

Michigan Required and Optional PCR Data Elements

| Data Section               | Data Element | Element Description (EMS Dataset)                          | Michigan   |
|----------------------------|--------------|--|------------|
| E1 – Record Information    | E1.1         | Patient Care Report Number                                 | <b>X</b>   |
|                            | E1.2         | Software Creator   | <b>X-U</b> |
|                            | E1.3         | Software Name  | <b>X-U</b> |
|                            | E1.4         | Software Version   | <b>X-U</b> |
| E2 – Agency Information    | E2.1         | EMS Agency Number  | <b>X</b>   |
|                            | E2.2         | Incident Number  | <b>X</b>   |
|                            | E2.3         | Response Number  | <b>X</b>   |
|                            | E2.4         | Type of Service Requested                                  | <b>X</b>   |
|                            | E2.5         | Primary Roll of the Unit                                   | <b>X</b>   |
|                            | E2.6         | Type of Dispatch Delay                                     | <b>X</b>   |
|                            | E2.7         | Type of Response Delay                                     | <b>X</b>   |
|                            | E2.8         | Type of Scene Delay  | <b>X</b>   |
|                            | E2.9         | Type of Transport Delay                                    | <b>X</b>   |
|                            | E2.10        | Type of Turn-Around Delay                                  | <b>X</b>   |
|                            | E2.11        | EMS Unit/Vehicle Number                                    | <b>X</b>   |
|                            | E2.12        | EMS Unit Call Sign (Radio Number)                          | <b>X</b>   |
|                            | E2.13        | Vehicle Dispatch Location                                  | <b>O</b>   |
|                            | E2.14        | Vehicle Dispatch Zone                                      | <b>O</b>   |
|                            | E2.15        | Vehicle Dispatch GPS Location                              |            |
|                            | E2.16        | Beginning Odometer Reading of Responding Vehicle           | <b>O</b>   |
|                            | E2.17        | On-Scene Odometer Reading of Response Vehicle              | <b>O</b>   |
|                            | E2.18        | Patient Destination Odometer Reading of Responding Vehicle | <b>O</b>   |
|                            | E2.19        | Ending Odometer Reading of Responding Vehicle              | <b>O</b>   |
|                            | E2.20        | Response Mode to Scene                                     | <b>X</b>   |
| E3 – Call Information      | E3.1         | Complaint Reported by Dispatch                             | <b>X</b>   |
|                            | E3.2         | EMD Performed  | <b>X</b>   |
|                            | E3.3         | EMD Card Number  |            |
| E4 – Personnel Information | E4.1         | Crew Member ID   | <b>X</b>   |
|                            | E4.2         | Crew Member Role   | <b>X</b>   |
|                            | E4.3         | Crew Member Level  | <b>X</b>   |
| E5 – Times                 | E5.1         | Incident Onset Date/Time                                   | <b>X</b>   |
|                            | E5.2         | PSAP Call Date/Time  | <b>X</b>   |
|                            | E5.3         | Dispatch Notified Date/Time                                | <b>X</b>   |
|                            | E5.4         | Unit Notified Dispatch Date/Time                           | <b>X</b>   |
|                            | E5.5         | Unit En Route Date Time                                    | <b>X</b>   |
|                            | E5.6         | Unit Arrived on Scene Date                                 | <b>X</b>   |
|                            | E5.7         | Arrived at Patient   | <b>X</b>   |
|                            | E5.8         | Transfer of Patient Care Date/Time                         | <b>X</b>   |
|                            | E5.9         | Unit Left Scene Date/Time                                  | <b>X</b>   |
|                            | E5.10        | Patient Arrived at Destination Date/Time                   | <b>X</b>   |
|                            | E5.11        | Unit Back in Service Date/Time                             | <b>X</b>   |
|                            | E5.12        | Unit Cancelled Date/Time                                   | <b>X</b>   |
|                            | E5.13        | Unit Back at Home Location Date/Time                       | <b>X</b>   |
| E6 – Patient               | E6.1         | Last Name  | <b>O</b>   |
|                            | E6.2         | First Name   | <b>O</b>   |
|                            | E6.3         | Middle Initial/Name  | <b>O</b>   |
|                            | E6.4         | Address  | <b>X</b>   |
|                            | E6.5         | Patient's Home City  | <b>X</b>   |
|                            | E6.6         | Patient's Home County                                      | <b>O</b>   |
|                            | E6.7         | Patient's Home State                                       | <b>X</b>   |
|                            | E6.8         | Patient's Home Zip   | <b>X</b>   |
|                            | E6.9         | Patient's Home Country                                     | <b>O</b>   |
|                            | E6.10        | SSN  | <b>O</b>   |
|                            | E6.11        | Gender   | <b>X</b>   |
|                            | E6.12        | Race   | <b>X</b>   |
|                            | E6.13        | Ethnicity  | <b>X</b>   |

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|----------------------|--------------|--|----------|
| E6 – Patient (cont.) | E6.14        | Age  | X        |
|                      | E6.15        | Age Units  | X        |
|                      | E6.16        | Date of Birth  | X        |
