

VIRGINIA DEPARTMENT OF HEALTH

**OFFICE OF
EMERGENCY MEDICAL SERVICES**

**PREHOSPITAL PATIENT CARE
REPORTING (PPCR) MANUAL**



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INTRODUCTION

Each EMS agency operating in Virginia must comply with the specifications of section 32.1–116.1 of the *Code of Virginia*. This section requires all licensed emergency medical services agencies to participate in the prehospital patient care reporting procedure by making available the minimum data set on forms prescribed by the Board or locally developed forms which contain equivalent information. The minimum data set shall include, but not be limited to, type of medical emergency or nature of the call, the response time, the treatment provided and other items as prescribed by the Board. This data will be collected by the Virginia Department of Health, and once compiled will be available to EMS agencies. Implementation of this data collection system will allow the Department of Health and the Office of Emergency Medical Services (Office of EMS) to better analyze EMS related issues, and more directly target programs needed by EMS providers and agencies across the Commonwealth.

The State EMS Advisory Board directed its Evaluation Committee and the Office of EMS to develop a mechanism that allows for collection of information regarding Virginia’s EMS system. Additionally, the Office of EMS has been directed to discontinue the “administrative suspension” of data submission (issued in 1994) and resume enforcement of the reporting requirements of the *Code of Virginia*.

Adoption of the revised Virginia EMS data set will assist in the creation of an information system that will be capable of describing the types of EMS incidents occurring in the State. Efforts were taken to link multiple databases currently in use (i.e. trauma registry). The new Virginia minimum data set established a commonality in data elements that will assist in facilitating comprehensive evaluations and joint research among the various entities involved with health care, public safety and community resources.

This manual will describe the available methods of incident documentation and data submission, including those produced by the Office of EMS.

INCIDENT DOCUMENTATION AND DATA SUBMISSION GENERAL REQUIREMENTS

Incident documentation involves the recording of all patient assessment and treatment performed by licensed EMS agencies providing prehospital emergency medical services. Data submission involves sending the minimum data set that is collected through incident documentation to the Office of EMS. (Refer to Appendix A for a detailed explanation of the minimum data set.) All licensed EMS agencies (except those covered by the Special Considerations on page 5) that provide prehospital emergency medical services **MUST** document and submit data on all EMS incidents including cancelled calls, standby calls, patient refusals, and patient transfers. Data related to the use of permitted vehicles performing administrative, training or maintenance functions can be documented for agency use; however, it should **NOT** be submitted to the Office of EMS.

PATIENT CARE REPORTING OPTIONS

EMS agencies should document every incident assigned to their agency. The Prehospital Patient Care Report (PPCR) is a form available from the Office of EMS. It is used by the prehospital care provider to record information regarding every incident to which an agency responds as well as any patient assessments and/or care rendered. (Refer to Appendix F for a copy of the PPCR.) Agencies may elect to develop their own incident and/or patient care report forms. Additionally, there are commercial companies who offer software packages that support electronic patient care reporting. Many software programs can provide both an electronic patient care record and collect the required data for submission to the Office of EMS. Agencies **MUST** ensure that their selected means of patient care reporting captures, and complies with, the minimum data set described in Appendix A of this manual.

Any format used for patient care reporting should contain documentation that is accurate, complete and legible. The patient care report is both a medical record and a legal document. This form becomes the documentation by which the prehospital care provider can substantiate the situation encountered, the care provided for the patient and that they acted within the scope of their certification and training.

Any information regarding a patient's condition or care rendered that was not recorded on the original patient care report form prior to separation of the form's copies, must be put on a separate addendum. The format of this addendum or any supplemental forms to the original patient care report is to be defined by individual EMS agencies.

Note: From this point forward, patient care reporting will be included in the reference PPCR. This reference is intended to include the Virginia Office of EMS PPCR as well as any locally developed PPCR's.

DATA SUBMISSION OPTIONS

In addition to the PPCR, the Office of EMS has developed a Prehospital Patient Data Report (PPDR). (Refer to Appendix F for a copy of the PPDR.) This scannable form is one of the options available for EMS agencies to submit data. **The PPDR is completed in addition to the PPCR** and is based on the information documented on the PPCR. The PPDR is available from the Office of EMS for those agencies that do not choose to submit data electronically. The PPDR is the **ONLY** allowable “paper” option for data submission. (Refer to “Pre-Hospital Patient Data Report” section on page 20.)

EMS agencies also have the option to submit data electronically. The Office of EMS will provide data collection software free of charge to all EMS agencies. This software allows providers to input their incident response and patient data and provides an option for data submission. Additionally, agencies may elect to utilize commercially available software or develop their own electronic data collection system. Agencies **MUST** ensure their selected means of data submission complies with all required data elements and meets the technical specifications described in Appendix B of this manual.

Note: Any format utilized by an EMS agency for data submission is only intended to satisfy requirements for data submission and should not be incorporated into an individual’s medical record.

DATA SUBMISSION DEADLINES

The law requires submission of the minimum data set to the Office of EMS. At a minimum, data submission is required quarterly each calendar year. Agencies have the option to submit data more frequently. Agencies have until the last day of the month following the end of a quarter, to compile and submit that period’s data. If the last day of the month falls on a weekend or a state holiday, data will be due by the next business day.

The requirements for data submission begin with the quarter of July 2000 through September 2000. Failure to submit the required data can result in adverse consequences and/or enforcement actions. See below for further explanation of reporting periods and data submission deadlines:

Calendar Year Quarter	Submission Deadline
July through September	October 31, 2000
October through December	January 31, 2001
January through March	April 30, 2001
April through June	July 31, 2001

SPECIAL CONSIDERATIONS

Routine ground transports:

Data submission by EMS agencies is NOT required for ground transports meeting the following criteria:

1. Any transport to or from a physician's office, clinic or health care facility that is for prescheduled testing, evaluation or treatment.
2. Discharges from a health care facility.
3. Scheduled admissions to a health care facility whether from a private residence or another health care facility.

