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**NEW  
HAMPSHIRE  
TEMS\***

*Trauma & EMS Information System*

**A SYSTEM OVERVIEW AND  
HELPFUL TIPS FOR TEMSIS USERS**

DECEMBER 2006



*New Hampshire Department of Safety  
Division of Fire Standards and Training &  
Emergency Medical Services*

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## SECTION I

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### ***Introduction***

Data collection systems are quickly moving from paper-based to electronic data collection systems to improve accuracy and availability of data. Multiple disciplines have changed their method for collecting data, including healthcare and public safety organizations. As Emergency Medical Services (EMS) intersects both these disciplines and has disparate and incomplete data, there has been a defined need for developing a national database and electronic data collection method to improve standards of pre-hospital care and the continuity of patient care.

The EMS system in New Hampshire has responded to the call for improving data collection throughout the State. The Trauma and Emergency Medical Services Information System (TEMSIS) offers an electronic, web-based data collection system designed to meet the needs of EMS providers and Units in New Hampshire.

The following document is provided by the New Hampshire Division of Fire Standards and Training & Emergency Medical Services (FST & EMS) offering an overview and helpful TEMSIS tips. The document is a supplement to the *TEMSIS Resource Guide*, which provided instructions on how to use the various attributes in TEMSIS.

The purpose of this document is to provide a quick overview of TEMSIS as well as to outline the background and system development, advantages and disadvantages of the system, components of the TEMSIS, and guidelines for logging in to the system and entering data. Additionally, tips provided by TEMSIS users and Frequently Asked Questions (FAQs) and answers are included to assist EMS providers and help navigate through the system.

The document was based on insight from EMS providers and the TEMSIS Committee. Special acknowledgement is offered to Mark Lang, NREMT-I and Scott Taylor, NREMT-P for their contribution to the document. Additionally, the Division of FST & EMS acknowledges EMS Providers and Units throughout the State for participation and contribution to TEMSIS.

For any questions regarding this document or any TEMSIS related issues, please do not hesitate to contact the Division of FST & EMS. Contact information is provided later in the document.

## ***TEMSIS Background***

The Trauma and Emergency Medical Services Information System (TEMSIS) is a change from the paper-based patient care report (PCR) for documenting pre-hospital patient care to a web-based, electronic report. Unlike the paper-based system, which is two years behind for reporting, TEMSIS data is near real time. The new real-time system offers the ability to better evaluate patient and system outcomes, resources, reimbursement and to monitor injury and disease surveillance. TEMSIS is also beneficial for quality management development and sharing data for research purposes.

TEMSIS was developed by a group of stakeholders representing the EMS, public health and public safety communities, which included volunteer, paid, fire, municipal, private and hospital-based providers. Additionally, EMS Unit leaders and representatives from hospitals, EMS regions and the EMS Advisory Boards comprised the TEMSIS group. These stakeholders developed the system to meet the needs of EMS providers in New Hampshire. They began development in March 2003 and continuously work to improve EMS documentation and the system used today.

TEMSIS was designed based on the standards and guidelines of the National Emergency Medical Services Information System (NEMSIS). NEMSIS was developed to create a national database with common EMS data elements. The database enables EMS Units to input and share key EMS data elements on a national level. Based on these elements, standards can be established for assessing EMS systems, thereby improving patient care. To review the national data set and to learn more about NEMSIS, visit [www.nemsis.org](http://www.nemsis.org).

The development of TEMSIS has made New Hampshire a leader in electronic EMS data collection systems. The system's success is attributed to participation from EMS providers and EMS Units in the State. As the system transitioned from a paper-based system to an electronic system and adopted a standard set of data elements, there has been an increase in data validity and reporting. For instance, reporting compliance with the old paper-based system was approximately 70%. However, reporting with TEMSIS currently is 80% and continues to increase. New Hampshire has also received an honor from NEMSIS for being the second state in the nation to submit data to the national database. As New Hampshire continues to be a leader with the EMS documentation process, the outcome will be improved pre-hospital patient care for the citizens and visitors of our state.