|                      | E6.17        | Primary or Home Telephone Number                       | O        |
|                      | E6.18        | State Issuing Driver's License                         |          |
|                      | E6.19        | Driver's License number                                |          |
| E7 – Billing         | E7.1         | Primary Method of Payment                              | X        |
|                      | E7.2         | Certificate of Medical Necessity                       | O        |
|                      | E7.3         | Insurance Company ID/Name                              | O        |
|                      | E7.4         | Insurance Company Billing Priority                     | O        |
|                      | E7.5         | Insurance Company Address                              | O        |
|                      | E7.6         | Insurance Company City                                 | O        |
|                      | E7.7         | Insurance Company State                                | O        |
|                      | E7.8         | Insurance Company Zip Code                             | O        |
|                      | E7.9         | Insurance Group ID/Name                                | O        |
|                      | E7.10        | Insurance Policy ID Number                             | O        |
|                      | E7.11        | Last Name of the Insured                               | O        |
|                      | E7.12        | First Name of the Insured                              | O        |
|                      | E7.13        | Middle Initial/Name of the insured                     | O        |
|                      | E7.14        | Relationship to the Insured                            | O        |
|                      | E7.15        | Work-Related   | X        |
|                      | E7.16        | Patient's Occupational Industry                        |          |
|                      | E7.17        | Patient's Occupation                                   |          |
|                      | E7.18        | Closest Relative/Guardian Last Name                    | O        |
|                      | E7.19        | First Name of the Closest Relative/Guardian            | O        |
|                      | E7.20        | Middle Initial of the Closest Relative/Guardian        | O        |
|                      | E7.21        | Closest Relative/Guardian Street Address               | O        |
|                      | E7.22        | Closest Relative/Guardian City                         | O        |
|                      | E7.23        | Closest Relative/Guardian State                        | O        |
|                      | E7.24        | Closest Relative/Guardian Zip Code                     | O        |
|                      | E7.25        | Closest Relative/Guardian Phone Number                 | O        |
|                      | E7.26        | Closest Relative/Guardian Relationship                 | O        |
|                      | E7.27        | Patient's Employer                                     | O        |
|                      | E7.28        | Patient's Employer's Address                           | O        |
|                      | E7.29        | Patient's Employer's City                              | O        |
|                      | E7.30        | Patient's Employer's State                             | O        |
|                      | E7.31        | Patient's Employer's Zip Code                          | O        |
|                      | E7.32        | Patient's Work Telephone Number                        | O        |
|                      | E7.33        | Response Urgency                                       | X        |
|                      | E7.34        | CMS Service Level                                      | X        |
|                      | E7.35        | Condition Code Number                                  | X        |
|                      | E7.36        | ICD-9 Code for the Condition Code Number               |          |
|                      | E7.37        | Air Ambulance Modifier for Condition Code Number       | O        |
| E8 – Scene           | E8.1         | Other EMS Agencies at Scene                            | X        |
|                      | E8.2         | Other Services at Scene                                |          |
|                      | E8.3         | Estimated Date/Time Initial Responder Arrived on Scene | X        |
|                      | E8.4         | Date/Time/Initial Responder Arrived on Scene           |          |
|                      | E8.5         | Number of Patients at Scene                            | X        |
|                      | E8.6         | Mass Casualty Incident                                 | X        |
|                      | E8.7         | Incident Location Type                                 | X        |
|                      | E8.8         | Incident Facility Code                                 |          |
|                      | E8.9         | Scene Zone Number                                      | O        |
|                      | E8.10        | Scene GPS Location                                     |          |
|                      | E8.11        | Incident Address                                       | X        |
|                      | E8.12        | Incident City  | X        |
|                      | E8.13        | Incident County  | X        |

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|-----------------------|--------------|--|----------|
| E8 – Scene (cont.)    | E8.14        | Incident State                                 | X        |
|                       | E8.15        | Incident Zip Code                              | X        |
| E9 – Situation        | E9.1         | Prior Aid                                      | X        |
|                       | E9.2         | Prior Aid Performed by                         | X        |
|                       | E9.3         | Outcome of the Prior Aid                       | X        |
|                       | E9.4         | Injury Present                                 | X        |
