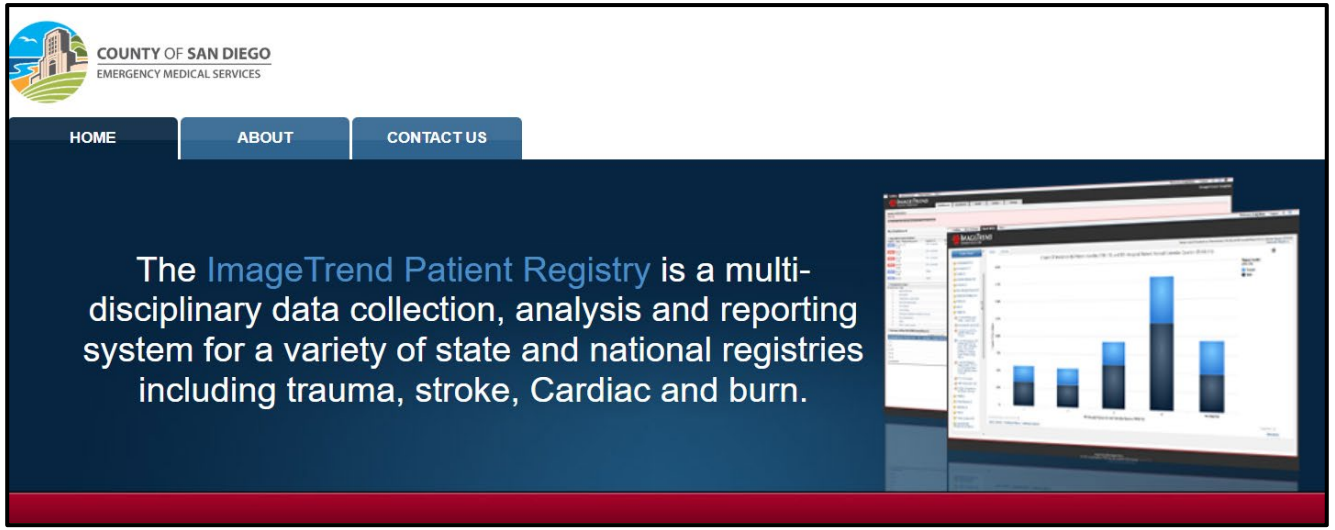
OUTCOME DATA SHORT FORM GUIDE

October 2026



State of CA Chapter 6 Regulations

"The Chapter 6 outcome-sharing requirements extend beyond patients included in hospital specialty registries. Hospitals must submit patient outcome data for all specialty care patients transported by EMS, including patients ***initially identified by EMS as potential specialty cases*** **who are not ultimately included in the receiving facility's specialty registry**. Additionally, no outcome submission for an EMS-transported patient is complete unless it is linked to the originating ePCR." – San Diego County EMS

Prehospital Identified Specialty Care Patients

Prehospital STEMI Patient

A prehospital provider primary impression of STEMI

OR

The paramedic answered the question “Possible STEMI” with a "Yes"

OR

The prehospital EKG findings include STEMI

OR

The paramedic selected STEMI for the Pre-Arrival Alert field

Prehospital Stroke Patient

A prehospital provider primary impression of Stroke

OR

The paramedic answered the question “Possible Stroke” with a "Yes"

OR

A positive prehospital stroke screen

OR

The paramedic selected Stroke for the Pre-Arrival Alert field

Prehospital Trauma Patient

Any patient identified as a “Major Trauma” or “Special Consideration” using Trauma Severity Level

OR

Any patient identified as “Adult Trauma” or “Pediatric Trauma” using Destination Team Pre-Arrival Alert or Activation

OR

Any Trauma Triage Criteria fields with a selection other than Not Recorded or Not Applicable

County EMS will provide specialty programs with a list of patients who meet the prehospital identification

REQUIRED OUTCOME FIELDS

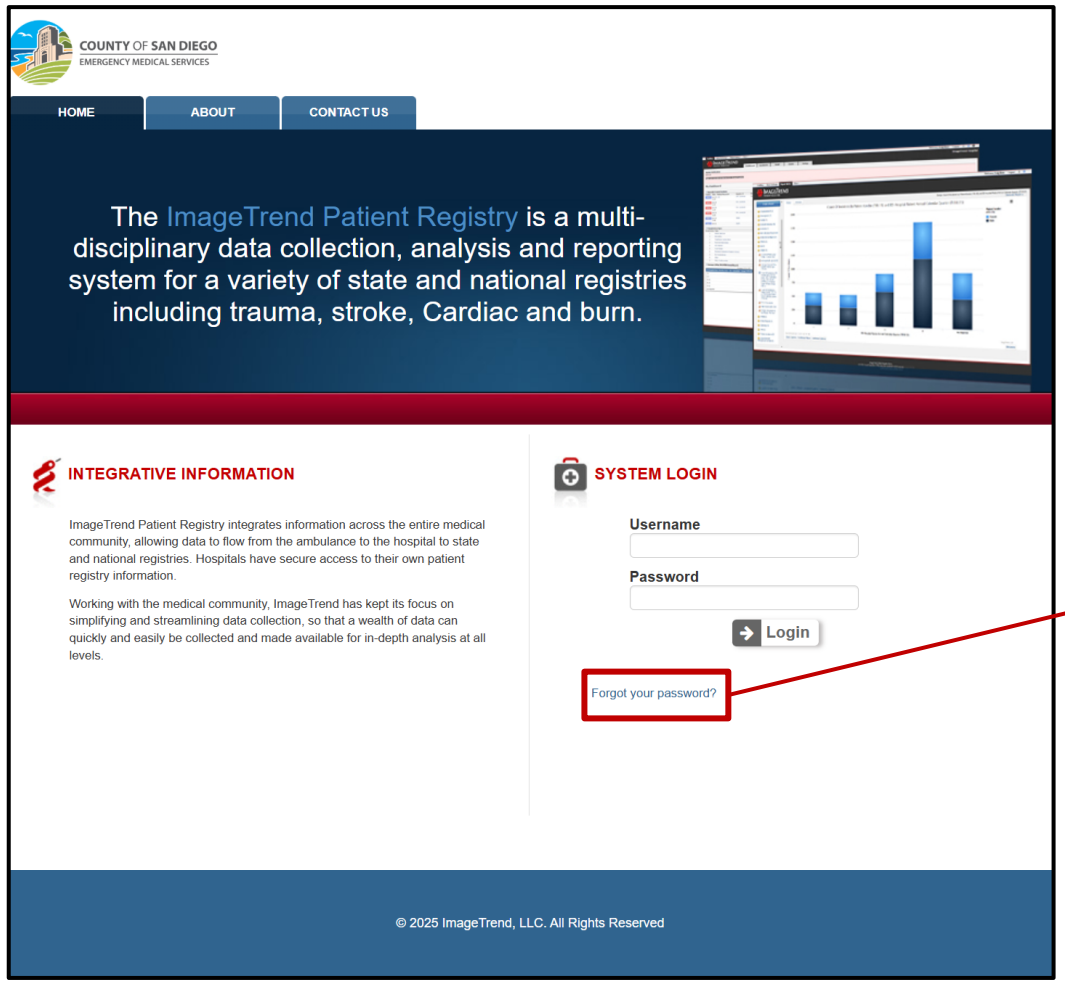
The following nationally-defined data elements are essential and will be required for all specialty care patients transported by EMS on or after October 1, 2026:

- Emergency Department Disposition (eOutcome.01) – **Required for all patients**
- Hospital Disposition (eOutcome.02) – **Required for patients admitted to the hospital**
- Emergency Department Procedures (eOutcome.09) with Date and Time (eOutcome.19) – **Only required for patients in which a major procedure related to the diagnosis was performed in the Emergency Department**
- Emergency Department Diagnosis (eOutcome.10) – **Required for all patients**
- Hospital Admission Date/Time (eOutcome.11) - **Required for patients admitted to the hospital**
- Hospital Procedures (eOutcome.12) with Date and Time (eOutcome.20) – **Only required for patients in which a major procedure related to the diagnosis was performed during the hospital admission**
- Hospital Diagnosis (eOutcome.13) – **Only required for patients admitted to the hospital *if the diagnosis differs from the ED***
- Hospital Discharge Date/Time (eOutcome.16) - **Required for all patients**