SPECIFIC REPORTING AND DATA SUBMISSION REQUIREMENTS

Multiple patients:

In cases where there are multiple patients involved in the same incident, data must be reported and submitted for EACH patient seen by EMS. A separate PPCR should be completed for each patient contact or each point-to-point patient transport within an incident. Additionally, the appropriate data must be submitted from each of these PPCR's. This includes those individuals assessed, but who refuse treatment and/or transportation to a medical facility.

Incident 1: a vehicle crash resulting in three (3) patients with injuries that need prehospital patient care would require three (3) separate PPCR's and the submission of incident response, patient assessment, patient care, and transport data for three (3) patients.

Incident 2: a female patient delivering a baby while being transported would require two (2) separate PPCR's and the submission of incident response, patient assessment, patient care, and transport data for two (2) patients.

Mass Casualty Incident: where an abbreviated patient care reporting mechanism (i.e. triage tag) is utilized, only the abbreviated patient information (refer to "PPCR Specific Instructions" section page 10) will be required to be reported and submitted.

Separate Point-to-Point Transports:

A separate PPCR should be completed for each point-to-point transport. Additionally, the appropriate data must be submitted from each of these PPCR's.

Incident: a patient that is transported from the scene to a hospital and subsequently needs emergency transfer to another hospital would require two (2) PPCR's, one (1) from the original transporting agency and one (1) from the agency performing the emergency interfacility transfer as well as submission of incident response, patient assessment, patient care, and transport data from each agency.

Single agency responses:

When a single agency responds to an incident, each responding piece of apparatus must complete PPCR's and submit the appropriate data. Each piece of apparatus must minimally report their incident response information on separate PPCR's, but any patient assessments and/or care rendered by personnel from the same agency may be documented on a single PPCR. The PPCR indicating all patient assessments and/or care is to be completed by that agency's unit assuming responsibility for the patient.

Incident: The SAME agency responds to a motor vehicle collision with three pieces of apparatus. The first responder unit is Engine A, the basic life support unit is Ambulance B and the advanced life support unit is Medic C. Engine A arrives first, evaluates the scene, determines there are two (2) patients and begins patient care. Ambulance B arrives shortly after Engine A. Both patients require basic life support care. Medic C arrives on the scene and assists Engine A's and Ambulance B's crews with patient care until both patients are loaded into the transporting unit, Ambulance B. Each piece of apparatus has reporting and data submission requirements to fulfill:

- | | |
|-------------|---|
| Engine A | Completes PPCR documenting incident response. Submits incident response data to Office of EMS. Any patient assessments and/or care administered by their crew may be documented on Ambulance B's PPCR. |
| Ambulance B | Completes PPCR documenting incident response and indicating all patient assessments and care performed by their agency's personnel on a PPCR. Will also include information regarding patient care provided through transport and arrival at the local emergency department on the same PPCR. Submits incident response, patient assessment, patient care, and transport data to Office of EMS. |
| Medic C | Completes PPCR documenting incident response. Submits incident response data to Office of EMS. Any patient assessments and/or care administered by their crew may be documented on Ambulance B's PPCR. |

Multiple agency responses:

In the event that MULTIPLE agencies respond to a call and/or evaluate a patient, each agency MUST complete PPCR's and submit the appropriate data.

Incident 1: A fire department first responder unit (Engine A) and two transporting EMS agencies (Medic B and Ambulance C) are dispatched to a motor vehicle collision. All three units are from different EMS agencies. The fire department unit (Engine A) arrives first, evaluates the scene, determines there is only one patient and begins patient care. One EMS unit (Medic B) arrives on the scene and assumes patient care from Engine A and continues treating the patient. The other EMS unit (Ambulance C) is placed in service prior to their arrival on the scene. Medic B transports the patient to a local emergency department. Each agency involved in this incident has reporting and data submission requirements to fulfill:

- | | |
|-------------|--|
| Engine A | Completes PPCR documenting incident response and patient information, including patient assessment findings and any patient care administered by their crew prior to Medic B assuming patient care responsibilities. (PPCR should reflect that patient care was transferred.) Submits incident response, patient assessment, and patient care data to Office of EMS. |
| Medic B | Completes PPCR documenting incident response and patient information from the point of assuming responsibility, how they received the patient and any subsequent care provided through transport and arrival at the local emergency department. Submits incident response, patient care, and transport data to Office of EMS. |
| Ambulance C | Completes PPCR documenting incident response. Submits incident response data to Office of EMS. |

Incident 2: A transporting EMS agency (Agency A) is dispatched to a farming accident. One ambulance from Agency A responds with a volunteer driver from Agency A as well as a career Attendant in Charge (AIC) from Agency B. A responder from Agency C arrives at the scene in a personal vehicle. All personnel provide patient care. The Attendant in Charge (AIC) is affiliated with Agency B. Agency B is therefore responsible for completing the PPCR documenting incident response and patient information. Agency B must also submit the incident response and patient information data to the Office of EMS. In other words, the responsibility for completion of the PPCR and data submission lies with the agency to which the AIC is affiliated because the AIC receives medical direction from Agency B.

VIRGINIA OFFICE OF EMS

PRE-HOSPITAL PATIENT CARE REPORT (PPCR)

GENERAL INSTRUCTIONS

The Virginia Office of EMS has developed a pre-hospital patient care report (PPCR) form. This form provides a tool for documentation of incident response and all phases of a patient's care from initial patient contact through treatment and disposition. Additionally, the PPCR form supports the collection of the minimum data set for a patient (if completed correctly). (Refer to Appendix A for a detailed explanation of the minimum data set.) The PPCR form itself cannot be submitted to the Office of EMS for the purpose of satisfying data submission requirements. However, the form will provide an information source where data may be retrospectively transferred to an acceptable data reporting and submission mechanism (i.e. Office of EMS scannable PPDR forms, electronic data collection program).

