

Wisconsin Emergency Medical Services Information System

# WEMESIS Handbook



Version 5.8

Department of Health and Family Services  
Bureau of Emergency Medical Services  
and Injury Prevention

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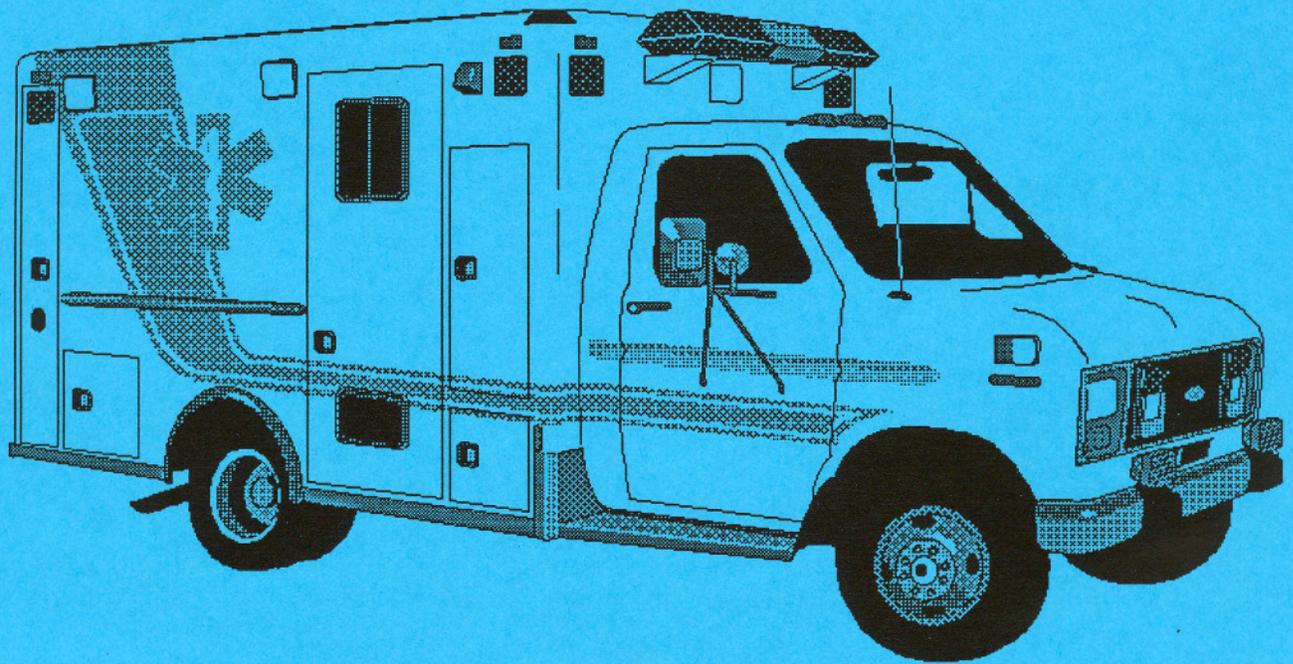
## **General Introduction**

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Section II

USER GUIDE

# WEMSYS – ALS



Wisconsin DHFS Bureau of EMS and Injury Prevention

Version 5.8

## 1. Background and Mission Statement

### *Welcome to WEMSIS!*

The Wisconsin EMS Information System (WEMSIS) is a software application developed and supported by the Department of Health and Family Services (DHFS) and the Department of Transportation (DOT). As Wisconsin's first step toward collecting standardized pre-hospital data, *WEMSIS* is provided free-of-charge to the statewide EMS community. It is hoped that *WEMSIS* will be adopted by a large number of services, which will enable the collection and analysis of significant statewide data. Furthermore, it is the goal of *WEMSIS* that providers will see the value of using the software package for both their own use and as a means for developing statewide data.

### **Purpose**

The purpose of *WEMSIS* is to provide the resource for local EMS services to participate in the development of a statewide pre-hospital data collection system that will help local providers and the State EMS & Injury Prevention Bureau demonstrate the overall effectiveness of EMS in Wisconsin. The software for Basic Life Support (BLS version 3.5) has now been enhanced to include Advanced Life Support (ALS) reporting. The ALS software is version 5.8

### **History**

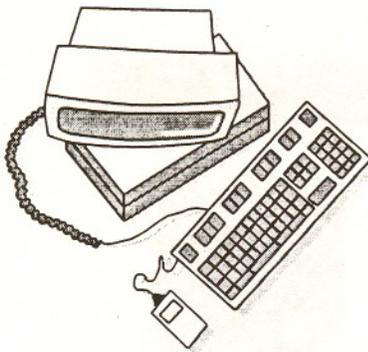
Over the past five years, the lack of uniformity among EMS data elements has been given increasingly more attention at the national and state level. In 1994, the Emergency Medical Services (EMS) Board and the Department of Health and Family Services (DHFS) were charged by Act 251 of the Wisconsin Legislature to provide a report by June 30, 1995 that set forth:

- recommendations for a uniform data collection system
- recommendations for collection of post-transport data from hospitals
- justification for number of staff needed to analyze data and disseminate information gathered

To produce this document, the Wisconsin EMS Board appointed a Data and Research Committee in 1995 to develop the list of uniform data elements. The National Highway Transportation Safety Administration (NHTSA) report encouraged adoption of these uniform pre-hospital data element definitions for documenting all pre-hospital EMS responses, and for potential use in linking with other patient reports. Out of this report, the *WEMSIS* program evolved, consisting of a revised state ambulance run report and data collection system.

## **WEMSIS Mission Statement**

*To provide a system of data collection for local EMS providers that will demonstrate the overall effectiveness and quality improvement of EMS in Wisconsin. This system of run reporting combines Basic Life Support (BLS) and Advanced Life Support (ALS) information into a customized software design platform.*



Welcome to the Wisconsin Emergency Medical Services Information System, **WEMSIS**, the system that provides the essential elements to help you with administration, tracking and reporting of Emergency Medical Services (EMS) data. **WEMSIS** is a powerful data management tool that you can use for recording and reporting information about your EMS unit. The Wisconsin Emergency Medical Services Information System's Access technology provides an automated solution to many of the tasks associated with administering information for use by your EMS organization.

**WEMSIS** is a full-featured EMS database system that:

- ◆ Improves the accuracy of reported information
- ◆ Maintains a local database of people receiving services in your area
- ◆ Provides instantaneous access to EMS information
- ◆ Lessens the time and cost necessary to produce EMS reports

We are assuming that you are comfortable with Microsoft Windows. If you are uncertain about your Windows skills, take some time to review the Windows manual that came with your desktop computer. Refer to pages 1-7 for more information on WEMSIS requirements.

**WEMSIS** welcomes new users



## **Description**

The Wisconsin EMS Information System (WEMSIS) is a computer software application that has been developed by the Department of Health and Family Services in conjunction with The Department of Transportation. The software is designed to collect and maintain complete BLS and ALS ambulance records. The *WEMSIS* statewide database is comprised of all participating services are registered with *WEMSIS*. The *WEMSIS* software is available to any EMS provider or provider affiliate at no charge.

## **Collecting Data**

Data elements that are used for *WEMSIS* are based on the recommendations of the National Highway Transportation Safety Administration and are consistent with the revised statewide ambulance run form. *WEMSIS* includes the full list of "essential data elements" for BLS and ALS reporting and therefore meets statewide requirements for documentation purposes. Patient (run alarm) records are entered in *WEMSIS* in a format, or "flow" that is directly consistent with the ambulance run form. *WEMSIS* participants can also easily transfer their data to the EMS Section where it will be compared to other regional and statewide data. The long-term goal of collecting and analyzing uniform, pre-hospital data is to link *WEMSIS* data with emergency department and hospital discharge data to develop a more comprehensive tracking system. *WEMSIS* also contains 25 customized reports that can be used to assist services in quality improvement.

## **Data Reporting**

The current statutory requirement for all providers is to record an ambulance report that contains the full list of state approved "minimum data elements" (Appendix A) This can be accomplished by one of two methods: 1) The first method of run reporting is available through a printed version from Document Sales, DPH Form 7119 or an approved alternative form. 2) The second method can be obtained through the free *WEMSIS* software, where a printed version of the run report can be produced automatically following data entry.

**It is the role of the EMS Section to distribute the *WEMSIS* software, provide training and technical assistance, and maintain and analyze all *WEMSIS* data. By sending in a registration form to the *WEMSIS* program, providers receive a set of installation diskettes/CD-ROM and User handbook materials. Training may also be scheduled by calling the Bureau of EMS and Injury Prevention at 608/261-9437.**

## **The Next Step with ALS Reporting**

The first year (1997-8) of reporting data onto *WEMSIS* provided a great deal of valuable feedback. During this time, the state EMS Section gathered input from program participants on their overall experience with the software as well as a sample of exported data elements. This feedback was incorporated into the new ALS program. This new software tool, *ALS version 5.8* is recommended for use by all services, regardless of ALS status. The ALS software operates in a Windows 95 environment; it contains all BLS components, and allows for expanded data entry of ALS information.

## **Previous *WEMSIS* Users**

If you are currently using *WEMSIS 3.5*, you can easily convert all of your BLS data onto the ALS software. It is anticipated that most services participating in the *WEMSIS program* will

also use the *ALS version 5.8*. The *ALS version 5.8* software design still can be used for BLS services to enter data, but adds the option for expansion to ALS.

### **What's New in WI ALS Reporting**

#### **1. Documentation**

The state ambulance run form has been revised in accordance with the *WEMISIS* platform. These changes were made to facilitate data entry utilizing one of the following methods:

- Service completes entire ALS form and then copies information onto *WEMISIS*, or
- Go directly from an ambulance run to completing the *WEMISIS* form onto their PC.
- The state ambulance run form has been revised in accordance with the *WEMISIS* platform. These changes were made to facilitate data entry, whether your service fills in the entire ALS form, and then copies this information onto *WEMISIS*, or if they simply fill out the *WEMISIS* form onto their PC. By direct entry onto a PC, the master document for the service and for the hospital can be printed out in a *WEMISIS* format.

#### **2. Latest Revisions to the State Run Report (see appendix B)**

Since the original changes were made to form 7119, there have been two forms added for documenting advanced skills. 1) The BLS Form 7119(a) is now available from Document Sales for quantity ordering and; 2) The ALS form (form number to be decided) will soon be available from Document Sales as well. (Refer to Section 1, Chapter 2)

In addition to these forms, new data elements have been added to the original revised ambulance form 7119. These data elements better reflect the needs of pediatric events, chest pain conditions and hospital outcomes. These elements are also seen in the *WEMISIS* program for consistency purposes.

### **ALS Version 5.8**

The newest version for data entry in the *WEMISIS* program, is the Advanced Life Support (ALS) Version 5.8, written in an Access 97 format, which allows services to enter all of their ALS assessments, medications and procedures by using customized drop-down lists of state of Wisconsin-approved lists and protocols. The addition all of timed entries and linking ALS utilization to specific EMTs will result in a useful reporting tools for Quality Improvement programs.

Even if you are reporting a basic life support (BLS) run, it is necessary to enter data in the ALS module in order to enter multiple sets of patients' vital signs for a given run. Also, any reporting of advanced skills, e.g. AED, Advanced Airways or Epinephrine or IV-Catheters is now done in the ALS module.

### **Added Utilities**

One of the most significant changes to the *WEMISIS* program is its data transfer utility. This allows users to move any or all of their patient records from any computer to another, for editing or viewing/analysis.

Another feature of *WEMISIS ALS 5.8* enables multiple EMS services to enter data at one location. This feature has the added benefits of using shared resources and collecting regional data. This data can also be grouped and analyzed for each individual service by creating separate provider groups during initial set-up. Login assignments establish a security code, which creates access to patient records or reports only by certain user ID codes.

**Added Reports**

**WEMSIS** version 5.8 has expanded its set of customized reports to include more areas of ALS quality improvement. ALS Provider Impression, ALS skills and medications linkage to individual EMTs and Success Ratio reporting are a few of those examples.

**WEMSIS** participants are requested to voluntarily submit their data to the state. Reports will be produced on a quarterly basis, to include regional and statewide comparisons that will be published in the state EMS website and newsletter. This will allow the EMS community to begin gathering valuable information on injury trends, the impact of emergency service levels and overall quality of care. Reporting of MV 2000 crash information will allow the state to begin to examine the potential for linking vehicle safety variables, such as the use of safety belts, with the injuries sustained by the patient.

**Confidentiality of Patient Data**

For many services, the problem arises when multiple services are installed onto a single **WEMSIS** system. The **WEMSIS** version 5.8 includes an optional security device that can be set up through a system administrator. This will create a user password for exclusive access to **WEMSIS** patient records. This device can also restrict outside personnel from entering into the system and viewing and/or manipulating the large database.

## **2. The New State Ambulance Run Report and the Need for Documentation**

The state ambulance run report was revised in 1998 and is available for use by EMS services in Wisconsin. A copy of the run report can be found in the Appendix of this Data Collection Handbook.

### **Why Do We Have Run Reports?**

State law requires ambulance service providers to complete a written report on a form prescribed or approved by DHFS at the completion of each ambulance run. The run report serves as the official documentation of the physical assessment and care of a particular patient. The purpose of proper documentation is to:

1. record patient assessment and care
2. provide a legal document and a portion of the patient's medical record
3. provide information for administrative functions
4. aid in education and research
5. contribute to quality improvement program

### **Why Revise the Run Report?**

The previous run report distributed by DHFS originated in the 1980s. It was outdated and in need of revision. One of the reasons for revising the run report was to incorporate several of the recommended National Highway Transportation Safety Administration (NHTSA) uniform data elements that were determined as a result of a NHTSA conference held in 1993.

### **How Was Data Selected in Determining Data Elements?**

The following qualifiers were used to determine the justification for all data elements:

Medical record - *Data elements used to document patient care for medical and legal purposes.*

Epidemiological - *Data elements used in the evaluation of pre-hospital care and in the identification of environmental and demographic factors impacting populations.*

Operations - *Data elements used for administration of services and maximum utilization of resources.*

Financial - *Data elements necessary for service billing purposes.*

System Evaluation/Quality Improvement - *Data elements used to support ongoing monitoring and improvement of delivery of care, including the potential of linking various datasets.*

### **What is the Importance of Uniform Data Elements?**

Data elements are of extreme importance to clinical care of the patient and for evaluation of the EMS system. Some data elements are useful for specific types of research, or for answering specific epidemiological questions. Some are crucial for local operations and also serve regional and national purposes. The most fundamental need in EMS today is the ability to prove the efficacy of EMS based on pre-hospital data. To date, there have been no answers to outcome questions because of a lack of uniform datasets.

### **The Revision Process in Wisconsin**

The uniform data elements and the new run report were approved by the Wisconsin EMS Advisory Board and DHFS after much review, piloting, analysis and future planning. The final design of the new run report is a result of feedback from the pilot and several interested groups, committees and individuals in Wisconsin. The new DPH 7119 is now the official run

report in Wisconsin. The form has the same 7119 form number as its predecessor; however, the form itself and the form date are different.

### **Run Report Format**

The new format is two pages for the EMT-Basic response. A third page is available for the basic response utilizing advanced skills and/or needing more comment area. An Advanced Life Support (ALS) third page has been drafted. Paramedic Systems of Wisconsin is providing consultation in the finalization of the ALS third page.

### **Run Report and Data Collection**

The new run report includes a number of data fields and elements considered essential for the EMS response in Wisconsin. (See Appendix A.) These are very important, as they will be used for data collection and analysis.

### **Run Report and WEMESIS**

The revision of the run report in Wisconsin and the adoption of uniform data elements are directly related to the *WEMESIS* project. The computer software was designed in close collaboration with the new run report, and follows the same format.

### **Options for Use of New Run Report**

The new run report (DPH 7119) is available in a number of different formats:

- available on disk at no charge for those services requesting it;
- A camera-ready copy will be provided for all services that would like to print their own. Printed copies of DPH 7119 (in triplicate) can be ordered for a fee, recovery cost only;

Services may also submit an alternative run report to the EMS office for approval.

Alternatives must include the specific data fields and elements identified as essential (see Appendix A) for the EMS response in Wisconsin, with no deviation in terminology.

## **3. Getting Started in WEMESIS**

*Note: it is important that you read Chapters 1 and 2 of the User Manual before installing WEMESIS onto your personal computer.*

### **User Requirements**

- Designed for any BLS or ALS service

*WEMESIS* software is designed for EMS services that wish to collect data for the purpose of data analysis. With a minimum of staff support, any BLS service can begin entering patient run information directly from the run report. Here's what you need in order to run the software:

- 386 PC or better – Pentium processor
- Windows 95 or NT for ALS version 5.8 (required)
- 64 MB memory (minimum required)
- 1.2 GB hard drive storage
- Mouse (recommended)
- Laser Jet Printer
- Resolution 800 x 600 (required)

- 256 colors

*WEMSIS* software is provided *free of charge* to all EMS services in Wisconsin and marks the first step in collecting standardized pre-hospital data. The EMS Section will distribute the software, provide technical training and assistance, and maintain and analyze data submitted from EMS providers. If you wish to submit your comments and/or suggestions about this project, you can e-mail your comments to the EMS Section.

### Features of *WEMSIS*

Because *WEMSIS* has been developed to be user-friendly, the data entry personnel do not need to have experience with computers or programming. It ONLY operates in a windows-based environment, and therefore requires some skill or practice with a mouse. Some services may even wish to load *WEMSIS* onto a laptop and perform data entry while on a call. However, it is recommended that persons with prior experience in software installation be present during the installation of *WEMSIS*. Some computers are configured differently and will require special instructions. This is especially true in a LAN environment.

- Ability to manipulate *WEMSIS* in Microsoft Access to suit additional needs

Since *WEMSIS* is a run-time application of Microsoft Access, programming knowledge is not required. However, if you have staff with experience in Microsoft Access, you can create more sophisticated, customized statistical reports.

- Customized for your service area

By clicking on the Administration button of the main menu screen, you can enter the names of providers, crews, facilities, and other services in your area that then become the drop-down lists that you have at your fingertips when entering run reports.

- Integration with other software system designs

In the future, the EMS anticipates that *WEMSIS* will be compatible with other EMS software applications, allowing your service to export the required data fields in a *WEMSIS*-compatible format. Contact your software representative to seek additional information regarding export or conversion of other EMS software files with *WEMSIS*.