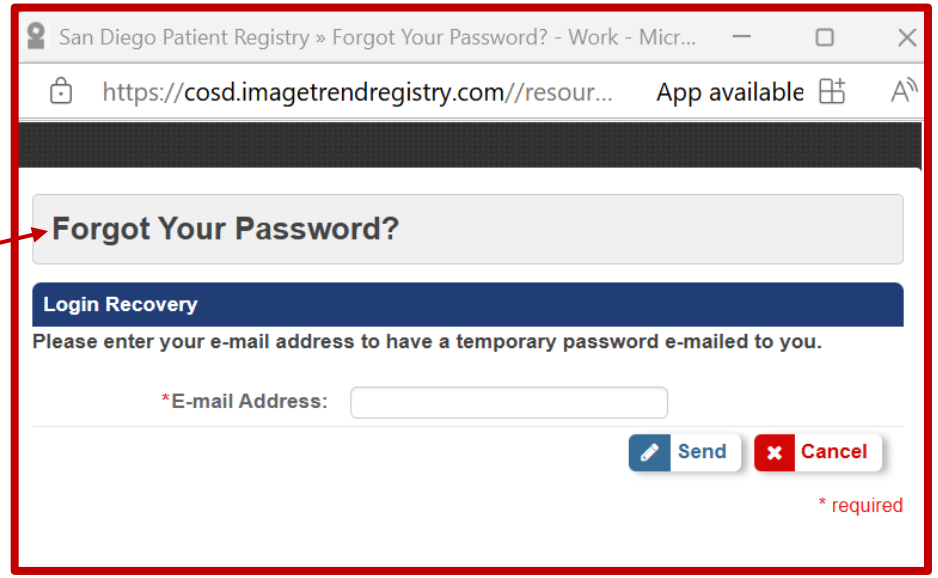
For more information on these outcome data elements, please refer to the *eOutcome* Dataset Sections in the National EMS Information System (NEMSIS) Data Dictionary: NEMSIS Data Dictionary Version 3.5.1

LOG IN

https://cosd.imagetrendregistry.com/

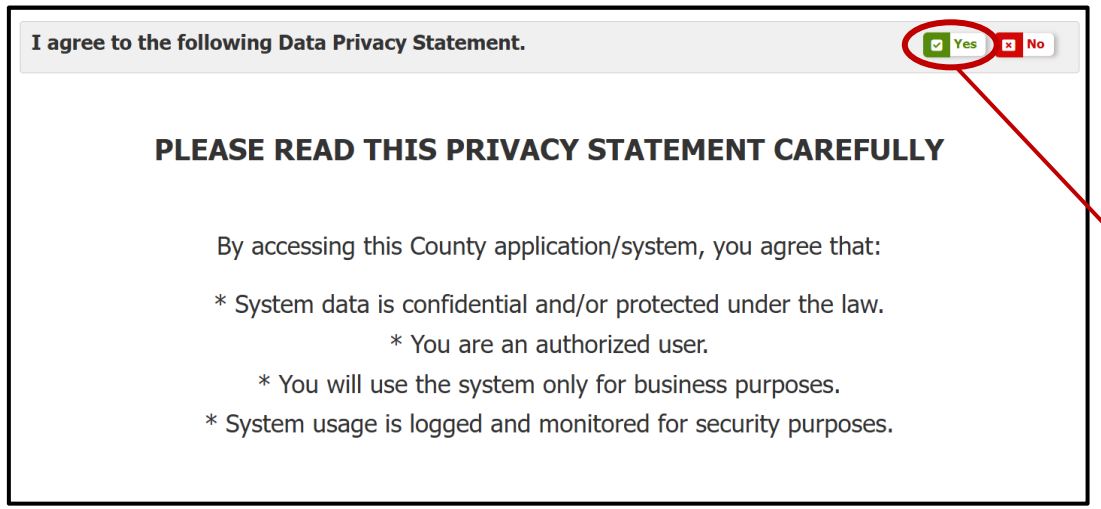


- Password must be updated every 90 days. The system will prompt you and provide criteria to meet password security requirements
- If you forget your password, click the “Forgot your password?” link and follow the prompts

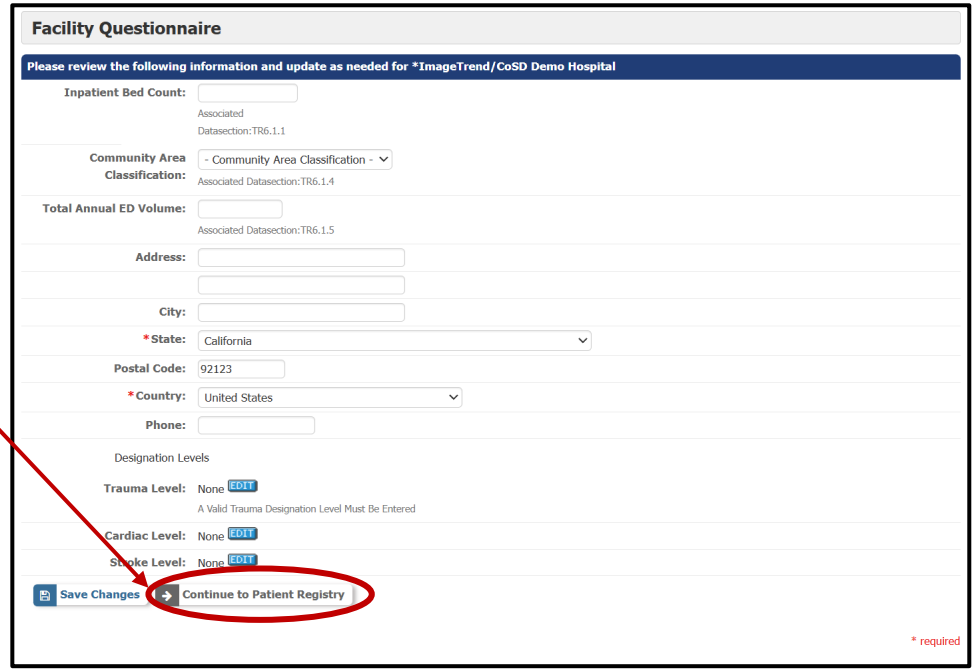


PRIVACY STATEMENT

After logging in, this page will appear. Click “Yes” to agree to the Data Privacy Statement

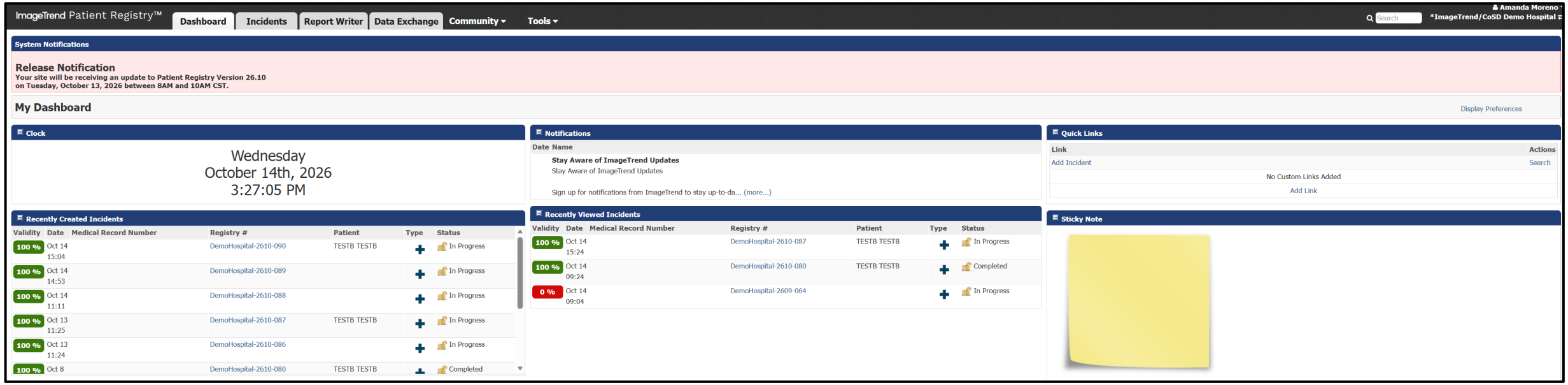


After clicking “Yes”, this page will appear and click “Continue to Patient Registry” below