The PPCR is a three-part document using "no carbon required" (NCR) paper to provide copies. This form should be completed on a firm surface using a BLACK or BLUE ballpoint pen. If you fold this form, make sure that there is a firm surface between sides to prevent marks from transferring through the NCR paper to the other side. Please be as neat, thorough, and accurate as possible since these reports serve as legal documents.

There are two major sections of the PPCR. The first section is to be completed for every incident and is identified as the section above the bold horizontal line that transverses the top third of the report form. This section is used to document an individual call and the unit's incident response information. The second section of the PPCR is to be completed when there is patient contact. As defined in the *Rules and Regulations of the Board of Health Commonwealth of Virginia Governing Emergency Medical Services*, a "patient means a person who as a result of illness or injury needs immediate medical attention, whose physical or mental condition is such that he is in danger of loss of life or health impairment, or who may be incapacitated or helpless as a result of physical or mental condition." The PPCR is used to substantiate all patient assessment and care provided by an EMS agency. Use of the PPCR is not intended for the documentation of the administrative or training functions of an agency.

Some sections of the PPCR may not apply to all calls. If an entire section does not apply, draw a line through the section and write "N/A." If a particular item (i. e. Pre-Existing Condition) does not apply, select the "NA" code. Providers are to review all PPCRs for accuracy prior to separating the document for distribution. If there are errors, draw a single line through the error and initial on the line. Enter the correct information as appropriate on the form or create a new PPCR and destroy all copies of the form with the errors.

DISTRIBUTION OF COPIES

Copy distribution of the PPCR is as follows:

- White** Retained by EMS agency as the legal document of medical care rendered.
- Pink** Given to the receiving facility by the transporting agency OR may be used as a means to transfer patient information from a non-transporting unit to a transporting unit.
- Golden Rod** Provided for the pharmacy of the receiving facility, as appropriate.

Note: Any information regarding a patient's condition or care rendered that was not recorded on the original PPCR prior to separation of the form's copies must be put on a separate addendum. The format of this addendum or any supplemental forms to the original PPCR is to be defined by individual EMS agencies.

ORDERING PPCR FORMS

PPCR forms can be obtained from the Office of EMS. Refer to Appendix G for a copy of the PPCR Order Form.

PPCR - SPECIFIC INSTRUCTIONS

The following information is supplied to augment the Virginia Office of EMS Data Element Dictionary (Appendix A). Users need to also refer to the Data Element Dictionary for additional definitions and explanations.

INCIDENT INFORMATION SECTION: This section should be completed for every incident. It is identified as the section above the bold horizontal line that transverses the top third of the report form (see #1). This section is used to document an individual call and the unit's incident response information. If a particular item (i. e. Location Type) does not apply, select the "NA" code.

For incidents involving cancelled calls, standby calls, patient refusals, patient transfers, or no patient, draw lines through the remaining sections as well as the entire second page and write "N/A" to note that these sections do not apply to these incidents (see #2).

Note: The data elements contained in the incident information section must be included in an agency's data submission.

PPCR Field Name	Data Element Dictionary Reference #	Remarks
Incident #	2	Enter the unique number assigned to each incident as reported by the agency's public safety answering point (PSAP) or other designated entity (hereafter referred to as dispatch).
Incident in	N/A	Indicate where the incident occurred by marking either "City" or "County" as appropriate and entering the city/county name.
FIPS	3	Enter the <u>F</u> ederal <u>I</u> nformation <u>P</u> rocessing <u>S</u> tandards code (Appendix C) associated with the city, town or county where the incident occurred, where the patient was found or to which the agency's unit responded (or best approximation).
Date	11	Enter the date when the incident was first received by dispatch, coded as MMDDYYYY. (July 1, 2000 would be coded as 07012000).
Agency	N/A	Enter the name of the specific agency responsible for the response to the incident.
Agency #	1	Enter the Office of EMS assigned number of the specific agency responsible for the response to the incident.
Unit #	N/A	Enter the agency's specific apparatus number responsible for completion of the PPCR.
Agency Use #	N/A	Enter any additional tracking number assigned to an incident by your agency as appropriate.
Incident Location	N/A	Enter the place (street address) where the incident occurred or where the patient was located.
Location Type	4	Select the category that best describes the place where the incident occurred or where the patient's injury/illness occurred.
Type of Service	5	Select the category that best describes the service requested.
Incident Disposition	6	Select the end result of the EMS response.
Time of Call	12	Enter time (Military format) call was first received by dispatch, coded as HHMM. (2:45pm would be coded as 1445).
Dispatched	13	Enter time (Military format) the response unit was notified by dispatch, coded as HHMM. (2:45pm would be coded as 1445).
Responding	14	Enter time (Military format) the response unit notified dispatch that the unit was responding to the incident, coded as HHMM. (2:45pm would be coded as 1445).
Arrive Scene	15	Enter time (Military format) the response unit notified dispatch that the unit had physically arrived at the incident/patient location, coded as HHMM. (2:45pm would be coded as 1445).
Arrive Patient	16	Enter time (Military format) the response unit notified dispatch that the unit's personnel had physically arrived at the patient's side and could now establish direct contact, coded as HHMM. (2:45pm would be coded as 1445).

Leave Scene	17	Enter time (Military format) the response unit notified dispatch that the unit had physically left the incident/patient location, coded as HHMM. (2:45pm would be coded as 1445).
Arrive Destination	18	Enter time (Military format) the response unit notified dispatch that the patient had arrived at the destination or transfer point, coded as HHMM. (2:45pm would be coded as 1445).
Leave Destination	19	Enter time (Military format) the response unit notified dispatch that the unit had left the patient's destination or transfer point, coded as HHMM. (2:45pm would be coded as 1445).
Return Service	20	Enter time (Military format) the response unit notified dispatch that the unit was back in service and available for response, coded as HHMM. (2:45pm would be coded as 1445).
AIC - Attendant in Charge	7	Indicate the provider's name, certification (or agency assigned) number, Virginia certification level and signature.
Attendant 1	8	Indicate the provider's name, certification (or agency assigned) number, Virginia certification level and signature.
Attendant 2	9	Indicate the provider's name, certification (or agency assigned) number, Virginia certification level and signature.
Driver	10	Indicate the provider's name, certification (or agency assigned) number, Virginia certification level and signature.