- Ease of data entry follows patient "flow"

*WEMSIS* is designed to allow ambulance services to enter patient records directly from the recently revised state run report enclosed with this guidebook. (See Appendix B.) The revised run report supports the concept of uniform data collection by including all the State and NHTSA data elements. The order for documentation on the run report as well as data entry onto *WEMSIS* is based on the expected patient flow throughout the continuum of care. This process begins with the patient assessment and pre-hospital treatment recorded on the run report. The process is completed through the ability to record data from the patient record onto *WEMSIS*. These components form a systematic approach to documenting the full EMS experience in Wisconsin. The long term goal of *WEMSIS* is to develop a more comprehensive tracking system that follows the patient from the point of initial contact with pre-hospital services throughout the patient's hospital stay (outcome data). While *WEMSIS* includes a section for recording outcome data, follow-up information will have to be obtained by contacting the hospital EMS coordinator. The necessary linkages have not yet been established to gather this information electronically.

## 4. Summary of WEMISIS Reports

### General Description

*WEMISIS* allows for creation of 25 preprogrammed reports by the user. Some of these reports provide specific, fixed information while others allow the user to develop a query by selecting from several variables. Reports can be produced for one or all services that are entered onto the system. This section provides a summary of the reports and how you can benefit by developing them. For your convenience, the numbering of the reports in this section follows the numbering of the reports in *WEMISIS*. It is recommended that the user read the description section before looking at the *WEMISIS* reports.

### Call Activity Report

This report allows the user to produce a report that lists general information for calls selected within a particular date range. The report is formatted so each line includes information on one run and includes the following data fields:

- call number
- date
- unit responding
- type of response
- use of lights and siren to scene
- incident disposition
- destination address
- use of lights and sirens during transport
- time call received
- time on scene
- response time to scene

### Call Frequency Time Analysis Report

This report produces a table that shows number of calls by hour of the day and day of the week. It produces an hour/day breakdown as well as cumulative totals for each hour of the day and day of the week. This report can be used to help with staffing decisions by identifying periods of high and low call volume.

### Response Time Exception Call Listing Report

This report can be used in conjunction with Report #4, the Fractile Time Analysis Report, to try to identify why long response times are occurring. This report asks for a date range for calls to be reviewed and time in minutes of what constitutes an abnormal response time. If the service wants to look at any call that has a response time of greater than 8 minutes, they enter the number 8 and this report gives them a call listing of all runs greater than 8 minutes. The report is formatted so each line includes information on one run and includes the following data fields:

- run alarm # (synonymous with patient care record number)
- date
- unit #
- response time to scene
- response time to patient
- type of response
- lights-siren to scene

- incident disposition
- incident address
- lights-siren transport
- time in
- total time at scene

### **Fractile Time Analysis Report**

This report produces a printout that shows what percentage of calls is responded to within one-minute time segments. A date range is set to identify what calls you want included in the report. The report breaks out the number and percent of calls that have response times from 0 - 1 minute, 1-2 minutes, 2-3 minutes, etc. based on the computer calculation of difference between time the call is received to arrival time on scene. The table produced will also show a cumulative call count and percent for each one minute time interval so you will quickly be able to see the number and percent of calls that are responded to within any one minute time interval. Services that set goals such as response time of 8 minutes or less can quickly see what percent of their calls meet that goal. To look at specific types of calls, the type of call listing (response type and lights & siren to the scene) can also categorize reports.

Services can use this information to determine what factors such as time of day, time of year, or specific locations in their service area are contributing to longer response times. Once identified, decisions can be made on how to improve the response time by looking at resources and other related issues.

### **Injury Matrix Report**

This report produces a table that identifies type of trauma and location of wound. The service can use this report to identify injury trends and look at preventative methods as well as specific training needs to deal with specific injuries.

### **BLS Service/EMT Run Frequency Report**

This report produces a table that lists frequencies for type of call and procedures and treatments used on the calls. As an example, the table will list the number of 911 runs and have a breakdown of how many times advanced airways were used, oxygen was administered, splints were applied, and every other listed procedure or treatment performed. A table can also be produced that lists the number of procedures or treatments done by EMTs on the service.

The table can be produced three ways:

- Sum of total procedures for the service
- Procedure count for 1- 3 EMTs
- A listing showing the total counts for all EMTs with the service

### **Demographic Summary Report**

This report produces a simple frequency count and percentage of patients by four categories: age, race, gender, and work-related injury. This report provides a general overview of the patient populations your service is transporting. Such information could also highlight certain sectors of your region that may have inadequate access to EMS services.

### **BLS Key Field Reports**

- Cause of Injury

- **Provider Impression**
- **Response Type**
- **Location Type**

These reports allow the user to choose from any of four above-listed areas to obtain a cross-section of information from BLS and ALS runs that relate to the “key field” that is chosen. Also, for the key field chosen for analysis, frequency distributions are shown for each of the following areas:

- Age
- Incident disposition
- Lights & siren during transport
- Lights & siren to scene

For example, in the **Cause of Injury** report, “*Falls*” can be selected to summarize all falls that occurred within a given timeframe. Demographic information from all of the above-listed categories will be summarized to show how all injuries occurred for those ambulance runs. Plus, you'll have the option to narrow your selection by the primary key field areas. More detailed information can be viewed for each run alarm/patient care record by selecting the “detail report” for that category, i.e. for all *falls* that occurred. A *detail report* is identical to the “call activity report” summarized in report #1.

#### **ALS Key Field Report: Provider Impression Report**

This report is designed exclusively for ALS information that is recorded within the parameters of an ALS run. By selecting a category from one of the “Primary” Provider Impression categories, information pertaining to Medications administered, and Assessments, i.e. *initial cardiac rhythm* is displayed for the runs, which apply to the category (of Provider Impression) which is chosen.

For example, this report allows you to count the number calls related to chest-pain and lists the medications that were administered on those calls.

#### **Quality Improvement Reports**

The Quality Improvement module consists of six customized reports that are designed to assist the Medical Director, Service Director and other EMS personnel in the evaluation of prehospital care. Each report is set up to view an aggregate analysis of ambulance runs where advanced skills or CPR is administered over a given timeframe. Each report can quantify run information that is either specific to one service, or for the total of all services which are installed for that system, i.e. a hospital workstation. For each QI report, the user can also choose the *detail report*, which lists all patient records where advanced skills were used. Because an attempt was made to group these reports in meaningful categories, the reports do not appear in chronological order. However, they still correspond to the numbering in **WEMESIS**.

##### ***CPR Section***

- **Time to CPR**

Once an EMS unit arrives at the scene, and can verify the time of cardiac arrest, patient outcome information can serve as a valuable tool to demonstrate the timely administration of CPR. This report generates frequency distributions for the number of witnessed and non-witnessed arrests, the calculated response (between time of arrest and time administered

CPR), and arrival status including DOA, emergency room and hospital outcomes.

- **CPR Provider**

As a critical indicator in the review process, it is important not only to assure timeliness of CPR, but also to note the delivery of care by the identified provider. Whether the EMS unit, first responder, or bystander provides care, this information can be very useful to determine the value of a trained CPR respondent. Frequency distributions for outcomes can also be obtained, categorized by type of CPR provider. Other specific information can be obtained by selecting out individual patient care record numbers.

### *Advanced Skills Section*

- **Automated External Defibrillation**

Automated external defibrillation (AED) usage is becoming a more critical component of EMS care delivery and is a challenge to every Medical Director in the formation of an effective quality improvement program. Note: if your service is using manual defibrillators, you can still use these reports.

- **Time to Defibrillation**

The Time to External Defibrillation Report produces a report to assess the timely administration of shocks (via AED or Manual Defibrillator). This report generates frequency distributions for the number of witnessed/non-witnessed arrests, the calculated response (between time of arrest and time shocks are administered), and arrival status including DOA, emergency room and hospital outcomes.

- **Advanced Airway**

In order to generate a count for an advanced airway QI report, a time of airway placement must be entered for that individual run. This report also tallies airway method and other demographic information. A detail run option can be selected to locate specific patient care record numbers, response times.

- **Epinephrine**

Whenever an EMT respondent administers epinephrine, *WEMSYS* can generate patient demographic and general information based on total epinephrine responses. Other information displayed will be outcomes and detail run report information.

- **Quality Improvement (QI) Defibrillation**

The QI Defibrillation report tallies frequency distributions for patient demographic information of all runs where the EMS respondent administered shocks with an AED or Manual Defibrillator. More specific information can be obtained by selecting the detail run option.

- **ALS Chronological Report**

From the ALS information, the Chronological Report lists each step that is entered in order. For example, if a medication were administered at 1800 hours, it would be followed by the Assessment entry for 1801 that would be associated with those medications. This report allows personnel to compare actual skills usage with protocol adherence.

- **ALS Medication/EMT Frequency**

With data that is obtained from the ALS information, this report lists the frequency counts for

each EMT and the medications that are administered. This is the ALS counterpart to the BLS EMT Frequency Report.

- **ALS Skill/EMT Frequency**

With data that is obtained from the ALS information, this report tallies the numbers of skills that are administered for respective EMTs on your squad. This report can be used for training purposes. This report counts the total number of times that an EMT is associated with a skill, not the number of attempts on a given skill.

- **ALS Skill/Success Ratios by EMT**

With data that is obtained from the ALS information, this report calculates the ratio of successes to total numbers of attempts. The skills that are listed on this report can be checked off with a "success" in the ALS module, and match the list of skills that have been defined as "sentinel events" by the State Medical Director.

- **ALS Skill/Success Ratio by Skill**

This report calculates the ratio of total numbers of attempts to the successes for each skill that is listed as a "sentinel event."

- **Total Runs per EMT**

For a given date range and service, this report provides the total number of ambulance runs for any crewmember that is listed.

- **Total Runs per EMT All Service Providers**

This report counts the total ambulance runs for each EMT that is listed with any service.

## 5. Commonly Asked Questions

### *Why should I collect data? What are the current state requirements?*

*WEMSIS* software marks a first step in collecting standardized pre-hospital data. The statewide EMS Advisory Board recently recommended that mandated EMS data collection becomes a reality. Currently, providers are required to record minimum data elements from their ambulance run report forms, but data is not stored electronically. While it is not yet required, providers who use *WEMSIS* for data collection purposes will enable the state to collect and analyze uniform, pre-hospital data, facilitating the assessment of injury trends and the impact of emergency service levels on quality of care.

### *Now that I have exported my EMS data record files, what should I do next?*

If you were a prior *WEMSIS* participant with the 3.5 version and you have data that is now converted into the 5.8 software, you should send the exported data into the EMS Section office. Each service will be placed on a schedule for receiving your data files, either on diskette or electronically. Once we receive your data, we can begin to produce statewide analyses. Send your export data files either on a floppy diskette, or via electronic means. Contact the office with any questions you may have.

### *Can I send my exported data files over the Internet?*

Yes. It is recommended that you save these text files in a directory that denotes your service

each EMT and the medications that are administered. This is the ALS counterpart to the BLS EMT Frequency Report.

- **ALS Skill/EMT Frequency**

With data that is obtained from the ALS information, this report tallies the numbers of skills that are administered for respective EMTs on your squad. This report can be used for training purposes. This report counts the total number of times that an EMT is associated with a skill, not the number of attempts on a given skill.

- **ALS Skill/Success Ratios by EMT**

With data that is obtained from the ALS information, this report calculates the ratio of successes to total numbers of attempts. The skills that are listed on this report can be checked off with a "success" in the ALS module, and match the list of skills that have been defined as "sentinel events" by the State Medical Director.

- **ALS Skill/Success Ratio by Skill**

This report calculates the ratio of total numbers of attempts to the successes for each skill that is listed as a "sentinel event."

- **Total Runs per EMT**

For a given date range and service, this report provides the total number of ambulance runs for any crewmember that is listed.

- **Total Runs per EMT All Service Providers**

This report counts the total ambulance runs for each EMT that is listed with any service.

## 5. Commonly Asked Questions

### *Why should I collect data? What are the current state requirements?*

**WEMSIS** software marks a first step in collecting standardized pre-hospital data. The statewide EMS Advisory Board recently recommended that mandated EMS data collection becomes a reality. Currently, providers are required to record minimum data elements from their ambulance run report forms, but data is not stored electronically. While it is not yet required, providers who use **WEMSIS** for data collection purposes will enable the state to collect and analyze uniform, pre-hospital data, facilitating the assessment of injury trends and the impact of emergency service levels on quality of care.

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name. Simply save the text files onto a floppy diskette, (or a zipdrive if you have the hardware to do so), label your diskette, with your service name, the current date, and then mail each file, as an attachment to:

**Watsoll@dhfs.state.wi.us**

***By sending my export data, are there any legal Issues i.e. confidentiality of patient information that may be of concern?***

Several steps have been taken to ensure that patient record information that is exported to the state EMS & Injury Prevention Bureau will not breach patient confidentiality. None of the patient identifiers, such as name or social security number will be sent in the exported database.

***I am very interested in collecting EMS data for our service. Unfortunately, we are a small community-based provider and we do not have access to a computer. Do you have any suggestions?***

There are several initiatives underway that aim to resolve the problems of resource availability, i.e. computers. EMS & Injury Prevention Bureau staff are working with hospital EMS coordinators to provide a shared-space for a PC workstation. This way, the EMS squad can enter the patient record onto **WEMSIS** immediately after the patient is brought to the hospital. As another alternative, grant moneys are being investigated for the purpose of providing computers to services who do not own one at present. If available, FAP money can be used to purchase a computer for the purpose of data collection. We are also seeing some services making use of community-donated office space for after-hours data entry.

***Our service operates under a local access network (LAN). How will that affect or restrict data entry in WEMSIS?***

As with loading any software onto a LAN, there are special accommodations that need to be made with the internal Information Systems (IS) staff. If your facility or institution operates on a LAN, you should contact your IS personnel before you load **WEMSIS** onto any in-house PC.

***It seems that entry of data onto WEMSIS after filling out the complete ambulance run form is a bit time-consuming. Are there any efforts to streamline the data entry process?***

Some services have begun to look at the possibility of installing **WEMSIS** onto a laptop, which can be transported on the EMS unit during a call. This way, the **WEMSIS** computer form can substitute for the required ambulance run form. This can be accomplished by simply running the "Printscreen" function directly from the patient record on **WEMSIS**.

***If I am a participating WEMSIS provider, when do I send in my data?*** Since it is likely that all services that are currently entering data onto **WEMSIS** will upgrade their software, it is best to wait until you install version 5.8 to send in any export data. Data that has been entered previously onto 3.5 will be read, and transferred to the ALS system upon initial installation. Once installed, all export data will be reformatted and *at that time*, should be sent in to the EMS office. We are asking that all services submit their converted (from 3.5) records to the EMS Section office after this process is successfully completed.

# **User Guide Section**

## **Chapter one-**

### **Setup Features**

---

## 1 – Security

**It is very important that you read this chapter before installing WEMISIS onto your PC. If you do not wish to use the security feature, skip to the next chapter “Installing WEMISIS.”**

Note: The non-secure version is a simpler process for installation. It is recommended for those of you with only one PC for your service and if you are inexperienced with software installation.

### **\*\* Important: Windows Updates**

Before you install WEMISIS/ALS, you (or your PC desktop administrator) may want to update your Windows 95, Windows 98, or Windows NT 4.0 with the latest service packs, in order to prevent any possible conflict in DLL files. WEMISIS/ALS has been developed in an environment that is fairly current in terms of operating system updates for the latest DLL files, and the runtime distribution of WEMISIS/ALS will include some of these DLL files. For example, if your Windows 95 Control Panel is missing a Users icon, then you have an old version of Windows 95, and you may not be able to administer WEMISIS/ALS security.

**Refer to Chapter 2- “Installation Instructions” and Loading the Common Dialogue File.**

WEMISIS/ALS contains its own security system, which works in conjunction with the LAN and PC user security. There are 4 security classes in WEMISIS/ALS security:

Security Class Code	Security Class Description
APPSDEV	Applications Developers
CENTRAL	Central Office Users
LOCALADMIN	Local Administrators
SERVICE	Data entry (single service) Users

The Local Administrator is the WEMISIS/ALS Administrator, meaning a person can who administer security for WEMISIS/ALS. LAN Administrator means a person who can administer security for the entire LAN and PCs. The Local Administrator and LAN Administrator might or might not be the same person at an installation.

The Central Office is the state EMS Section.

These 4 security classes of users have these rights:

APPSDEV. This class has exclusive rights to design the WEMSYS system.

CENTRAL. This class can update WEMSYS Administration Tables labeled as "Central". After an update, done by the Central Office, the emsalsad.mdb file would then have to be e-mailed to all of the installations.

Those reports prefixed with "Central" can only be done by Central Office.

LOCADMIN. This class can:

Update those Administration Tables labeled as "Central/Local", to the extent of marking certain Medicines or Skills as obsolete, under the direction of the Central Office.

Update those Administration Tables labeled as "Local". These "Local" tables, although they listed under the Administration Tables screen, are actually stored in the emsalsdt.mdb file, because they are local data. Included is Change User Rights, so that the LOCADMIN user can act as the WEMSYS/ALS security administrator for the installation.

View those Administration Tables labeled as "Central", but not update them.

Update the installation's Patient data.

Do Reports, for all Services, or for any one selected Service.

Do Utilities, for all Services, but selecting one Service at a time.

SERVICE. This class can do things for just the Service user's own one Service. This class can:

View those Administration Tables labeled as "Central, Central/Local, and Local", but not update them (however, they cannot even view Administer/Define Service-Provider/Crew or Change User Rights); and,

Update and view the installation's Patient data, but only for the Service user's own Service.

Do Reports, but only for the Service user's own Service.

Do Utilities, but only for the Service user's own Service. (Except that Repair the Data and Compact the Data functions act on the entire emsalsdt.mdb file.)

There are also these other 3 rights, which are set in Change User Rights under Administration:

View List Rights	View Log	Check-Out/Check-In
Yes	Yes	No

View List Rights is the right to do Display Current User List under Administration.

View Log Rights is the right to do Display User Log under Administration.

Check-Out/Check-In Rights is the right to do these 5 Utility functions:

Utility Function
03. Create files to Check-Out Data
04. Read Files to Acquire Checked-Out Data
05. Create Files to Return Data
06. Read Files to Check-In Returned Data
07. Delete Read-Only Records

LOCADMIN users always have these View List Rights, View Log Rights, and Check-Out/Check-In Rights. SERVICE users may or may not have these rights.