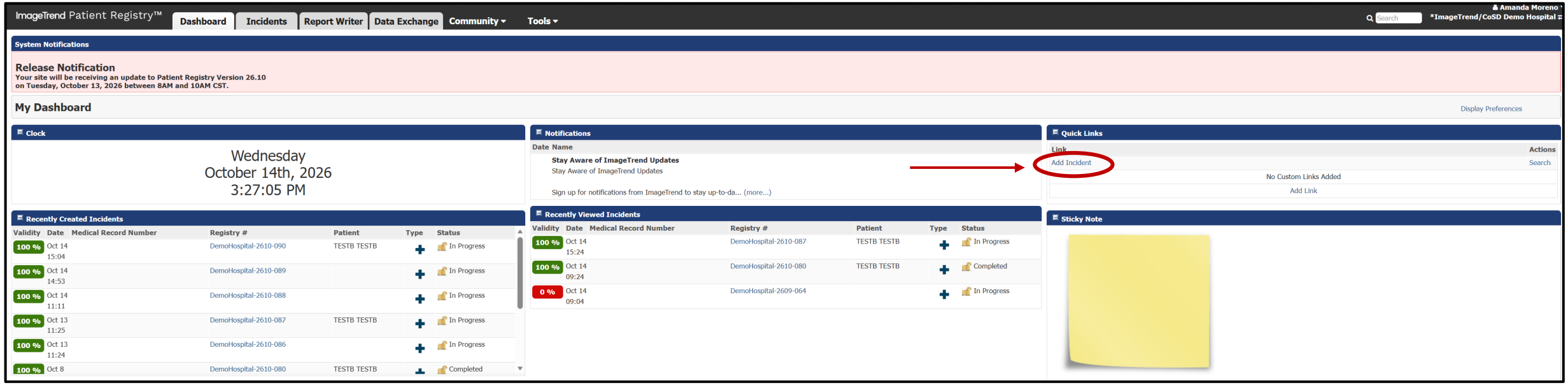
DASHBOARD

You will be taken to this dashboard landing page



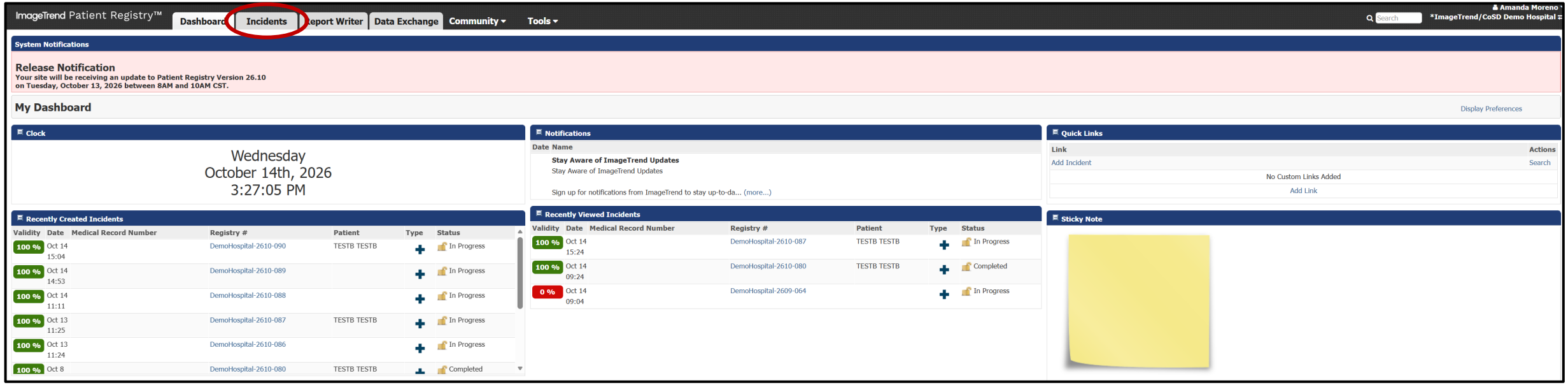
ADD NEW INCIDENT FROM DASHBOARD

There are two ways to add a new incident, one way is to click “Add Incident” under Quick Links on the top-left box

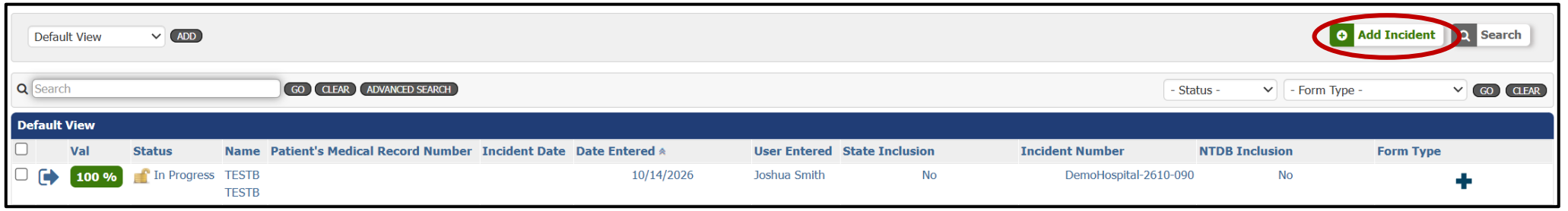


ADD NEW INCIDENT FROM INCIDENTS TAB

The second way is to click the “Incidents” tab at the top of the screen

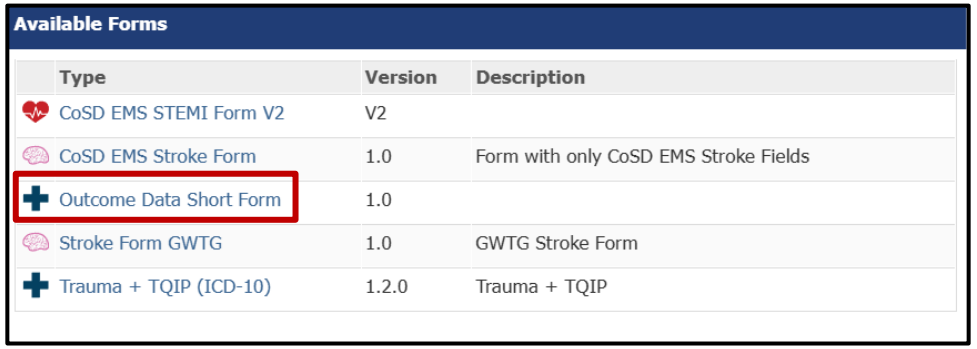


Once the incident tab is opened, click “Add Incident” on the top right-hand corner

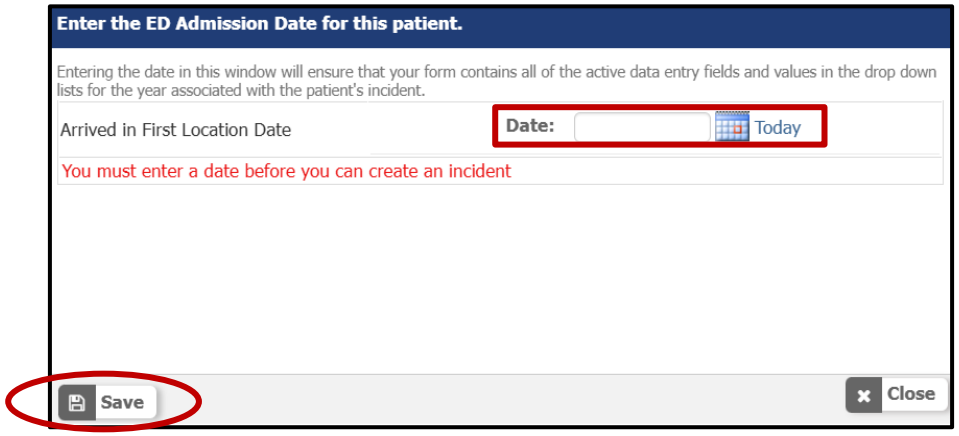


SELECTING OUTCOME FORM

Whichever way you decide to add a new incident, the “Available Forms” window will appear, and you will select **“Outcome Data Short Form”**

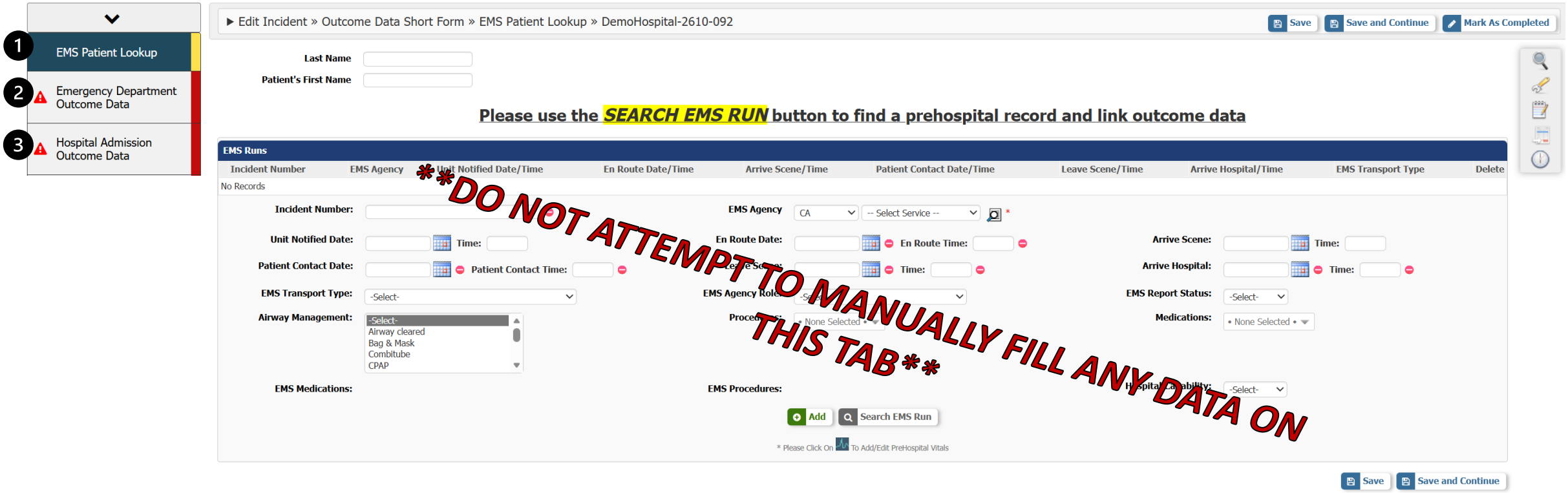


It will prompt you to enter the ED Admission Date for the patient. Click “Save” once a date is entered.