PATIENT INFORMATION SECTION: This section of the PPCR must be completed when there is patient contact. The patient information section is used to substantiate all patient assessment and care provided by an EMS agency. If a particular item (i. e. Safety Equipment) does not apply, select the “NA” code. If an entire section does not apply to a particular patient, draw a single line through that section and write “N/A”.

PPCR Field Name	Data Element Dictionary Reference #	Remarks
Patient’s Name	N/A	Print the patient’s name (first, middle initial, and last). If the patient’s name is unknown, print “Unknown” and complete all other patient information that is available.
SSN - Social Security Number	23	Enter the patient’s nine-digit social security number. This is an extremely important element in the linkage of the various reporting systems.
Address	N/A	Enter the patient’s home or mailing address. Be as complete as possible.
City	N/A	Enter the city of the patient’s residence.
State	N/A	Enter the state of the patient’s residence.
Zip	22	Enter the zip code of the patient’s residence; include zip code extension if known.
Spouse	N/A	Enter the name of the patient’s spouse if applicable.
Parent / Guardian	N/A	Enter the name of the patient’s parent or guardian if the patient is a minor.
Other Address	N/A	Enter any other address as necessary to contact the patient.
Allergies	N/A	Indicate any allergies the patient may have (drug or otherwise).
Meds	N/A	Indicate all medications the patient is currently taking. Attempt to include dosages.
Patient’s FIPS	21	Enter the FIPS code (Appendix C) for the patient’s city, town or county of residence.
Age	25	Enter the patient’s age or best approximation of their age and mark the corresponding box for their age period (i.e. year, month, day). If the patient’s age cannot be determined due to the physical state of the body (i.e. decomposition, severe burns, etc.), mark only the “Unknown” (Unk) box.
DOB - Date of Birth	24	Enter the patient’s date of birth, coded as MMDDYYYY. (July 1, 2000 would be coded as 07012000).
Weight	N/A	Enter the approximate weight of the patient and check the corresponding box for the unit of measurement (either “LB” for pounds or “KG” for kilograms).
Race	27	Enter the code that best describes the ethnic origin of the patient. Reference chart for code numbers can be found on the back of the PPCR. Indicate “Unknown” if the race cannot be determined due to the physical state of the body (i.e. decomposition, severe burns, etc.).

Gender	26	Enter the code that best describes the patient's gender. Reference chart for code numbers can be found on the back of the PPCR. Indicate "Unknown" if the gender cannot be determined due to the physical state of the body (i.e. decomposition, severe burns, etc.).
Patient's Physician	N/A	Enter the name(s) of the patient's primary physician(s).
Other Personnel	N/A	Enter name(s) of other responding personnel or EMS units.
Fire	N/A	Enter unit designators for responding fire apparatus.
Law Officer	N/A	Enter name(s) of responding law officers.
Chief Complaint	N/A	Enter the patient's primary complaint (i.e. chest pain, seizure, head injury, etc.). If the patient indicates they have multiple complaints, indicate the single most serious complaint. Neither mechanism of injury nor cause of illness should be considered as a chief complaint (i.e. motor vehicle collision).
Type of Call	N/A	Select the type of call for which the unit responded.
Pre-Existing Condition	28	Select (up to 5) pre-existing medical conditions that become known to the provider. If there are more than 5 conditions present, indicate the 5 most prevalent or severe conditions.
History of Present Illness / Physical Exam / Other	N/A	Record the findings of your patient assessments, details regarding the chief complaint, symptoms and events leading up to the illness or injury. Include other pertinent comments related to the patient's condition. Do not document assumptions or information not relevant to a patient's medical condition or treatments. If additional space is needed, utilize an addendum or supplemental report sheet as specified by your agency.
APGAR	N/A	Indicate the newborn patient's 1 minute and 5-minute APGAR scores, as applicable.
Burn %	N/A	Indicate the patient's estimated total body surface burn percentage, as applicable. (Patient's palm is approximately 1% of total body surface.)
<p><i>Vital Signs:</i> <i>It is recommended that a minimum of one set of vitals be recorded for those patients assessed but not transported and two sets of vitals for patients transported.</i></p>		
Time	N/A	Indicate the time (Military format) for the corresponding set of vital signs, coded as HHMM. (2:45pm would be coded as 1445).
LOC - Level of Consciousness	N/A	Mark the box corresponding to the patient's level of consciousness.

Pulse	34	Indicate the patient's palpated or auscultated pulse rate expressed in number per minute. "Not Obtained" should be indicated if there was no attempt to take the patient's pulse. "Unable To" should be indicated when an attempt was made to take the patient's pulse rate, but there was some type of obstruction that prevented the assessment (i.e. patient trapped in car and out of reach of providers).
Respirations	35 & 36	Indicate the unassisted patient's respiratory rate expressed in number per minute. Mark the box corresponding to the patient's respiratory effort. If the patient is not breathing on their own and requires artificial ventilation, mark the "Absent" box.
BP - Blood Pressure	33	Indicate the patient's systolic and diastolic blood pressure. If the blood pressure was palpated, enter the systolic reading and check the "Palpated" box. "Not Obtained" should be indicated if there was no attempt to take the patient's blood pressure. "Unable To" should be indicated when an attempt was made to take the patient's blood pressure, but there was some type of obstruction that prevented the assessment (i.e. patient trapped in car and out of reach of providers).
Skin Perfusion	37	Indicate the patient's skin perfusion, expressed as either "Normal" or "Decreased". "Not Obtained" should be indicated if there was no attempt to check the patient's skin perfusion. If needed, additional comments can be added to the narrative section to explain the "decreased" findings.
Pupils	N/A	Indicate the pupillary response to light by marking the appropriate reaction.
EKG	49 & 50	Indicate the electrocardiogram interpretation as applicable.
Defib Joules	N/A	Indicate the defibrillation energy setting delivered to treat the corresponding ECG reading as applicable.
O ₂ Sat - Oxygen Saturation	N/A	Indicate the pulse oximetry reading as applicable.
Glucose	N/A	Indicate the results of any glucose test readings as applicable.
GCS Score	38, 39 & 40	Indicate the patient's total Glasgow Coma Score and each individual component of that scoring system (for all patients). Additionally indicate the patient's revised trauma score as applicable.