### **Security on a LAN Platform:**

You will want to share the data files, emsalsdt.mdb and emsalsad.mdb, on a shared network drive. The program file, emsals.mdb, however, should not be shared, because it contains temporary tables which are used in reports, so each user or PC should have their own copy of that file.

You need to have the LAN Administrator give each user both a LAN and a PC user ID, which can be the same, with the same password, and with login for both PC and LAN done at the same time.

You need to get your own user ID into the WEMISIS/ALS security system, as a LOCADMIN class of user.

To get started, after WEMISIS/ALS has been installed, you need to have your LAN Administrator create a temporary user ID called Recovery. (Recovery is already recognized by WEMISIS/ALS security as a LOCADMIN class user.) Then you can login to the PC and LAN as Recovery, run WEMISIS/ALS, and put your own user ID into the WEMISIS/ALS security system, as a LOCADMIN class of user.

Once you have done that, you can logout and the LAN Administrator can delete the Recovery user ID. Then you can login as yourself, and run WEMISIS/ALS to authorize other LOCADMIN users (if any), and SERVICE users.

### **On a Non-LAN Platform—Security Wanted:**

You may have a situation where more than one Service is using your PC, or you may simply already have user ID(s) defined on your PC, and you need to get past the WEMISIS/ALS security.

To work with the WEMISIS/ALS security, you need to give each user a user ID on the PC. If you have an old version of Windows 95, you would need to update it first before the "Users" icon will be available.

You need to get your own user ID into the WEMISIS/ALS security system, as a LOCADMIN class of user.

To get started, after WEMISIS/ALS has been installed, you need to create a temporary user ID called Recovery. (Recovery is already recognized by WEMISIS/ALS security as a LOCADMIN class user.) Then you can login to the PC as Recovery, run WEMISIS/ALS, and put your own user ID into the WEMISIS/ALS security system, as a LOCADMIN class of user.

Once you have done that, you can logout as Recovery and login as yourself. Then you can delete the Recovery user ID, and run WEMIS/ALS to authorize other LOCADMIN users (if any), and SERVICE users (if any).

### **Step-By-Step Instructions for Non-LAN Installation—Security Wanted.**

1. Login as a user ID with administrative power and create a PC user ID called Recovery, for you to use. For Windows NT 4.0, this is done in Start, Programs, Administrative Tools (Common), User Manager. For Windows 98 and Windows 96, this is done in Start, Settings, Control Panel, Users.
2. Run the emsals.exe file, to extract the setup files to a temporary folder, for example, c:\tempwemis58c.
3. Run Setup.exe from the c:\tempwemis58c folder. Install to, for example c:\wemis. Do not install to c:\emsals.
4. If for some reason you already had a c:\emsals folder, rename it to something else.
5. Logout from your own user ID, and login to the PC as Recovery.
6. Go into Start, Programs, find the group and icon for WEMIS/ALS 5.5, and run it.
7. You should get the "I can't find my data" routine and prompts. (If not, there is a problem.) Select c:\wemis\emsalsdt.mdb as your data.
8. If you have any old WEMIS 3.5 data to convert, find and select the emsdat.mdb file to convert it, when prompted. This conversion may run for a long time. Do not convert any data if a "Master PC" has already converted it, and you are a "Substation PC" (see the Checkout documentation).
9. Go into Administration, Administer/Define Service-Provider, and define your Service or Services (if there was no old data converted).
10. Go into Administration, Change User Rights. Add your own userID as LANUserId, as a Security Class of LOCADMIN.
11. Exit WEMIS/ALS. Logout of the PC as Recovery. Login to the PC as your own user ID. Go into Start, Programs, find the group and icon for WEMIS/ALS 5.5, and run it.
12. Go into Administration, Change User Rights, to define other LOCADMIN and SERVICE users.
13. If each user has their own icons on the PC, then have each user repeat steps 3, 6, and 7.

14. When you or other LOCADMIN users have finished defining Destination Address, Municipality, Other Agency, License, Service, and Service/Crew, then the Patients button on the Main Menu will be enabled.

15. Delete the Recovery PC user ID.

### **Non-LAN Platform—Security Not Wanted.**

If:

you are not on a LAN, and  
you have Windows 95 or Windows 98, and  
there is only one Service, and  
you do not have user IDs or login to the PC,

then this section is for you. All others, for various reasons, will have to follow either of the last 2 sections.

### **Old Data Files**

In reference to the c:\emsals directory, there is a special consideration for earlier release versions of WEMSYS/ALS. If you were a pilot participant, and you have a folder called c:\emsals with a file called emsalsdt.mdb in it (which you don't want to be considered as your real data), then you need to re-name that c:\emsals folder. This is to ensure that the "I can't find my data" routine will happen the first time a user or PC runs the program, so that the program can be linked to the correct data files.

WEMSYS/ALS has no shared central database for the entire state. Each database is local to an installation. Some sharing between installations can be effected by the Check-Out/Check-In functions. There are also the Export/Import for Local Analysis functions, and the Export Essential Data to State EMS Section for Analysis function, although these functions are for analysis rather than sharing data.

WEMSYS/ALS has 2 types of data, administrative and local data, stored in the emsalsad.mdb file and the emsalsdt.mdb file, respectively. The Central Office (the State EMS Section) updates the administrative data and then e-mails the changed emsalsad.mdb file to all of the installations. The local data is updated by each installation.

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## 2 – Installation Instructions for WEMISIS/ALS Version 5.8

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Running the Program from CD-ROM .....	2
Running the Set-up Program.....	2
Unzipping the E-mail Attachment .....	3
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### Directory of Files

#### 1. Common Dialog Distribution.exe.

This is an update to the Common Dialog system files. It should be installed if needed installation global errors,"library missing" or "ghost task" errors. (Reference page 9)

#### 2. Emsalsad.mdb.

#### 3. Emsalsdt.mdb.

These 2 files are the data files for the LAN version of WEMISIS/ALS 5.8, LANWEMISIS58.exe.

For an initial installation, the LAN Administrator should copy these 2 files to a folder on a shared network drive. With version 5.84 and any subsequent versions, these 2 files can now be in different folders. If the LAN has a PC, which is across a slow connection, the emsalsad.mdb file can be in a folder on the C: drive of the PC, along with the program file, emsals.mdb, to speed things up. The emsalsdt.mdb file should always be on a shared network drive, if you intend to share data on the LAN.

For an update to a system already in production, the LAN Administrator should copy only the emsalsad.mdb file, which is the administrative data.

#### 4. LANWEMISIS58.exe.

This is the LAN (with security) version of WEMISIS/ALS 5.8.

#### 5. NoSecWEMISIS58.exe.

This is the No Security Standalone version of WEMISIS/ALS 5.8. This is the standard, and simplest version to install.

## 6. Readme.txt.

This file.

## 7. SecurWEMISIS58.exe.

This is the Security Standalone version of WEMISIS/ALS 5.8.

---

### Running the Set-up Program From CD-ROM

The WEMISIS application is likely to be distributed to you in the form of a CD-ROM. There are also instructions included in this chapter for an E-mail attachment. Installation instructions are similar for both, including the extra step involved in uncompressing (also known as unzipping) the E-mail attachment.

*If you are updating a previous version of WEMISIS, there are notes throughout these instructions that appear in italics and only apply to those who are updating previous versions.*

---

### Running the Set-up Program from E-Mail Attachment

*Even if you are updating a previous version of WEMISIS, you can follow these instructions on how to unzip the attachment. You do not need to worry about deleting the old version -- in fact, you will not want to do so if you have data from WEMISIS 3.5 that you wish to convert.*

---

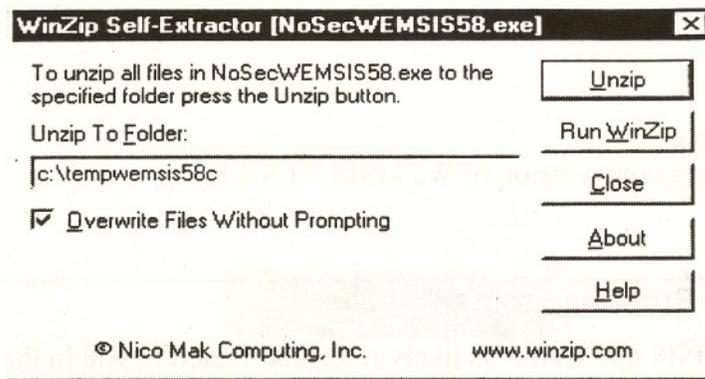
#### 1. Choose the file that matches your needs

Reference the file directory on page 1.

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#### 2. Running the Files from the CD or E-mail Attachment

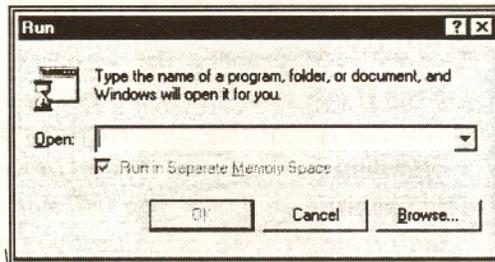
1. Run the "unzip" program from the appropriate starter file by double-clicking (or File/Run) on that filename.
2. Once you have uncompressed the program into the temporary folder (tempwemisis58c), go into the appropriate drive storing that directory, and find the Setup.exe
3. Click on the **Start** button at the bottom left of the screen
4. Select the **Run (or double click on) Filename: Setup.exe**



Continue reading if you are interested in seeing more detail and screens for these directions.

The screen (above) shows the default directory from the zipfile included in the Setup package. You can choose this folder, or rename it to a different directory/drive.

### RUNNING THE SETUP PROGRAM



Type: *c:\tempwemis58c\setup.exe* in the text box to run WEMISIS setup.

OR double click on the filename, (listed below) while browsing your directory.



If you ran the unzip program, you will need to locate the directory that setup.exe is saved to. The attached file is named **setup.exe**, containing WEMISIS version 5.8. This is a compressed or zipped file, which needs to be uncompressed or unzipped. Perform the following steps to unzip the file:

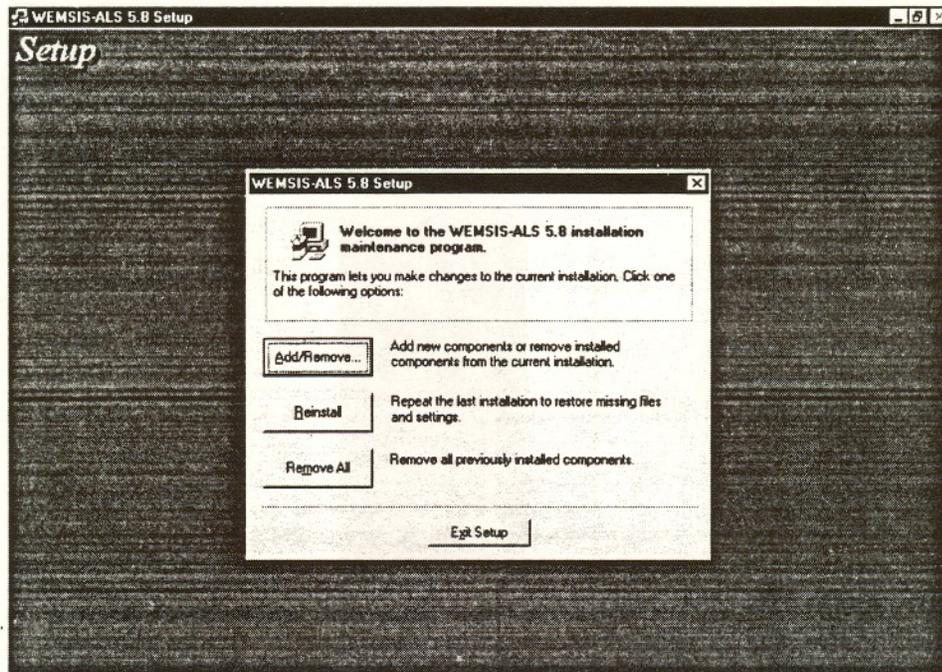
1. Create a directory called **c:\WEMISIS**.
2. Save the E-mail attachment into the directory created above.
3. When you click the saved file, you should be automatically transported into DOS where your files should be inflated, or uncompressed. You should be automatically returned to where you created the directory, most likely File Manager or My Computer.

4. The WEMSYS files should now be unzipped in the **c:\WEMSYS** directory. This will now be your installation directory. It will contain the **setup.exe** file that you will use in the next section



## The WEMSYS System Setup Windows

After you run the **setup** program from either the CD drive or the temporary folder, the following System Setup window will be displayed:

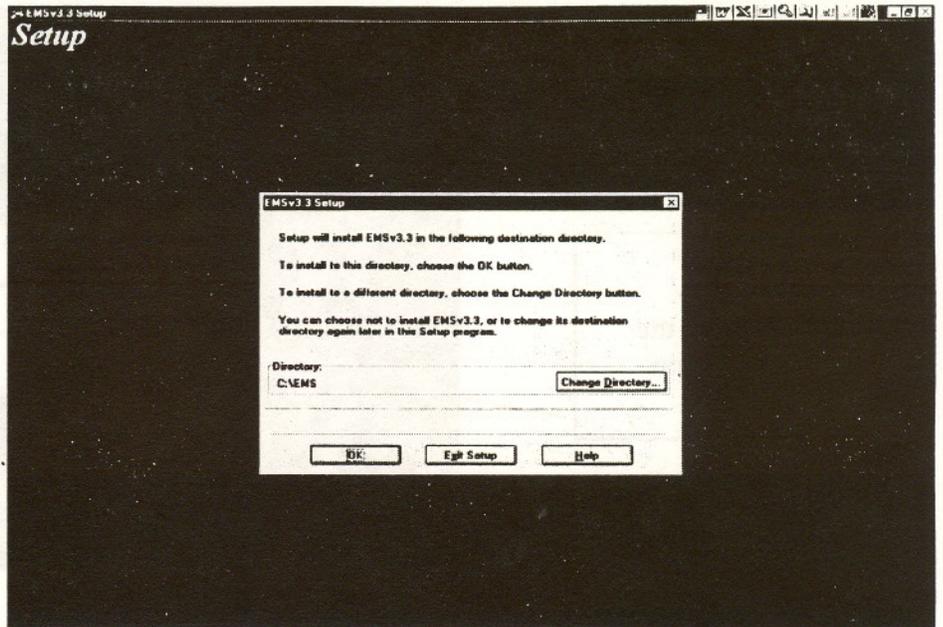


Choose *Add/Remove* to Install.

*Those updating a previous version of WEMSYS can continue following these instructions. The crucial difference in installation comes when the computer asks you in which directory you want to install WEMSYS ALS. As you will be directed to do on the next page, you want to install this version to the same place you installed the old version, for example, v3.5, so that your software will be updated but your data files will remain intact. While it should not be necessary, you may want to save your old data files (EMSDAT.MDB) under a different name (for example, EMSDAT2.MDB) somewhere else on your hard drive or on a diskette. That way you will have created a backup.*

**After clicking the OK button, another window will be displayed as pictured below:**

Note: This screen reads EMS v 3.3 setup, yours should say EMS v 5.8 setup.



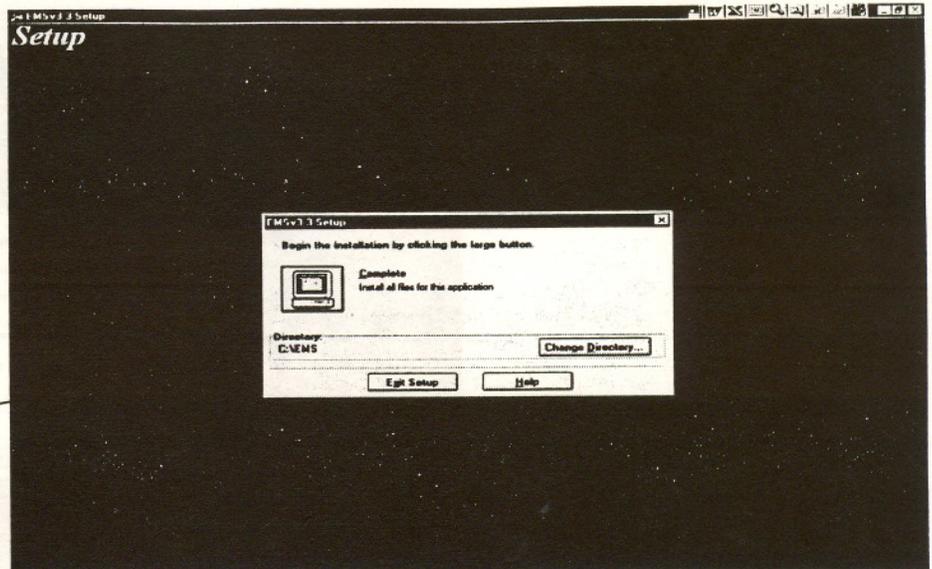
*If you've previously installed an older version of WEMISIS, install this current version to the same directory as before. As the screen above indicates, you will have the opportunity to do this later in the setup program. (See detailed instructions on previous page.)*

If this is the first time you have installed WEMISIS, you can either install it to the `c:\ems` directory or in another directory if you prefer.

- To install WEMISIS to the `c:\ems` directory, simply click the **OK** button, as this is the default directory.
- To install WEMISIS to a different directory, click the **Change Directory** button and supply your desired directory.

Note: This screen reads EMS v3.3 setup, yours should say EMS AIs 5.8 setup.)

Click this button to continue the installation process



Click the large button with the picture of a computer to continue the installation process.

After WEMSIS installation is complete, a dialog box will appear with the message that the setup was completed successfully. Click the **OK** button on this dialog box.

There should now be an icon on your desktop for WEMSIS ALS. In Windows 95 and Windows NT, click the **Start** button at the bottom left of your screen, and then select **Programs**. You will see that there is an item for WEMSIS v5.8.

#### **Final Notes on Installation:**

When you click on the icon to enter the WEMSIS program, you will get a message asking you to locate/highlight/double click on the filename- "EMSALSDT.MDB" in the textbox on the next screen

Once you are done with the WEMSIS installation, you can delete the c:\tempWEMSIS58 directory including all its content files.

