Data Submission Agreement

This agreement (hereinafter referred to as "Agreement"), made as of the Effective Date identified herein, is by and between the parties named below:

Between: Ambulance service name: **Sedgwick County EMS**
(hereinafter "Service")

Permit #: **1750**

And: State of Kansas, duly acting by and through the Kansas Board of Emergency Medical Services (hereinafter "KBEMS").

RECITALS:

Whereas, KBEMS was granted the authority by K.S.A. 65-6153 through K.S.A. 65-6156 to develop an Emergency Medical Services data collection system (hereinafter Kansas Emergency Medical Services Information System or "KEMSIS"); and

Whereas, KBEMS licenses a non-exclusive license of the ImageTrend software; and

Whereas, KBEMS desires to collect records from Services using ImageTrend software; and

Whereas, KBEMS is willing to provide Service non-exclusive use of the EMS State Bridge;

Therefore, in consideration of the mutual promises set forth herein and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the parties agree as follows:

Article 1
Definitions

"Agreement" means this document.

"Ambulance Service" as defined by K.S.A. 65-6112(e).

"Attendant" as defined by K.S.A. 65-6112(f).

"Data" means the electronic form of the Patient Care Report.

"Effective Date" means the date on which the last party executes this Agreement.

"Emergency Medical Service" as defined by K.S.A. 65-6112(h).

"EMS" means Emergency Medical Service.

"EPCR" means the electronic rendition of the Patient Care Report.

"HIPAA" means Health Information Portability and Accountability Act.

"ImageTrend, Inc." means the vendor selected by the Kansas Board of Emergency Medical Services to provide the software program, hosting and technical support services.

"ImageTrend System" means the ImageTrend Software, New Products and the Third Party Items as installed and configured by ImageTrend, Inc. pursuant to this Agreement

"KBEMS" means the Kansas Board of Emergency Medical Services.

"KEMSIS" means the Kansas Emergency Medical Services Information System.

"NEMSIS" means the National Emergency Medical Services Information System.

"Patient Care Report" collectively means any and/or all information collected and recorded by an Attendant related to an EMS response.

"PCR" means Patient Care Report.

"Permit #" means the unique number issued by KBEMS to each permitted Ambulance Service.

"Record" collectively means the electronic data representing information related to the patient care report, response data or the data elements submitted by the Ambulance Services to the KBEMS hosted system.

"Service" means Ambulance Service.

"Vendor" means ImageTrend, Inc.

Article 2
TERMS AND CONDITIONS

2.1. KBEMS agrees to allow Service to submit, update, access data and run reports on KEMSIS.

2.2. KBEMS shall comply with K.S.A. 65-6153 to 65-6156 and the Kansas Open Records Act, K.S.A. 45-215 *et seq.*, regarding the release of reports and information. K.S.A. 65-6153 to 65-6156 are identified in Exhibit A.

2.3. KBEMS and its partners; Kansas Trauma program, Kansas EMS for Children program and Kansas Traffic Records Coordinating Committee desire to collect data for research. A uniform and standardized data set is necessary to pursue these endeavors. Service agrees to allow its data to be shared with the agencies listed above for these purposes. Agencies listed above agree not to share data or reports that would identify a specific Service, Attendant or patient. The data Service provides to KBEMS and allows to be shared shall be de-identified ("de-identified") by KBEMS with respect to the patient consistent with the U.S. Department of Health and Human Services Guidance Regarding Methods for De-identification of Protected Health Information in Accordance with the HIPAA Privacy Rule before it is shared with any aforementioned partners.

2.4. KBEMS agrees to not directly obtain the EPCR submitted by Service from KEMSIS during the course of an investigation. KBEMS shall obtain the PCR, EPCR or both from Service.

2.5. KBEMS agrees not to publish, release or disclose reports of compiled data when there are less than five (5) occurrences.

2.6. Service agrees to allow KBEMS to use Service's data in statistical reports.

2.7. Service agrees to allow Vendor to upload submitted Data to the National EMS Dataset. The Data are de-identified with respect to the Service, Attendant and patient. The elements are identified in Exhibit B under the column labeled "National."

2.8. Service retains ownership of its data.

2.9. Service is custodian of its data.

2.10. Vendor maintains a copy of the Service's data listed in Exhibit B.

2.11. Service agrees to collect at a minimum the data elements listed in Exhibit B identified in the column labeled "Upload."

2.12. In the event a Service does not collect a desired data element identified in the attached spreadsheet, the service at its discretion may elect to add and submit the data element along with the appropriate variables.

2.13. KBEMS agrees to allow Vendor to communicate directly with the Service or the Service's designee for the purpose of exporting/importing Service's data to KEMSIS.

2.14. Participation in the KEMSIS project is voluntary. Service may withdraw from the KEMSIS project and stop submitting data with a ten (10) working-day written notice provided to KBEMS. Service shall notify KBEMS in accordance with the requirements outlined in Section 3.5.

2.15. Service agrees to participate in evaluation surveys and periodic conference calls with KBEMS or Vendor to provide constructive feedback related to the KEMSIS project.

Article 3
General Provisions

3.1. Singular case means the plural and plural includes the singular.

3.2. Any alterations, variations, modifications, or waivers of the provisions of this Agreement may be made by a joint amendment directing the change and signed by both KBEMS and Service.

3.3. Failure of KBEMS to require strict performance of any term or condition of this Agreement shall not be deemed to be a waiver of any subsequent breach or default of any term or condition.