Mechanism of Injury	29	Select (up to 5) external causes of the patient's injury. "Not Applicable" should be checked when an external injury code does not apply to the situation, such as a medical emergency (i.e. sickness, chest pain, fever, etc.). "Unknown" should be indicated if information regarding the mechanism of injury cannot be accurately determined; however, this should be a rare entry.
Signs and Symptoms	31	Select (up to 5) signs and symptoms as reported by the patient or observed by the provider.
Provider Impression	32	Select the most important provider's clinical impression that determined which treatments, medications, and procedures were given to the patient. When more than one choice is applicable, indicate the single most important clinical impression that drove most of the treatment plan.
Procedure	51	Select all procedures attempted or successfully performed on the patient. Where applicable, indicate the number of attempts (A) and successes (S). Also indicate the certification (or agency assigned) number of the provider performing the procedure.
Injury Description	30	Mark the clinical description(s) (up to 5) of the injury type and body site. Each injury should be designated by body site and injury type. If there are more than 5 injuries present, indicate the 5 most severe injuries.
Airway	N/A	If airway procedures were used, select the type of procedure, as applicable.
Size (Airway)	N/A	Indicate the size of airway adjunct utilized as applicable.
Time (Airway)	N/A	Indicate the time the particular airway procedure was performed as applicable.
Certification Number (Airway)	N/A	Indicate the provider's certification (or agency assigned) number who performed the airway procedure as applicable.
Attempts (Airway)	N/A	Indicate the number of attempts required to perform the airway procedure as applicable.
# Unsuccessful (Airway)	N/A	Indicate the number of unsuccessful attempts performed during the airway procedure as applicable.
Agency Use	N/A	Space provided for any agency specific needs.
IV	N/A	If IV procedures were used, select the type of procedure, as applicable.
Fluid Type (IV)	N/A	Indicate the type of IV fluid utilized in performing the IV procedure as applicable.
Location (IV)	N/A	Indicate the location of the IV procedure as applicable.
Volume / Rate (IV)	N/A	Indicate the total amount of IV fluid administered to the patient and the rate of administration as applicable.
Gauge (IV)	N/A	Indicate the IV catheter size utilized in performing the procedure as applicable.
Time (IV)	N/A	Indicate the time the particular IV procedure was performed as applicable.

Certification # (IV)	N/A	Indicate the provider's certification (or agency assigned) number who performed the IV procedure as applicable.
Attempts (IV)	N/A	Indicate the number of attempts to perform the IV procedure as applicable.
# Unsuccessful (IV)	N/A	Indicate the number of unsuccessful attempts performed during the IV procedure as applicable.
IV Box Old / New #	N/A	If applicable to your agency, enter the old and new IV box numbers.
Drug Box Old / New #	N/A	If applicable to your agency, enter the old and new IV box numbers.
Drug	N/A	If applicable, select all medications administered. Include those prescribed medications which providers assisted the patient to administer (i.e. nitro, etc.). Several common pre-hospital medications are listed; however, the provider can also list any other medications administered as needed.
Dose / Route (Meds)	N/A	Indicate the dose (amount) of medication administered and the corresponding route of administration. For each medication listed, there is space to indicate two separate doses of the same medication. For each dose listed, be specific and complete the corresponding fields.
Time (Meds)	N/A	Indicate the time the particular medication was administered. For each medication listed, there is space to indicate two separate times for each dose of the same medication. For each dose listed, be specific and complete the corresponding fields.
Certification #	N/A	Indicate the provider's certification (or agency assigned) number who performed the medication administration.
Time Cardiac Arrest Witnessed	41	Enter time (Military format) of witnessed cardiac arrest, coded as HHMM, as applicable. (2:45pm would be coded as 1445).
Time 1 st CPR	42	Enter time (Military format) of first CPR, coded as HHMM, as applicable. (2:45pm would be coded as 1445).
Provider of 1 st CPR	43	Select person who performed first CPR on patient as applicable.
Time 1 st Defib	44	Enter time (Military format) of first defibrillatory shock, coded as HHMM, as applicable. (2:45pm would be coded as 1445).
Provider of 1 st Defib	45	Select person who performed first defibrillatory shock on the patient as applicable.
Defib Device	46	Select type of device used for initial patient defibrillatory shock as applicable.
Time CPR Disc.	47	Enter time (Military format) at which medical control or responding EMS unit terminated CPR effort in the pre-hospital setting, coded as HHMM, as applicable. (2:45pm would be coded as 1445).
Time Circulation Returned	48	Enter time (Military format) of restored palpable pulse following resuscitation attempts in the pre-hospital setting, coded as HHMM, as applicable. (2:45pm would be coded as 1445).

End Mileage	N/A	If applicable to your agency, enter the mileage for the response unit at the end of the incident.
Start Mileage	N/A	If applicable to your agency, enter the mileage for the response unit at the beginning of the incident.
Total Mileage	N/A	If applicable to your agency, enter the total mileage traveled for the response unit. Subtract the Start Mileage from the End Mileage to obtain the Total Mileage for the incident.
Treatment Authorization	52	Select the single highest level of authorization obtained for patient treatment as applicable.
Physician Notes / Signature	N/A	Space provided for specific physician notes and signature.
Physician DEA #	N/A	Enter the medical control physician's DEA number when controlled drugs were utilized as applicable.
Narcotics Accounted For (Sign)	N/A	Physician, pharmacist or nurse must sign form accounting for any narcotics used by EMS personnel.
MV Impact	53	Select (up to 5) motor vehicle impact site(s) as applicable.
Safety Equipment	54	Select (up to 5) type(s) of safety equipment used by patient at time of injury as applicable.
Level of Care Provided	55	Select the level of care rendered by personnel as applicable.
Destination Transferred	56	Select the health care facility or EMS agency that received the patient from the EMS provider completing this report as applicable.
Destination Determination	57	Select the reason a transport destination was selected as applicable.
Receiving Facility #	58	Enter the Office of EMS assigned number for the health care facility (Appendix E) or EMS agency (Appendix D) that received the patient from the EMS provider completing this report as applicable. If the EMS agency number exceeds the number of boxes available, write the first digit beside the first box (just after the #).