#### **\*\* If you have previous WEMSIS 3.5 Data installed on your PC:**

When you open your WEMSIS program for the first time, the prompt will appear, "Do you have previous WEMSIS data you wish to convert?" In order to convert 3.5 version data, answer "Yes" and you will be prompted to locate your data file named *emsdat.mdb*. **You will need to know the location for this data file from the previous (3.5) WEMSIS.** It is likely to be in the C: ems directory. You will need to go into "browse" mode in order to find, then highlight this file. Once this is complete, you can continue with the conversion process. If you have large amounts of data (over 500 records) the conversion may take awhile be complete. (Around one hour)

*If you have a previous version of WEMSIS installed and it asks you if you want to overwrite your old "EMSDAT.MDB" file, click Ok. This process will keep your old data files intact. However, it is recommended that you save the data emsdat.mdb file in a backup method, then copy over the file before opening the program.*

## LAN User Information

You will want to share the data files, emsalsdt.mdb and emsalsad.mdb, on a shared network drive. The program file, emsals.mdb, however, should not be shared, because it contains temporary tables which are used in reports, so each user or PC should have their own copy of that file.

With version 5.84 and any subsequent versions, the data files, emsalsdt.mdb and emsalsad.mdb, can now be in different folders. If the LAN has a PC, which is across a slow connection, the emsalsad.mdb file can be in a folder on the C: drive of the PC, along with the program file, emsals.mdb, to speed things up. The emsalsdt.mdb file should always be on a shared network drive, if you intend to share data on the LAN.

You need to have the LAN Administrator give each user both a LAN and a PC user ID, which can be the same, with the same password, and with login for both PC and LAN done at the same time.

You need to get your own user ID into the WEMISIS/ALS security system, as a LOCADMIN class of user.

### step-by-step Instructions for LAN Installation.

1. Have the LAN Administrator create two folders on a shared network drive, for example, K:\tempwemisis58c and K:\WEMISISData. Get all rights to both of these folders for yourself, and for other users of WEMISIS/ALS get them Read-Only rights to K:\tempwemisis58c and all rights to K:\WEMISISData. Have your LAN Administrator create a LAN and PC user ID called Recovery, for you to use. Have them give Recovery all rights to the K:\WEMISISData folder.

2. Login to the PC and LAN as your own user ID and run the emsals.exe file, to extract the setup files to K:\tempwemisis58c.

3. Copy these 2 files from K:\tempwemisis58c to K:\WEMISISData:

Emsalsdt.mdb  
Emsalsad.mdb

4. Run Setup.exe from the K:\tempwemisis58c folder. Install to either a local drive, for example c:\wemisis, or to a non-shared network drive, like for instance f:\wemisis. Do not install to c:\emsals.

5. If for some reason you already had a c:\emsals folder, rename it to something else.

6. Logout from the LAN and PC as your own user ID, and login to the LAN and PC as Recovery. Go into Start, Programs, find the group and icon for WEMISIS/ALS 5.8, and run it.

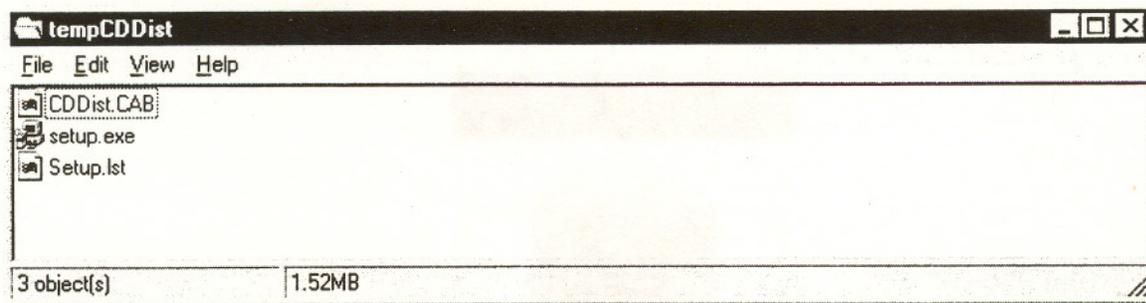
7. You should get the "I can't find my data" routine and prompts. (If not, there is a problem.) Do **not** select c:\wemsis\emsalsdt.mdb as your data. Find and select K:\WEMSISData\emsalsdt.mdb as your data. With version 5.84 and subsequent versions, you will be prompted twice, once for the emsalsdt.mdb file and once for the emsalsad.mdb file. These 2 data files can be in different folders, with version 5.84.
8. If you have any old WEMSIS 3.5 data to convert, find and select the emsdat.mdb file to convert it, when prompted. This conversion may run for a long time. Do not convert any data if a "Master PC" has already converted it, and your LAN is a "Substation" (see the Checkout documentation).
9. Go into Administration, Administer/Define Service-Provider, and define your Services (if there was no old data converted).
10. Go into Administration, Change User Rights. Add your own userID as LANUserId, for a Security Class of LOCADMIN, and set the 3 Rights fields so they are all checked.
11. Exit WEMSIS/ALS. Logout of the LAN and the PC as Recovery. Login to the LAN and the PC as your own user ID.
12. Go into Start, Programs, find the group and icon for WEMSIS/ALS 5.8, and run it.
13. Go into Administration, Change User Rights, to define other LOCADMIN and SERVICE users.
14. Have each user, at his or her PC, repeat steps 4, 5, and 7.
15. You or other LOCADMIN users can define Destination Address, Municipality, Other Agency, License, Service, and Service/Crew. When these have all been defined, then the Patients button on the Main Menu will be enabled.
16. Have your LAN Administrator delete the Recovery LAN and PC user ID.

### **Setting up your Common Dialogue Distribution Files**

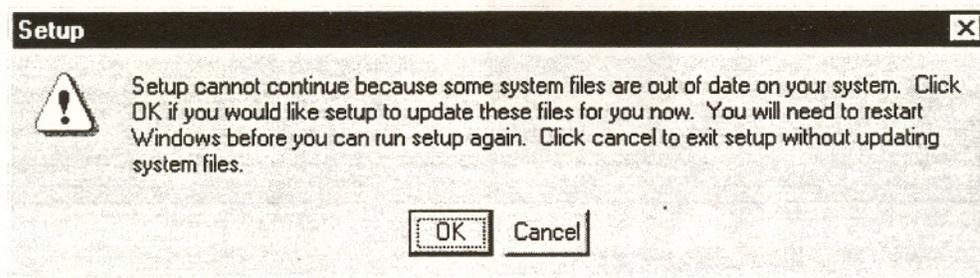
For systems that have outdated DLL files and wish to load the Common Dialogue File Format, go through the following steps: (note, this program will also eliminate the "ghost task" bar problem)

***Note: This software is provided "as is" and without warranty of any kind. DHFS or its contractor is not liable for loss of data.***

1. Run the Common Dialogue Distribution.Exe, to extract the files to the following directory.



2. Go to C:\tempCDDist and Run "Setup.exe" to start the program.
3. You will see the following screen. Choose OK and the prompts to install until the program is complete. This is the prompt you will see before you reboot.
4. Let it re-boot.



5. Then got to c:\tempCDDist and run setup.exe again. Accept all defaults.

**Remember, when installing a later version of an ALS program (beyond version 5.2), always choose the option: "Reinstall" Never choose "uninstall" to delete a previous version of WEMISIS! By choosing reinstall, it may require two attempts to run the setup program to successfully have the program loaded.**

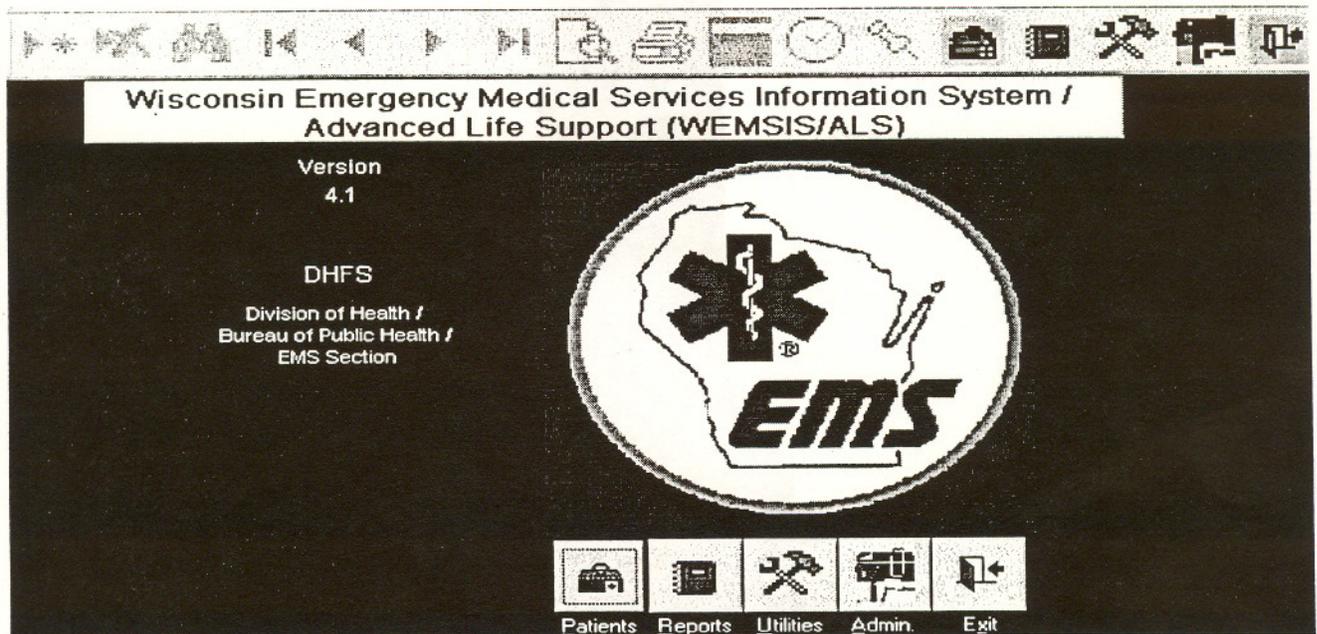
### 3 - Getting Started with WEMSIS

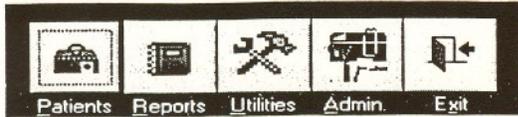
Once you have already installed the program...

#### Starting *WEMSIS* using NT or Windows 95

1. Click Start. On the Start menu, point to Programs on the menu.
2. Click EMS.

*NOTE: the Administration button will be the only active button the first time you use WEMSIS. You must enter your Provider, Crew Members, Municipalities, Destinations, and Other Agencies information before using the system. See Chapter 3- "Setting Up Your Service Defaults"*





## Menu Buttons

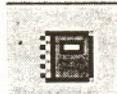
Immediately below the program title is the Main Menu button bar. Once you have entered the default settings on the Administration window, you can use these buttons to activate the *WEMSIS* application programs. When you place the pointer on one of the buttons and click the mouse button, an application window appears.

### Patients



Use this Menu Bar to open up the Patient Records, after selecting a service.

### Reports



Select the Report button to access the *WEMSIS* informational reporting system. It provides many useful reports to help you assess particular aspects of your EMS organization.

## Utilities



Select the Utilities button to access the *WEMSIS* data transfer and export capabilities. If you are a system that holds multiple services this feature will allow you to exchange data from one PC to another PC. There are other features for exporting data in this menu bar.

## Administration

The Administration window is used to create default settings for providers, crew members, and other information that will make up the drop-down lists on the



Quick and Long forms. As previously mentioned, this information must be entered in order to access the rest of the *WEMSIS* system.

## Exit



Use the Exit button to exit the program and return to Windows.

# **Chapter Two**

## **WEMSYS Overview**

# WEMSIS Overview

## Getting around in WEMSIS

This section provides an overview of the WEMSIS working environment and looks at some of the Graphic User Interface (GUI) techniques used by the program. You will find both the appearance and functionality of WEMSIS to be user friendly.

### Y2K

WEMSIS is ready for the next century! To meet the information retention needs beyond the year 2000, WEMSIS requires that you enter a four digit year on all date entries. For example, 1999 instead of 99.

### Mouse actions

Throughout this manual the words click and double click are used to refer to basic mouse actions. Clicking involves pressing and then releasing the left mouse button while holding the mouse stationary. Double clicking entails clicking the left mouse button twice while holding the mouse still.

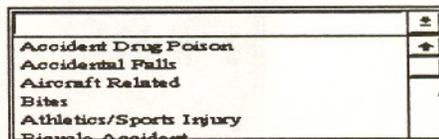
**NOTE:** It is recommended that you use the *tab* button instead of *Enter* when navigating through the WEMSIS screens.

### Field cursor movement

In general, pressing the Enter or Tab key moves the cursor from field to field across the window from left to right.

### List boxes

In many cases, it's quicker and easier to select an item from a list than to remember the value or name you want to type. WEMSIS uses list boxes that function as drop-down lists. A drop-down list allows you to either type the first letter or letters of your selection, or highlight your selection by scrolling down the list.



In a list box, click the arrow to display the drop-down list.

### Control buttons

Buttons activate many WEMSIS functions. To activate a function, simply place the mouse pointer on the button and click the mouse.



Shown here is the Main Menu bar, containing buttons that activate (from left to right) the Preview/Print Function, (Show) Required Fields, Long vs. Short Times, Reminder On/Off; Main Menu: windows: Patients, Reports, Utilities, and Administration , and the Exit button. We'll learn more about these windows later.

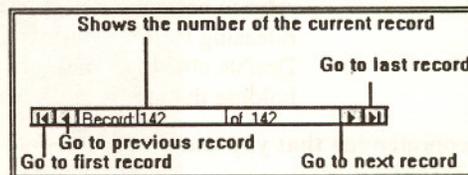
## Check boxes

A check box indicates a condition or selection. It is either checked (selected) or unchecked (deselected). To select a check box, place the mouse pointer on the box and click the mouse. To clear a selected box, place the mouse pointer on the box and click the mouse. You can also set and clear a check box by pressing the space bar.

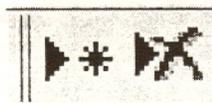
Search Fields as Formatted

## Moving from record to record

To move forward or backward through the database, use the navigation buttons located at the lower left corner of the window.



An additional set of navigation buttons are located on a button bar at the top of the screens, or by scrolling from a specific page with the scroll bar at the bottom of the screen.



## Adding or Deleting a record

To add a new record to the database, click the Add button located at the Upper left side of the window. After clicking the Add button, the screen clears and it's now ready for entry of a new record.

To delete a record, click the delete button found at the Upper Right side of the window.

## To print and Preview form



To get a better idea of how your document will look when you print it, you can use the Print/Preview window. In this window, you can see the overall appearance of the printed page. To see a close-up view, position the mouse on the page and click on it. Using the navigation buttons at the bottom of the window, you can view any page of the record.

Ambulance Report						11-Dec-97	Page 1
Patient #	970674	Name:	Smith, John M	Service:	47 Sturgeon Bay Fire Department		
Date Incident Reported:	10/28/1997	Responding Unit:	9	Station:	1		
Incident Address:	1500-27th Street	Incident Municipality:	Sturgeon Bay				
Incident County:	DOOR	Dest. Address/Facility:	2500 Garfield Street Two Rivers / TRCH				
Total Mile:	0	Lights And Siren To Scene:	Non-Emergent	No Lights Or Siren		Crash Rep. #	
Pt. Del.:	17:05	Call Rec.:	17:14	En. Route:	17:15	At Scene:	17:16
At Patient:	17:20	Lv. Scene:	17:26	At Dest. Arrival:	17:30	In Service:	17:42
Crew Member License		Crew Member Name		Location Type:	Recreational/Sport		
20831		Chanin, Jeff		Response Type:	Response To Scene		
20834		Miles, Jim					
23546		Wood, John					
Time Calculations:		Response Time To Patient:	0:6	Total Time At Scene:	0:10		
Destination Time:	0:4	Resp. Time From Init. Dispatch:	0:15	Departure Response:	0:1		

When selecting the Print function, you will have the option of printing any or all of the five page ambulance report.

## Searching for information in the database



When you want to find a specific record or find certain values, click the search button that is located on the button bar at the bottom of the form.

Find			
Find What:	Enter your search requirements here	Find First	
Where:	Match Whole Field	Direction	Find Next
Search In:	<input type="radio"/> Current Field <input checked="" type="radio"/> All Fields	<input checked="" type="radio"/> Up <input type="radio"/> Down	Close
<input type="checkbox"/> Match Case	<input checked="" type="checkbox"/> Search Fields as Formatted		

Follow these steps to find a particular word or numerical value:

1. If you want to find a particular word or value on a record anywhere in the database but within a certain field, such as Patient Name, move the cursor to that field.
2. In the Find what box, type the word or numerical value you want to find.
3. Choose the Find first button or push the Enter key.
4. WEMSIS then moves to the next record that contains the search criteria, if it exists.
5. Choose the Find next button to find the next occurrence of the specified value.
6. When you find the desired field, choose the Close button.

#### Other Find Options

Alternatively, if you want WEMSIS to find a word or numerical value that may appear in any field on any record in the database, click the "All Fields" option in the Find box. Then follow the instructions numbered 2-6 above.

*Note: You cannot search for checkboxes or option groups*

You can also specify whether you want WEMSIS to look within each field for certain data, such as the word "EMS" within the "CPR Provider" field. To do so, change "Match Whole Field" to "Any Part of Field" from the Where scroll-down box. Then follow the instructions numbered 2-6 above. Or, if you are looking for data at the beginning of a field, select "Start of Field" from the Where scroll-down box. For example, you may want to search for the start of an alphabetic section of last names. To do so, enter the letter in the Find what box and click the Find first button. Then follow the instructions numbered 3-6 above.