|                       | E9.5         | Chief Complaint Narrative                      | X        |
|                       | E9.6         | Duration of Chief Complaint                    | X        |
|                       | E9.7         | Time Units of Duration of Chief Complaint      | X        |
|                       | E9.8         | Secondary Complaint Narrative                  |          |
|                       | E9.9         | Duration of Secondary Complaint                |          |
|                       | E9.10        | Time Units of Duration of Secondary Complaint  |          |
|                       | E9.11        | Complaint Anatomic Location                    | X        |
|                       | E9.12        | Complaint Organ Agency                         | X        |
|                       | E9.13        | Primary Symptom                                | X        |
|                       | E9.14        | Other Associated Symptoms                      | X        |
|                       | E9.15        | Providers Primary Impression                   | X        |
|                       | E9.16        | Provider's Secondary Impression                | X        |
| E10 – Trauma          | E10.1        | Cause of Injury                                | X        |
|                       | E10.2        | Intent of the Injury                           | X        |
|                       | E10.3        | Mechanism of Injury                            | X        |
|                       | E10.4        | Vehicular Injury Indicators                    | X        |
|                       | E10.5        | Area of the Vehicle impacted by the collision  | X        |
|                       | E10.6        | Seat Row Location of Patient in Vehicle        | X        |
|                       | E10.7        | Position of Patient in the Seat of the Vehicle | X        |
|                       | E10.8        | Use of Occupant Safety Equipment               | X        |
|                       | E10.9        | Airbag Deployment                              | X        |
|                       | E10.10       | Height of Fall                                 | X        |
| E11 – Situation/CPR   | E11.1        | Cardiac Arrest                                 | X        |
|                       | E11.2        | Cardiac Arrest Etiology                        | X        |
|                       | E11.3        | Resuscitation Attempted                        | X        |
|                       | E11.4        | Arrest Witnessed by                            | X        |
|                       | E11.5        | First Monitored Rhythm of the Patient          | X        |
|                       | E11.6        | Any Return of Spontaneous Circulation          | X        |
|                       | E11.7        | Neurological Outcome at Hospital Discharge     |          |
|                       | E11.8        | Estimated Time of Arrest Prior to EMS Arrival  | X        |
|                       | E11.9        | Date/Time Resuscitation Discontinued           | X        |
|                       | E11.10       | Reason CPR Discontinued                        | X        |
|                       | E11.11       | Cardiac Rhythm on Arrival at Destination       | X        |
| E12 – Medical History | E12.1        | Barriers to Patient Care                       | X        |
|                       | E12.2        | Sending Facility Medical Record Number         |          |
|                       | E12.3        | Destination Medical Record Number              | X        |
|                       | E12.4        | First Name of Patient's Primary Practitioner   |          |
|                       | E12.5        | Middle Name of Patient's Primary Practitioner  |          |
|                       | E12.6        | Last Name of Patient's Primary Practitioner    |          |
|                       | E12.7        | Advanced Directives                            | X        |
|                       | E12.8        | Medication Allergies                           | X        |
|                       | E12.9        | Environmental/Food Allergies                   | X        |
|                       | E12.10       | Medical/Surgical History                       | X        |
|                       | E12.11       | Medical History Obtained From                  | X        |
|                       | E12.12       | Immunization History                           |          |
|                       | E12.13       | Immunization Date                              |          |
|                       | E12.14       | Current Medications                            | X        |
|                       | E12.15       | Current Medication Dose                        | X        |
|                       | E12.16       | Current Medication Dosage unit                 | X        |

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|-------------------------------|------------------------|---|----------|
| E12 – Medical History (cont.) | E12.17                 | Current Medication Administration Route | X        |
|                               | E12.18                 | Presence of Emergency Information Form  | X        |
|                               | E12.19                 | Alcohol Drug Use Indicators             | X        |
|                               | E12.20                 | Pregnancy                               | X        |
| E13 – Narrative               | E13.1                  | Run Report Narrative                    | X        |
| E14 – Vital Signs             | E14.1                  | Date/Time Vital Signs Taken             | X        |
|                               | E14.2                  | Obtained Prior to this Units EMS Care   | X        |
|                               | E14.3                  | Cardiac Rhythm                          | X        |
|                               | E14.4                  | SBP                                     | X        |
|                               | E14.5                  | DBP                                     | X        |
|                               | E14.6                  | Method of Blood Pressure Measurement    |          |