OUTCOME FORM

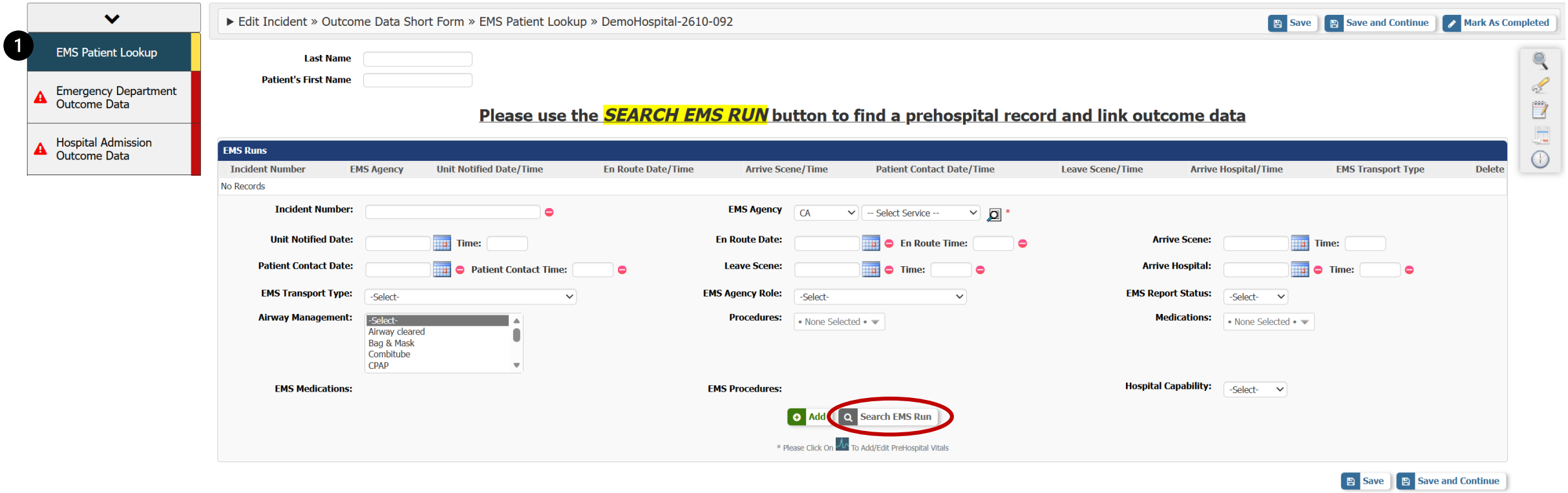
The form should appear with 3 tabs on the left-hand side:
EMS Patient Lookup, Emergency Department Outcome Data, and Hospital Admission Outcome Data



TAB 1: EMS PATIENT LOOKUP

REMINDER: Do NOT attempt to manually fill any of the EMS data

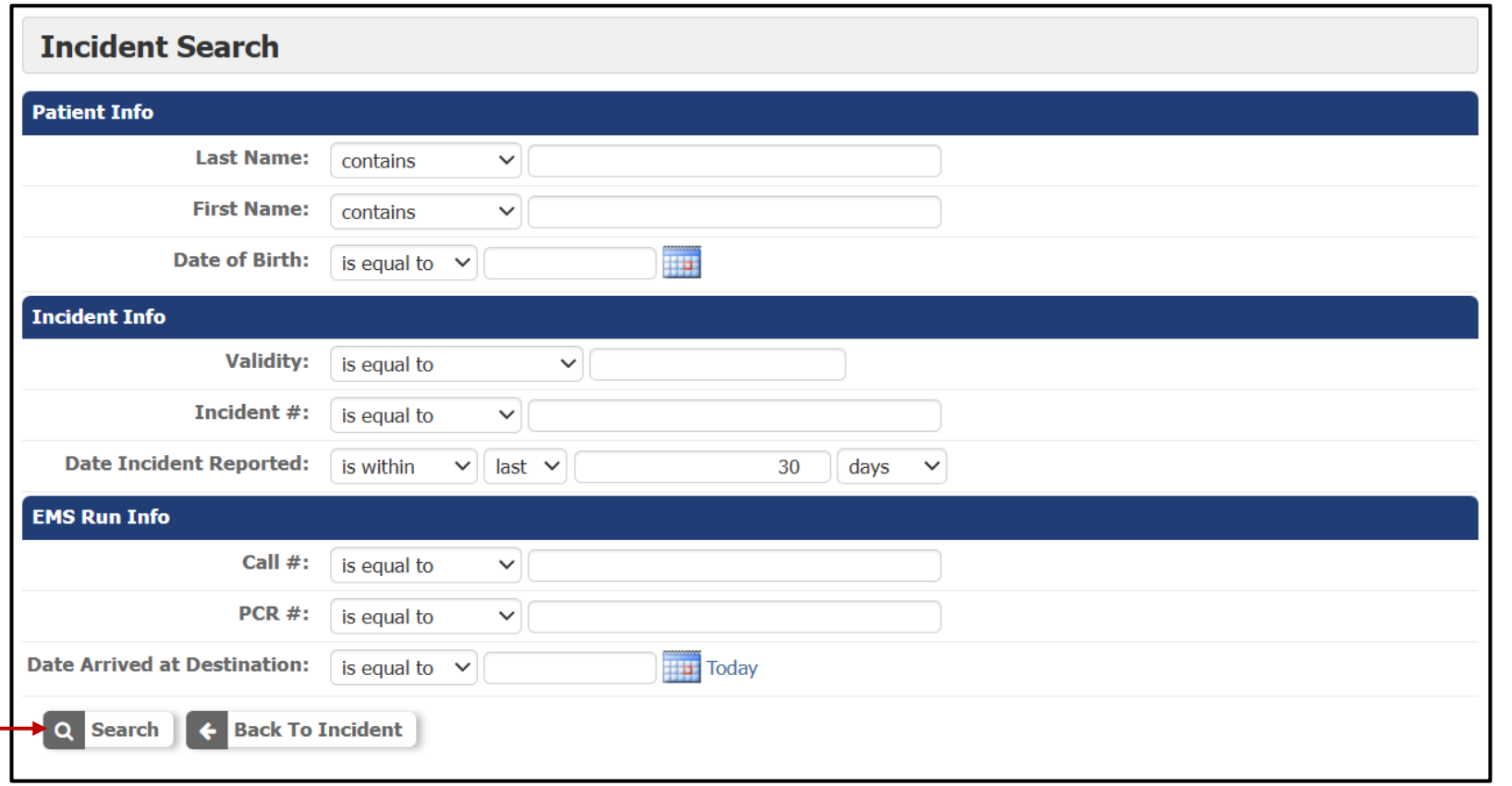
Click “Search EMS Run” button in the bottom center of the page to begin linking a prehospital record with outcome data



INCIDENT SEARCH

You may use any patient, incident, or EMS run info to search for the incident. You do NOT need to fill out all the search fields. Begin with Incident Number. If that is unavailable, begin with DOB and Date Arrived at Destination or search with other fields, as necessary.

Note: Date Incident Reported defaults to "within last 30 days" please adjust parameters, as necessary.