BACK OF FORMS: On the back of the PPCR is an informed consent to refuse, billing information section, an inventory log of patient belongings and reference charts.

PPCR Field Name	Data Element Dictionary Reference #	Remarks
Informed Consent to Refuse	N/A	Enter information as requested to fulfill requirements for a patient to consent to an informed refusal of services. The refusal section is to be signed by the patient or guardian as appropriate.
Billing Information	N/A	If applicable to your agency, enter the billing information as required.
Patient Belongings Inventory Log	N/A	This area provides space to document any patient belongings, including valuables, which were transported and turned over to the receiving facility's personnel.
Reference Charts	N/A	Reference charts for the Glasgow Coma Scale (including pediatric criteria), adult Revised Trauma Score, APGAR Scoring System and the Rule of 9's are present to aid in calculation of the appropriate system measurement(s). Additional reference charts are printed for race and gender codes.

VIRGINIA OFFICE OF EMS

PRE-HOSPITAL PATIENT DATA REPORT (PPDR)

GENERAL INSTRUCTIONS

The Pre-hospital Patient Data Report (PPDR) is a supplemental sheet to the PPCR form and is one of the available mechanisms for reporting the minimum data set to the Office of EMS. Agencies who develop their own PPCR form may also use the PPDR as a supplemental sheet to submit the minimum data set to Office of EMS. If your agency chooses to utilize this supplemental sheet as their mechanism to submit data, there must be one PPDR for **each** incident assigned and/or PPCR completed. Refer to the “Specific Reporting and Data Submission Requirements” section on page 5 for additional details on situations that require completion of a PPCR and submission of data.

The PPCR and PPDR were designed to facilitate the transfer of information between the two documents. Each section on the PPDR form will correspond to a PPCR field. The number indicated by an individual item selected on the PPCR will match the numeric choices of the corresponding information on the PPDR.

The PPDR is not designed to take the place of the PPCR. The PPDR form should not be incorporated into an individual’s permanent medical record.

SPECIFIC INSTRUCTIONS

The PPDR is a two-part document that uses “no carbon required” (NCR) paper to provide a copy. Place this form on a firm surface and use a #2 pencil to darken the bubbles that correspond to the PPCR information. If a mistake is made, completely erase the mark on both copies and darken the correct bubble. Do not make any stray marks or attempt to conceal mistakes with correction fluid (i.e. white out). Be careful not to fold, crease or staple this form, as it will be inserted into a scanner to be read.

There are two major sections of the PPDR. These sections are identified by the background color of the data headings (black or blue). When a PPCR (or other agency-developed form) is only used to document an incident response with no patient contact (i.e. canceled calls, standby calls, etc.), only the information under the black data headings on the PPDR needs to be completed. (Refer to example on following page.) If a patient was evaluated, treated, and/or transported, the information under the blue data headings on the PPDR must be completed in addition to the information under the black data headings. Refer to the Data Element Dictionary (Appendix A) for specific details of each data point, to include data point definitions, applicability and when multiple entries are allowed.

Original completed PPDRs must be mailed in a manner that will reasonably protect the documents from being folded or otherwise damaged. All PPDR forms should be submitted to Office of EMS (1538 East Parham Road Richmond VA 23228) per the data submission schedule on page 4.

Incident Information Section of PPDR:

DISTRIBUTION OF COPIES

Copy distribution of the PPDR is as follows:

Top Copy Submitted to the Office of EMS.

Bottom Copy Retained by EMS agency as a backup copy.

Note: If the original PPDR is lost, the bottom copy can be used to recreate a new original PPDR. The copy cannot be submitted to the Office of EMS because the scanning equipment is unable to read the carbon.

ORDERING PPDR FORMS

PPDR forms can be obtained from the Office of EMS. Refer to Appendix G for a copy of the PPDR Order Form.

VIRGINIA DATA COLLECTION SOFTWARE

Although the PPCR has been designed to collect the minimum data set, it cannot be used to submit the required data to the Office of EMS. A Prehospital Patient Data Report (PPDR) has been developed as one option for the submission of data by EMS agencies. Data can also be submitted electronically through the use of computer software designed to copy the required data elements into a file. (Refer to Appendix B for the format of this file.) Agencies may develop their own software or purchase a commercial software package; however, agencies **MUST** ensure that their selected means of data submission complies with all required data elements and meets the technical specifications described in Appendix B of this manual.

The Office of EMS has developed its own data submission software. This software is designed to run on computers capable of supporting Windows 95, Windows 98, or NT. It is available free of charge to all EMS agencies. It can be downloaded from the Office of EMS website at www.vdh.state.va.us/oems (For those agencies that do not have access to the Internet, a copy of the software can be requested by contacting (804) 371-3500 or 1-800-523-6019).

This software allows the minimum data set to be entered from the PPCR form. It provides an option that downloads the minimum data set in the proper format onto a diskette. The diskette can then be mailed, in a manner that will reasonably protect it from being damaged, to the Office of EMS (1538 East Parham Road Richmond VA 23228). Eventually, an option will be added to this software that will allow the minimum data set to be submitted over the Internet.

OEMS PRE-HOSPITAL PATIENT DATA REPORT (PPDR) PROGRAM

This is the first release of the PPDR program (Version 1.0). This program is for use on **Windows 95/98 Systems**.