## SECTION II

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### ***TEMSIS Advantages***

There are numerous benefits associated with using an electronic data collection system. Because TEMSIS is based on the NEMSIS national standard that provides a model for local EMS communities, decisions will be made using evidence-based medicine that will help develop:

- Budgets
- Unit Performance Measures
- Unit Benchmarks (i.e. fractile response times)
- Skill Tracking, Training and Member Activity (individual providers, Unit Leaders and Medical Directors can track skills and training)
- Unit Quality Management Programs
- Improved patient care

On a statewide level, TEMSIS creates the ability to develop the following:

- Protocols (improved scope of practice at all levels)
- Performance Measures and Patient Outcomes
- Comparisons among EMS Regions as well as with other States
- State Benchmarks (i.e. average response times)
- Education/Curriculum Development (based on the needs of providers)
- Resource Allocation
- Disease and Injury Surveillance
- Quality Management Programs

On both the state and the federal level, TEMSIS data can contribute to policy and funding initiatives to further support EMS systems in New Hampshire and throughout the country. Such initiatives could include setting reimbursement rates and identifying funding sources and grants. In addition, trends in EMS can be identified creating additional opportunities for research studies, thereby improving the standard of pre-hospital patient care.

Electronic data collection systems also improve data validity, Unit reporting, and legibility and accuracy of PCRs. Other benefits include increased data storage, reduction in errors, medical device data storage from devices such as Automated External Defibrillators (AEDs), and repeat patient data storage in the system to avoid multiple entries of medications, addresses and medical history. Furthermore, linkage with other data sets such as the National Fire Incident Reporting System (NFIRS) is possible.

## ***TEMSIS Disadvantages***

While there are numerous benefits associated with TEMSIS and electronic reporting and collection, disadvantages do exist. A disadvantage includes initial increased completion time for electronic PCR's. In other words, entering data into TEMSIS can be more time consuming than completing paper PCR's as there is a learning curve with the system. However, completion time will be less with increased use and practice on TEMSIS. When providers become more proficient with the system, completion time can be substantially less in TEMSIS than completion time with a paper PCR.

Another disadvantage of TEMSIS is that providers cannot complete their PCR without a mobile computer and software while en route to the hospital as it requires using an internet connected computer. However, TEMSIS "Field Bridge" offers a mobile solution for entering data while riding to the hospital, which requires purchasing the software and a "ruggedized" mobile computer. For EMS Units and providers not using the mobile version of TEMSIS, it is useful to document incident information as field notes, then enter the information into TEMSIS upon arrival to the hospital. As providers become more skilled with this system, completion time will be more rapid, thereby reaping the benefits of TEMSIS.

## SECTION III

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### ***TEMSIS Entry Options***

There are three primary methods for entering information into TEMSIS, which include TEMSIS State Bridge, TEMSIS Field Bridge and an upload from a third party vendor.

TEMSIS State Bridge is provided by the New Hampshire Division of FST & EMS and is accessible from any computer with internet access. Essentially, EMS providers can enter an electronic PCR at their station, home, as well as computers have been placed in hospitals throughout the State for EMS providers to enter their TEMSIS report. TEMSIS State Bridge can be accessed at [www.nhtemsis.org](http://www.nhtemsis.org).

As previously mentioned, TEMSIS Field Bridge is a mobile version of TEMSIS. The benefit of Field Bridge is EMS providers can enter their electronic PCR while en route to the hospital. Using Field Bridge requires a “ruggedized” mobile computer, such as a laptop, handheld computer or tablet. The data is entered into these devices and then uploaded to TEMSIS. Field Bridge is available to EMS Units who purchase the Field Bridge software and a mobile computer(s).