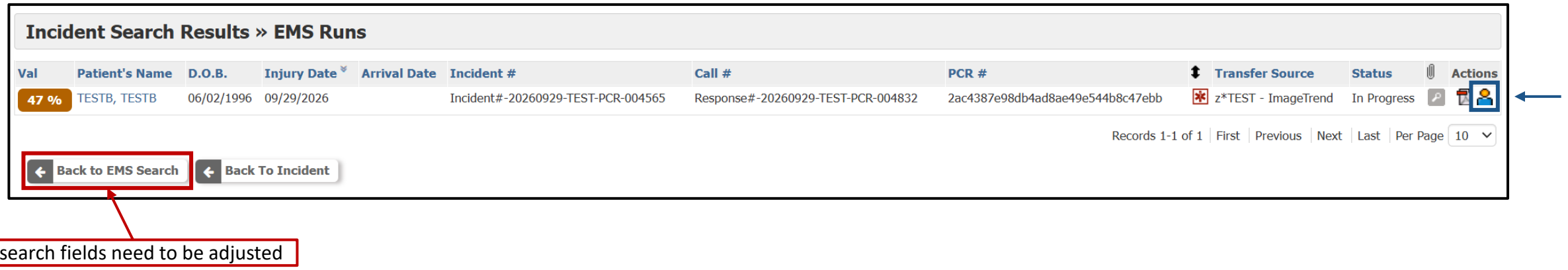


Click "Search" once you've input search info

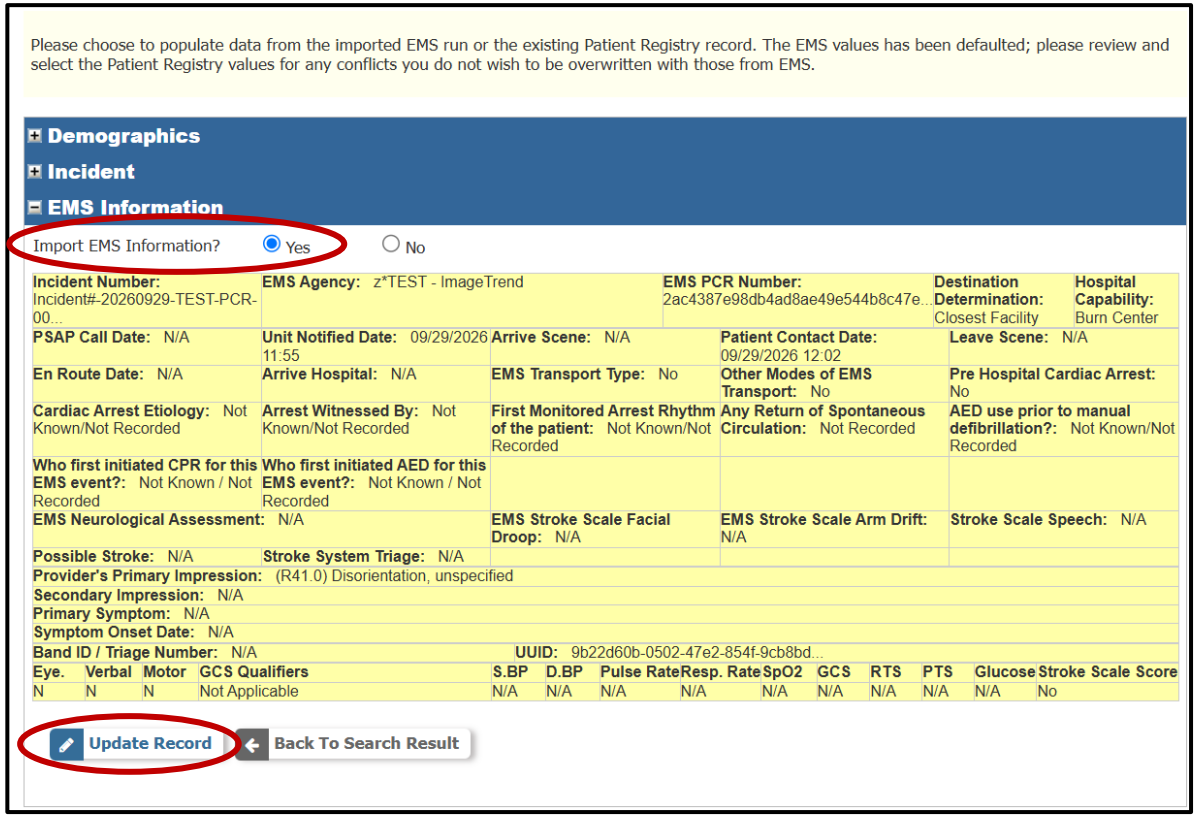
EMS RUNS

You may see one or more EMS Run Incidents matching your EMS Search description:

- IF the incident is found, you can click the person icon on the far right under “Actions” to open their EMS Data
- IF multiple incidents are listed, you can click the person icon on the far right under “Actions” to compare their EMS Data
- IF the incident is not found, you may need to click “Back to EMS Search” to adjust your search fields



IMPORTING EMS INCIDENT



Please choose to populate data from the imported EMS run or the existing Patient Registry record. The EMS values has been defaulted; please review and select the Patient Registry values for any conflicts you do not wish to be overwritten with those from EMS.

Demographics

Incident

EMS Information

Import EMS Information? (•) Yes ( ) No

Incident Number: Incident#-20260929-TEST-PCR-00...	**EMS Agency:** z*TEST - ImageTrend		**EMS PCR Number:** 2ac4387e98db4ad8ae49e544b8c47e...	**Destination Determination:** Closest Facility / **Hospital Capability:** Burn Center
PSAP Call Date: N/A	**Unit Notified Date:** 09/29/2026 11:55	**Arrive Scene:** N/A	**Patient Contact Date:** 09/29/2026 12:02	**Leave Scene:** N/A
En Route Date: N/A	**Arrive Hospital:** N/A	**EMS Transport Type:** No	**Other Modes of EMS Transport:** No	**Pre Hospital Cardiac Arrest:** No
Cardiac Arrest Etiology: Not Known/Not Recorded	**Arrest Witnessed By:** Not Known/Not Recorded	**First Monitored Arrest Rhythm of the patient:** Not Known/Not Recorded	**Any Return of Spontaneous Circulation:** Not Recorded	**AED use prior to manual defibrillation?:** Not Known/Not Recorded
Who first initiated CPR for this EMS event?: Not Known / Not Recorded	**Who first initiated AED for this EMS event?:** Not Known / Not Recorded			
EMS Neurological Assessment: N/A		**EMS Stroke Scale Facial Droop:** N/A	**EMS Stroke Scale Arm Drift:** N/A	**Stroke Scale Speech:** N/A
Possible Stroke: N/A	**Stroke System Triage:** N/A			
Provider's Primary Impression: (R41.0) Disorientation, unspecified				
Secondary Impression: N/A				
Primary Symptom: N/A				
Symptom Onset Date: N/A				
Band ID / Triage Number: N/A		**UUID:** 9b22d60b-0502-47e2-854f-9cb8bd...		

Eye.	Verbal	Motor	GCS Qualifiers	S.BP	D.BP	Pulse Rate	Resp. Rate	SpO2	GCS	RTS	PTS	Glucose	Stroke Scale Score
N	N	N	Not Applicable	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No

Update Record | Back To Search Result

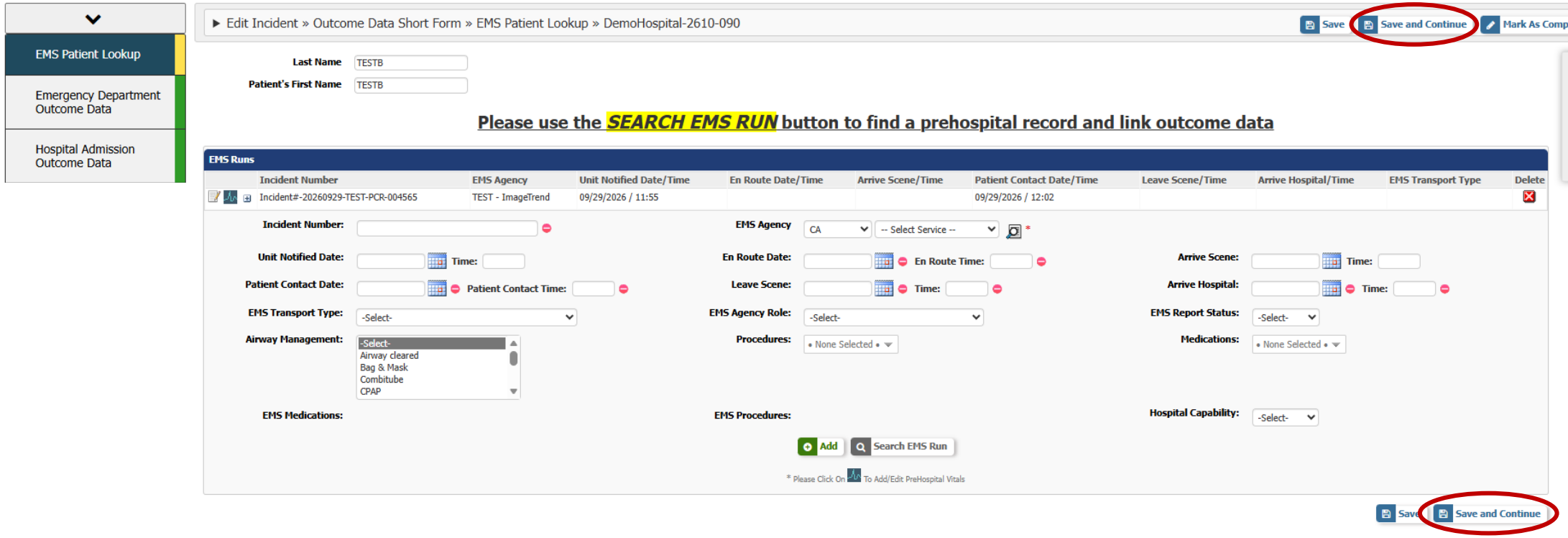
After clicking the person icon, you will see the incident's EMS Information as well as their Demographics and Incident information. Click (+) to expand and review these other sections if needed.