3.4. This Agreement may be canceled by KBEMS and all grant activities halted by Service at any time for unsatisfactory performance of the terms and conditions of this Agreement.

3.5. Any legal notice or other communication required or permitted hereunder with KBEMS shall be in writing, and will be deemed given when delivered personally, sent by confirmed fax, sent by commercial overnight courier (with written verification of receipt) or sent by registered or certified mail, return receipt

requested, postage prepaid. All communications shall be sent to the attention of the persons listed on the signature page of this Agreement and at the addresses or fax numbers set forth listed below, unless other names, addresses or fax numbers are provided by either or both parties, with copies of all such legal notices or other communications delivered in accordance herewith to the following:

KBEMS:

Kansas Board of Emergency Medical Services
900 SW Jackson Street, Room #1031
Topeka, KS 66612
Fax: 785-296-6212

Ambulance Service:

Service name: _____ Service #: _____

Director name: _____

Street: _____ Fax: _____-_____-_____

City: _____ State: _____ Zip: _____

3.7. Any legal notice or other communication required or permitted hereunder with Vendor shall be in writing, and will be deemed given when delivered personally, sent by confirmed fax, sent by commercial overnight courier (with written verification of receipt) or sent by registered or certified mail, return receipt requested, postage prepaid. All communications shall be sent to the attention at the addresses or fax numbers listed below, unless other names, addresses or fax numbers are provided by either or both parties, with copies of all communications delivered in accordance herewith to the following:

Mike McBrady, President
ImageTrend, Inc.
20855 Kensington Blvd.
Lakeville, MN 55044
Fax: 952-985-5671

Article 4
Signatures

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed as of the day and year recorded herein.

BOARD OF COUNTY COMMISSIONERS OF SEDGWICK COUNTY, KANSAS

DAVID M. UNRUH, Chairman
Commissioner, First District

ATTEST:

KELLY B. ARNOLD, County Clerk

APPROVED AS TO FORM:

JUSTIN M. WAGGONER
Assistant County Counselor

Kansas Board of Emergency Medical Services:

JOSEPH HOUSE, Executive Director
Kansas Board of Emergency Medical Services

Date: October 14, 2016

Exhibit A
EMS Data Collection Statutes

65-6153. Emergency medical services data collection system; information collected; rules and regulations. (a) Within the limits of appropriations therefor, the board of emergency medical services shall develop and maintain a statewide data collection system to collect and analyze emergency medical services information, including, but not limited to, dispatch, demographics, patient data, assessment, treatment, disposition, financial and any other pertinent information that will assist the board in improving the quality of emergency medical services.

(b) Each operator of an ambulance service shall collect and report to the board emergency medical services information pursuant to rules and regulations adopted by the board. The board shall adopt rules and regulations which use the most efficient, least intrusive means for collecting emergency medical services information consistent with ensuring the quality, timeliness, completeness and confidentiality of the system.

History: L. 2006, ch. 161, § 1; July 1.

65-6154. Same; confidentiality; exceptions; reports open records. (a) Any emergency medical services information provided to the board shall be confidential and shall not be disclosed or made public, upon subpoena or otherwise, except such information may be disclosed if:

(1) No person can be identified in the information to be disclosed and the disclosure is for statistical purposes;

(2) all persons who are identifiable in the information to be disclosed consent in writing to its disclosure; or

(3) the disclosure is necessary, and only to the extent necessary, to protect the public health and does not identify specific persons, operators, as defined in K.S.A. 65-6112, and amendments thereto, or ambulance services.

(b) Except as provided in subsection (c), reports generated by the board utilizing emergency medical services information shall be available in accordance with K.S.A. 45-215 et seq., and amendments thereto.

(c) Notwithstanding subsection (b), individually identifiable health information shall be confidential and shall not be disclosed except that the board may disclose such information to individuals, organizations or governmental agencies engaged in research that benefits the public's health, safety or welfare if the board is satisfied that such information will remain confidential and adequately protected from disclosure. For purposes of this section, "individually identifiable health information" shall have the same meaning as in 45 C.F.R. § 160.103.

History: L. 2006, ch. 161, § 2; July 1.

65-6155. Same; disclosure of information; liability. Any operator who reports emergency medical services information, in good faith, and in accordance with the requirements of this act and the rules and regulations prescribed by the board, shall have immunity from any liability, civil or criminal, which might otherwise be incurred or imposed in an action resulting from such information. Nothing in this section shall be construed to apply to the unauthorized disclosure of confidential information when such disclosure is due to gross negligence or willful misconduct.

History: L. 2006, ch. 161, § 3; July 1.

65-6156. Act supplemental to article 61 of chapter 65 of Kansas Statutes Annotated. K.S.A. 2007 Supp. 65-6153 through 65-6155, and amendments thereto, shall be part of and supplemental to the provisions of article 61 of chapter 65 of the Kansas Statutes Annotated and acts amendatory of the provisions thereof or supplemental thereto.

History: L. 2006, ch. 161, § 4; July 1.

Exhibit B
Data Elements

See attached spreadsheet.