|                               | E14.7                  | Pulse Rate                              | X        |
|                               | E14.8                  | Electronic Monitor Rate                 | X        |
|                               | E14.9                  | Pulse Oximetry                          | X        |
|                               | E14.10                 | Pulse Rhythm                            | X        |
|                               | E14.11                 | Respiratory Rate                        | X        |
|                               | E14.12                 | Respiratory Effort                      | X        |
|                               | E14.13                 | CO2                                     | X        |
|                               | E14.14                 | Blood Glucose Level                     | X        |
|                               | E14.15                 | GCS Eye                                 | X        |
|                               | E14.16                 | GCS Verbal                              | X        |
|                               | E14.16.0               | GCS Verbal Patient 0 - 23 months        | #        |
|                               | E14.16.2               | GCS Verbal Patient 2- 5 Years           | #        |
|                               | E14.16.5               | GCS Verbal Patient > 5 Years            | #        |
|                               | E14.17                 | GCS Motor                               | X        |
|                               | E14.17.0               | GCS Verbal Patient up to 5 Years        | #        |
|                               | E14.17.5               | GCS Motor Patient > 5 Years             | #        |
|                               | E14.18                 | GCS Qualifier                           | X        |
|                               | E14.19                 | Total GCS                               | X        |
|                               | E14.20                 | Temperature                             | X        |
|                               | E14.21                 | Temperature Method                      | X        |
|                               | E14.22                 | Level of Responsiveness                 | X        |
|                               | E14.23                 | Pain Scale                              | X        |
| E14.24                        | Stroke Scale           | X                                       |          |
| E14.25                        | Thrombolytic Screen    |   |          |
| E14.26                        | APGAR                  | X                                       |          |
| E14.27                        | RTS                    | X                                       |          |
| E14.28                        | Pediatric Trauma Score | X                                       |          |
| E15 – Assessment Injury       | E15.1                  | NHTSA Injury Matrix External Skin       | X        |
|                               | E15.2                  | NHTSA Injury Matrix Head                | X        |
|                               | E15.3                  | NHTSA Injury Matrix Face                | X        |
|                               | E15.4                  | NHTSA Injury Matrix Neck                | X        |
|                               | E15.5                  | NHTSA Injury Matrix Thorax              | X        |
|                               | E15.6                  | NHTSA Injury Matrix Abdomen             | X        |
|                               | E15.7                  | NHTSA Injury Matrix Spine               | X        |
|                               | E15.8                  | NHTSA Injury Matrix Upper Extremities   | X        |
|                               | E15.9                  | NHTSA Injury Matrix Pelvis              | X        |
|                               | E15.10                 | NHTSA Injury Matrix Lower Extremities   | X        |
|                               | E15.11                 | NHTSA Injury Matrix Unspecified         | X        |
| E16 – Assessment Exam         | E16.1                  | Estimated Body Weight                   | X        |
|                               | E16.2                  | Broselow/Luten Color                    | X        |
|                               | E16.3                  | Date/Time of Assessment                 | X        |
|                               | E16.4                  | Skin Assessment                         | X        |
|                               | E16.5                  | Head/Face Assessment                    | X        |
|                               | E16.6                  | Neck Assessment                         | X        |

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| E16 – Assessment Exam (cont.) | E16.7                    | Chest/Lungs Assessment                               | X        |
|                               | E16.8                    | Heart Assessment                                     | X        |
|                               | E16.9                    | Abdomen Left Upper Assessment                        | X        |
|                               | E16.10                   | Abdomen Left Lower Assessment                        | X        |
|                               | E16.11                   | Abdomen Right Upper Assessment                       | X        |
|                               | E16.12                   | Abdomen Right Lower Assessment                       | X        |
|                               | E16.13                   | GU Assessment  | X        |
|                               | E16.14                   | Back Cervical Assessment                             | X        |
|                               | E16.15                   | Back Thoracic Assessment                             | X        |
|                               | E16.16                   | Back Lumbar/Sacral Assessment                        | X        |
