood Pressure	
TR18.14	Initial ED/Hospital GCS-Eye	First recorded Glasgow Coma Score (Eye) in the ED/hospital.	1 No eye movement when assessed

			2 Opens eyes in response to painful stimulation
			3 Opens eyes in response to verbal stimulation
			4 Opens eyes spontaneously
			Not Known/Not Recorded
			-Select-
TR18.147	Initial ED/Hospital Temperature Route	Indicates the initial emergency department/hospital temperature measurement route.	Not Applicable
			Not Known/Not Recorded
			-Select-
TR18.15.2	Initial ED/Hospital GCS-Verbal	First recorded Glasgow Coma Score (Verbal) in the ED/hospital.	1 No verbal response
			2 Incomprehensible sounds
			3 Inappropriate words
			4 Confused
			5 Oriented
			Not Known/Not Recorded
			-Select-
TR18.16.2	Initial ED/Hospital GCS-Motor	First recorded Glasgow Coma Score (Motor) in the ED/hospital.	1 No motor response
			2 Extension to pain
			3 Flexion to pain
			4 Withdrawal from pain
			5 Localizing pain
			6 Obeys commands
			Not Applicable
			Not Known/Not Recorded
			-Select-
TR18.19	Initial ED/Hospital GCS Total	Initial ED/Hospital GCS Total	
TR18.2	Initial ED/Hospital Pulse Rate	First recorded pulse rate in ED/hospital (palpated or auscultated, expressed as a number per minute.	
TR18.21	Initial ED/Hospital GCS Assessment Qualifier	Documentation of factors potentially affecting the first assessment of GCS upon arrival in the ED/hospital.	Intubated and chemically paralyzed
			Not Applicable
			Not Known/Not Recorded
			Obstruction to the Patients Eye
			Patient Chemically Sedated
			Patient Intubated
			-Select-
			Valid GCS: Legitimate
			Valid GCS: Patient was not sedated, not intubated, and did not have obstruction to the eye
TR18.30	Initial ED Hospital Temperature in Celsius	Initial Assessment Temperature Celsius	
TR18.30.1	Initial ED/Hospital Temperature in Fahrenheit	First recorded temperature in Fahrenheit in the ED/Hospital	

TR18.31	Initial Assessment Oxygen Saturation	Initial Assessment Oxygen Saturation	
TR18.55	Arrived in ED Date	The date the patient arrived at the ED.	
TR18.56	Arrived at ED Time	The time the patient arrived at the ED.	
TR18.7	Initial ED/Hospital Respiratory Rate	First recorded respiratory rate in the ED/hospital(expressed as a number per minute).	
TR200.1	ICD 10 Diagnosis	The practitioner's description of the condition or problem for which Emergency Department services were provided (NEMSIS eOutcome.10). Enter the final primary and secondary hospital ICD10 diagnosis codes.	
TR200.10	Physician Performing the Procedure (Staff)	Physician Performing the Procedure	
TR200.11	Procedure Performed Location	The hospital location where the procedure was performed.	Catherization Lab
			ED
			Endoscopy
			Floor
			GI Lab
			ICU
			Minor Surgery Unit
			Not Applicable
			Not Known/Not Recorded
			Nuclear Medicine
			Observation
			Operating room
			Other
			Outpatient Clinic
			Prehospital
			PTA (Referring Hospital)
			Radiology
			Readmit OR (planned OR)
			Recovery
			Rehabilitation
			Scene
			-Select-
			Special Procedure Unit
			Step-Down
			Tele
			Transport from Scene
TR200.2	ICD 10 Procedures	Hospital Procedures performed on the patient during the hospital admission (NEMSIS eOutcome.12)	
TR200.2.1.1	Study ID	For Radiology	
TR200.2.1.10	Validating Staff	For Radiology	
TR200.2.1.2	Accession Number	For Radiology	
TR200.2.1.3	Requesting Staff	For Radiology	
TR200.2.1.4	Request Date	For Radiology	
TR200.2.1.5	Exam Name	For Radiology	
TR200.2.1.6	Exam Arrival Date	For Radiology	
TR200.2.1.7	Exam Start Date	For Radiology	
TR200.2.1.8	Exam Finished Date	For Radiology	
TR200.2.1.9	Reporting Staff	For Radiology	

TR200.2.2.1	Operation Number	For Operating Room (as procedure location)	
TR200.2.2.2	Urgency	For Operating Room (as procedure location)	-Select-
TR200.2.2.3	Date in OR	For Operating Room (as procedure location)	
TR200.2.2.4	Date out OR	For Operating Room (as procedure location)	
TR200.2.2.6	Ward From	For Operating Room (as procedure location)	Angiography Suite
			Burn Unit
			Cardiac catheterization lab
			Computer Tomography Scan
			Critical Care Unit
			Emergency Department
			Endoscopy
			Floor
			GI Lab
			Hybrid Room
			Hyperbaric
			Intensive Care Unit
			Intermediate Care Unit
			Interventional Radiology
			Labor and Delivery
			Magnetic Resonance Imaging
			Neonatal/Pediatric Care Unit
			Not Known/Not Recorded
			Nuclear Medicine
			Observation Unit
			Operating room
			Operating Room Holding Area
			Other
			Post Anesthesia Care Unit
			Post Anesthesia Recovery Room
			Radiation Oncology
			Radiology
			Resuscitation Room
			Special Procedure Unit
			Step-Down Unit
			Telemetry Unit
TR200.2.2.7	Ward To	For Operating Room (as procedure location)	Angiography Suite
			Burn Unit
			Cardiac catheterization lab
			Computer Tomography Scan