Exhibit B
Data Elements

	A	C	D	G	H	I	J	K	N
1	Section ID	Element Code	Data Element	National	BEMS	KDOT	Trauma Reg.	EMSC	Upload
2	D01	D01_01	EMS Agency Number	National Element	BEMS	KDOT	Trauma		Upload
3	D01	D01_02	EMS Agency Name		BEMS	KDOT			Upload
4	D01	D01_03	EMS Agency State	National Element	BEMS	KDOT	Trauma		Upload
5	D01	D01_04	EMS Agency County	National Element	BEMS	KDOT	Trauma	EMSC	Upload
6	D01	D01_05	Primary Type of Service		BEMS	KDOT			Upload
7	D01	D01_06	Other Types of Service						
8	D01	D01_07	Level of Service	National Element	BEMS	KDOT	Trauma	EMSC	Upload
9	D01	D01_08	Organizational Type	National Element	BEMS	KDOT			Upload
10	D01	D01_09	Organization Status	National Element	BEMS	KDOT			Upload
11	D01	D01_10	Statistical Year	National Element	BEMS	KDOT			Upload
12	D01	D01_11	Other Agencies In Area						
13	D01	D01_12	Total Service Size Area	National Element	BEMS	KDOT			Upload
14	D01	D01_13	Total Service Area Population	National Element	BEMS	KDOT			Upload
15	D01	D01_14	911 Call Volume per Year	National Element	BEMS	KDOT			Upload
16	D01	D01_15	EMS Dispatch Volume per Year	National Element	BEMS	KDOT			Upload
17	D01	D01_16	EMS Transport Volume per Year	National Element	BEMS	KDOT			Upload
18	D01	D01_17	EMS Patient Contact Volume per Year	National Element	BEMS	KDOT			Upload
19	D01	D01_18	EMS Billable Calls per Year						
20	D01	D01_19	EMS Agency Time Zone	National Element	BEMS	KDOT			Upload
21	D01	D01_20	EMS Agency Daylight Savings Time Use		BEMS				Upload
22	D01	D01_21	National Provider Identifier	National Element	BEMS	KDOT			Upload
23	D02	D02_01	Agency Contact Last Name						
24	D02	D02_02	Agency Contact Middle Name/Initial						
25	D02	D02_03	Agency Contact First Name						
26	D02	D02_04	Agency Contact Address						
27	D02	D02_05	Agency Contact City						
28	D02	D02_06	Agency Contact State						
29	D02	D02_07	Agency Contact Zip Code	National Element	BEMS	KDOT			Upload
30	D02	D02_08	Agency Contact Telephone Number						
31	D02	D02_09	Agency Contact Fax Number						
32	D02	D02_10	Agency Contact Email Address						
33	D02	D02_11	Agency Contact Web Address						
34	D03	D03_01	Agency Medical Director Last Name						
35	D03	D03_02	Agency Medical Director Middle Name/Initial						
36	D03	D03_03	Agency Medical Director First Name						
37	D03	D03_04	Agency Medical Director Address						
38	D03	D03_05	Agency Medical Director City						
39	D03	D03_06	Agency Medical Director State						
40	D03	D03_07	Agency Medical Director Zip Code						
41	D03	D03_08	Agency Medical Director Telephone Number						
42	D03	D03_09	Agency Medical Director Fax Number						
43	D03	D03_10	Agency Medical Director's Medical Specialty						

Exhibit B
Data Elements

	A	C	D	G	H	I	J	K	N
44	D03	D03_11	Agency Medical Director Email Address						
45	D04	D04_01	State Certification Licensure Levels		BEMS				Upload
46	D04	D04_02	EMS Unit Call Sign		BEMS				Upload
47	D04	D04_03	Zones						
48	D04	D04_04	Procedures		BEMS			EMSC	Upload
49	D04	D04_05	Personnel Level Permitted to Use the Procedure						
50	D04	D04_06	Medications Given		BEMS				Upload
51	D04	D04_07	Personnel Level Permitted to Use the Medication						
52	D04	D04_08	Protocol		BEMS			EMSC	Upload
53	D04	D04_09	Personnel Level Permitted to Use the Protocol						
54	D04	D04_10	Billing Status		BEMS				Upload
55	D04	D04_11	Hospitals Served		BEMS			EMSC	Upload
56	D04	D04_12	Hospital Facility Number		BEMS				Upload
57	D04	D04_13	Other Destinations		BEMS				Upload
58	D04	D04_14	Destination Facility Number		BEMS			EMSC	Upload
59	D04	D04_15	Destination Type		BEMS				Upload
60	D04	D04_16	Insurance Companies Used		BEMS				Upload
61	D04	D04_17	EMD Vendor						
62	D05	D05_01	Station Name			KDOT			Upload
63	D05	D05_02	Station Number						
64	D05	D05_03	Station Zone						
65	D05	D05_04	Station GPS						
66	D05	D05_05	Station Address						
67	D05	D05_06	Station City						
68	D05	D05_07	Station State						
69	D05	D05_08	Station Zip						
70	D05	D05_09	Station Telephone Number						
71	D06	D06_01	Unit/Vehicle Number		BEMS		Trauma		Upload
72	D06	D06_03	Vehicle Type		BEMS				Upload
73	D06	D06_04	State Certification/Licensure Levels		BEMS				Upload
74	D06	D06_05	Number Of Each Personnel Level on the Vehicle Crew						
75	D06	D06_06	Vehicle Initial Cost						
76	D06	D06_07	Vehicle Model Year						
77	D06	D06_08	Year Miles/Hours Accrued						
78	D06	D06_09	Annual Vehicle Hours						
79	D06	D06_10	Annual Vehicle Miles						
80	D07	D07_01	Personnel's Agency ID Number						
81	D07	D07_02	State/Licensure ID Number						
82	D07	D07_03	Personnel's Employment Status		BEMS				Upload
83	D07	D07_04	Employment Status Date						
84	D07	D07_05	Personnel's Level of Certification/Licensure for Agency					EMSC	Upload
85	D07	D07_06	Date of Personnel's Certification or Licensure for Agency						
86	D08	D08_01	EMS Personnel's Last Name						