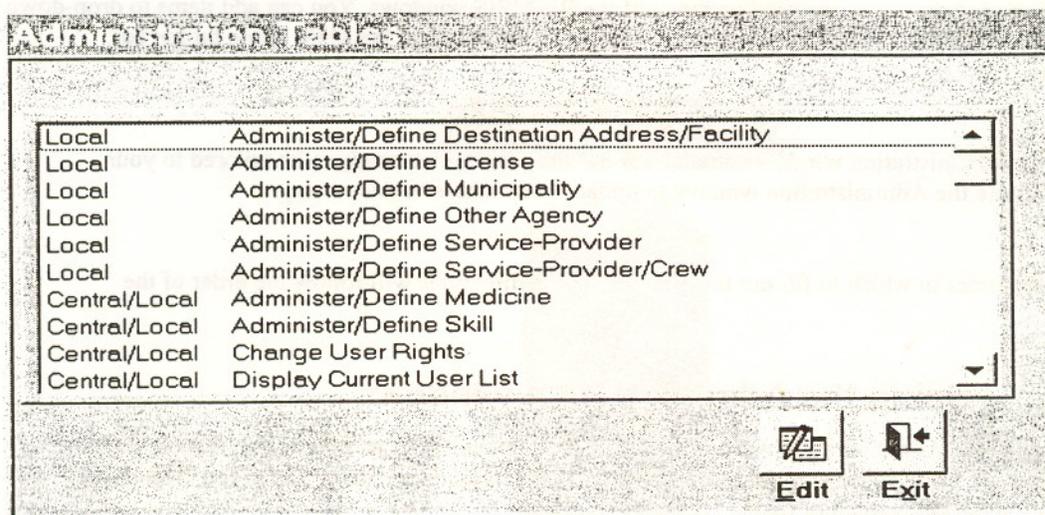
#### Exiting a form



To exit a form, click the exit button found in the lower right hand corner of the form.

# **Chapter Three**

## **Setting your Service Defaults**



# Service Parameters

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## Setting up your service's parameters

*Note: You must enter the provider and crew member information before using the WEMSIS system.*

Drop-down list boxes provide for selection of a single item from a list of items and are used on many of the WEMSIS windows. You can add items to drop-down lists by clicking the Administration Button on the Main Menu button bar.

As you can see, the Administration window contains several drop-down lists ready to be tailored to your service. You'll also use the Administration window to update these lists when necessary.

**\*\* It is required that all five "Local" user tables are filled in before patient records can be entered onto WEMSIS.** There is no required order in which to fill out these tables.

# Setting up your service's parameters

*Note: You must enter the provider and crew member information before using the WEMSYS system.*

Drop-down list boxes provide for selection of a single item from a list of items and are used on many of the WEMSYS windows. You can add items to drop-down lists by clicking the Administration Button on the Main Menu button bar.

As you can see, the Administration window contains several drop-down lists ready to be tailored to your service. You'll also use the Administration window to update these lists when necessary.

There is no required order in which to fill out these tables. These directions will follow the order of the Menu bar.

## Using the Administration windows

All the lists located in the Administration window have similar characteristics as to how they appear on the screen and how you use them. After you become familiar with the basic operation of one of the drop-down lists, you can apply these skills to all of them.

## Editing or adding an item to a drop-down list

1. Position the pointer on the list you wish to edit.
2. Single click on the selected item and then click on the Open button.
3. If you wish to delete an entry that has been a part of the database, such as an EMT that no longer works for your service, click on the Obsolete button. Using this method ensures that old data containing that EMT will remain intact even though that person will no longer appear on the drop-down list
4. To return to the Main Menu, click on the Exit button

<u>To</u>	<u>Do this</u>	<u>Button</u>
Add a record	Click the <b>Add</b> button	
Delete from the drop-down list	Click the <b>Obsolete</b> check box	
Print Preview	Click the <b>Preview</b> Button	
Print a list of items	Click the <b>Print</b> button	
Return to Main menu	Click the <b>Exit</b> button	

## Municipality list

	Municipality Description	Obsolete?
	Fish Creek	<input type="checkbox"/>
	Sturgeon Bay	<input type="checkbox"/>
*		<input type="checkbox"/>

Record: 1 of 2

To add a municipality, follow the guidelines in the table above.

**NOTE:** Currently, there are no guidelines for entering codes in any of the Administration fields. Code numbers can be chosen at random, so long as there is no duplication for any single field.

## Destination Address list

Use this list to record possible destinations to which patients are frequently transported.

Use Ctrl/M instead of Enter to start typing on a new line.

	Destination Address/Facility	Obsolete?
	St Marys Hospital, 123 N Pickel Street, Waterloo, Wisconsin, 53551	<input type="checkbox"/>
	St Marys Hospital, 123 N Pickel Street, Waterloo, Wisconsin, 53551	<input type="checkbox"/>
		<input type="checkbox"/>

Record: 2 of 2

**Special Note:** You may find it useful to abbreviate long destination names. For example, rather than entering "Howard Young Medical Center," you could just enter "HYMC." Otherwise, long names will be cut off when printed on reports.

- Once you have entered your service's parameters on the Administration window, you are ready to begin entering data from run reports. The next section of the User's Manual, *Quick Form Window*, will show you how to use the abbreviated data entry form.
- If you want to go straight to the detailed data entry form containing all the information required by the state, go to

## Service/ Provider

*You must enter at least one provider before your system will be fully enabled.*

Provider information appears on many system reports and data entry windows. The Provider list allows you to enter your service identification number and the name of your service. Some organizations, such as hospitals, may maintain the EMS records for multiple providers.

Administer/Define Service-Provider		
Service-Provider ID	Service-Provider Name (Sorted Ascending)	Obsolete
44454	Akron Fire	<input type="checkbox"/>
333343	Canton EMS	<input type="checkbox"/>
338	Shawano Ambulance	<input type="checkbox"/>
64	West Bend Fire	<input type="checkbox"/>
		<input type="checkbox"/>

Record: 1 2 3 4 5 6 7 8 9 10 of 5

Buttons: Add, Preview, Print, Exit

## Maintaining the Crew list

After defining provider information, your next step is to record the crew members assigned to each provider. There is no limit to the number of crew members you can add to this list. It is also possible to have EMTs working for multiple services within your database.

### To add a crew member to the master list:

You must enter data into two different Administration tables:

Go to Administer/Define License to add names, and license no information. Note: if you enter the last name first, it will appear this way, (by last name) in alphabetical order on the drop-down list that is created in the record.

Administer/Define License		
License Code	License-Holder Name (Sorted Ascending)	Obsolete
12345	Abe Miller	<input type="checkbox"/>
22332	Adams, Vince	<input type="checkbox"/>
112211	Adams, Vince	<input type="checkbox"/>
3343	Aikman, Troy	<input type="checkbox"/>
4444	Favre, Brett	<input type="checkbox"/>
88986	Leach, Rick	<input type="checkbox"/>
454555	Simpson, Homer	<input type="checkbox"/>
44454	Testaverde, Vince	<input type="checkbox"/>
445544	Wade, Matt	<input type="checkbox"/>

     
 Add Preview Print Exit

Record:  of 13

**1. Go to Administer/Define Service-Provider Crew**

In this screen, you will match crew names (defined in Step 1 "Define License") to Providers (also earlier defined).

Administer/Define Service-Provider Crew		
Service-Provider	Crew Member	Obsolete?
Akron Fire	Adams, Vince	<input type="checkbox"/>
Akron Fire	Adams, Vince	<input type="checkbox"/>
Akron Fire	Young, Mary	<input type="checkbox"/>
Akron Fire	Aikman, Troy	<input type="checkbox"/>
Akron Fire	Welsh, Stacey	<input type="checkbox"/>
Akron Fire	Young, Mary	<input type="checkbox"/>
Akron Fire	Testaverde, Vince	<input type="checkbox"/>

Add Preview Print Exit  
   

Record:  of 14

## 2. Go to Administer/Define Service-Provider Crew

In this screen, you will match crew names (defined in Step 1 “Define License”) to Providers (also earlier defined).

Service-Provider	Crew Member	Obsolete?
Akron Fire	Adams, Vince	<input type="checkbox"/>
Akron Fire	Adams, Vince	<input type="checkbox"/>
Akron Fire	Young, Mary	<input type="checkbox"/>
Akron Fire	Aikman, Troy	<input type="checkbox"/>
Akron Fire	Welsh, Stacey	<input type="checkbox"/>
Akron Fire	Young, Mary	<input type="checkbox"/>
Akron Fire	Testaverde, Vince	<input type="checkbox"/>

Add Preview Print Exit

Record: 7 of 14

## Other Agencies list

The Other Agencies list may include law enforcement organizations, a fire department or other EMS units that may appear on the scene of an EMS event.

Other Agency Description	Obsolete?
Door County Sheriff	<input type="checkbox"/>
Fish Creek Police Department	<input type="checkbox"/>
Sturgeon Bay Ambulance	<input type="checkbox"/>
Sturgeon Bay Fire Department	<input type="checkbox"/>

Add Preview Print Exit

Record: 1 of 4

## Other Agencies list

The Other Agencies list may include law enforcement organizations, a fire department or other EMS units that may appear on the scene of an EMS event.

Other Agency Description	Obsolete?
Door County Sheriff	<input type="checkbox"/>
Fish Creek Police Department	<input type="checkbox"/>
Sturgeon Bay Ambulance	<input type="checkbox"/>
Sturgeon Bay Fire Department	<input type="checkbox"/>

Buttons: Add, Preview, Print, Exit

Status: Record: 1 of 4

### About the Other Screens in Administration

Tables that are set up as “Central/Local” are not meant to be changed! For example, the list of medications are based on generic names that will not change over time and codes that should match the list for statewide collection. If you wish to see the list of trade names, look in Data Definitions. (Section I: Introduction, 5) Altering these lists will conflict with statewide medications lists. All updates on approved medications will be sent to all WEMSYS participants for consistency in coding.

## Other Agencies list

The Other Agencies list may include law enforcement organizations, a fire department or other EMS units that may appear on the scene of an EMS event.

Other Agency Description	Obsolete?
Door County Sheriff	<input type="checkbox"/>
Fish Creek Police Department	<input type="checkbox"/>
Sturgeon Bay Ambulance	<input type="checkbox"/>
Sturgeon Bay Fire Department	<input type="checkbox"/>

Add Preview Print Exit

Record: 1 of 4

### About the Other Screens in Administration

Tables that are set up as "Central/Local" are not meant to be changed! For example, the list of medications are based on generic names that will not change over time and codes that should match the list for statewide collection. If you wish to see the list of trade names, look in Data Definitions.(Section I: Introduction, 5) Altering these lists will conflict with statewide medications lists. All updates on approved medications will be sent to all WEMIS participants for consistency in coding.

# **Chapter Four**

## **Creating a Patient Record**

## Creating a Patient Record

Once you have entered your service's parameters on the Administration window, you are ready to begin entering data from run reports.

### Choosing a service



1. If more than one service is using the system, select the appropriate service from the drop-down list. Click Exit to begin entering data .
  2. If you are editing an existing record, use the search function to display the run information in the window. After locating the record, position the cursor on the field(s) you wish to edit and type the new information. By exiting the record, you will save current information.
- Note:** If the record is *Read only*, this means that record exists on another database. You cannot edit the information on that record.
3. Once into the Patient Screen, if you are entering new run information, click the Add (+) button and follow the instructions below.
  4. If you are editing an existing record, use the search function to display the run information in the window. Refer

After locating the record, position the cursor on the field(s) you wish to edit and type the new information.

### About numbering your Records

When you open the first Patient, you are in record 1. After the first time you enter data on this record, the window will display previously entered information. The information is stored in order by patient care record number, so that the record with the lowest patient care record number is the first record in the database. The next record you enter will be the last number, automatically set as the highest record number and the default for the next record you enter. That is, after entering a record and clicking on the Add button to enter a new record, the new

record will automatically have the next consecutive record number, unless you change it.

### Control buttons

Resp.	Demog.	History	Assess.	Phys. Exam.	Traum. Inj.	Incid. Desc.	ALS	Comment	CPR/ID	Misc.	Out.
	Demographic	History	Assessment	Physical Exam	Traumatic Injury	Incident Description	Advanced Life Support	Comment	CPR/ Incident Description	Miscellaneous	Outcome

The tab listing (above) appears at the top of each WEMSYS window. By clicking on these tabs, you will access the windows, or computer screens, which correspond with the Bureau of Emergency Medical Services approved Ambulance Run Report. A description of each of these windows follows.

# THE WEMSIS SCREENS

## RESPONSE

EMSALS - [Wisconsin Emergency Medical Services Information System / Advanced Life Support (WEMSIS/ALS)]

File Edit View Records System

ERSCHMJ Response 02/01/1999 10:55:22 AM

Resp. Demog. History Assess. Phys. Exam. Traum. Inj. Incid. Desc. ALS Comment CPR/ID Misc. Out.

Date Reported: 01/27/1999 Service: Akron Fire Resp. Unit: Station:

Record #: 1 Incid. Address: Incid. Municip:

Incid. County: Dest. Addr/Facility:

Mileage: End Begin Total

Pt Det: 08:15 Call Rec:

En Route: At Scene:

At Patient: Lv Scene:

At Dest: In Service:

Lights And Siren to Scene:  NA

Non-Emergent, No Lights or Siren

Emergent, Lights and Siren

Initial Emergent, Downgrade to No Lights and Siren

Initial Non-Emergent, Upgrade to Lights and Siren

Crash Report#:

Location Type: Unspecified

Response Type:  Scheduled Interfac. Trans.

Mutual Aid  Standby

Intercept  Unscheduled Interfac. Trans.

Response To Scene  Unknown  NA

Crew License	Crew Name
22332	Adams, Vince
445544	Wade, Matt
332233	Young, Mary
*	

Record: 1 of 3

Service ID: 44454 Record #: 1 Patient Name:

Record: 1 of 1

Form View

These fields are set within your own default settings

To record the crew which responded to this run, select the appropriate crew member information here.

**Response Times:** Entering the correct response time information is crucial to the run you are entering. After entering a time, you can tab over to the next field to make your data entry faster. Note: Times here can be equal, but a time that is earlier than a previous field will result in WEMSIS automatically interpreting the time as the next day. A prompt will appear that asks if you are going over (past 2359) to the next day. 0000 – being midnight. Check all your times carefully and try using the Long Times button if you run into difficulties.

**Crew Information:** To add an EMT to your crew on a record, click on the arrow button to the left of the display box. To quickly choose the name of the crew member, type in the first few letters of the name you wish to select. To select the next EMT, you can either tab or click onto the next line. (The \* to the left of the display line denotes the line you are currently editing)

## WEMSYS Utility Icons

<u>Function</u>	<u>Do this</u>	<u>Button</u>
Find a patient or run	Click the <b>Search</b> button	
Advance to the last item	Click <b>Last Record</b> Button	
Return to first item	Click <b>First Record</b> Button	
Advance one record	Click <b>Forward One</b> Button	
Go back one record	Click <b>Back One</b> Button	
Print Preview	Click the <b>Preview</b> Button	
Print a composite run report	Click the <b>Print</b> button	
Return to main menu	Click the <b>Close</b> button	

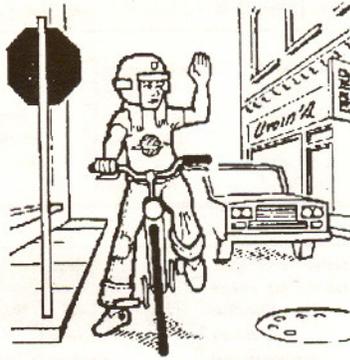
Notice that some of the entry fields have a blue background while some have a yellow one. The blue fields are for local use, while the yellow fields are required for submission to the state. You can turn this color scheme on and off by clicking on the Required fields ON/OFF button at the bottom of the window.

For detailed information on individual fields, see the Data Elements dictionary portion of this handbook.

The yellow fields contain information that is required for submission to the state. These required fields contain the data elements that make up the export disks. For more information on the Export function, see "Utilities" on page

For detailed information on the individual fields, see the Data Elements dictionary section of this handbook.

After you have used the system for a while you may find that you no longer need these messages. You can turn these messages off by clicking the "Turn Reminder Messages On/Off" button at the top of the window.



Always wear proper safety equipment

## Demographics

EMSALS - [Wisconsin Emergency Medical Services Information System / Advanced Life Support (WEMSIS/ALS)]

File Edit View Records System

ERSCHMJ Demographics 02/01/1999 10:59:01 AM

Resp. Demog. History Assess. Phys. Exam. Traum. Inj. Incid. Desc. ALS Comment CPR/ID Misc. Out.

Last Name: _____ First Name: _____ MI: _____			Emergency Contact:		
Address: _____			Name: _____		
City: _____ State: WI Zip: _____			Address: _____		
Home Phone: _____			City: _____ State: WI Zip: _____		
			Phone: _____ Ext: _____		

Personal Physician: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

SS#: \_\_\_\_\_ Race: \_\_\_\_\_ Work-Related Injury:

Insurance:	Company: _____
	Group#: _____ Indiv#: _____ Insurance Type: _____

Service ID: 44454 Record #: 1 Patient Name: \_\_\_\_\_

Record: 1 of 1

Form View

Enter the four-digit year to enter the age of the patient

File Edit View Records System

ERSCHMJ History 02/01/1999 12:46:17 PM

Resp. Demog. History Assess. Phys. Exam. Traum. Inj. Incid. Desc. ALS Comment CPR/ID Misc. Out.

Signs/Symptoms:

Abdominal Pain: <input type="checkbox"/>	Chest Pain: <input checked="" type="checkbox"/>	Fever/Hyperther: <input type="checkbox"/>	Paralysis: <input type="checkbox"/>	Trauma: <input type="checkbox"/>
Back Pain: <input type="checkbox"/>	Choking: <input type="checkbox"/>	Headache: <input type="checkbox"/>	Palpitations: <input type="checkbox"/>	Unresp/Unconsc: <input type="checkbox"/>
Bleeding: <input type="checkbox"/>	Diarrhea: <input type="checkbox"/>	Hypertension: <input type="checkbox"/>	Preg./Childbirth: <input type="checkbox"/>	Vaginal Bleeding: <input type="checkbox"/>
Bloody Stool: <input type="checkbox"/>	Dizziness: <input type="checkbox"/>	Hypothermia: <input type="checkbox"/>	Respiratory Arrest: <input type="checkbox"/>	Vomiting: <input type="checkbox"/>
Breath. Difficulty: <input type="checkbox"/>	Ear Pain: <input type="checkbox"/>	Nausea: <input type="checkbox"/>	Seiz./Convulsions: <input type="checkbox"/>	Weakness: <input type="checkbox"/>
Cardiac Arrest: <input type="checkbox"/>	Eye Pain: <input type="checkbox"/>	Numbness: <input type="checkbox"/>	Syncope: <input type="checkbox"/>	Unknown: <input type="checkbox"/>
				Other: <input type="checkbox"/>

Allergies:

Pre-Exist. Med. Cond.:  Chronic Renal Failure:  Hepatitis:  Arrhythmia:  **Other**

**Medical**  Chronic Resp. Failure:  Hypotension:  Congenital:  Dev. Delay/MR:

Anemia:  CVA/TIA:  Seiz./Convulsions:  Cong. Heart Failure:  Psychiatric:

Asthma:  Diabetes:  Tuberculosis:  Hypertension:  Subst. Abuse:

Bleeding Disorders:  Gastrointestinal:  **Cardiac**  Myocard. Infarction:  Tracheostomy:

Cancer:  Headaches:  Angina:  Cardiac Surgery:  Other:

Current Medications:

## Patient History

Click the appropriate check boxes and type the patient's allergies in the Allergies text box. If you have information about the patient's current medications, type it in the Current Medications text box. When you complete the History information window you can proceed with the data entry task by clicking one of the buttons at the bottom of the window.