EMS Units also have the option to use a third party vendor for electronic documentation. The vendor must meet the requirements for TEMSIS as outlined by NEMSIS 2.2.1. Examples of third party vendors with EMS documentation include Fire House, EMS Charts and Scan Health. Using another vendor includes entering the electronic PCR in the vendor’s software and data elements are then uploaded to TEMSIS through an online interface. The upload enables patient care information to be stored in a statewide database accessible to appropriate hospitals and EMS providers to assist with care continuity.

## SECTION IV

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### ***Components of TEMSIS***

There are different levels of permission groups for login and system use as well as there are various components of TEMSIS, including service setup, staff, reports, knowledgebase and “add a run.”

#### *Permission Levels*

There are five levels of permission groups in TEMSIS. Permission group levels determine the type of access to the system. The permission groups include “Service Provider,” “Rescue Service Administrator,” “Hospital Coordinator,” “Medical Director” and “Billing.” The majority of TEMSIS users are assigned to the Service Provider permission group, which enables licensed providers to add PCRs in the system and view each call they are associated with. Individual providers can also create reports based on their call information.

Each EMS Unit has a “Rescue Service Administrator” assigned to their organization. The Rescue Service Administrator is the primary contact for the EMS Unit, which typically is the EMS Unit leader or Chief. This permission group enables the Administrator to add training information and complete service and staff setup, which is described in more detail in following paragraphs. Rescue Service Administrators also have the ability to view all calls entered for their EMS Unit for quality management purposes.

The “Hospital Coordinator” and “Medical Director” permission groups provide Hospital Coordinators and Medical Directors the ability to view calls entered by EMS Units and providers associated with their hospital for quality management purposes. The permission group only allows Medical Directors and Hospital Coordinators to view calls and they cannot change PCRs. They also have access to reports and can create ad hoc reports based on the hospital’s pre-hospital data.

The “Billing” permission group allows non-licensed individuals to login and view calls for the EMS Unit they have a billing agreement with. Individuals assigned to the billing group can view calls, but cannot change PCRs. Any non-licensed providers such as billing personnel must contact the Division of FST & EMS to receive a username and password to login.

## *Service Setup*

Service setup is available to Rescue Service Administrators designated for each EMS Unit. Service setup provides the ability to add resource names to assist with completing PCRs, such as destination names, favorite locations, first responder agencies, insurance companies and response zones. Additional service setup options include enabling auto narration, the repeat patient function, the billing export and the interactive physical assessment. Configurations to be modified including auto call number setup, signatures, the primary role of the Unit and locking runs are accessible in service setup.

## *Staff Information*

Staff information is automatically entered in TEMSIS from the Division of FST & EMS licensing database, including first and last names, usernames and passwords and certification levels. Further information can be added by Rescue Service Administrators and individual providers in the staff setup component, such as address, phone number and email address. Entering the email address is essential as it is required for retrieving forgotten passwords.

## *Reports*

The report component offers the ability for providers and EMS Units to create reports such as average response times and training reports. There is a report-writer section available to Rescue Service Administrators to use additional reports such as runs by cause of injury and the ability to create ad-hoc reports.

## *Knowledgebase*

The Knowledgebase component of TEMSIS is a collection of documents useful for EMS practice. Knowledgebase is valuable for distributing information among EMS Units and providers. Documents such as drop-off forms and the *TEMSIS Resource Guide* are located in Knowledgebase for viewing purposes and download. Knowledgebase is also useful for internal and state required training as presentations and exams are placed there for EMS provider use. For instance, the State Protocol Exam is located in Knowledgebase, which enables providers to complete the exam online. Rescue Service Administrators can also add documents useful for their EMS Unit. For further information on the TEMSIS components, the *TEMSIS Resource Guide* in Knowledgebase provides setup instructions.

## *Unit Webpage*

Rescue Service Administrators have the capability to create a webpage for their EMS Unit in TEMSIS. The Unit webpage can be viewed by the public,

therefore the page is useful for displaying information such as mission and vision statements, contact information and other general information about the EMS Unit.