Exhibit B
Data Elements

	A	C	D	G	H	I	J	K	N
87	D08	D08_02	EMS Personnel's Middle Name/Initial						
88	D08	D08_03	EMS Personnel's First Name						
89	D08	D08_04	EMS Personnel's Mailing Address						
90	D08	D08_05	EMS Personnel's City of Residence						
91	D08	D08_06	EMS Personnel's State						
92	D08	D08_07	EMS Personnel's Zip Code						
93	D08	D08_08	EMS Personnel's Work Telephone						
94	D08	D08_09	EMS Personnel's Home Telephone						
95	D08	D08_10	EMS Personnel's Email Address						
96	D08	D08_11	EMS Personnel's Date Of Birth		BEMS				Upload
97	D08	D08_12	EMS Personnel's Gender		BEMS				Upload
98	D08	D08_13	EMS Personnel's Race		BEMS				Upload
99	D08	D08_14	EMS Personnel's Ethnicity		BEMS				Upload
100	D08	D08_15	State EMS Certification Licensure Level		BEMS			EMSC	Upload
101	D08	D08_16	National Registry Credentialed					EMSC	Upload
102	D08	D08_17	State EMS Current Certification Date						
103	D08	D08_18	Initial State Certification Date						
104	D08	D08_19	Total Length of Service						
105	D08	D08_20	Date Length of Service Documented						
106	D09	D09_01	Device Serial Number						
107	D09	D09_02	Device Name or ID						
108	D09	D09_03	Device Manufacturer						
109	D09	D09_04	Model Number						
110	D09	D09_05	Device Purchase Date						
111	E00	E00	Common Null Values						
112	E01	E01_01	Patient Care Report Number	National Element	BEMS	KDOT	Trauma		Upload
113	E01	E01_02	Software Creator	National Element	BEMS	KDOT			Upload
114	E01	E01_03	Software Name	National Element	BEMS	KDOT			Upload
115	E01	E01_04	Software Version	National Element	BEMS	KDOT			Upload
116	E02	E02_01	EMS Agency Number	National Element	BEMS	KDOT	Trauma		Upload
117	E02	E02_02	Incident Number		BEMS	KDOT	Trauma		Upload
118	E02	E02_03	EMS Unit (Vehicle) Response Number						
119	E02	E02_04	Type of Service Requested	National Element	BEMS	KDOT			Upload
120	E02	E02_05	Primary Role of the Unit	National Element	BEMS	KDOT			Upload
121	E02	E02_06	Type of Dispatch Delay	National Element	BEMS	KDOT			Upload
122	E02	E02_07	Type of Response Delay	National Element	BEMS	KDOT			Upload
123	E02	E02_08	Type of Scene Delay	National Element	BEMS	KDOT			Upload
124	E02	E02_09	Type of Transport Delay	National Element	BEMS	KDOT			Upload
125	E02	E02_10	Type of Turn-Around Delay	National Element	BEMS	KDOT			Upload
126	E02	E02_11	EMS Unit/Vehicle Number						
127	E02	E02_12	EMS Unit Call Sign (Radio Number)	National Element	BEMS	KDOT			Upload
128	E02	E02_13	Vehicle Dispatch Location						
129	E02	E02_14	Vehicle Dispatch Zone						