EMSALS - [Wisconsin Emergency Medical Services Information System / Advanced Life Support (WEMSIS/ALS)]

File Edit View Records System

ERSCHMJ Assessment 02/01/1999 12:51:41 PM

Resp. Demog. History Assess. Phys. Exam. Traum. Inj. Incid. Desc. ALS Comment CPR/ID Misc. Out.

Systolic B/P: <input type="text"/>	Pulse Rate: <input type="text"/>
Diastolic B/P: <input type="text"/>	Respiratory Rate: <input type="text"/>
Pulse Quality: <input checked="" type="radio"/> Regular <input type="radio"/> Irregular	Respiratory Effort: <input checked="" type="radio"/> Normal <input type="radio"/> Absent <input type="radio"/> Labored <input type="radio"/> Assisted <input type="radio"/> Shallow <input type="radio"/> Not Assessed
Level of Consciousness: <input checked="" type="radio"/> A-Alert <input type="radio"/> P-Pain <input checked="" type="radio"/> V-Verbal <input type="radio"/> U-Unresponsive	Mental Status/Behavior: <input type="text"/>

PERRL:  Eyes:  R Reactive  L  R Nonreactive  L  R Constricted  L  R Dilated  L  R Blind  L  R Cataracts  L  R Glaucoma  L

Breath Sounds:  R Clear  L  R Wet  L  R Decreased  L  R Wheeze  L  R Absent  L

Stridor:

Skin Temp.:

Skin Capillary Refill:

Skin Moisture:

Skin Color:

Body Temp.:  Body Temp. Method:

## Assessment

The Assessment window allows the entry of vital signs information. **Note: THIS INFORMATION WILL BE THE DEFAULT FOR ALS/ASSESSMENT ENTRY OF INITIAL (FIRST) SET OF VITALS.** The 1<sup>st</sup> assessment time will equal that of "Time at Patient" unless it is changed. It is recommended that you enter your initial Assessments here first.

## Physical Examination

As you enter information under "Injury/Pain Location," WEMSIS will automatically give you another blank row every time you begin typing on a new one. The pencil indicates which row you are currently working on; the asterisk marks the next blank row.

Use the "No Trauma" field to indicate pain when no other field applies

"Unspecified" denotes multiple trauma, where more than one body part is injured

Physical Examination									
Glasgow Eye Opening Comp.: <input type="text" value="4"/>					Glasgow Motor Response Comp.: <input type="text" value="6"/>				
Glasgow Verbal Response Comp.: <input type="text" value="5"/>					Glasgow Comp. Total: <input type="text" value="15"/>				
Injury/Pain Location	No	Blunt	Gunshot	Puncture/Stab	Soft Tissue				
	Trauma	Dis/FX	Laceration	Swelling	Burn				
Chest/Axilla	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint of Right Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back/Flank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvis/Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Left Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unspecified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Joint of Right Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Left Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Left Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint of Left Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Right Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Right Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint of Right Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unspecified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMSALS - [Wisconsin Emergency Medical Services Information System / Advanced Life Support (WEMSIS/ALS)]

File Edit View Records System

ERSCHMJ Traumatic Injury 02/01/1999 12:56:41 PM

Resp Demog History Assess Phys Exam Traum Inj Incid Desc ALS Comment CPR/ID Misc Out

Crash Info NA  Crash Report #

Loc. of Damage to Vehicle: Patient Location In Vehicle:

Crash Type:

<input checked="" type="radio"/> Car	<input checked="" type="radio"/> Motorcycle
<input checked="" type="radio"/> Truck	<input checked="" type="radio"/> ATV
<input checked="" type="radio"/> Van	<input checked="" type="radio"/> Snowmobile
<input checked="" type="radio"/> Semi	<input checked="" type="radio"/> Watercraft
<input checked="" type="radio"/> Bus	<input checked="" type="radio"/> Aircraft

Crash Exterior Damage:

<input checked="" type="radio"/> None
<input checked="" type="radio"/> Minor
<input checked="" type="radio"/> Moderate
<input checked="" type="radio"/> Major
<input checked="" type="radio"/> Rollover

Car Interior Damage:

None	<input type="checkbox"/>
Spidered Window	<input type="checkbox"/>
St. Wh. Bent	<input type="checkbox"/>
Compart. Intrusion	<input type="checkbox"/>
Patient Ejected	<input type="checkbox"/>

Restraints:

Lap Belt	<input type="checkbox"/>
Child Seat	<input type="checkbox"/>
Airbag	<input type="checkbox"/>
Shoulder Belt	<input type="checkbox"/>
None	<input type="checkbox"/>

Safety Equipment:

Helmet	<input type="checkbox"/>
Eye Prot.	<input type="checkbox"/>
None	<input type="checkbox"/>
Prot. Clothing	<input type="checkbox"/>
Float. Dev.	<input type="checkbox"/>
Unknown	<input type="checkbox"/>
NA	<input type="checkbox"/>

Cause of Injury:

- Aircraft Related
- Athletic Event
- Bicycle Crash
- Bite
- Chemical Exposure
- Child Battering Suspected
- Drowning
- Drug Poison

Service ID: 44454 Patient Name: c

Record: 1 of 1

Form View

## Traumatic Injury

You can record information about the crash that caused the patient's injuries by clicking the **Traumatic Injury** button.

**Crash-Info-NA:** If the run is medical, click on the N/A check box. This will disable the rest of the crash entry fields since the information is not applicable. Note: N/A is the default selection when this page is left blank.

To record the Crash Type and Exterior damage, click on *one* of the **Crash Type** and **Exterior Damage** option buttons. Check all appropriate **Car Interior Damage**, **Restraints** and **Safety Equipment** checkboxes. Finally, select a **Cause of Injury** from the drop-down list.

## Incident Description

Select the Provider Impressions from the **Primary**, **Secondary** and **Tertiary** drop-down lists. Enter the **Time of Onset**, using military time, in the text box. Check the appropriate **Procedure or Treatment** check boxes and select the crew member who performed the procedure from the crew member drop-down list.

- **Procedure or Treatment:** Check the procedures or treatments provided to the patient and select a crew member's name from the drop-down list.

Procedure	EMT
Assisted Ventilation	Mozart, Wolfgang "Wolke" A
Nasopharyngeal Airway	Mozart, Wolfgang "Wolke" A
Vital Signs	Arlbeter, Dagmund S
Nasopharyngeal Airway	Treubauer, George F.

**BLS Procedures:** If you wish to enter more than one EMT for administering of BLS procedures, then you must enter those skills, a second time in this drop-down list and then choose the EMTs that performed that skill, at the bottom of the screen.

## Going from BLS to an ALS Run

After you have entered the BLS skills, you need to decide what information should go into the ALS screen. (3 separate modules) The following criteria should apply:

- For entering multiple sets of vitals, you need to go into ALS, Assessments
- You are a BLS provider who wants to enter Advanced Skills in ALS, Skills
- You are an ALS Provider, but you can enter BLS skills in the Incident Description screen.

**Note: Some Skills can be entered on either BLS (Incident Description) or ALS screens.** These skills are Stacked Shocks, Nasopharyngeal and Oropharyngeal Airways. If you wish to record times, or joules for this event, you'll need to do so in the ALS screen. It is highly recommended that you use the ALS form to fill in these skills, including basic skills such as Combitube, Stacked Shocks and approved Medications, such as glucagon. If you want your crew to be recorded onto the BLS Skill Frequency Report, you should also enter "Stacked Shocks" on the BLS screen. For ALS Frequency Reporting, it would need to be entered in ALS.

WATSOLL		Advanced Life Support				10/26/1998		05:50:52 PM			
Resp.	Demog.	History	Assess.	Phys. Exam.	Traum. Inj.	Incid. Desc.	ALS	Comment	CPR/ID	Misc.	Out.
ALS Assess.		ALS Skills		ALS Meds.							
Time	EMT	Pulse		Resp		Blood Pts			Cardiac		N ▲
		Rate	Qual	Rate	Effort	Sys	Dias	HR	Rh/Int	Blks	
▶ 08/2	Airbieter	85	Irregular	20	Labored	125	90	0	A Fib I		
*		0		0				0			

## Assessments

Enter information here just as you would for the ambulance run sheet. When you get to "Notes" you can reference line numbers from the Run sheet. By hitting "tab" or "Enter" button, you will move into the next category of the ALS module.

## ALS Skills

Some skills will be recorded on the Skill Success Ratio Report. For these skills you will need to determine whether or not that skill was successfully performed. These skills will appear on the Skill Success Ratio Report. All other skills should have 1 for "attempts" which is the default, if you leave them blank.

Cricothyrotomy

External Pacing

Endotracheal Tube

Nasal-tracheal Intubation

Combitube

Pericardiocentesis

Blood Draw

Peripheral IV

Central IV

Transtracheal Ventilation

Intraosseous Infusion

WATSOLL		Advanced Life Support				10/27/1998		11:12:19 AM			
Resp.	Demog.	History	Assess.	Phys. Exam.	Traum. Inj.	Incid. Desc.	ALS	Comment	CPR/ID	Misc.	Out.
ALS Assess.		ALS Skills		ALS Meds.							
Time	EMT	EMT2	Skill	Atmpts	Succ?	Adv Air	Delib	Note			
13:02	Mozart, W.	Airbieter, C.	Cricothyrotomy	2							
13:03	Airbieter, I.		DM-Defibrillato	2	✓						
13:04	Mozart, W.		Combitube	1	✓						
13:05	Airbieter, I.		AED-Automate	2	✓						
13:06	Airbieter, I.			0							
				0							
Record			<ul style="list-style-type: none"> <li>AED--Automated External Defibrillation</li> <li>BD--Blood Draw</li> <li>BI Gluc--Blood Glucose Analysis</li> <li>BVM</li> <li>CD--Chest Decompression</li> <li>Central IV</li> <li>Cricothyrotomy</li> <li>Combitube</li> </ul>								
Service ID: 123456789		Record #: 2		Patient Name: [REDACTED]							
Record: 2		of 4									

Form View

## Reporting Advanced Skills



### Advanced Airway

You can enter any of the following Advanced Airways:

- Combitube
- Oropharyngeal tube
- Nasal-tracheal Intubation (NT)
- Nasopharyngeal Airway
- Cricothyrotomy
- Endotracheal Tube

After selecting any of these Airway skills,



You can click on the Advanced Airway icon, which will prompt you to enter additional information that is included in the following popup screen. This data will be used for Quality Improvement reporting.

Advanced Airway

Advanced Airway

MD Verified:

Placement Verified By: Tube Check

Exit

Complications:

- Auscultation
- End-Tidal-CO2
- Tube Check

After selecting one of the Defibrillator Skills (Manual or AED), you can select the  button and enter additional information for Defibrillator skills. Entering *Joules* on this screen will activate an entry, or one count into the "Time to AED" QI Report.

Defibrillation

Defibrillation

Defib Machine Failure:

Joules: 23

Exit

EMSALS - Wisconsin Emergency Medical Services Information System / Advanced Life Support (WEMSIS/ALS)

File Edit View Records System

STNDALNE Advanced Life Support 04/26/1999 11:26:39 AM

Resp. Demog. History Assess. Phys. Exam. Traum. Inj. Incid. Desc. ALS Comment CPR/ID Misc. Out.

ALS Assess | ALS Skills | ALS Meds.

Time	EMT	Med	Dose	Measuring Unit	Route	Note
9 8:28	Leach, Rick	t-PA			Intraosseoi	
9 8:29	Welsh, Stacey	Adenosine	1	mg	Oral	2

0.9% NaCl (Normal Saline)  
 Acetaminophen  
 Activated Charcoal  
 Activated Charcoal w/Sorbitol  
 Adenosine  
 Albumin  
 Albuterol  
 Aminophylline

Record: 3 of 3

### Comment

Type the comments from the ambulance report in the comment area. After entering the comments, click one of the buttons at the bottom of the window to proceed to your next data entry task.

Comment

Comment

Comment Area

**Special Note:** When you print the run report form, only 12 lines of text will appear in the comment section on page 4. Comments beyond line 12 appear on page 5 of the printed report.

### CPR/Incident Disposition

Incident Disposition, which also appears on the Quick Form, can be recorded using the Long Form's CPR/Incident Disposition window. When you check the "Witnessed Arrest" box, you are prompted to enter "Time of Arrest." Rounding off the Time of Arrest to the nearest five-minute interval is appropriate.

**CPR** CPR/Incident Disposition

CPR Provider: [ ] CPR Start Time: [ ]  
 Witnessed Arrest:  Witnessed Arrest Time: [ ] CPR Discontinue Time: [ ]

Incident Disposition:  I. Treated/Transported By EMS  
 Turn Incident Disposition Reminder Messages On/Off:

Destination Type: [Skilled Nursing Facil.]

**Destination Determinations**

<input checked="" type="checkbox"/> Closest Facility	<input type="checkbox"/> Managed Care	<input type="checkbox"/> Protocol
<input type="checkbox"/> Diversion	<input type="checkbox"/> On Line Med. Direction	<input type="checkbox"/> Specialty Center
<input type="checkbox"/> EMT Choice	<input type="checkbox"/> Patient/Family Choice	<input type="checkbox"/> Other
<input type="checkbox"/> Law Enforce. Choice	<input type="checkbox"/> Patient/Phys. Choice	

**II. Treated/Transported Care**

- To Aero-Medical Unit
- To ALS Unit
- To BLS Unit
- To Law Enforcement

**III. Treat/No Transport**

- Treat/Trans. By Priv. Veh.
- Treat/Trans. By Other Means
- Treated And Released
- Patient Refused Care

**IV. No Treat. Needed**

- V. Dead At Scene
- VI. Cancelled
- VII. Unknown
- VIII. No Patient Found

*Note: You can turn the reminder messages off by clicking the "Turn Reminder Messages On/Off" button at the top of the window*

Decide which category, I-VIII, is applicable. (Fields marked I-VIII are mutually exclusive, so you cannot fill in a check box in more than one field.) For example, if you wish to mark I. Treated/Transported by EMS, select either the **Destination Type** or **Destination Determinations**, and a reminder message will pop-up to tell you to remember to fill out the other one.

## Miscellaneous

In the Miscellaneous window, you can record other information about the ambulance run. For example, to record the arrival status of the patient click the **Arrival Status** option buttons. For the **Other Agencies** section, you are able to type in your own response as well as select from the list created in the Administration window.

**Miscellaneous** Miscellaneous

Lights and Siren During Transport: [Emergent with Lights and Siren]

Other Services: [Police]

Other Agencies 1: [Fish Creek Police Department]

Other Agencies 2: [ ]

Other Agencies 3: [ ]

**Arrival Status**

- DOA
- Unchanged
- NA
- Unknown
- Better
- Worse

**Facility Notified By**

- Radio
- Phone
- Unable
- No Need
- Direct
- EKG Telemetry

**Difficulties Encountered**

- Dispatch
- Extrication
- Hazardous Material
- Language Barrier
- Road
- Unsafe Scene
- Vehicle Problems
- Weather
- Other

**PPE Used**

- Gloves
- Gown
- Goggles
- Mask
- Other

- After completing data entry you have the option of creating reports, as the next section of the WEMSIS User Guide explains.

EMSALS - [Wisconsin Emergency Medical Services Information System / Advanced Life Support (WEMSIS/ALS)]

File Edit View Records System

WATSOLL Outcome 02/23/1999 12:48:26 PM

Resp. Demog. History Assess. Phys. Exam. Traum. Inj. Incid. Desc. ALS Comment CPR/ID Misc. Out

Response Outcome: Arr At Hosp with Pulse--YES:  Died En-Route:   
 Arr At Hosp with Pulse--NO:

Admitted to Emergency Dept

- Died
- Discharged
- Discharged against Medical Advice
- Admitted to Hospital
- Transferred
- Unknown

Admitted to Hospital

- Died
- Discharged
- Transferred
- Unknown

Service ID: 333343 Record #: 36 Patient Name: Jones, Mrs

Record: 7 of 7

Calculating...

NUM

## Outcome

A number of possible entries are listed for the Outcomes screen. This information, when found is valuable and necessary to complete the data "continuum" some of which is found in several WEMSIS ALS reports.

*Once you have completed the entry of an entire patient record, you can run the print/preview option.*

**Chapter Five**

**Reports**

# Reports

## Working with the Reporting System

WEMSIS makes it easy for you to share information in the database with its powerful reporting system. To start the reporting system, click the Report icon on the Main Menu button bar.

Select a report type from the menu by pointing to an item on the list and quickly double clicking the mouse button.

The screenshot shows a window titled 'WEMSIS' with a menu bar containing 'File', 'Edit', 'View', 'Records', and 'System'. The main content area is titled 'Reports Menu' and contains the following elements:

- Date Of Incident From:** 12/01/1997 **To:** 12/11/1997
- Available Reports:** A list of 18 report types, with '02. Call Frequency Time Analysis' selected. The list includes:
  - 01. Call Activity Report
  - 02. Call Frequency Time Analysis
  - 03. Response Time Exception Call Listing
  - 04. Fractile Time Analysis Report
  - 05. Injury Matrix Report
  - 06. Service Run Frequency Report
  - 07. Demographic Summary Report
  - 08. Key Field Report - Cause of Injury
  - 09. Key Field Report - Provider Impression
  - 10. Key Field Report - Response Type
  - 11. Key Field Report - Location Type
  - 12. Key Field Report - ALS/Provider Impression
  - 13. Quality Improvement Report - Time To CPR
  - 14. Quality Improvement Report - Time To Defibrillation
  - 15. Quality Improvement Report - CPR Provider
  - 16. Quality Improvement Report - Airway
  - 17. Quality Improvement Report - Epinephrine Admin.
  - 18. Quality Improvement Report - Defibrillation
- Service ID:** Sturgeon Bay Fire Departm (dropdown menu)
- Municipality:** A list of municipalities including Mutual Aid, Response To Scene, Scheduled Interfacility Tra, NA, Unscheduled Interfacility, Intercept, Standby, and Unknown.
- Response Type:** (dropdown menu)
- Buttons:** Preview, Print, and Exit.