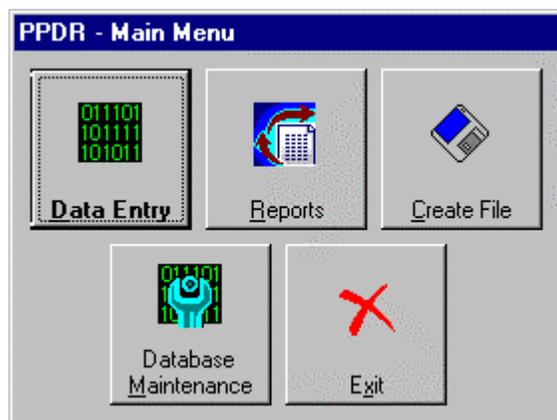
*Installation instructions for PPDR from CD-ROM**

1. It is recommended that you back up your PC before installing new software.
2. Click on the Start Menu and then on “Run”.
3. Type “d:\setup.exe” at the prompt. Note: “d” in this case is the letter of the CD ROM drive.
4. The installation will then begin. It is recommended that you except the default settings.
5. Once you have rebooted, the program can be started from the **Start** menu under **Programs** in the **PPDR** folder.

*Installation of the download version can be found at the OEMS website (www.vdh.state.va.us/oems)

Using the PPDR Program:

After starting the program, a menu will appear.



Press the “Data Entry” button to begin entering your PPDR forms.

Entering Electronic PPDR Forms

The Open form screen will appear which allows you to create a new form or open an existing form.

PPDR - Open new or existing form

Enter PPCR form number from PPCR you are entering, or press
Browse Existing Forms to modify a PPCR.

Form Number: (Example: M1078217)

Open Browse existing forms Cancel

13-March-2000 10:45 AM

1. Clicking the “Browse Existing forms” button will and display existing forms. The existing PPDR's are listed by Incident date, with the most recent being listed first.

PPDR - Open new or existing form

Enter PPCR form number from PPCR you are entering, or press
Browse Existing Forms to modify a PPCR.

Form Number: (Example: M1078217)

Open Browse existing forms Cancel

Form Number	Incident Number	Incident Date	Last Modified
M1207306	12345698	3/10/2000	3/10/2000
M1207307	00005658	3/10/2000	3/10/2000
M1207308	00000454	3/10/2000	3/10/2000
M1207309	15865444	3/10/2000	3/10/2000
M1207310	87468455	3/13/2000	3/13/2000
M1207311	00000000	3/13/2000	3/13/2000

<< Close

13-March-2000 10:50 AM

2. Click on the form number in the window and click “Open” to open it. You may also double click on an existing form in the list to open it.

- The new or existing PPDR form will open and the main data entry screen will display. The “Call” tab is selected by default.

- You may use the TAB key to navigate through the input boxes.
- Press either the up / down or left / right arrow keys to scroll through choices in the combo boxes such as “Location Type.”
- The “Times” section uses the military time format.
- Click the “Next” and “Back” buttons or click on the tabs to select the different input screens (e.g. MED1, MED2).
- Click the “Done” button when the PPDR is completed. You will be provided options of entering a new PPDR, Editing an existing PPDR, Returning to the Main Menu, Canceling and returning to the current PPDR or Exiting the program.

* Refer to the Help System or the OEMS Data Element Dictionary for questions on data fields.

The "Patient" tab contains basic information on the patient such as location, social security number, age, pre-existing conditions, etc.

Pre-Hospital Patient Data Report - Form Number: M1207312

File View Help

Call Patient MED 1 MED 2 MED 3

Patient Locality: RICHMOND CITY

Patient Zip Code: 23228 Not Applicable Unknown

Patient SSN: 555-55-5555 Not Applicable Unknown

Patient Date of Birth: 12/15/1901 Unknown DOB

Patient Age: 098 Years Months Days Unknown

Patient Race/Ethnicity: 2 - White, Hispanic

Patient Gender: 1 - Female

Pre-existing Conditions:

<input type="checkbox"/> Asthma	<input checked="" type="checkbox"/> Cancer	<input type="checkbox"/> Other
<input type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Hypertension	<input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Tuberculosis	<input checked="" type="checkbox"/> Psychiatric Problems	
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Seizure Disorder	
<input type="checkbox"/> Chronic Respiratory Failure	<input checked="" type="checkbox"/> Tracheostomy	
<input type="checkbox"/> Chronic Renal Failure		<input type="checkbox"/> Not Applicable

<< Back Next >> Done

Press F1 for help at any time. INS CAPS 13-March-2000 10:57 AM

MED1 contains information on Vital Signs, Mechanisms of Injury, and Glasgow Coma Score.

Pre-Hospital Patient Data Report - Form Number: M1207312

File View Help

Call Patient MED 1 MED 2 MED 3

VITAL SIGNS

	Systolic	Diastolic	Pulse	Resp.
	120	80	72	16
Not Obtained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to Obtain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palpated	<input type="checkbox"/>			

Respiratory Effort: 1 - Normal

Skin Perfusion: 1 - Normal

EKG Initial Cardiac Rhythm: Narrow complex tachycardia

EKG Final Cardiac Rhythm: Not Applicable

GLASGOW COMA SCORE

GCS: 7

Eye: 1 - Do not open

Verbal: 2 - Sounds

Motor: 4 - Withdraws

MECHANISMS OF INJURY

- 11 - Excessive heat
- 12 - Fall
- 13 - Firearm injury
- 14 - Lightning
- 15 - Machinery accident
- 16 - Mechanical suffocation
- 17 - MVA - non-public road / off road
- 18 - MVA - public road
- 19 - Pedestrian traffic accident
- 20 - Radiation exposure
- 21 - Smoke inhalation
- 22 - Sports Injury
- 23 - Stabbing
- 24 - Sting (plant/animal)
- 25 - Water transport accident
- OTH - Other
- NA - Not Applicable

<< Back Next >> Done

Press F1 for help at any time. INS CAPS 13-March-2000 11:04 AM

Note: You can select an item from a list box, such as "Mechanisms of Injury" by hitting the Space Bar.