Exhibit B
Data Elements

	A	C	D	G	H	I	J	K	N
130	E02	E02_15	Vehicle Dispatch GPS Location		BEMS				Upload
131	E02	E02_16	Beginning Odometer Reading of Responding Vehicle		BEMS	KDOT			Upload
132	E02	E02_17	On-Scene Odometer Reading of Responding Vehicle		BEMS	KDOT			Upload
133	E02	E02_18	Patient Destination Odometer Reading of Responding Vehicle		BEMS	KDOT			Upload
134	E02	E02_19	Ending Odometer Reading of Responding Vehicle		BEMS	KDOT			Upload
135	E02	E02_20	Response Mode to Scene	National Element	BEMS	KDOT			Upload
136	E03	E03_01	Complaint Reported by Dispatch	National Element	BEMS	KDOT		EMSC	Upload
137	E03	E03_02	EMD Performed	National Element	BEMS	KDOT			Upload
138	E03	E03_03	EMD Card Number						
139	E04	E04_01	Crew Member ID						
140	E04	E04_02	Crew Member Role						
141	E04	E04_03	Crew Member Level						
142	E05	E05_01	Incident or Onset Date/Time		BEMS		Trauma		Upload
143	E05	E05_02	PSAP Call Date/Time	National Element	BEMS	KDOT	Trauma		Upload
144	E05	E05_03	Dispatch Notified Date/Time		BEMS	KDOT			Upload
145	E05	E05_04	Unit Notified by Dispatch Date/Time	National Element	BEMS	KDOT	Trauma		Upload
146	E05	E05_05	Unit En Route Date/Time	National Element	BEMS	KDOT	Trauma		Upload
147	E05	E05_06	Unit Arrived on Scene Date/Time	National Element	BEMS	KDOT	Trauma		Upload
148	E05	E05_07	Arrived at Patient Date/Time	National Element	BEMS	KDOT	Trauma		Upload
149	E05	E05_08	Transfer of Patient Care Date/Time		BEMS	KDOT			Upload
150	E05	E05_09	Unit Left Scene Date/Time	National Element	BEMS	KDOT	Trauma		Upload
151	E05	E05_10	Patient Arrived at Destination Date/Time	National Element	BEMS	KDOT	Trauma		Upload
152	E05	E05_11	Unit Back in Service Date/Time	National Element	BEMS	KDOT			Upload
153	E05	E05_12	Unit Cancelled Date/Time		BEMS				Upload
154	E05	E05_13	Unit Back at Home Location Date/Time	National Element	BEMS	KDOT			Upload
155	E06	E06_01	Last Name		BEMS		Trauma		Upload
156	E06	E06_02	First Name		BEMS		Trauma		Upload
157	E06	E06_03	Middle Initial/Name		BEMS		Trauma		Upload
158	E06	E06_04	Patient's Home Address		BEMS		Trauma		Upload
159	E06	E06_05	Patient's Home City		BEMS	KDOT	Trauma		Upload
160	E06	E06_06	Patient's Home County		BEMS	KDOT	Trauma		Upload
161	E06	E06_07	Patient's Home State		BEMS	KDOT	Trauma		Upload
162	E06	E06_08	Patient's Home Zip Code	National Element	BEMS	KDOT	Trauma		Upload
163	E06	E06_09	Patient's Home Country						
164	E06	E06_10	Social Security Number		BEMS		Trauma		Upload
165	E06	E06_11	Gender	National Element	BEMS	KDOT	Trauma	EMSC	Upload
166	E06	E06_12	Race	National Element	BEMS	KDOT	Trauma	EMSC	Upload
167	E06	E06_13	Ethnicity	National Element	BEMS	KDOT	Trauma	EMSC	Upload
168	E06	E06_14	Age	National Element	BEMS	KDOT	Trauma	EMSC	Upload
169	E06	E06_15	Age Units	National Element	BEMS	KDOT	Trauma		Upload
170	E06	E06_16	Date of Birth		BEMS		Trauma		Upload
171	E06	E06_17	Primary or Home Telephone Number						
172	E06	E06_18	State Issuing Driver's License						

Exhibit B
Data Elements

	A	C	D	G	H	I	J	K	N
173	E06	E06_19	Driver's License Number						
174	E07	E07_01	Primary Method of Payment	National Element	BEMS	KDOT			Upload
175	E07	E07_02	Certificate of Medical Necessity						
176	E07	E07_03	Insurance Company ID/Name						
177	E07	E07_04	Insurance Company Billing Priority						
178	E07	E07_05	Insurance Company Address						
179	E07	E07_06	Insurance Company City						
180	E07	E07_07	Insurance Company State						
181	E07	E07_08	Insurance Company Zip Code						
182	E07	E07_09	Insurance Group ID/Name						
183	E07	E07_10	Insurance Policy ID Number						
184	E07	E07_11	Last Name of the Insured						
185	E07	E07_12	First Name of the Insured						
186	E07	E07_13	Middle Initial/Name of the Insured						
187	E07	E07_14	Relationship to the Insured						
188	E07	E07_15	Work-Related						
189	E07	E07_16	Patient's Occupational Industry						
190	E07	E07_17	Patient's Occupation						
191	E07	E07_18	Closest Relative/Guardian Last Name						
192	E07	E07_19	First Name of the Closest Relative/ Guardian						
193	E07	E07_20	Middle Initial/Name of the Closest Relative/ Guardian						
194	E07	E07_21	Closest Relative/ Guardian Street Address						
195	E07	E07_22	Closest Relative/ Guardian City						
196	E07	E07_23	Closest Relative/ Guardian State						
197	E07	E07_24	Closest Relative/ Guardian Zip Code						
198	E07	E07_25	Closest Relative/ Guardian Phone Number						
199	E07	E07_26	Closest Relative/ Guardian Relationship						
200	E07	E07_27	Patient's Employer						
201	E07	E07_28	Patient's Employer's Address						
202	E07	E07_29	Patient's Employer's City						
203	E07	E07_30	Patient's Employer's State						
204	E07	E07_31	Patient's Employer's Zip Code						
205	E07	E07_32	Patient's Work Telephone Number						
206	E07	E07_33	Response Urgency						
207	E07	E07_34	CMS Service Level	National Element	BEMS	KDOT			Upload
208	E07	E07_35	Condition Code Number	National Element	BEMS	KDOT			Upload
209	E07	E07_36	ICD-9 Code for the Condition Code Number						
210	E07	E07_37	Condition Code Modifier						
211	E08	E08_01	Other EMS Agencies at Scene						
212	E08	E08_02	Other Services at Scene						
213	E08	E08_03	Estimated Date/Time Initial Responder Arrived on Scene			KDOT			Upload
214	E08	E08_04	Date/Time Initial Responder Arrived on Scene		BEMS	KDOT			Upload
215	E08	E08_05	Number of Patients at Scene	National Element	BEMS	KDOT			Upload