|                               | E16.17                   | Extremities-Right Upper Assessment                   | X        |
|                               | E16.18                   | Extremities-Right Lower Assessment                   | X        |
|                               | E16.19                   | Extremities-Left Upper Assessment                    | X        |
|                               | E16.20                   | Extremities-Left Lower Assessment                    | X        |
|                               | E16.21                   | Eyes-Left Assessment                                 | X        |
|                               | E16.22                   | Eyes-Right Assessment                                | X        |
| E16.23                        | Mental Status Assessment | X  |          |
| E16.24                        | Neurological Assessment  | X  |          |
| E17 – Interventions           | E17.1                    | Protocols Used                                       | X        |
| E18 – Medications             | E18.1                    | Date/Time Medication Administered                    | X        |
|                               | E18.2                    | Medication Administered Prior to this Units EMS Care | X        |
|                               | E18.3                    | Medication Given                                     | X        |
|                               | E18.4                    | Medication Administered Route                        | X        |
|                               | E18.5                    | Medication Dosage                                    | X        |
|                               | E18.6                    | Medication Dosage Units                              | X        |
|                               | E18.7                    | Response to Medication                               | X        |
|                               | E18.8                    | Medication Complication                              | X        |
|                               | E18.9                    | Medication Crew Member ID                            | X        |
|                               | E18.10                   | Medication Authorization                             | X        |
|                               | E18.11                   | Medication Authorizing Physician                     | X        |
| E19 – Procedures              | E19.1                    | Date/Time Procedure Performed                        | X        |
|                               | E19.2                    | Procedure Performed Prior to this Units EMS Care     | X        |
|                               | E19.3                    | Procedure  | X        |
|                               | E19.4                    | Size of Procedure Equipment                          | X        |
|                               | E19.5                    | Number of Procedure Attempts                         | X        |
|                               | E19.6                    | Procedure Successful                                 | X        |
|                               | E19.7                    | Procedure Complication                               | X        |
|                               | E19.8                    | Response to Procedure                                | X        |
|                               | E19.9                    | Procedure Crew Members ID                            | X        |
|                               | E19.10                   | Procedure Authorization                              | X        |
|                               | E19.11                   | Procedure Authorizing Physician                      | X        |
|                               | E19.12                   | Successful IV Site                                   | X        |
|                               | E19.13                   | Tube Confirmation                                    | X        |
|                               | E19.14                   | Destination Confirmation of Tube Placement           | X        |
| E20 – Disposition             | E20.1                    | Destination Transferred To, Name                     | X        |
|                               | E20.2                    | Destination Transferred To, Code                     | X        |
|                               | E20.3                    | Destination Street Address                           | X        |
|                               | E20.4                    | Destination City                                     | X        |
|                               | E20.5                    | Destination State                                    | X        |
|                               | E20.6                    | Destination County                                   | X        |
|                               | E20.7                    | Destination Zip Code                                 | X        |
|                               | E20.8                    | Destination GPS Location                             |          |
|                               | E20.9                    | Destination Zone Number                              |          |
|                               | E20.10                   | Incident/Patient Disposition                         | X        |
|                               | E20.11                   | How Patient Was Moved to Ambulance                   |          |

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| E20 – Disposition (cont.)       | E20.12                        | Position of Patient During Transport                            |          |
|                                 | E20.13                        | How Patient Was Transported From Ambulance                      |          |
|                                 | E20.14                        | Transport Mode from Scene                                       | X        |
|                                 | E20.15                        | Condition of Patient at Destination                             | X        |
|                                 | E20.16                        | Reason for Choosing Destination                                 | X        |