If this is the correct incident, ensure "Yes" is marked next to "Import EMS Information?" and click **"Update Record"** at the bottom.

Note: If this is NOT the correct incident, click "Back to Search Result"

EMS RUN LINKED

Once the EMS Run is Linked, you will see the relevant prehospital fields auto-populated into the form.

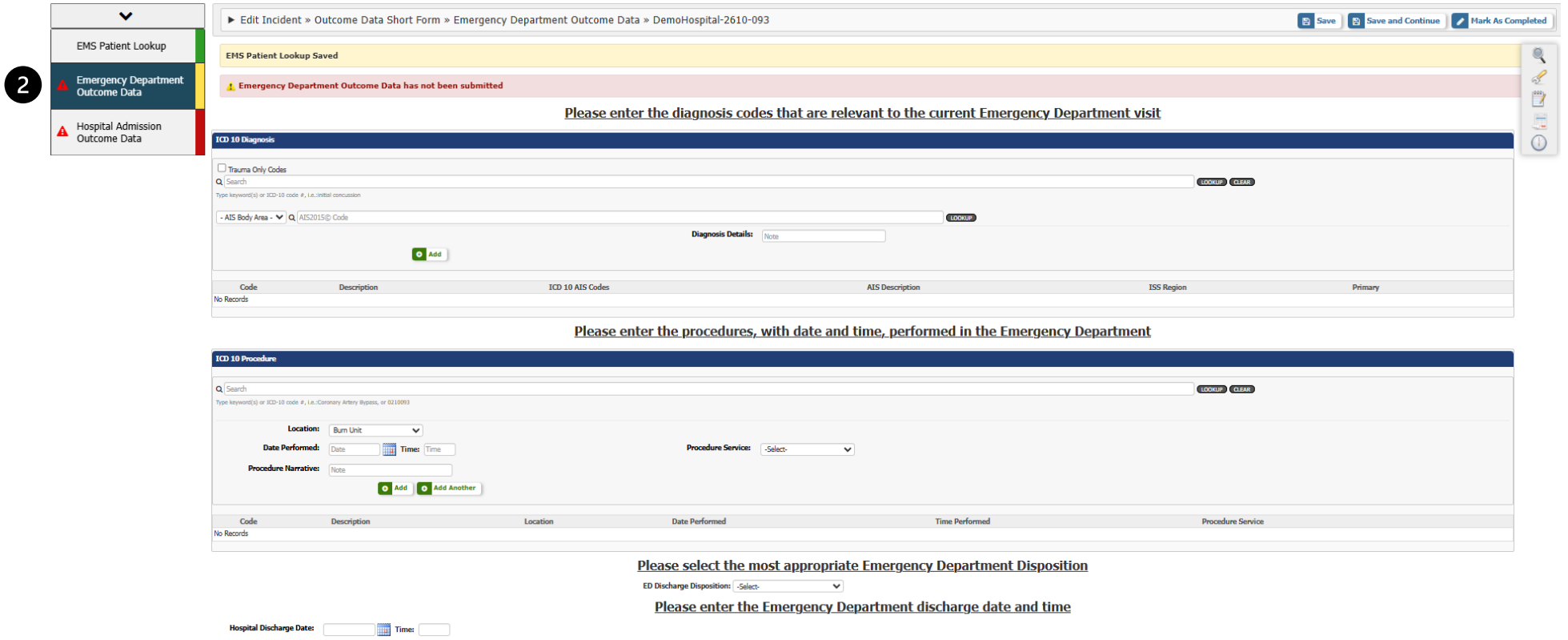


Tab 1 is complete. No other fields need to be filled on this page.

Click “Save and Continue” at the top-right or bottom-right corner of the screen

TAB 2: EMERGENCY DEPARTMENT (ED) OUTCOME DATA

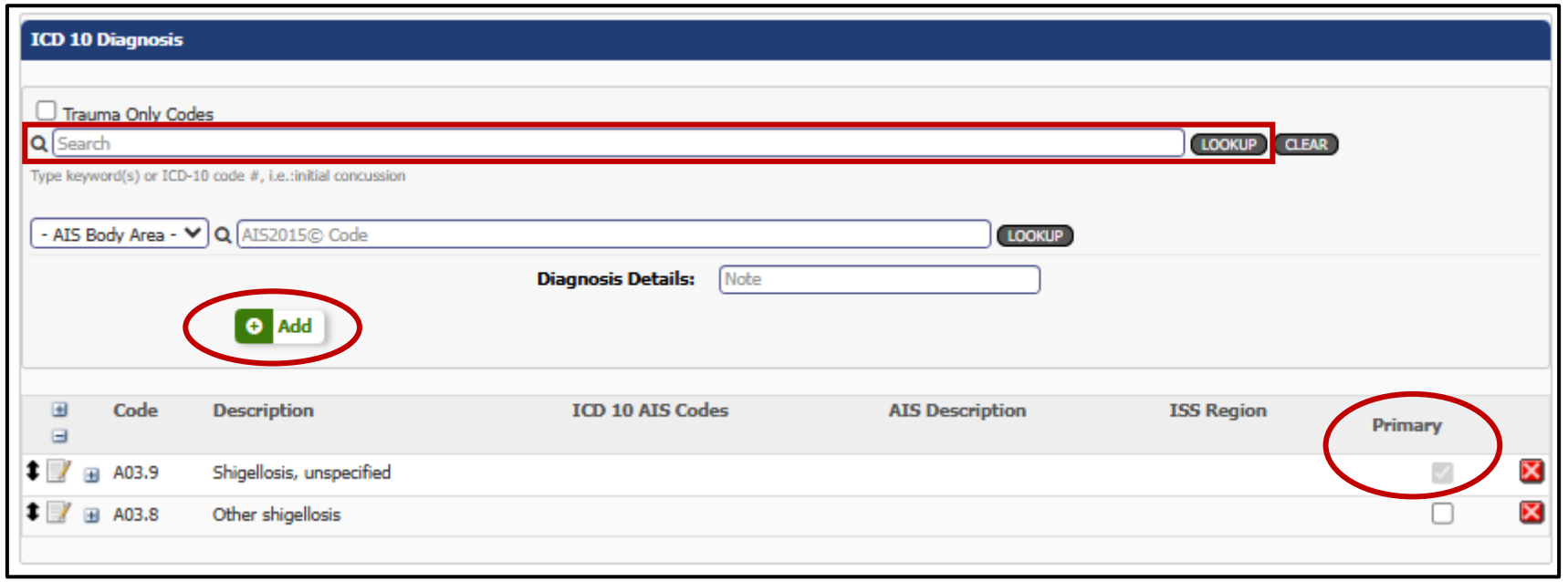
This second tab fulfills the requirements for ED Diagnosis (eOutcome.10), ED Procedures (eOutcome.09), ED Procedures Date/Time (eOutcome.19), and ED Disposition (eOutcome.01)



ED DIAGNOSIS

For ED Diagnosis, please provide the primary diagnosis and include any additional *relevant* diagnosis. Using the search bar on the top, you may either copy and paste or manually enter the diagnosis code.

Once a code is entered, click the green “Add” button. If multiple diagnoses are added, check the “Primary” box for the primary diagnosis.