### *Add a Run*

The “Add a Run” component is used for adding PCRs into TEMSIS. To enter a PCR, click “add a run” after logging in to the system. Guidelines for completing the PCR are outlined on pages 11 of this document.

### ***TEMSIS Templates***

There are seven templates to assist providers with adding the various types of calls into TEMSIS. The templates include ALS Intercept, Cancelled Run, Interfacility Transport, No Transport with Patient/Refusal, Non-Transporting Service, Standard Run Form and Standard Run Form without Billing. Listed below are guidelines to use the different templates:

- The “ALS Intercept” template is used by the ALS provider who intercepts with a transporting service.
- The “Cancelled Run” template is used for calls when there is no patient contact such as standbys, cancelled en route and no patient found calls.
- The “Interfacility Transport” template is used for transport between nursing homes, hospitals, dialysis centers, etc. and does not contain emergency information.
- For calls where the patient is treated, but not transported, use the “No Transport with Patient” template.
- For non-transporting services, use the “Non-Transporting Service” template.
- When the Unit treats and transports a patient, use the “Standard Run Form” template. This template is most commonly used.
- The “Standard Run Form No Billing” is used only if you do not want a bill sent for a particular call. Billing information is not collected with this template.

## SECTION V

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### ***TEMSIS Reporting***

Documentation and reporting is required for each EMS incident and for each patient. Electronic PCR's must be completed and submitted to the New Hampshire Division of FST & EMS in which emergency medical care or transport originating in the State was:

- Requested
- Rendered
- Refused
- or Canceled

Submission must be completed within 24 hours of the incident as outlined by Saf-C 5902.07, section (e)(2). To submit a PCR using TEMSIS, providers must login and "add a run." Submission of the report occurs by clicking  at the bottom of each page of the PCR. To submit using Field Bridge or a third party vendor, an electronic form must be completed and uploaded to the Division of FST & EMS within 24 hours.

Reporting to hospitals is also required within 24 hours of an EMS incident. There are computer-printer combinations at each hospital accessible for EMS providers to complete TEMSIS reports. Submission to hospitals currently requires a printed form. A "drop-off" form can be left by transporting service providers with the hospital before leaving, however, a completed TEMSIS report must be submitted within the 24 hour requirement. Printed reports can be submitted to the hospital via a secured fax line. EMS Units must verify whether hospitals have a secure fax line before transmitting patient information.

The primary patient care provider should complete and submit the electronic PCR. It is possible to have another provider enter the information into TEMSIS, however the primary provider must dictate and sign the report.

For incidents with multiple patients, TEMSIS offers the ability to include additional patients to a form with the same incident and call number. The patient number will change as well as demographic information.

Rescue Service Administrators and providers listed on a specific TEMSIS call can view that report. Any changes or additions to reports must be listed using an addendum. Addendums can be added by selecting "add addendum"

under form options on the top left-hand side of the screen in TEMSIS. Due to the Health Information Portability and Accountability Act (HIPAA), changes to reports are tracked. Reports must be locked after a number days, which is Unit defined by Rescue Service Administrators.

### ***Logging In to TEMSIS***

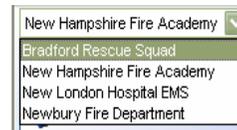
There are a number of requirements to login and enter PCR's into TEMSIS. To login, you must be a New Hampshire licensed provider. Current requirements for licensure include:

- EMS Unit Affiliation
- Valid CPR Certification
- Valid National Registry of EMT Certification
- Completion Documentation of Required Transition Program
- Completion Documentation of Required Protocol Exam

Upon meeting the requirements, visit [www.nhtemsis.org](http://www.nhtemsis.org) to login to TEMSIS. Click "Login" on the main TEMSIS page to access the login window. A username and password must be entered, which is a provider's five digit license number. For a license number less than five digits, enter zeros as a prefix. For example, license number "12" should be entered as "00012." *To log in the first time*, the password will also be the five digit license number and providers will be prompted to change their password. New passwords are case sensitive and must include a capital letter and a number. The username will remain the same. Additionally, providers must agree to the privacy statement with every login to successfully access TEMSIS.