			Critical Care Unit
			Emergency Department
			Endoscopy
			Floor
			GI Lab
			Hybrid Room
			Hyperbaric
			Intensive Care Unit
			Intermediate Care Unit
			Interventional Radiology
			Labor and Delivery
			Magnetic Resonance Imaging
			Neonatal/Pediatric Care Unit
			Not Known/Not Recorded
			Nuclear Medicine
			Observation Unit
			Operating room
			Operating Room Holding Area
			Other
			Post Anesthesia Care Unit
			Post Anesthesia Recovery Room
			Radiation Oncology
			Radiology
			Resuscitation Room
			Special Procedure Unit
			Step-Down Unit
			Telemetry Unit
TR200.2.2.9	Staff Involved with Procedure	For Operating Room (as procedure location)	
TR200.6	Service Type of the Physician	Service Type of the Physician	Anesthesia
			Burn
			Cardiology
			Critical Care Medicine
			Ear Nose Throat
			Emergency Medicine
			Gastroenterology
			General Surgery
			Gynecology
			Hand Surgery
			Hospitalist
			Medicine
			Nephrology

			Neurology
			Neurosurgery
			Not Applicable
			Not Known/Not Recorded
			Obstetrics
			Ophthalmology
			Oral Maxillo Facial Surgery
			Orthopedic Surgery
			Pediatric Orthopedic
			Pediatric Surgery
			Plastic Surgery
			Podiatry
			Pulmonary
			Radiology
			-Select-
			Thoracic Surgery
			Trauma Surgery
			Urology
			Vascular Surgery
TR200.7	Procedure Comments	Procedure Comments	
TR200.8	Date Procedure Performed	The date Procedure Performed	
TR200.9	Time Procedure Performed	The time Procedure Performed	
TR25.100	Discharge Summary	To add information for the medics, type it in the text box below and click "Add Discharge Summary". Relevant information may include: - did hospital physician interpret ECG as STEMI - did patient go to Cath Lab, why or why not	
TR25.27	Discharge Status	The disposition of the patient when discharged from the hospital (NEMSIS eOutcome.02)	Acute care hospital
			AMA
			Correctional Facility or in Law Enforcement Custody
			Deceased/Expired
			Discharged to home or self-care (routine discharge)
			Discharged/Transferred to another type of institution not defined elsewhere
			Home with Home Health Services
			Hospice - Health Care Facility
			Hospice - Home
			Hospice care
			Inpatient Rehabilitation Facility (IRF)

			Intermediate Care Facility (ICF)
			Long Term Care Hospital (LTCH)
			Not Known/Not Recorded
			Rehabilitation or long-term facility
			-Select-
			Skilled Nursing Facility (SNF)
TR25.33	Hospital Admit Date	Date patient was admitted to your hospital (NEMSIS eOutcome.11)	
TR25.34	Hospital Discharge Date	The date the patient was discharged from the hospital (NEMSIS eOutcome.17)	
TR25.47	Hospital Admit Time	Time of admission to hospital (NEMSIS eOutcome.11)	
TR25.48	Hospital Discharge Time	The time the patient was discharged from the hospital (NEMSIS eOutcome.17)	
TR25.52	Additional Comments	Add additional notes or comments here.	
TR26.58	Total Vent Days	The total number of patient days spent on a mechanical ventilator (including episodes) (NEMSIS eOutcome.15) Leave this field blank if the patient had zero days on a vent.	
TR26.9	Total ICU Days	The total number of patient days in any ICU (including episodes) (NEMSIS eOutcome.14) Leave this field blank if the patient had zero days in the ICU.	
TR33.2	Arrival at Outside Facility Date (Referring Hospital Arrival Date)	Indicate the date the patient arrived at the outside facility.	
TR33.3	Arrival at Outside Facility Time (Referring Hospital Arrival Time)	Indicate the time the patient arrived at the outside facility.	
TR33.3.1	Outside facility arrival time estimated	Indicate the time the patient arrived at the outside facility.	Yes
			No
TR33.30	Transfer from Outside Facility Date/Time	Indicate the date the patient left the outside facility.	
TR33.31	Transfer from Outside Facility Time (Referring Hospital Discharge Time)	Indicate the time the patient left the outside facility.	
TR33.31.1	Outside facility discharge time estimated	Indicate the time the patient left the outside facility.	Yes
			No
TR33.75	Name of Transferring Facility	Indicate if the name of the facility from which the patient was transferred.	
TR35.20	EKG (Hospital ECG Performed)	Indicate if a hospital ECG was performed.	No
			Not Known/Not Recorded
			-Select-
			Yes
TR35.21	Hospital - First ECG Date	Enter the date of the first ECG done at the hospital.	
TR35.21.1	Hospital - First ECG Time	Enter the time of the first ECG done at the hospital.	
TR35.23	STEMI Team Activated By (Cath Lab Activated)	Indicate who activated the Cath Lab Team.	In the ED
			Not Applicable
			Not Known/Not Recorded
			Prior to patient arrival
			-Select-
TR35.26	Cath Lab Team Activated Date	Indicate the date the Cath Lab was activated.	
TR35.27	Cath Team Activated Time	Indicate the time the Cath Lab was activated.	
TR35.70	PCI Procedure	Indicate if the patient had a percutaneous coronary intervention (PCI).	No
			Yes