Form View

After selecting a report, WEMSIS requests additional information that tailors the report to your needs. All the reports require Service ID and date range for the information requested. For example, if you are reporting on the call activity for your service, you would first enter the date range in the Date of Incident text boxes. The next step is to select your service's name from the services drop-down list. After entering the appropriate report parameters, you can view the report by clicking the Preview button. If you wish to print, click the Print

# 1 - Call Activity Report

The call activity report lists all runs that occurred between the incident dates you select. You do not have to select a Service ID from the drop-down list if your organization is the only one using the system. If you have user rights to multiple services, i.e. LocAdmin user, you can either select one service or leave the service entry blank to view all services. If you do not select a Service ID the report will contain information from all services.

EMSALS - [rptCallActivity : Report]

File Window Help

### Call Activity Report

18-Feb-99 From 09:11:000 To 09:20:000

Incident Date	Number of Calls	Unit	Response Type	Light/Strat Status	Incident Loc.	Incident Address	Unit Address	Light/Strat Status	Time In	Time Out	Response Time to Scene	Service
Municipality: Alton												
04120199	3	22	Medical Aid	Initial	Emergency, Dispatch	388 Clark of Ave	Overland Clinic	Emergency, with Lights	8:12	8	8	12
04120199	20	20	Resp. Fe Team	Initial	Emergency, Dispatch	4414 E. Washington Ave	Alton Hospital	Emergency, with Lights	18:21	26	7	16
04120199	8	8	Resp. Fe Team	Initial	Emergency, Dispatch	4414 E. Washington Ave	Alton Hospital	Initial Non-Emergency	18:21	26	7	16
04120199	20	20	Resp. Fe Team	Initial	Emergency, Dispatch	4414 E. Washington Ave	Alton Hospital	Emergency, with Lights	18:21	26	7	16
03091999	075	54	Medical Aid	Emergency, Lights and	Fe actual	320 N. 1st St.	Overland Clinic	Non-Emergency, no light	14:10	35	10	13
03091999	074	54	Medical Aid	N/A	Fe actual	11 Ramp Dr.	Overland Clinic	Non-Emergency, no light	8:40	35	7	10
03091999	075	54	Resp. Fe Team	Emergency, Lights and	Fe actual	320 N. 1st St.	Alton Hospital	Non-Emergency, no light	1:20	28	5	10
Municipality: Canton												
04110199	1	30	Resp. Fe Team	Non-Emergency, No Li	Fe actual	300 South Park	Alton Hospital	Emergency, with Lights	8:17	36	5	20
04110199	111	30	Resp. Fe Team	Non-Emergency, No Li	Unknown	300 South Park	Alton Hospital		8:17	36	5	20
04120199	30	30	Resp. Fe Team	N/A	Fe actual	5004 Edge Ave.	Overland Clinic	Emergency, with Lights	12:20	28	5	10
04120199	30	30	Resp. Fe Team	Non-Emergency, No Li	Fe actual		Overland Clinic	Initial Non-Emergency	12:19	22	5	3
04120199	7	7	Resp. Fe Team	Non-Emergency, No Li	Fe actual		Overland Clinic	Initial Non-Emergency	12:19	22	5	3
04120199	57	7	Resp. Fe Team	Non-Emergency, No Li	Fe actual	12 Wood Main	Overland Clinic	Initial Non-Emergency	12:19	22	5	3
04120199	3	3	Resp. Fe Team	Non-Emergency, No Li	Fe actual	444 South S	Alton Hospital	Emergency, with Lights	8:12	18	5	5
04120199	040	3	Resp. Fe Team	N/A	Fe actual		Alton Hospital		8:21	26	7	16
04120199	31	31	Resp. Fe Team	Non-Emergency, No Li	Fe actual	444 South S	Alton Hospital	Emergency, with Lights	8:12	18	5	5
04120199	30	30	Resp. Fe Team	N/A	Unknown	172 South Central	Alton Hospital	Emergency, with Lights	11:12	18	5	7

Page: 1 1 1

Ready NUM

## 2 - Call Frequency Time Analysis Report

The Call Frequency Time Analysis report provides the call distribution within the 24-hour day. That is, the report shows the frequency of calls by hours of the day over the date period you request. Suppose you are only interested in calls for a specific response type, such as Mutual Aid. You could then create a report by selecting *Mutual Aid* from the drop-down list. You can also run the Call Frequency Time Analysis report for a single service by selecting a service from the drop-down list.

**Reports Menu** Date Of Incident From **01/01/1980** To **12/15/1997**

Available Reports Service ID **Podunk Fire Department**

01. Call Activity Report

**02. Call Frequency Time Analysis**

03. Response Time Exception Call Listing

04. Fractile Time Analysis Report

05. Injury Matrix Report

06. Service/EMT Run Frequency Report

07. Demographic Summary Report

08. Key Field Report - Cause of Injury

09. Key Field Report - Provider Impression

10. Key Field Report - Response Type

11. Key Field Report - Location Type

12. Quality Improvement Report - Time To CPR

13. Quality Improvement Report - Time To External Defib.

14. Quality Improvement Report - CPR Provider

15. Quality Improvement Report - Advanced Airway

16. Quality Improvement Report - Epinephrine Admin.

17. Quality Improvement Report - External Defibrillation

Response Type **Response To Scene**

### Call Frequency Time Analysis

06-Dec-97

Service: **Sturgeon Bay Fire Department**

Response Type:

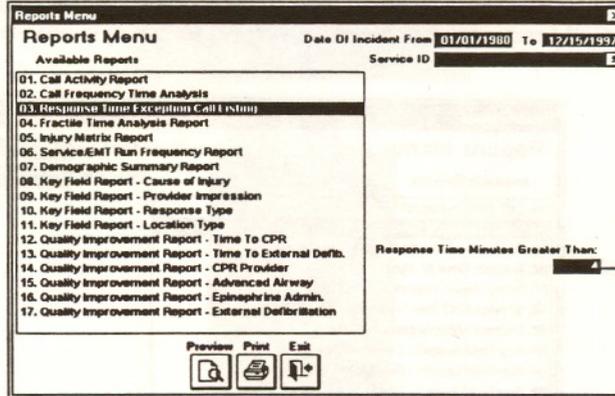
From **01/01/1980**

To **12/08/1997**

Time Slots	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
0	1	3		1		1	2	6
1	4	4		2		1	2	13
2	4	3	1		1	2	3	14
3	3	1	2		4		2	12
4	2	2	1	3	4	3		15
5				3	3	3		9
6	1	2	2	3	1		3	12
7	3	5	3	2	9	6		28
8	4	9	6	4	5	5	3	36
9	4	8	6	2	2	5	3	30
10	4	6	2	4	7	3	6	32
11	3	5	7	2	6	4	2	29
12		3	5	4	6	4	1	23
13	4	7	6	3	4	3	2	29
14	6	6	7	3	5	5	4	36
15	2	4	6	4	3	4	4	27
16	3	9	2	6	4	1	5	30
17	3	1	3	4	7	3	3	24
18	3	2	4	1	7	2	2	21
19	6	5		2	3	3	1	20
20	4	3	3	5	1	2	5	23
21	3	2	1	4	4	4	3	21
22		1	3	4	4	3	2	17
23	4	1	2	1	2	1	1	12
<b>Total Calls</b>	<b>71</b>	<b>92</b>	<b>72</b>	<b>63</b>	<b>92</b>	<b>68</b>	<b>59</b>	<b>517</b>

### 3 - Response Time Exception Call Listing Report

Suppose you want to check the response time of units to calls. This report lists all runs that exceeded a certain number of minutes to the scene. In this example, the report is specified for all runs with response times greater than 4 minutes.



Reports all runs with response times greater than # of minutes entered here

## Response Time Exception Call Listing

07-Dec-97

Response Time Minutes Greater Than 2

From 01/01/1980 To 12/07/1997

Incident Date	Run Alarm#	Unit	Response Type	Lights-Siren Scene	Incident Disp.	Incident Address	Dest. Address	Lights-Siren Trans.	Time In	Resp. Time to Scene	Resp. Time to Patient	Scene Time
Service: Sturgeon Bay Fire Department												
11/15/1996	96090	9	Response To Scene	Emergent Lights And	Unknown	2116 Washington St. Apt.	2300 Western Av		21:30	0:2	3	0:13
11/22/1996	96077	09	Response To Scene	Initial Non-Emergent	Treated/Transpo	320-23rd Street, Two Rive	2300 Western Av	Non-Emergent no light	19:06	0:4	4	0:10
11/22/1996	96078	09	Response To Scene	Initial Emergent, Dow	Treated/No Tra	1613-29th St	none	NA	22:28	0:3	3	:
11/22/1996	96076	09	Response To Scene	Initial Emergent, Dow	Treated/Transpo	1927-32nd Street	2500 Garfield Str	Non-Emergent no light	14:34	0:4	4	0:14
11/23/1996	96079	9	Response To Scene	Initial Emergent, Dow	Treated/Transpo	2507 14th Street	2500 Garfield Str	Emergent with Lights	10:03	0:4	4	0:21
11/24/1996	96081	9	Response To Scene	Initial Emergent, Dow	Treated/Transpo	1005 20th St.	2500 Garfield Str	Emergent with Lights	1:25	0:4	4	0:16
11/24/1996	96082	09	Response To Scene	Initial Emergent, Dow	Treated/Transpo	4110 Bellevue Street	2300 Western Av	Non-Emergent no light	20:40	0:4	4	0:16
11/26/1996	96083	9	Response To Scene	Initial Emergent, Dow	Treated/Transpo	2717 31st. Street	2500 Garfield Str	Emergent with Lights	10:34	0:3	3	0:18
12/01/1996	96086	9	Response To Scene	Initial Emergent, Dow	Treated/Transpo	2315-37th St	2500 Garfield Str	Initial Emergent, Down	15:21	0:3	3	0:21
12/03/1996	96088	9	Response To Scene	Initial Emergent, Dow	Treated/Transpo	2735-12th St	2500 Garfield Str	Initial Emergent, Down	11:56	0:5	5	0:27
12/05/1996	96090	9	Response To Scene	Initial Emergent, Dow	Unknown	2607 Lincoln Ave	2500 Garfield Str		5:28	0:4	4	0:12
12/06/1996	96093	9	Response To Scene	Initial Emergent, Dow	Treated/Transpo	4608 Bellevue Place	2500 Garfield Str	Non-Emergent no light	7:57	0:3	3	0:11
12/06/1996	96094	# 9	Response To Scene	Initial Emergent, Dow	Treated/Transpo	2602 Forest Avenue Apt	2500 Garfield Str	Non-Emergent no light	19:43	0:2	3	0:16
12/12/1996	96080	# 9	Response To Scene	Initial Emergent, Dow	Treated/Transpo	1504 19th Street	2500 Garfield Str	Emergent with Lights	4:53	0:4	4	0:13
12/16/1996	96080	9	Response To Scene	Emergent Lights And	Unknown		2500 Garfield Str		22:48	0:2	4	0:19
12/18/1996	96082	# 9	Response To Scene	Emergent Lights And	Unknown	810 25th Street	2500 Garfield Str		5:21	0:7	7	0:13
12/19/1996	96083	# 9	Response To Scene	Emergent Lights And	Treated/Transpo	1925 30th Street	2500 Garfield Str	Non-Emergent no light	5:56	0:3	3	0:14
12/19/1996	96084	# 9	Response To Scene	Emergent Lights And	Unknown	2116 Washington Street	2500 Garfield Str		21:16	0:2	3	0:10
12/20/1996	96085	# 9	Response To Scene	Emergent Lights And	Treated/Transpo	3215 Mishicot Road Apt.	2500 Garfield Str	Emergent with Lights	8:40	0:2	3	0:25
12/23/1996	96082	# 9	Response To Scene	Emergent Lights And	Treated/Transpo	817 Lowell Street Two Riv	2500 Garfield Str	Non-Emergent no light	9:11	0:4	4	0:12
12/23/1996	96084	# 9	Response To Scene	Emergent Lights And	Treated/Transpo	3308 Tarnery Road	2300 Western Av	Non-Emergent no light	9:55	0:4	5	0:14
12/23/1996	96085	# 9	Response To Scene	Emergent Lights And	Treated/Transpo	2401 Polk Street Two Riv	2500 Garfield Str	Non-Emergent no light	13:18	0:2	3	0:18

### Response Time Exception Call Listing Report

# 4 - Fractile Time Analysis Report

The Fractile Time Analysis Report provides a summary of response times to the scene grouped in 1 minute intervals. You have the option of selecting the Type of Run and Response type you wish to report on. In this example, all Non-Emergent, No Lights or Siren, Unscheduled Interfacility Transfers are selected.

## Fractile Time Analysis Report

07-Dec-97

Service: Sturgeon Bay Fire Department

Lights-Siren To Scene: Non-Emergent, No Lights Or Siren

Response Type: Mutual Aid

From 01/01/1980

To 12/07/1997

Response Time	Call Count	Percent Of Count	Cumulative Call Count	Cumulative Percent
between 0 and 1 minutes	4	23.53%	4	23.53%
between 1 and 2 minutes	2	11.76%	6	35.29%
between 2 and 3 minutes	3	17.65%	9	52.94%
between 3 and 4 minutes	3	17.65%	12	70.59%
between 5 and 6 minutes	1	5.88%	13	76.47%
between 6 and 7 minutes	1	5.88%	14	82.35%
between 8 and 9 minutes	1	5.88%	15	88.24%
between 28 and 29 minutes	1	5.88%	16	94.12%
between 87 and 88 minutes	1	5.88%	17	100.00%

TotalCalls 17

Fractile Time Analysis Report

## 5 - Injury Matrix Report

It may also be useful to compile information on the cause of injury for ambulance runs. For example, WEMSIS can provide the number of runs made by your organization because of injuries at athletic events. To do so, you would select Athletic Event on the Cause of Injury drop-down list. If you want to refine the selection criteria even further you can also select the Provider Impression from the drop-down list. For example, you could identify how many people had cardiac arrests at athletic events by selecting Cardiac Arrest from the Provider Impression drop-down list.

### Injury Matrix Report

08-Dec-97

Service: Sturgeon Bay Fire Department

Cause of Injury:

Provider Impression:

From 01/01/1980

To 12/08/1997

Body Part	No Trauma	Blunt	Dis/FX	Gunshot	Laceration	Puncture	Soft Tissue	Burn	Total
Abdomen	3	3	1	0	0	0	1	1	9
Back/Flank	10	6	0	0	0	0	1	1	18
Chest/Axilla	5	5	0	0	0	0	2	1	13
External	0	0	0	0	1	0	1	0	2
Face	0	1	0	0	6	0	1	0	8
Head	0	1	0	1	11	0	2	0	15
Head/Face	1	6	0	0	2	0	1	0	10
Joint of Left Le	1	0	0	0	0	0	0	0	1
Joint of Right	0	2	0	0	0	0	1	0	3
Joint of Right	0	3	0	0	1	0	1	0	5
Lower Left Ar	0	1	0	0	0	0	1	0	2
Lower Left Leg	0	2	0	0	1	0	3	0	6
Lower Right L	1	2	2	0	1	0	2	0	8
Lower-Extremi	0	2	5	0	5	0	2	0	14
Neck	1	4	0	0	1	0	1	0	7
Pelvis/Hip	0	2	2	0	0	0	0	0	4
Spine	0	1	0	0	0	0	0	0	1
Thorax	0	0	0	0	0	0	0	0	0
Unspecified	70	3	3	0	2	0	5	0	83
Upper Left Leg	1	0	0	0	0	0	0	0	1
Upper Right Ar	0	2	0	0	0	0	0	0	2
Upper Right L	1	1	0	0	0	0	0	0	2
Upper-Extremi	0	2	7	0	7	0	0	0	16
<b>Total</b>	<b>94</b>	<b>49</b>	<b>20</b>	<b>1</b>	<b>38</b>	<b>0</b>	<b>25</b>	<b>3</b>	<b>230</b>

Injury Matrix Report

# 6 – BLS Service/EMT Run Frequency Report

This report can be run in a number of different ways. Three examples are shown on the next three pages. The first example shows how you can list the number and type of response for all EMTs individually by clicking the "For Each and Every EMT" check box (as shown below) and then clicking the Print or Preview button.

**Reports Menu** Date Of Incident From **01/01/1980** To **12/19/1997**

Service ID **Sturgeon Bay Fire Department**

Available Reports

01. Call Activity Report

02. Call Frequency Time Analysis

03. Response Time Exception Call Listing

04. Fractile Time Analysis Report

05. Injury Matrix Report

**06. Service EMT Run Frequency Report**

07. Demographic Summary Report

08. Key Field Report - Cause of Injury

09. Key Field Report - Provider Impression

10. Key Field Report - Response Type

11. Key Field Report - Location Type

12. Quality Improvement Report - Time To CPR

13. Quality Improvement Report - Time To External Defib.

14. Quality Improvement Report - CPR Provider

15. Quality Improvement Report - Advanced Airway

16. Quality Improvement Report - Epinephrine Admin.

17. Quality Improvement Report - External Defibrillation

For Each and Every EMT?

For Aggregate of All EMTs?

Don't show Response Types?