For providers licensed with more than one EMS Unit, the username and password are the same for login. To differentiate between EMS Units for a particular patient care incident, there is a drop-down box on the top, left-hand side of the screen for providers to select the corresponding EMS Unit after agreeing to the privacy statement.



In the event of a forgotten password, click "Forgot your password" below the login window. Providers will be prompted to enter their email address and the password will be emailed to the address listed. In order for the forgotten password function to work successfully, the provider email address has to be previously entered in the staff set-up section of TEMSIS. Assistance with forgotten passwords can be obtained from Rescue Service Administrators and from the Division of FST & EMS.

## ***Guidelines to Complete a TEMSIS PCR***

After the password is entered, click “add a run” and select the appropriate template for the patient care incident. Depending on the template selected, the PCR ranges from four to nine screens. The tab key is useful for navigation throughout each screen and clicking  at the bottom of each page will progress to the next page.

The report should be completed by entering fields applicable to incident. If the information requested is available, it should be filled in as the more information entered provides more complete reports, billing information and ability to track skills and ultimately results in better patient care. Completion of PCRs should fully communicate how the patient presented, treatments provided and guided by the principle “Always do the right thing for the patient.”

Information fields should not be completed for the sake of a higher validity score or to have a more complete report as not every field is applicable to each call or the information may not be available. For instance, a sprained ankle doesn’t require cardiac arrest fields to be entered. Fields not applicable or unknown information should be left blank. For instance, if a patient’s Social Security Number (SSN) is unknown, leave it blank rather than entering digits such as “999-99-9999” in place of the SSN. Ultimately, a good rule of thumb is to document with enough detail to feel comfortable having to defend what you entered if legal questions arise.

## SECTION VI

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### ***TEMSIS Practice***

There is a practice component in TEMSIS for providers to become familiar and comfortable using the system.

To practice using TEMSIS, enter “provider” for both the username and password in the login window. Actual EMS calls should not be entered using the “provider” username and password as patient identifiable information would be available for all EMS Units and providers to view, violating privacy requirements. As a reminder, actual EMS incidents should be entered using the valid license number username and corresponding password.



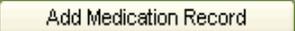
The image shows a login window titled "Users Login Here". It contains two input fields: "Username" with the text "provider" and "Password" with masked characters. Below the fields is an orange "LOGIN" button and a link that says "Forgot your password?".

## SECTION VII

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### ***Tips from TEMSIS Users***

The following list of tips is provided by TEMSIS users to assist with completing an electronic run form in the system:

- Click  at the bottom of each page of the TEMSIS form. If you exit the report without submitting the information, it will *not* be saved.
  - Submitting the page saves the information and automatically sends the TEMSIS report to the New Hampshire Division of FST & EMS.
- To go back a page to enter additional data, click on the applicable field tab from the header bar at the top of the page.
  - After entering additional data, click  at the bottom of the page to enter the data onto the PCR.
- If you get interrupted before completing your report, it can be retrieved in Run History to finish.
  - Click 
- Saving with the Interactive Physical Assessment (“3-D body”):
  - When using the “3-D body” for a medical, injury or burn assessment, click “ok” after each entry.
  - When finished, click  to save, otherwise the assessment will not be submitted or appear on the printed PCR.
- When printing the PCR, many providers and hospitals prefer the Pre-Hospital Care Report for sequence of information and readability.
  - The “large print” option is useful for printing the PCR for legibility, especially when faxing the PCR to the hospital over a secured fax line.
- Medications Reminder:
  - Medications on the “history” field are medications the patient takes.
  - Medications under the procedures field are medications that EMS providers give to the patient, including oxygen.
- If patient weight is entered in pounds, TEMSIS auto-calculates the weight in kilograms for medication dosing.
- To enter medications, allergies, vitals, or any procedures:
  - Click the “add” button after each entry to save it in the system.
  - For example, click: 

- For fields with a “radio” button, only one data point can be selected. For example:

**Location Type**

Airport

Home/Residence

Mine or Quarry

Public Building (schools, gov, offices)

Trade or Service (Business, bars, restaurants, etc.)