TR46.3	Where did the cardiac arrest occur? Select prehospital if patient arrived to your hospital still in (Location of Cardiac Arrest)	Where did the cardiac arrest occur?	Cardiac catheterization lab
			Delivery Suite
			Diagnostic/Intervention area (excludes cath lab)
			Emergency Department
			General Inpatient Unit
			Intensive/Critical/Coronary Care Unit (ICU/CCU)
			Not Applicable
			Not Known/Not Recorded
			Operating room
			Prehospital
			-Select-
			Specific Location
			Telemetry Unit
			Unknown
TR46.3.1	Specific Location of Cardiac Arrest	Where, specifically, did the cardiac arrest occur? (free text field)	
TR5.12	CoSD EMS STEMI Registry #	CoSD EMS STEMI Registry Number	
TR7.1	EMS Incident Number (EMS Run Number)	The EMS Run number is assigned by the EMS agency that generated the incident. The NEMSIS data section is eResponse.03 (Incident Number) Incident Number, Agency Name & Unit Notified Date/Time required for all cases arriving by EMS	
TR7.3	EMS Agency (Name of EMS Service)	The name of the EMS agency transporting the patient (NEMSIS eResponse.02) Incident Number, Agency Name & Unit Notified Date/Time required for all cases arriving by EMS	
TR8.10	EMS Transport Mode From Scene (Primary Role of EMS Unit)	The primary role of the EMS Unit which responded to this specific EMS event (NEMSIS eResponse.07).	ALS
			BLS
			Fixed Wing
			Helicopter
			Not Applicable
			Not Known/Not Recorded
			-Select-
TR8.8	EMS Transport Party (Mode of Arrival to First Facility)	The patient's mode of arrival to the first hospital the patient arrived at.	Ground Ambulance
			Helicopter Ambulance
			Not Known/Not Recorded
			Other
			Police
			Private/Public Vehicle/Walk-In
			-Select-
TR8.9	Other Mode	Other Mode free text field for EMS Transport Party (Mode of Arrival to First Facility TR8.8)	
TR9.1	Unit Notified Date (Dispatch Notified Date)	The date the responding unit was notified by dispatch (NEMSIS eTimes.03). Incident Number, Agency Name & Unit Notified Date/Time required for all cases arriving by EMS	
TR9.10	Unit Notified Time (Dispatch Notified Time)	The time the responding unit was notified by dispatch (NEMSIS eTimes.03). Incident Number, Agency Name & Unit Notified Date/Time required for all cases arriving by EMS	
TR9.11	EMS Patient Care Report Number (EMS Patient Care Report (PCR) Number)	EMS Patient Care Report (PCR) Number (NEMSIS eRecord.01)	

TR9.17	En Route Date	The date the EMS Agency began travel to place where patient EMS transport was to begin.	
TR9.17.1	En Route Time	The Time the EMS Agency began travel to place where patient EMS transport was to begin.	
TR9.2	Arrive Scene Date (Date Unit Arrived at Scene)	The date the unit transporting to the hospital arrived on the scene (the date the vehicle stopped moving).	
TR9.2.1	Arrive Scene Time (Time Unit Arrived at Scene)	The time the unit transporting to the hospital arrived on the scene (the time the vehicle stopped moving).	
TR9.3	Left Scene Date (Date Unit Left Scene)	The date the unit transporting to the hospital left the scene.	
TR9.3.1	Left Scene Time (The time the unit transporting to the hospital left the scene.)	The time the unit transporting to the hospital left the scene.	
TR9.4	Arrive Hospital Date (Unit Arrived Hospital Date)	Unit Arrived Hospital Date	
TR9.4.1	Arrive Hospital Time (Unit Arrived Hospital Time	Unit Arrived Hospital Time	
TR9.5	Arrived at Patient Time (Patient Contact Time)	The time the responding unit arrived at the patient's side (NEMSIS eTimes.07).	
TR9.6	Arrived at Patient Date (Patient Contact Date)	The date the responding unit arrived at the patient's side (NEMSIS eTimes.07).	
	Time in OR	For Operating Room (as Procedure Location)	
	Time out OR	For Operating Room (as Procedure Location)	