Exhibit B
Data Elements

	A	C	D	G	H	I	J	K	N
216	E08	E08_06	Mass Casualty Incident	National Element	BEMS	KDOT			Upload
217	E08	E08_07	Incident Location Type	National Element	BEMS	KDOT	Trauma	EMSC	Upload
218	E08	E08_08	Incident Facility Code		BEMS				Upload
219	E08	E08_09	Scene Zone Number						
220	E08	E08_10	Scene GPS Location		BEMS				Upload
221	E08	E08_11	Incident Address						
222	E08	E08_12	Incident City		BEMS		Trauma	EMSC	Upload
223	E08	E08_13	Incident County		BEMS		Trauma	EMSC	Upload
224	E08	E08_14	Incident State		BEMS		Trauma	EMSC	Upload
225	E08	E08_15	Incident ZIP Code	National Element	BEMS	KDOT	Trauma	EMSC	Upload
226	E09	E09_01	Prior Aid	National Element	BEMS	KDOT			Upload
227	E09	E09_02	Prior Aid Performed by	National Element	BEMS	KDOT			Upload
228	E09	E09_03	Outcome of the Prior Aid	National Element	BEMS	KDOT			Upload
229	E09	E09_04	Possible Injury	National Element	BEMS	KDOT	Trauma	EMSC	Upload
230	E09	E09_05	Chief Complaint		BEMS			EMSC	Upload
231	E09	E09_06	Duration of Chief Complaint						
232	E09	E09_07	Time Units of Duration of Chief Complaint						
233	E09	E09_08	Secondary Complaint Narrative						
234	E09	E09_09	Duration of Secondary Complaint						
235	E09	E09_10	Time Units of Duration of Secondary Complaint						
236	E09	E09_11	Chief Complaint Anatomic Location	National Element	BEMS	KDOT			Upload
237	E09	E09_12	Chief Complaint Organ System	National Element	BEMS	KDOT			Upload
238	E09	E09_13	Primary Symptom	National Element	BEMS	KDOT			Upload
239	E09	E09_14	Other Associated Symptoms	National Element	BEMS	KDOT			Upload
240	E09	E09_15	Providers Primary Impression	National Element	BEMS	KDOT			Upload
241	E09	E09_16	Provider's Secondary Impression	National Element	BEMS	KDOT			Upload
242	E10	E10_01	Cause of Injury	National Element	BEMS	KDOT	Trauma	EMSC	Upload
243	E10	E10_02	Intent of the Injury		BEMS		Trauma	EMSC	Upload
244	E10	E10_03	Mechanism of Injury		BEMS			EMSC	Upload
245	E10	E10_04	Vehicular Injury Indicators		BEMS	KDOT			Upload
246	E10	E10_05	Area of the Vehicle impacted by the collision			KDOT			Upload
247	E10	E10_06	Seat Row Location of Patient in Vehicle			KDOT			Upload
248	E10	E10_07	Position of Patient in the Seat of the Vehicle			KDOT			Upload
249	E10	E10_08	Use of Occupant Safety Equipment		BEMS	KDOT	Trauma	EMSC	Upload
250	E10	E10_09	Airbag Deployment		BEMS	KDOT	Trauma	EMSC	Upload
251	E10	E10_10	Height of Fall						
252	E11	E11_01	Cardiac Arrest	National Element	BEMS	KDOT			Upload
253	E11	E11_02	Cardiac Arrest Etiology	National Element	BEMS	KDOT			Upload
254	E11	E11_03	Resuscitation Attempted	National Element	BEMS	KDOT	Trauma		Upload
255	E11	E11_04	Arrest Witnessed by		BEMS				Upload
256	E11	E11_05	First Monitored Rhythm of the Patient		BEMS				Upload
257	E11	E11_06	Any Return of Spontaneous Circulation		BEMS				Upload
258	E11	E11_07	Neurological Outcome at Hospital Discharge		BEMS				Upload

Exhibit B
Data Elements

	A	C	D	G	H	I	J	K	N
259	E11	E11_08	Estimated Time of Arrest Prior to EMS Arrival		BEMS				Upload
260	E11	E11_09	Date/Time Resuscitation Discontinued		BEMS				Upload
261	E11	E11_10	Reason CPR Discontinued		BEMS				Upload
262	E11	E11_11	Cardiac Rhythm on Arrival at Destination		BEMS				Upload
263	E12	E12_01	Barriers to Patient Care	National Element	BEMS	KDOT			Upload
264	E12	E12_02	Sending Facility Medical Record Number						
265	E12	E12_03	Destination Medical Record Number						
266	E12	E12_04	First Name of Patient's Primary Practitioner						
267	E12	E12_05	Middle Name of Patient's Primary Practitioner						
268	E12	E12_06	Last Name of Patient's Primary Practitioner						
269	E12	E12_07	Advanced Directives						
270	E12	E12_08	Medication Allergies						
271	E12	E12_09	Environmental/Food Allergies						
272	E12	E12_10	Medical/Surgical History						
273	E12	E12_11	Medical History Obtained From						
274	E12	E12_12	Immunization History						
275	E12	E12_13	Immunization Date						
276	E12	E12_14	Current Medications						
277	E12	E12_15	Current Medication Dose						
278	E12	E12_16	Current Medication Dosage Unit						
279	E12	E12_17	Current Medication Administration Route						
280	E12	E12_18	Presence of Emergency Information Form						
281	E12	E12_19	Alcohol/Drug Use Indicators	National Element	BEMS	KDOT		EMSC	Upload
282	E12	E12_20	Pregnancy		BEMS				Upload
283	E13	E13_01	Run Report Narrative						
284	E14	E14_01	Date/Time Vital Signs Taken		BEMS				Upload
285	E14	E14_02	Obtained Prior to this Units EMS Care						
286	E14	E14_03	Cardiac Rhythm		BEMS				Upload
287	E14	E14_04	SBP (Systolic Blood Pressure)		BEMS		Trauma	EMSC	Upload
288	E14	E14_05	DBP (Diastolic Blood Pressure)		BEMS		Trauma	EMSC	Upload
289	E14	E14_06	Method of Blood Pressure Measurement		BEMS				Upload
290	E14	E14_07	Pulse Rate		BEMS		Trauma		Upload
291	E14	E14_08	Electronic Monitor Rate						
292	E14	E14_09	Pulse Oximetry		BEMS				Upload
293	E14	E14_10	Pulse Rhythm						
294	E14	E14_11	Respiratory Rate		BEMS		Trauma		Upload
295	E14	E14_12	Respiratory Effort		BEMS		Trauma		Upload
296	E14	E14_13	Carbon Dioxide						
297	E14	E14_14	Blood Glucose Level		BEMS				Upload
298	E14	E14_15	Glasgow Coma Score-Eye		BEMS		Trauma		Upload
299	E14	E14_16	Glasgow Coma Score-Verbal		BEMS		Trauma		Upload
300	E14	E14_17	Glasgow Coma Score-Motor		BEMS		Trauma		Upload
301	E14	E14_18	Glasgow Coma Score-Qualifier		BEMS		Trauma		Upload