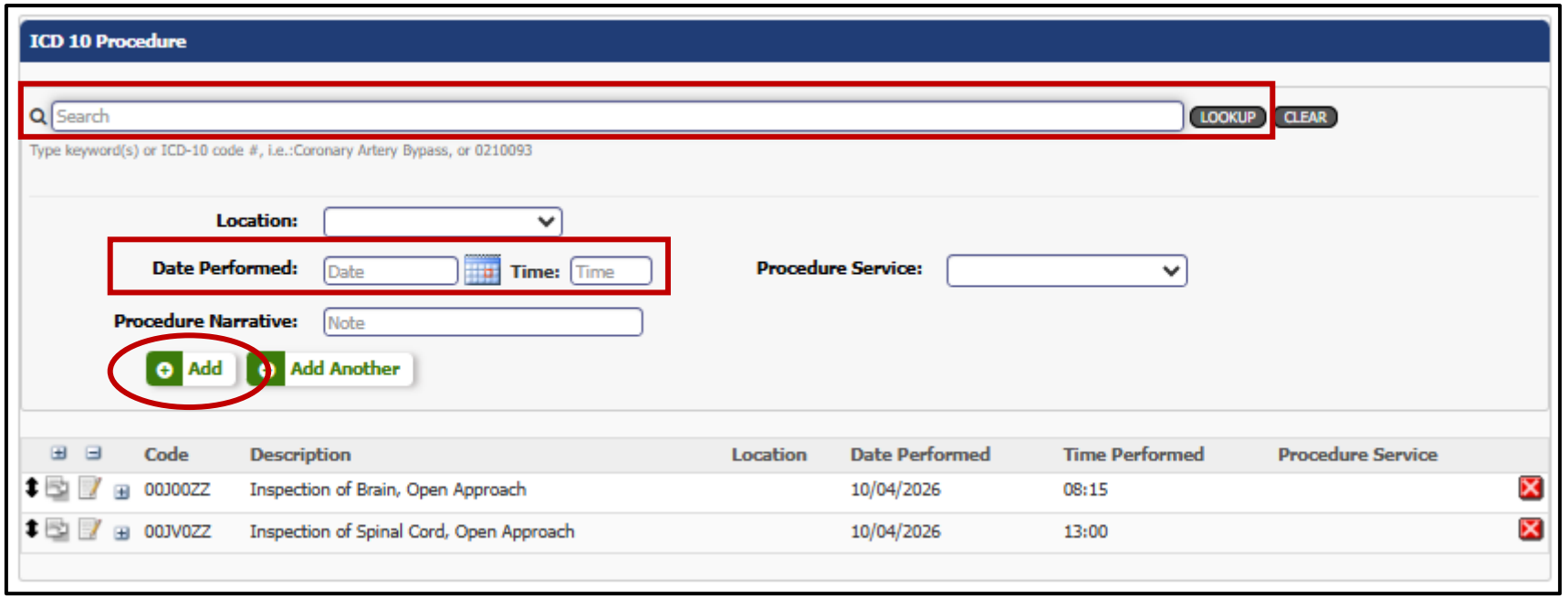


Please disregard AIS Body Area and Diagnosis Details as they are not required.

ED PROCEDURES

For ED Procedures, please provide the procedure *relevant* to the primary diagnosis and include any additional *relevant* procedures. Using the search bar on the top, you may either copy and paste or manually enter the procedure code(s).

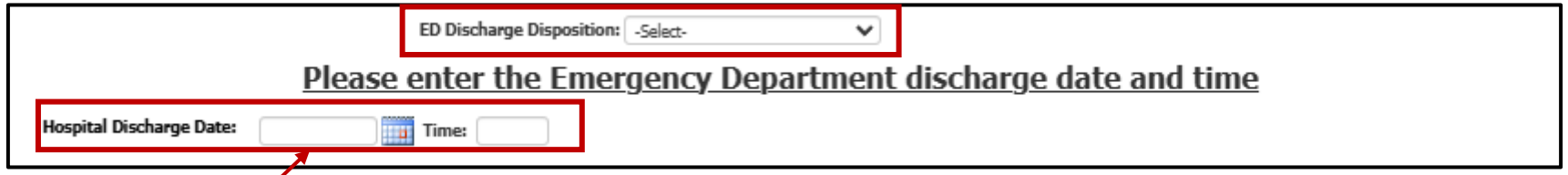
Once a code is entered, enter the procedure's Date/Time and click the green "Add" button.



Please disregard Location, Procedure Service and Procedure Narrative as they are not required.

ED DISPOSITION

Click the dropdown to select the patient's ED Disposition. If the patient was discharged directly from the ED, please enter their Discharge Date/Time. **If the patient was admitted to the hospital, do NOT fill out the Discharge Date/Time on this tab. Click "Save and Continue" and move to the last tab.**



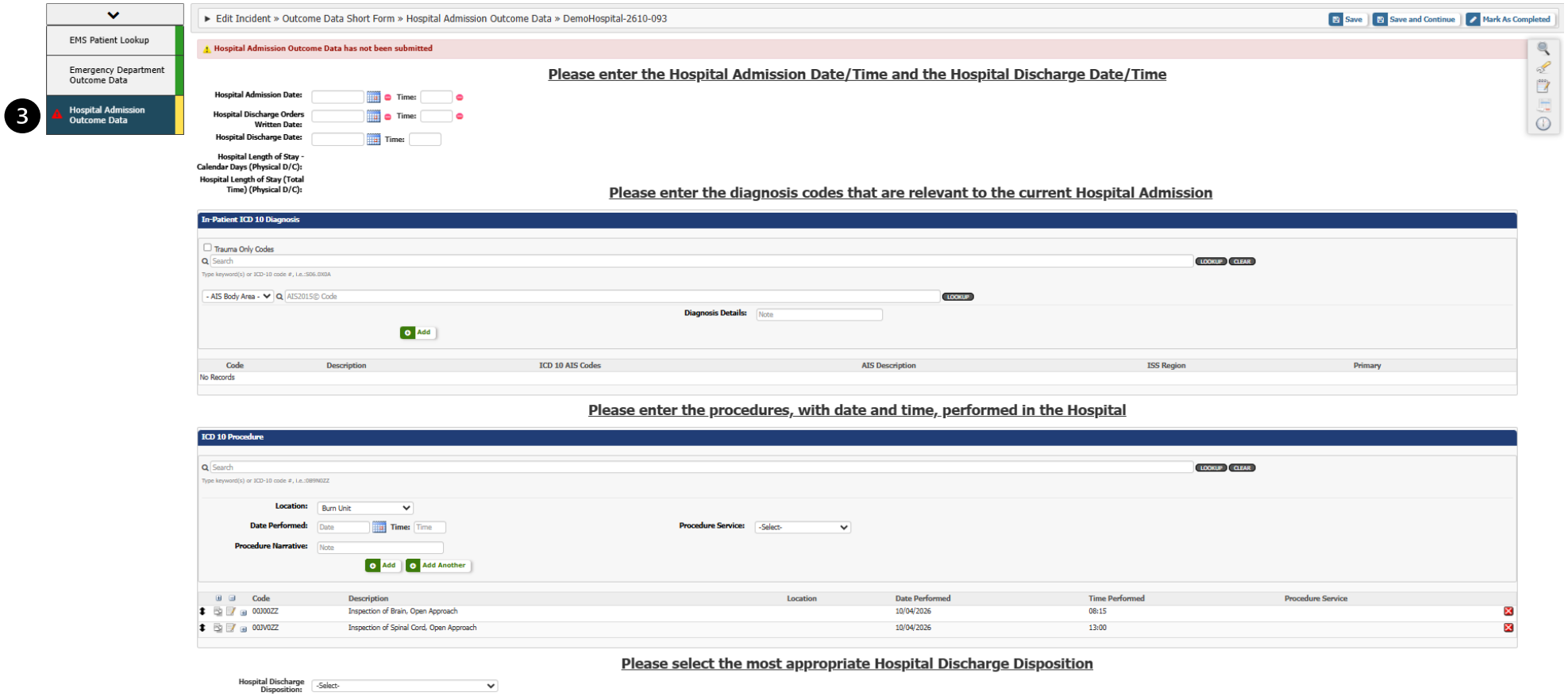
Enter Hospital Discharge Date/Time on this tab ONLY if patient was discharged directly from ED, if patient was admitted to hospital, leave blank, and continue to the next tab.

IF the patient was discharged directly from the ED: Click 'Save' and then click 'Mark As Completed' in the top-right corner of the form, as the Outcome Short Form is now complete for this incident. Please refer to slide 26 for further instructions on marking an incident as complete.