|                                 | E20.17                        | Type of Destination   | X        |
| E21 – Medical Device Data       | E21.1                         | Event Date/Time   | X        |
|                                 | E21.2                         | Medical Device Event Name                                       |          |
|                                 | E21.3                         | Waveform Graphic Type   |          |
|                                 | E21.4                         | Waveform Graphic  |          |
|                                 | E21.5                         | AED, Pacing, or CO2 Mode  | X        |
|                                 | E21.6                         | ECG Lead  | X        |
|                                 | E21.7                         | ECG Interpretation  | X        |
|                                 | E21.8                         | Type of Shock   | X        |
|                                 | E21.9                         | Shock or Pacing Energy  | X        |
|                                 | E21.10                        | Total Number of Shocks Delivered                                | X        |
|                                 | E21.11                        | Pacing Rate   | X        |
|                                 | E21.12                        | Device Heart Rate   | X        |
|                                 | E21.13                        | Device Pulse Rate   | X        |
|                                 | E21.14                        | Device Systolic Blood Pressure                                  | X        |
|                                 | E21.15                        | Device Diastolic Blood Pressure                                 | X        |
|                                 | E21.16                        | Device Respiratory Rate   | X        |
|                                 | E21.17                        | Device Pulse Oximetry   | X        |
|                                 | E21.18                        | Device CO2 or etCO2   | X        |
|                                 | E21.19                        | Device CO2, etCO2, or Invasive Pressure Monitor Units           | X        |
| E21.20                          | Device Invasive Pressure Mean | X   |          |
| E22 – Outcome and Linkage       | E22.1                         | Emergency Department Disposition                                | X        |
|                                 | E22.2                         | Hospital Disposition  | X        |
|                                 | E22.3                         | Law Enforcement/Crash Report Number                             | X        |
|                                 | E22.4                         | Trauma Registry ID  |          |
|                                 | E22.5                         | Fire Incident Report Number                                     |          |
|                                 | E22.6                         | Patient ID Band/Tag Number                                      | X        |
| E23 – Miscellaneous             | E23.1                         | Review Requested  | X        |
|                                 | E23.2                         | Potential Registry Candidate                                    |          |
|                                 | E23.3                         | Personal Protective Equipment Used                              | X        |
|                                 | E23.4                         | Suspected Intentional, or Unintentional Disaster                | X        |
|                                 | E23.5                         | Suspected Contact with Blood/Body Fluids of EMS Injury or Death | X        |
|                                 | E23.6                         | Type of Suspected Blood/Body Fluid Exposure, Injury, or Death   | X        |
|                                 | E23.7                         | Personnel Exposed   | X        |
|                                 | E23.8                         | Required Reportable Conditions                                  | X        |
|                                 | E23.9                         | Research Survey Field   | X        |
|                                 | E23.10                        | Who Generated this Report                                       | X        |
|                                 | E23.11                        | Research Survey Field Title                                     | X        |
| D1 – Agency General Information | D1.1                          | EMS Agency Number   | X-U      |
|                                 | D1.2                          | EMS Agency Name   | X-U      |
|                                 | D1.3                          | EMS Agency State  | X-U      |
|                                 | D1.4                          | EMS Agency County   | X-U      |
|                                 | D1.5                          | Primary Type of Service   | X-U      |
|                                 | D1.6                          | Other Types of Service  | O-U      |
|                                 | D1.7                          | Level of Service  | X-U      |
|                                 | D1.8                          | Organizational Type   | X-U      |
|                                 | D1.9                          | Organization Status   | X-U      |
|                                 | D1.10                         | Statistical Year  | X-U      |
|                                 | D1.11                         | Other Agencies in Area  |          |

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| D1 – Agency General Information (cont.)  | D1.12                           | Total Service Area Size                         | X-U                      |
|  | D1.13                           | Total Service Area Population                   | X-U                      |
|  | D1.14                           | 911 Call Volume/Year                            | X-U                      |
|  | D1.15                           | EMS Dispatch Volume/Year                        | X-U                      |