Exhibit B
Data Elements

	A	C	D	G	H	I	J	K	N
302	E14	E14_19	Total Glasgow Coma Score		BEMS		Trauma		Upload
303	E14	E14_20	Temperature						
304	E14	E14_21	Temperature Method						
305	E14	E14_22	Level of Responsiveness		BEMS				Upload
306	E14	E14_23	Pain Scale		BEMS				Upload
307	E14	E14_24	Stroke Scale		BEMS			EMSC	Upload
308	E14	E14_25	Thrombolytic Screen						
309	E14	E14_26	APGAR		BEMS		Trauma		Upload
310	E14	E14_27	Revised Trauma Score		BEMS		Trauma	EMSC	Upload
311	E14	E14_28	Pediatric Trauma Score		BEMS	KDOT			Upload
312	E15	E15_01	NHTSA Injury Matrix External/Skin		BEMS	KDOT			Upload
313	E15	E15_02	NHTSA Injury Matrix Head		BEMS	KDOT			Upload
314	E15	E15_03	NHTSA Injury Matrix Face		BEMS	KDOT			Upload
315	E15	E15_04	NHTSA Injury Matrix Neck		BEMS	KDOT			Upload
316	E15	E15_05	NHTSA Injury Matrix Thorax		BEMS	KDOT			Upload
317	E15	E15_06	NHTSA Injury Matrix Abdomen		BEMS	KDOT			Upload
318	E15	E15_07	NHTSA Injury Matrix Spine		BEMS	KDOT			Upload
319	E15	E15_08	NHTSA Injury Matrix Upper Extremities		BEMS	KDOT			Upload
320	E15	E15_09	NHTSA Injury Matrix Pelvis		BEMS	KDOT			Upload
321	E15	E15_10	NHTSA Injury Matrix Lower Extremities		BEMS	KDOT			Upload
322	E15	E15_11	NHTSA Injury Matrix Unspecified		BEMS	KDOT			Upload
323	E16	E16_01	Estimated Body Weight						
324	E16	E16_02	Broselow/Luten Color		BEMS			EMSC	Upload
325	E16	E16_03	Date/Time of Assessment						
326	E16	E16_04	Skin Assessment		BEMS				Upload
327	E16	E16_05	Head/Face Assessment						
328	E16	E16_06	Neck Assessment						
329	E16	E16_07	Chest/Lungs Assessment						
330	E16	E16_08	Heart Assessment						
331	E16	E16_09	Abdomen Left Upper Assessment						
332	E16	E16_10	Abdomen Left Lower Assessment						
333	E16	E16_11	Abdomen Right Upper Assessment						
334	E16	E16_12	Abdomen Right Lower Assessment						
335	E16	E16_13	GU Assessment						
336	E16	E16_14	Back Cervical Assessment						
337	E16	E16_15	Back Thoracic Assessment						
338	E16	E16_16	Back Lumbar/Sacral Assessment						
339	E16	E16_17	Extremities-Right Upper Assessment						
340	E16	E16_18	Extremities-Right Lower Assessment						
341	E16	E16_19	Extremities-Left Upper Assessment						
342	E16	E16_20	Extremities-Left Lower Assessment						
343	E16	E16_21	Eyes-Left Assessment						
344	E16	E16_22	Eyes-Right Assessment						