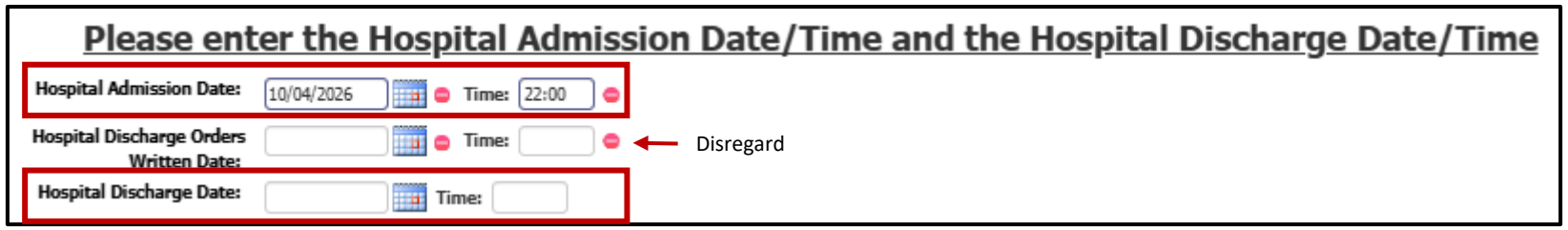
TAB 3: HOSPITAL ADMISSION OUTCOME DATA

This third tab fulfills the requirements for Hospital Admission Date/Time (eOutcome.11), Hospital Discharge Date/Time (eOutcome.16), Hospital Diagnosis (eOutcome.13), Hospital Procedures (eOutcome.12), Hospital Procedures Date/Time (eOutcome.20), and Hospital Disposition (eOutcome.02)



HOSPITAL ADMISSION & DISCHARGE DATE/TIME

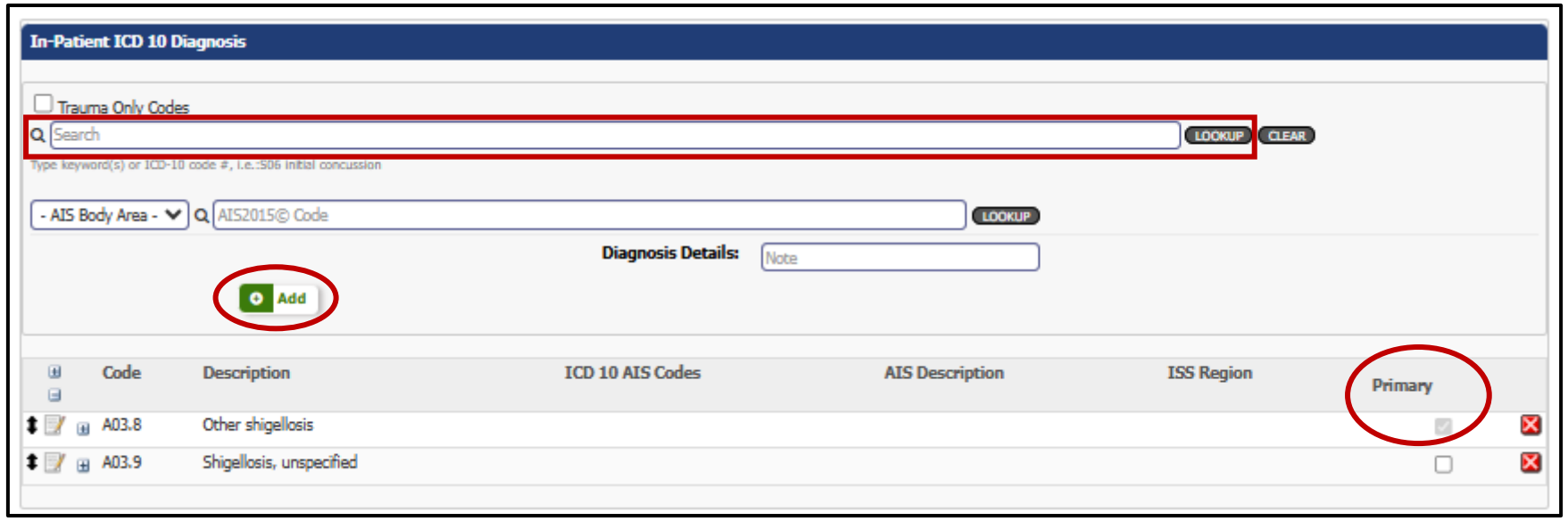
Please enter the patient's Hospital Admission Date and Time**. Please disregard Hospital Discharge Orders Written Date/Time** and enter the patient's Hospital Discharge Date and Time.



HOSPITAL DIAGNOSIS

For Hospital Diagnosis, please provide a diagnosis only if it is unique from the ED diagnosis and include any additional *relevant* hospital diagnoses. Using the search bar on the top, you may either copy and paste or manually enter the diagnosis code.

Once a code is entered, click the green “Add” button. If multiple diagnoses are added, check the “Primary” box for the primary diagnosis.

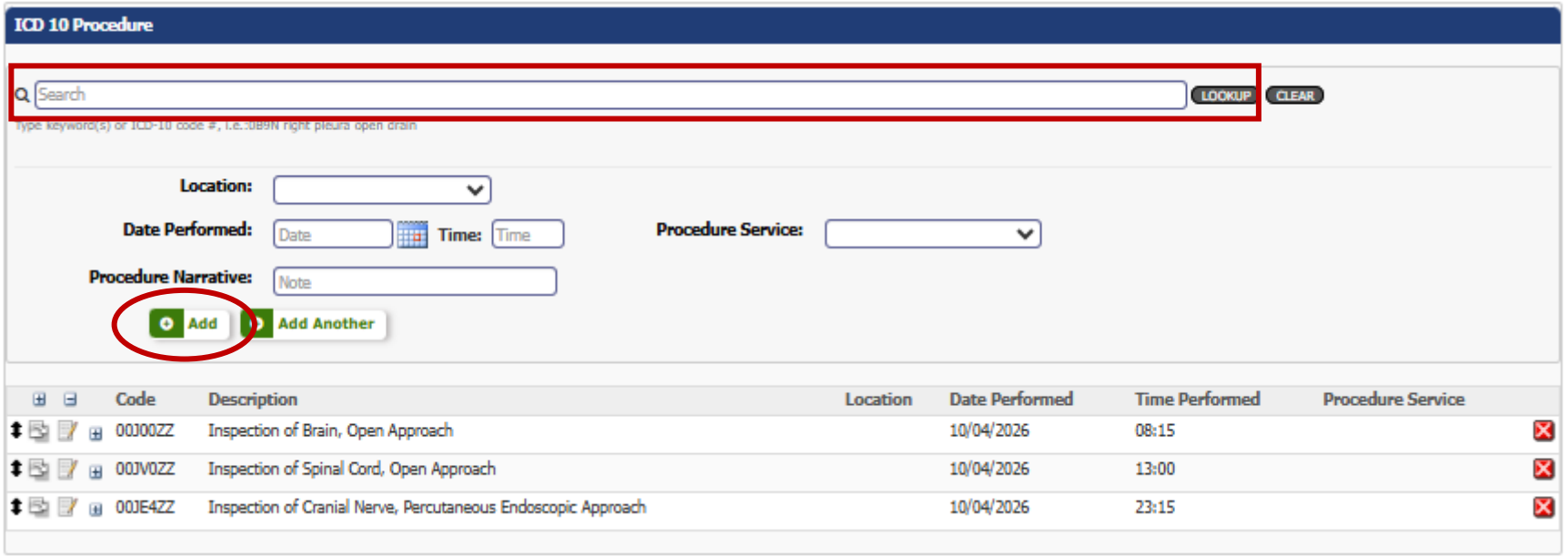


Please disregard AIS Body Area and Diagnosis Details as they are not required.

HOSPITAL PROCEDURES

For Hospital Procedures, please provide the procedure *relevant* to the primary diagnosis only if it is a unique major procedure performed during their hospital stay. Include any additional *relevant* hospital procedures. The ED procedures previously entered will appear below as well. Using the search bar on the top, you may either copy and paste or manually enter the procedure code(s).

Once a code is entered, enter the procedure's Date/Time and click the green "Add" button.



Please disregard Location, Procedure Service and Procedure Narrative as they are not required.

HOSPITAL DISCHARGE DISPOSITION

Please click the dropdown to select the the patient's Hospital Discharge Disposition and click "Save".



Tab 3 is complete.

You have completed the Outcome Short Form and may proceed to mark the incident as complete on the top-right corner of the form.

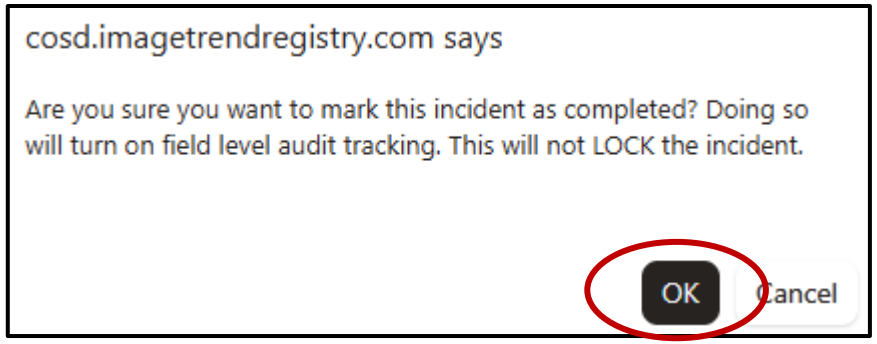


MARKING AS COMPLETE

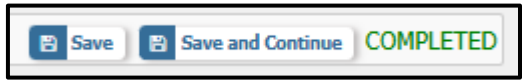
To mark a form as complete, click “Mark as Completed” on the top-right corner of the form.



A pop-up will appear to confirm, click “OK”



The ‘Mark as Completed” button will now show a green “COMPLETED”



Once an incident is marked as complete, all outcome data will get sent back to the prehospital record and be available for the EMS provider/agency.