|  | D1.16                           | EMS Transport Volume/Year                       | X-U                      |
|  | D1.17                           | EMS Patient Contact Volume/Year                 | X-U                      |
|  | D1.18                           | EMS Billable Calls/Year                         | X-U                      |
|  | D1.19                           | EMS Agency Time Zone                            | X-U                      |
|  | D1.20                           | EMS Agency Daylight Savings Time Use            | X-U                      |
|  | D1.21                           | National Provider Identifier                    | X-U                      |
|  | D2 – Agency Contact Information | D2.1  | Agency Contact Last Name |
| D2.2                                     |                                 | Agency Contact Middle Name/Initial              | X-U                      |
| D2.3                                     |                                 | Agency Contact First Name                       | X-U                      |
| D2.4                                     |                                 | Agency Contact Address                          | X-U                      |
| D2.5                                     |                                 | Agency Contact City                             | X-U                      |
| D2.6                                     |                                 | Agency Contact State                            | X-U                      |
| D2.7                                     |                                 | Agency Contact Zip Code                         | X-U                      |
| D2.8                                     |                                 | Agency Contact Phone Number                     | X-U                      |
| D2.9                                     |                                 | Agency Contact Fax Number                       | X-U                      |
| D2.10                                    |                                 | Agency Contact Email Address                    | X-U                      |
| D2.11                                    |                                 | Website Address                                 | X-U                      |
| D3 – Agency Medical Director Information | D3.1                            | Agency Medical Director Last Name               |                          |
|  | D3.2                            | Agency Medical Director Middle Name/Initial     |                          |
|  | D3.3                            | Agency Medical Director First Name              |                          |
|  | D3.4                            | Agency Medical Director Address                 |                          |
|  | D3.5                            | Agency Medical Director City                    |                          |
|  | D3.6                            | Agency Medical Director State                   |                          |
|  | D3.7                            | Agency Medical Director Zip Code                |                          |
|  | D3.8                            | Agency Medical Director Phone Number            |                          |
|  | D3.9                            | Agency Medical Director Fax Number              |                          |
|  | D3.10                           | Agency Medical Director's Medical Specialty     |                          |
|  | D3.11                           | Agency Medical Director Email Address           |                          |
| D4 – Agency Configuration Information    | D4.1                            | State Certification Licensure Levels            | X-U                      |
|  | D4.2                            | EMS Unit Call Sign                              | X-U                      |
|  | D4.3                            | Zones   | O-U                      |
|  | D4.4                            | Procedures                                      | X-U                      |
|  | D4.5                            | Personnel Level Permitted to Use the Procedure  | O-U                      |
|  | D4.6                            | Medications                                     | X-U                      |
|  | D4.7                            | Personnel Level Permitted to Use the Medication |                          |
|  | D4.8                            | Protocols                                       | X-U                      |
|  | D4.9                            | Personnel Level Permitted to Use the Protocol   |                          |
|  | D4.10                           | Billing Status                                  |                          |
|  | D4.11                           | Hospitals Served                                | X-U                      |
|  | D4.12                           | Hospital Facility Number                        | X-U                      |
|  | D4.13                           | Other Destinations                              |                          |
|  | D4.14                           | Destination Facility Number                     |                          |
|  | D4.15                           | Destination Type                                |                          |
|  | D4.16                           | Insurance Companies Used                        | O-U                      |
|  | D4.17                           | EMD Vendor                                      |                          |
| D5 – Agency-Station Information          | D5.1                            | Station Name                                    | O-U                      |
|  | D5.2                            | Station Number                                  | O-U                      |
|  | D5.3                            | Station Zone                                    | O-U                      |
|  | D5.4                            | Station GPS                                     | O-U                      |
|  | D5.5                            | Station Address                                 | O-U                      |