MED2 contains information on signs and symptoms, procedures, and injury description.

Pre-Hospital Patient Data Report - Form Number: M1207312

File View Help

Call Patient MED 1 MED 2 MED 3

SIGNS AND SYMPTOMS

- 6 - Chest pain
- 7 - Choking
- 8 - Diarrhea
- 9 - Dizziness
- 10 - Ear pain
- 11 - Eye pain
- 12 - Fever / Hyperthermia
- 13 - Headache
- 14 - Hypertension
- 15 - Hypothermia

PROVIDER IMPRESSION

25 - Traumatic injury

PROCEDURES

- 12 - Backboard
- 13 - Bleeding controlled
- 14 - Burn Care
- 15 - CPR
- 16 - ECG monitoring
- 17 - External defibrillation / cardioversion (includes AED)
- 18 - Immobilization - Extremity

INJURY DESCRIPTION

Body Sites	Injury Types
Hand, Arm	Gunshot
Thorax	Burn
Foot, Leg or bony pelvis	Amputation

<< Back Next >> Done

Press F1 for help at any time. INS CAPS 13-March-2000 11:05 AM

MED3 contains information on safety equipment, treatment authorization, receiving facility, etc.

Pre-Hospital Patient Data Report - Form Number: M1207312

File View Help

Call Patient MED 1 MED 2 MED 3

TIMES

Time Cardiac Arrest was Witnessed: 0115

Time of 1st CPR: 0116

Time of 1st Defibrillation: 0119

Time CPR Discontinued: 0125

Time Circulation Returned: 0129

MOTOR VEHICLE IMPACT

- 2 - Lateral
- 3 - Ejection
- 4 - Rear
- 5 - Rollover

SAFETY EQUIPMENT

- 1 - None used
- 2 - Shoulder belt only
- 3 - Lap belt only
- 4 - Shoulder and lap belt

PROVIDER OF FIRST CPR

U - Unknown

PROVIDER OF FIRST DEFIB

2 - Responder

DEFIBRILLATION DEVICE

1 - AED

RECEIVING FACILITY

OUT OF STATE HOSPITAL

TREATMENT AUTHORIZATION

4 - Transfer Orders (Patient Specific)

DESTINATION TRANSFERRED

5 - Other EMS responder (air)

DESTINATION DETERMINATION

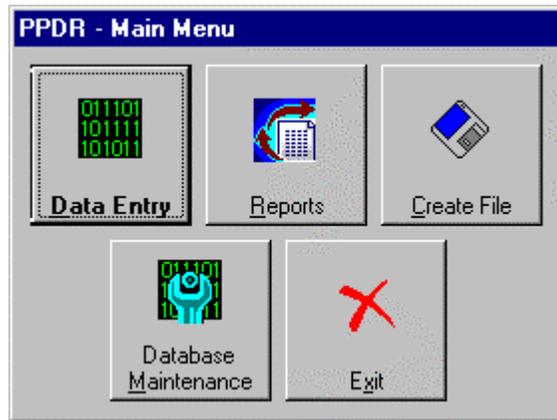
2 - Patient / Family Choice

<< Back Next >> Done

Press F1 for help at any time. INS CAPS 13-March-2000 11:09 AM

Press F3 or double click while the cursor is on “Receiving Facility” allows you to search for a specific hospital name. If matches are found, F3 will advance through them.

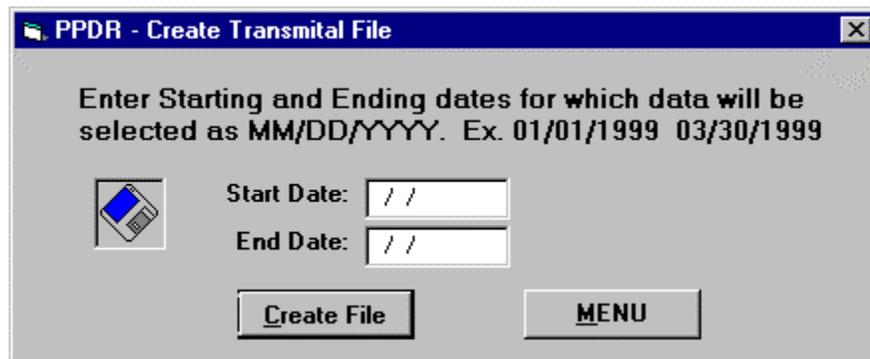
Other functions of the PPDR Main Menu



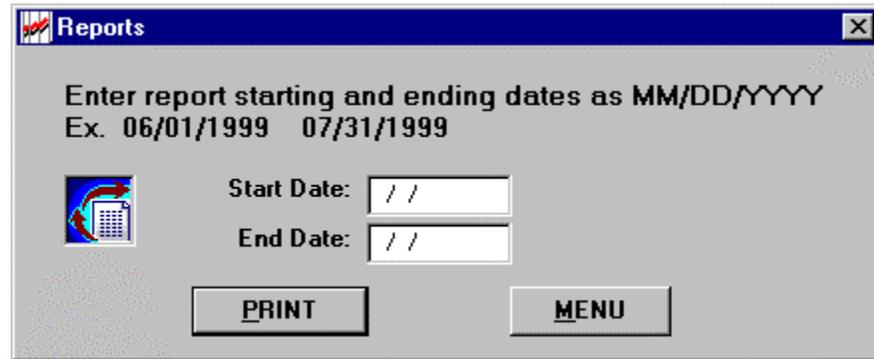
1. The “Database Maintenance” function will compress the PPDR database and attempt to fix any errors that may exist. It is recommended that this function be performed roughly once per month.



2. “Create File” will create a transmittal file for calls placed within the dates you enter. Make sure to enter dates in mm/dd/yyyy format. The files will be saved in the directory in which PPDR is installed or you may choose a different location. Once these files are created, they should be sent to the state.



3. "Reports" will print a statistics report of the calls reported within the dates you specify. Make sure to enter dates in mm/dd/yyyy format.



4. "Exit" will end the program.