Not Available

- For fields with a checkbox, multiple choices can be selected. For example:

**Barriers to Patient Care**

Altered Level of Consciousness

Hearing Impaired

Physically Impaired

Unattended or Unsupervised (Including Minors)

Not Applicable

- For fields with an up/down arrow along the side of field box, multiple choices can be selected by holding down the control key and clicking on the applicable fields. For example:

First Responder Agencies

Not Applicable

Fire Rescue Dept

Minneapolis Police

Lakeville Rescue

Other Services at Scene

Not Applicable

EMS Mutual Aid

Fire

Hazmat

- To unselect a field, click on the field again.
  - Be sure to “unselect” the default “not applicable” in these fields.
- Using the “Tab” key helps to move through the screens faster when inputting data.
- Be sure to enter the correct date.
  - For example, if a call started at 2330 and ended at 0030, the date changed mid-call.
  - Or if entering a call from the night before, remember to document the previous date.
- If a provider from a different EMS Unit assisted on the call, list the provider in the narrative portion of the PCR.
  - Only providers licensed with the EMS Unit are listed in the auto-fill crew member section of the PCR.

## SECTION VIII

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### **TEMSIS FAQ's and Answers**

The following is a list of Frequently Asked Questions (FAQs) collected from TEMSIS users. The purpose of the list is to provide answers to commonly asked questions by providers about TEMSIS.

- **Question - What if I transport a patient to an out-of-state hospital?**
  - **Answer:**
    - Currently, the majority of out-of-state hospitals do not have computers available to complete TEMSIS forms.
    - Leave a drop-off form at the out-of-state hospital upon arrival with the patient and fax a completed TEMSIS form to the hospital within 24 hours.
  
- **Question - If I ignore it or refuse to use it, will TEMSIS go away?**
  - **Answer:**
    - TEMSIS or another form of electronic reporting is required for documentation. The paper based system is no longer an option for reporting. Reporting is required by state law.
    - TEMSIS will continue to change and improve over time.
  
- **Question - I don't know what time the Public Safety Answering Point (PSAP) call was. What do I enter into that field?**
  - **Answer:**
    - Currently PSAP times are not available from dispatch. Leave the PSAP field blank.
  
- **Question - Why are there both an "arrival" and "arrival at patient" boxes under the times?**
  - **Answer:**
    - The separate times allow for reporting of delayed contact with patients while on-scene. The "arrival at patient" field would be completed with a different time from that of location arrival for incidents if responding to a multi-floor building and a search and rescue situation.

- **Question - When entering medications, what if the patient doesn't know the names of their medications or the medication is not listed in TEMSIS?**
  - **Answer:**
    - TEMSIS allows providers to enter free-form text under the medication name. This enables providers to enter a brief description of the medication, such as a "blood pressure pill."
    - TEMSIS also allows free-form text under allergies for field notes, such as "allergic to all cillins and sporins."
  
- **Question - Why can't I find a previous run sheet in TEMSIS?**
  - **Answer:**
    - Due to HIPAA, only providers listed on the call and the Rescue Service Administrator have access to view that PCR.
    - List all the providers who were present and their role on the call. Non-licensed staff can be listed in the personnel list or in the narrative section.
  
- **Question - I forgot to print a copy of the PCR, what can I do now?**
  - **Answer:**
    - Every PCR entered into the system is stored on the server and can be accessed and printed out at any time (even years later).
    - When you log into the system, click run history, every call you're associated with will appear:
      - Click on the call number to view that call.
  