|  | D5.6                            | Station City                                    | O-U                      |

Michigan Required and Optional PCR Data Elements

| Data Section                            | Data Element                      | Element Description (EMS Dataset)                                | Michigan                     |
|---|-----------------------------------|--|------------------------------|
| D5 – Agency-Station Information (cont.) | D5.7                              | Station State  | O-U                          |
|   | D5.8                              | Station Zip Code   | O-U                          |
|   | D5.9                              | Station Phone Number   | O-U                          |
| D6 – Agency Vehicle Information         | D6.1                              | Unit/Vehicle Number  | X-U                          |
|   | D6.3                              | Vehicle Type   | X-U                          |
|   | D6.4                              | State Certification/Licensure Levels                             | X-U                          |
|   | D6.5                              | Number of Each Personnel Level on the Vehicle Crew               |                              |
|   | D6.6                              | Vehicle Initial Cost   | O-U                          |
|   | D6.7                              | Vehicle Model Year   | O-U                          |
|   | D6.8                              | Year Miles/Hours Accrued   | O-U                          |
|   | D6.9                              | Annual Vehicle Hours   | O-U                          |
|   | D6.10                             | Annual Vehicle Miles   | O-U                          |
|   | D7 – Agency Personnel Information | D7.1   | Personnel's Agency ID Number |
| D7.2                                    |                                   | State/Licensure ID Number  | X-U                          |
| D7.3                                    |                                   | Personnel's Employment Status                                    | O-U                          |
| D7.4                                    |                                   | Employment Status Date   | O-U                          |
| D7.5                                    |                                   | Personnel's Highest Level of Certification /Licensure for Agency | X-U                          |
| D7.6                                    |                                   | Date of Certification or Licensure                               | O-U                          |
| D8 – General Personnel Information      | D8.1                              | EMS Personnel's Last Name  | X-U                          |
|   | D8.2                              | EMS Personnel's Middle Initial/Name                              | X-U                          |
|   | D8.3                              | EMS Personnel's First Name                                       | X-U                          |
|   | D8.4                              | EMS Personnel's Mailing Address                                  | O-U                          |
|   | D8.5                              | EMS Personnel's City of Residence                                | O-U                          |
|   | D8.6                              | EMS Personnel's State  | O-U                          |
|   | D8.7                              | EMS Personnel's Zip Code   | O-U                          |
|   | D8.8                              | EMS Personnel's Work Phone                                       | O-U                          |
|   | D8.9                              | EMS Personnel's Home Phone                                       | O-U                          |
|   | D8.10                             | EMS Personnel's Email Address                                    | O-U                          |
|   | D8.11                             | Date of Birth  | O-U                          |
|   | D8.12                             | Gender   | O-U                          |
|   | D8.13                             | Race   | O-U                          |
|   | D8.14                             | Ethnicity  | O-U                          |
|   | D8.15                             | State EMS Certification/Licensure Level                          | X-U                          |
|   | D8.16                             | National Registry Credentialed                                   | O-U                          |
|   | D8.17                             | State EMS Current Certification Date                             | O-U                          |
|   | D8.18                             | The Initial State Certification Date                             | O-U                          |
|   | D8.19                             | Total Length of Service  | O-U                          |
|   | D8.20                             | Date Length of Service Documented                                | O-U                          |
| D9 – Medical Device Information         | D9.1                              | Device Serial Number   |                              |
|   | D9.2                              | Device Name or ID  |                              |
|   | D9.3                              | Device Manufacturer  |                              |
|   | D9.4                              | Model Number   |                              |
|   | D9.5                              | Device Purchase Date   |                              |

|  |  |     |
|--|--|-----|
| <b>Key</b><br>Required = <b>X</b><br>Required - User will not see = <b>X-U</b><br>Optional = <b>O</b><br>Optional - User will not see = <b>O-U</b> | Total Required EMS Data Points Collected         | 235 |
|  | Total Optional EMS Data Points Collected         | 43  |
|  | Total Required Demographic Data Points Collected | 50  |
|  | Total Optional Demographic Data Points Collected | 37  |
|  | Total Data Points Collected                      | 365 |
|  | Michigan   |     |

**Michigan reportable data elements**

# - Not actual elements - Rather these are sub elements to disguise between GCS age groups