Exhibit B
Data Elements

	A	C	D	G	H	I	J	K	N
345	E16	E16_23	Mental Status Assessment						
346	E16	E16_24	Neurological Assessment						
347	E17	E17_01	Protocols Used						
348	E18	E18_01	Date/Time Medication Administered					EMSC	Upload
349	E18	E18_02	Medication Administered Prior to this Units EMS Care						
350	E18	E18_03	Medication Given	National Element	BEMS	KDOT	Trauma		Upload
351	E18	E18_04	Medication Administered Route						
352	E18	E18_05	Medication Dosage						
353	E18	E18_06	Medication Dosage Units						
354	E18	E18_07	Response to Medication						
355	E18	E18_08	Medication Complication	National Element	BEMS	KDOT			Upload
356	E18	E18_09	Medication Crew Member ID						
357	E18	E18_10	Medication Authorization						
358	E18	E18_11	Medication Authorizing Physician						
359	E19	E19_01	Date/Time Procedure Performed Successfully						
360	E19	E19_02	Procedure Performed Prior to this Units EMS Care						
361	E19	E19_03	Procedure	National Element	BEMS	KDOT		EMSC	Upload
362	E19	E19_04	Size of Procedure Equipment						
363	E19	E19_05	Number of Procedure Attempts	National Element	BEMS	KDOT		EMSC	Upload
364	E19	E19_06	Procedure Successful	National Element	BEMS	KDOT		EMSC	Upload
365	E19	E19_07	Procedure Complication	National Element	BEMS	KDOT			Upload
366	E19	E19_08	Response to Procedure						
367	E19	E19_09	Procedure Crew Members ID						
368	E19	E19_10	Procedure Authorization					EMSC	Upload
369	E19	E19_11	Procedure Authorizing Physician						
370	E19	E19_12	Successful IV Site		BEMS				Upload
371	E19	E19_13	Tube Confirmation		BEMS				Upload
372	E19	E19_14	Destination Confirmation of Tube Placement		BEMS				Upload
373	E20	E20_01	Destination/Transferred To, Name		BEMS		Trauma	EMSC	Upload
374	E20	E20_02	Destination/Transferred To, Code		BEMS		Trauma	EMSC	Upload
375	E20	E20_03	Destination Street Address		BEMS		Trauma		Upload
376	E20	E20_04	Destination City		BEMS	KDOT	Trauma		Upload
377	E20	E20_05	Destination State		BEMS	KDOT	Trauma		Upload
378	E20	E20_06	Destination County		BEMS	KDOT	Trauma		Upload
379	E20	E20_07	Destination Zip Code	National Element	BEMS	KDOT	Trauma		Upload
380	E20	E20_08	Destination GPS Location		BEMS	KDOT			Upload
381	E20	E20_09	Destination Zone Number						
382	E20	E20_10	Incident/Patient Disposition	National Element	BEMS	KDOT			Upload
383	E20	E20_11	How Patient Was Moved to Ambulance						
384	E20	E20_12	Position of Patient During Transport						
385	E20	E20_13	How Patient Was Transported From Ambulance						
386	E20	E20_14	Transport Mode from Scene	National Element	BEMS	KDOT			Upload
387	E20	E20_15	Condition of Patient at Destination						

Exhibit B
Data Elements

	A	C	D	G	H	I	J	K	N
388	E20	E20_16	Reason for Choosing Destination	National Element	BEMS	KDOT		EMSC	Upload
389	E20	E20_17	Type of Destination	National Element	BEMS	KDOT			Upload
390	E21	E21_01	Event Date/Time						
391	E21	E21_02	Medical Device Event Name						
392	E21	E21_03	Waveform Graphic Type						
393	E21	E21_04	Waveform Graphic						
394	E21	E21_05	AED, Pacing, or CO2 Mode						
395	E21	E21_06	ECG Lead						
396	E21	E21_07	ECG Interpretation						
397	E21	E21_08	Type of Shock						
398	E21	E21_09	Shock or Pacing Energy						
399	E21	E21_10	Total Number of Shocks Delivered						
400	E21	E21_11	Pacing Rate						
401	E21	E21_12	Device Heart Rate						
402	E21	E21_13	Device Pulse Rate						
403	E21	E21_14	Device Systolic Blood Pressure						
404	E21	E21_15	Device Diastolic Blood Pressure						
405	E21	E21_16	Device Respiratory Rate						
406	E21	E21_17	Device Pulse Oximetry						
407	E21	E21_18	Device CO2 or etCO2						
408	E21	E21_19	Device CO2, etCO2, or Invasive Pressure Monitor Units						
409	E21	E21_20	Device Invasive Pressure Mean						
410	E22	E22_01	Emergency Department Disposition	National Element	BEMS	KDOT		EMSC	Upload
411	E22	E22_02	Hospital Disposition	National Element	BEMS	KDOT		EMSC	Upload
412	E22	E22_03	Law Enforcement/Crash Report Number		BEMS	KDOT			Upload
413	E22	E22_04	Trauma Registry ID		BEMS	KDOT	Trauma		Upload
414	E22	E22_05	Fire Incident Report Number						
415	E22	E22_06	Patient ID Band/Tag Number		BEMS	KDOT			Upload
416	E23	E23_01	Review Requested						
417	E23	E23_02	Potential Registry Candidate						
418	E23	E23_03	Personal Protective Equipment Used						
419	E23	E23_04	Suspected Intentional, or Unintentional Disaster						
420	E23	E23_05	Suspected Contact with Blood/Body Fluids of EMS Injury or Death		BEMS				Upload
421	E23	E23_06	Type of Suspected Blood/Body Fluid Exposure, Injury, or Death						
422	E23	E23_07	Personnel Exposed		BEMS				Upload
423	E23	E23_08	Required Reportable Conditions						
424	E23	E23_09	Research Survey Field						
425	E23	E23_10	Who Generated this Report?						
426	E23	E23_11	Research Survey Field Title						
427									
428	# Items			83	195	122	63	42	203