- **Question - How does my billing service obtain information to send a patient a bill with TEMSIS?**
  - **Answer:**
    - Billing services can access the system and retrieve data if they are listed on your service roster with their permission group level set for "Billing."
    - Each Unit must submit a letter of agreement with their billing service to the New Hampshire Division of FST & EMS.
      - The Division will add the billing service to your roster with a permission level of billing.
      - Under HIPAA, "business agreements" should be in place between the EMS Unit and its billing agency.

➤ **Question – Why do narratives from the auto-narrative look “strange?”**

- **Answer:**

- Many providers have found that “SOAP” note or the medical abstract format provides a better narrative than the automatic narrative produced.
  - The auto fill function requires editing and additional information in order to make a complete, thorough and flowing narrative.
- Units may choose not to use auto narration and can free-form narration.

➤ **Question - Does the “primary care provider” who types slowly have to enter the data or can the “secondary provider” who types faster enter the data?**

- **Answer:**

- Yes, the faster data entry person can enter the data as long as the primary care provider is in agreement with what is entered and is given responsibility for being the primary and for procedures they performed on the patient.
  - Reminder: The more a provider uses the system, the more proficient they will become with TEMSIS as well as with typing and data entry.

➤ **Question - What happens if the computer doesn’t work?**

- **Answer:**

- If the computer is down, you have 24 hours to complete the PCR and can leave a paper drop-off form until you are able to complete the electronic PCR.

➤ **Question - What happens if TEMSIS is down?**

- **Answer:**

- Image Trend guarantees near 100% “up time,” has redundant server banks, backup ISP’s and power supplies.
- Image Trend is automatically notified of system problems.
- If this occurs, send an email to [support@imagetrend.com](mailto:support@imagetrend.com)

➤ **Question - I can't login to TEMSIS, why not?**

• **Answer:**

- A common reason includes mistyping your password. Remember, passwords are case sensitive.
- Another reason is not maintaining licensing requirements:
  - A current and valid NH Provider license, CPR card, documentation of EMS Unit Affiliation, completion of transition program and passing the protocol exam.
- Passwords expire after 180 days and must be reset for security purposes. Providers receive notification of password expirations in the system.

➤ **Question - I forgot my password, how do I retrieve it?**

• **Answer:**

- Contact the NH Division of FST & EMS for assistance, or
- Click "Forgot your password?" on the login screen.
  - Enter your email address in the "Forgot your password" window and TEMSIS will send your password via email to the address you listed.
    - ❖ This method only works if the email address is entered previously under staff set-up in TEMSIS.

➤ **Question - How do I update my personal profile in TEMSIS?**

• **Answer:**

- To enter personal information, such as an email address:
  - Click on Staff, Your Name, Edit and enter information such as your email address in the textbox and click "Ok."

➤ **Question - Is my data safe in the TEMSIS?**

• **Answer:**

- Yes, all data is triple encrypted (for instance, Master Card uses triple encryption for online transactions).

## SECTION IX

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### ***Continued Support***

The New Hampshire Division of FST & EMS is available for TEMSIS support. To contact the Division, call (603) 271-2661 or NH toll-free 1-866-552-2661. Division staff can be reached between the hours of 8:00am to 4:30pm Monday through Friday. Support questions can also be emailed to [fvonrecklinghausen@safety.state.nh.us](mailto:fvonrecklinghausen@safety.state.nh.us) or [mduchesne@safety.state.nh.us](mailto:mduchesne@safety.state.nh.us).

There is a hotline with TEMSIS information and answers to FAQs. The hotline can be accessed anytime by dialing NH toll-free 1-888-4-TEMSIS.

For additional support, contact Image Trend toll-free at 1-888-469-7789 or send emails to [support@imagetrend.com](mailto:support@imagetrend.com).

Thank you for your continued efforts with TEMSIS and improving EMS documentation in New Hampshire!