Procedures

Technician's Name

Response Type

Service Run Frequency - For EMT(s) - By Response Type																								
08-Dec-97		From 01/01/1980 To 12/08/1997																						
AAIr   AVent   Bktxl   Bleed   Burn   CPR   Cerv   DNR   Epim   ExDel   Gluc   IVCa   MAST   NAIr   Obst   OAR   OCM   OZC   Phys   SpEx   TrSp   WIS   Total																								
Service: Sturgeon Bay Fire Department																								
EMT: Bowman, John																								
Response To Scene	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	1	6	
<b>Total</b>	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	1	6	
EMT: Bryson, Goodwin																								
Response To Scene	0	0	3	0	0	0	3	0	0	0	1	9	0	0	0	0	0	7	2	14	1	0	12	52
Unscheduled Interfacility Transfer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
Standby	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	1	4	
<b>Total</b>	0	0	3	0	0	0	3	0	0	0	1	9	0	0	0	0	0	7	3	14	4	0	13	57
EMT: Hill, Charles																								
Response To Scene	0	0	4	1	0	0	3	0	0	0	0	6	1	0	0	0	1	5	4	4	2	0	13	44
Unscheduled Interfacility Transfer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Standby	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
<b>Total</b>	0	0	5	1	0	0	3	0	0	0	0	6	1	0	0	0	1	5	4	4	2	0	16	48
EMT: Howard, Terry																								
Response To Scene	0	1	2	0	0	0	1	0	0	0	1	4	0	0	0	0	0	3	0	8	0	0	10	30
Unknown	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	3
<b>Total</b>	0	1	2	0	0	0	2	0	0	0	1	4	0	0	0	0	0	3	0	9	0	0	11	33
EMT: Jordan, Mel																								
Response To Scene	0	1	2	0	0	0	2	0	0	0	1	4	0	0	0	0	0	3	0	11	0	0	10	34

## 6. Continued: BLS Service/EMT Run Frequency Options

A second option with the Service/EMT Run Frequency Report is to produce the report for between one and three EMTs rather than for all of them. You have the same option for showing response types with this option as with the other two variations of this report explained in this section.

A third option is to list an aggregate count for all EMTs for every procedure, with or without response type, by clicking the "For Aggregate of All EMTs" Check box.

**Reports Menu**  
 Date Of Incident From: 01/01/1980 To: 12/15/1997  
 Service ID: Sturgeon Bay Fire Department

Available Reports

- 01. Call Activity Report
- 02. Call Frequency Time Analysis
- 03. Response Time Exception Call Listing
- 04. Fractile Time Analysis Report
- 05. Injury Matrix Report
- 06. Service/EMT Run Frequency Report**
- 07. Demographic Summary Report
- 08. Key Field Report - Cause of Injury
- 09. Key Field Report - Provider Impression
- 10. Key Field Report - Response Type
- 11. Key Field Report - Location Type
- 12. Quality Improvement Report - Time To CPR
- 13. Quality Improvement Report - Time To External Defib.
- 14. Quality Improvement Report - CPR Provider
- 15. Quality Improvement Report - Advanced Airway
- 16. Quality Improvement Report - Epinephrine Admin.
- 17. Quality Improvement Report - External Defibrillation

For Each and Every EMT?  
 For Aggregate of All EMTs?

Don't show Response Types?

Preview Print Exit

Aggregate selection checkbox

Procedures

Response Type

**Service Run Frequency - For Aggregate of All EMTs - By Response Type**

08-Dec-97 From: 01/01/1980 To: 12/08/1997

	AAir	AVen	Bldd	Blec	Burn	CPR	Cerv	DMR	Epin	ExDr	Gluc	IVCa	MAST	NAr	Obst	OAr	O2M	O2C	Phys	SpE	TrSp	WES	Total
Service: Sturgeon Bay Fire Department																							
Response To Scene	14	15	91	33	1	11	70	0	4	8	3	91	1	3	0	4	130	74	117	29	2	134	843
Scheduled Interfacility Transfer	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	2	7
Unscheduled Interfacility Transfer	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	4
Standby	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3	0	4	9
Unknown	0	0	2	0	0	2	0	0	0	1	5	0	0	0	0	0	3	3	7	0	0	9	32
<b>Service Total</b>	<b>14</b>	<b>15</b>	<b>95</b>	<b>34</b>	<b>1</b>	<b>12</b>	<b>73</b>	<b>0</b>	<b>4</b>	<b>8</b>	<b>4</b>	<b>96</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>142</b>	<b>79</b>	<b>127</b>	<b>31</b>	<b>2</b>	<b>150</b>	<b>895</b>
<b>Grand Total</b>	<b>14</b>	<b>15</b>	<b>95</b>	<b>34</b>	<b>1</b>	<b>12</b>	<b>73</b>	<b>0</b>	<b>4</b>	<b>8</b>	<b>4</b>	<b>96</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>142</b>	<b>79</b>	<b>127</b>	<b>31</b>	<b>2</b>	<b>150</b>	<b>895</b>

*BLS Service/EMT Run Frequency Report*

# 7 - Demographic Summary Report

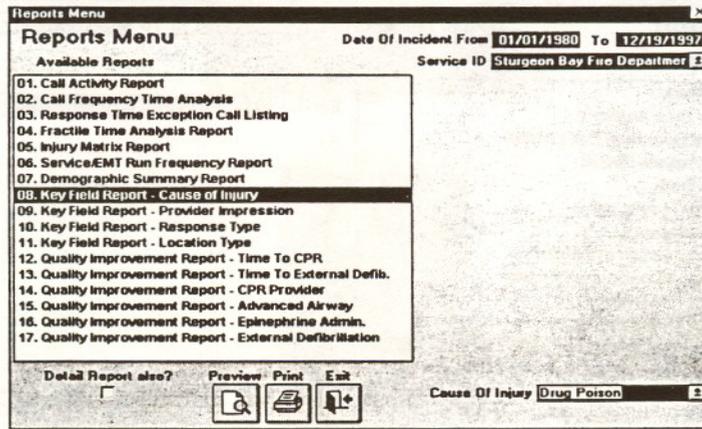
The Demographic Summary Report provides statistical information about the age, race, gender and work-related or non-work-related injuries on runs made between the incident dates and by the service that you select.

16-Dec-97			Demographic Summary Report			Page		
Service: Sturgeon Bay Fire Department								
From 01/01/1980			To 12/16/1997					
Age Interval	Count	Percent	Race	Count	Percent			
00-01	10	2.09%	Asian/Pacific Islander	0	0.00%			
02-12	20	4.18%	Black	3	0.63%			
13-18	37	7.72%	Hisoanic	1	0.21%			
19-34	72	15.03%	White	460	97.25%			
35-49	64	13.36%	Total	473	100.00%			
50-64	66	13.78%	Gender	Count	Percent			
65-79	106	22.13%		0	0.00%			
80+	104	21.71%	Female	263	54.56%			
Total	479	100.00%	Male	219	45.44%			
			Total	482	100.00%			
			Work-Related	Count	Percent			
			Yes	5	0.97%			
			No	513	99.03%			
			Total	518	100.00%			

Demographic Summary Report

# Reports 8 - 11 Key Field Reports

One of the advantages of working with WEMSIS is that you can produce both statistical and detail reports on the Cause of Injury, Provider Impression, Response Type or Location Type. You can produce the reports for all incidents or for an individual category you select. For example, you can run the report for *all* injuries by leaving the Cause of Injury drop-down list blank, or produce a report for a particular injury by selecting from the drop-down list.



The statistical information includes Patient Age, Cause of Injury, and the following information about the run: Response Type, Location Type, Provider Impression, Incident Disposition, Lights and Siren to the Scene, and Lights and Siren During Transport.

Key Field Report - Cause Of Injury Freq. Dist.											
09-Dec-97		Service: Sturgeon Bay Fire Department								Page 1	
Cause Of Injury: Drug Poison											
From 01/01/1980 To 12/09/1997											
Age Interval	Count	Percent	Response Type	Count	Percent	Location Type	Count	Percent			
00-01			Response To Scene	1	100.00%	Other	1	100.00%			
02-12			Total	1	100.00%	Total	1	100.00%			
13-18											
19-34	1	100.00%									
35-49											
50-64											
65-79											
80+											
Total	1	100.00%									
Cause of Injury	Count	Percent	Provider Impression	Count	Percent	Incident Disposition	Count	Percent			
Drug Poison	1	100.00%	Poison/Drug Ingestion	1	100.00%	Treated/Transported By EMS	1	100.00%			
Total	1	100.00%	Total	1	100.00%	Total	1	100.00%			
Lights & Siren To Scene	Count	Percent	Lights & Siren During Transport	Count	Percent						
Emergent, Lights And Siren	1	100.00%	Emergent with Lights and Siren	1	100.00%						

If you need to see details about each of the runs that appear on the report, click the *Detail Report Also* check box. Here are the fields that appear on the detail report:

Incident Date	Run Alarm#	Unit	Response Type	Lights-Siren Scene	Incident Disp.	Incident Address	Dest Address	Lights-Siren Trans.	Time In	Resp. Time to Scene	Scene Time
07/31/1997	97045	09	Response To Scene	Emergent, Lights And	Treated/Transport	2805 A 10th Street	2300 Western Ave.	Emergent with Lights an	14:46	0:5	0:19

# ALS Provider Impression

**Reports Menu**

Date Of Incident From **02/06/1999** To **02/26/1999**

Available Reports

- 01. Call Activity Report
- 02. Call Frequency Time Analysis
- 03. Response Time Exception Call Listing
- 04. Fractile Time Analysis Report
- 05. Injury Matrix Report
- 06. BLS Service Run Frequency
- 07. Demographic Summary
- 08. Key Field Report - Cause of Injury
- 09. Key Field Report - Provider Impression
- 10. Key Field Report - Response Type
- 11. Key Field Report - Location Type
- 12. Key Field Report - ALS/Provider Impression**
- 13. Quality Improvement Report - Time To CPR
- 14. Quality Improvement Report - Time To Defibrillation
- 15. Quality Improvement Report - CPR Provider
- 16. Quality Improvement Report - Airway
- 17. Quality Improvement Report - Epinephrine Admin.
- 18. Quality Improvement Report - Defibrillation

Service ID **EMS Systems**

Abdominal Pain/Probl  
Airway Obstruction  
Allergic Reaction  
Altered L.O.C  
Behavioral/Psychiatr  
Cardiac Arrest  
Cardiac Rhythm. Dist  
Chest Pain - AMI

Detail Report also?

Preview Print Exit

Provider Impression

02-18999 Key Field Report - ALS/Provider Impression Freq. Dist. and Detail

Service 123774888

Provider Impression

From 02/06/1999 To 02/26/1999

Age in Year	Count	Percent	Race	Count	Percent	Gender	Count	Percent
00-01	1	20.00%	American Indian/Alaska N	1	20.00%	Female	3	60.00%
02-12	1	20.00%	Black	1	20.00%	Male	2	40.00%
13-18	2	40.00%	Hispanic	1	20.00%	Total	6	100.00%
19-24			Other	1	20.00%			
25-49			White	1	20.00%			
50-64			Total	6	100.00%			
65-79								
80+	1	20.00%						
Total	6	100.00%						

Arrival with Code	Unit with Code	ED/Outpatient	ED/Inpatient	Discharge	Discharge Against D.O.A.	Transferred	Unknown	Discharge from Area	Unit in Progress	Transferred	Unknown							
Yes	1	20%	1	20%	0	0%	1	20%	0	0%	0	0%	0	0%	0	0%	0	0%
No	1	20%																

All Services

Yes	4	20%	1	20%	0	0%	1	20%	0	0%	1	20%	0	0%	0	0%	0	0%
No	1	20%																

Skill	Count	Percent
Bl Gluc--Blood Glucose Analysis	0	0.00%
EKG 3 Lead	1	5.26%
Pulse Oximetry	4	21.05%
ET--Endotracheal Tube	2	10.53%
DM--Defibrillator Manual	3	15.79%
ETS--Endotracheal or Deep Airway Suction	1	5.26%
CD--Chest Decompression	1	5.26%
Central IV	1	5.26%
Peripheral IV	2	10.53%
<b>Total</b>	<b>19</b>	<b>100.00%</b>

Medicine
Brethine
D5W 0.9% NaCl
Albuterol
Epi 1: 1000
Lidocaine
Naloxene
0.9% NaCl (Normal Saline)
<b>Total</b>

Incident Date	Record #	Provider Impression	Medications	Skills
Service: EMS Systems				
02/06/1999	2	Traumatic Injury	0.9% NaCl (Normal Saline) Epi 1: 1000 Lidocaine	ET--Endotracheal Tube Central IV EKG 3 Lead CD--Chest Decompression ETS--Endotracheal or Deep Airway Suction DM--Defibrillator Manual DM--Defibrillator Manual DM--Defibrillator Manual Pulse Oximetry
02/06/1999	1	Seizure	0.9% NaCl (Normal Saline)	EKG 3 Lead Pulse Oximetry Peripheral IV
02/07/1999	3	Respiratory Distress - Asthma	Albuterol Brethine	Pulse Oximetry EKG 3 Lead
02/13/1999	5	Unknown		
02/13/1999	4	Poison/Drug Ingestion	Naloxene DSW 0.9% NaCl	ET--Endotracheal Tube Pulse Oximetry EKG 3 Lead

# 13 - Quality Improvement Report - Time to CPR

As an introduction to all six Quality Improvement (QI) Reports, QI summary information can save countless hours of manual ambulance run form review time.

To Print or Preview the Time to CPR Quality Improvement Report, single click on the report name, enter the Incident From/To dates and if appropriate select a Service ID from the drop-down list. If you would like detail run information along with the statistical data, click the Detail check box.

## Time to CPR Statistical Report

Incident Date	Run Alerts	Total Run Time in Minutes	Loaded Minutes	Arrived with Pulse	ER Outcome			Hospital Outcome		
					Admitted as Inpatient	Died in ER	ER Outcome Unknown	Discharged Alive	Died in Hospital	Hosp. Outcome Unknown
03/07/1997	970138	3	0	No	No	No	Yes	No	No	Yes
03/12/1997	970147	6	4	No	No	No	Yes	No	No	Yes
03/16/1997	970157	2	0	No	No	No	Yes	No	No	Yes
03/20/1997	970163	3	2	No	No	No	Yes	No	No	Yes
03/20/1997	970164	4	0	No	No	No	Yes	No	No	Yes
04/07/1997	970194	4	2	No	No	No	Yes	No	No	Yes
04/07/1997	970192	3	2	No	No	No	Yes	No	No	Yes
04/12/1997	970203	8	0	No	No	No	Yes	No	No	Yes
04/12/1997	970204	6	0	No	No	No	Yes	No	No	Yes
04/29/1997	970203	4	2	No	No	No	Yes	No	No	Yes
05/29/1997	970287	5	0	No	No	No	Yes	No	No	Yes
06/07/1997	970319	4	0	No	No	No	Yes	No	No	Yes
06/22/1997	970353	5	0	No	No	No	Yes	No	No	Yes
07/11/1997	970401	5	0	Yes	Yes	No	No	No	No	Yes
07/15/1997	970414	8	0	No	No	No	Yes	No	No	Yes
07/18/1997	970421	3	0	No	No	No	Yes	No	No	Yes
07/28/1997	970434	4	0	No	No	No	Yes	No	No	Yes
07/28/1997	970435	5	0	No	No	No	Yes	No	No	Yes
08/05/1997	970451	4	0	No	No	No	Yes	No	No	Yes
08/12/1997	970471	5	0	No	No	No	Yes	No	No	Yes
08/12/1997	970470	3	0	No	No	No	Yes	No	No	Yes
08/14/1997	970478	2	0	No	No	No	Yes	No	No	Yes

## 14 - Quality Improvement Report - Time to Defib

To Print or Preview the Time to External Defibrillation Quality Improvement Report, single click on the report name, enter the Incident From/To dates and if appropriate select a Service ID from the drop-down list. If you would like detail run information along with the statistical data, click the Detail check box.

The Time to Defib. Detail Report has the same format and data elements as the Time to CPR Detail Report. Refer to page

## 15 - Quality Improvement Report - CPR Provider

To Print or Preview the CPR Provider Quality Improvement Report, single click on the report name, enter the Incident From/To dates and if appropriate select a Service ID from the drop-down list. If you would like detail run information along with the statistical data, click the Detail check box.

Quality Improvement Report - CPR Provider Freq. Dist.																		
09-Dec-97			From 01/01/1980			To 12/31/1997												
CPR Provider	Total	Arrival Status		Arrived with Pulse		ER Outcome			Hospital Outcome									
		DOA				Admitted as Inpatient	Died in ER	ER Outcome Unknown	Discharged Alive	Died in Hospital	Hosp. Outcome Unknown							
Service: Sturgeon Bay Fire Department																		
EWS Unit	5	10.42%	0	0.00%	1	2.08%	1	2.08%	0	0.00%	4	8.33%	0	0.00%	0	0.00%	5	10.42%
NA	43	89.58%	0	0.00%	1	2.08%	1	2.08%	0	0.00%	42	87.50%	0	0.00%	0	0.00%	43	89.58%
<b>TOTAL</b>	<b>48</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>	<b>2</b>	<b>4.17%</b>	<b>2</b>	<b>4.17%</b>	<b>0</b>	<b>0.00%</b>	<b>46</b>	<b>95.83%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>48</b>	<b>100.00%</b>

The CPR Provider Detail Report has the same format and data elements as the Time to CPR Detail Report. Refer to page

# 16 - Quality Improvement Report - Advanced Airway

To Print or Preview the Advanced Airway Quality Improvement Report, single click on the report name, enter the Incident From/To dates and if appropriate select a Service ID from the drop-down list. If you would like detail run information along with the statistical data, click the Detail check box.

Quality Improvement Report - Advanced Skills											
Airway - Freq. Dist.											
09-Dec-97			Service: Sturgeon Bay Fire Department								
			From 01/01/1980			To 12/09/1997					
Age Interval	Count	Percent	Race		Count	Percent					
00-01			White		11	100.00%					
02-12	1	9.09%	Total		11	100.00%					
13-18											
19-24	1	9.09%	Gender		Count	Percent					
25-49	1	9.09%	Female		3	27.27%					
50-64	1	9.09%	Male		8	72.73%					
65-79	5	45.45%	Total		11	100.00%					
80+	2	18.18%									
<b>Total</b>	<b>11</b>	<b>100.00%</b>									
Arrived with Pulse	ER Outcome						Hospital Outcome				
	Admitted as InPatient	Died in ER	ER Outcome Unknown	Discharged Alive	Died in Hospital	Hosp. Outcome Unknown					
Yes	3 27.27%	0 0.00%	8 72.73%	0 0.00%	0 0.00%	11 100.00%					
Yes/No	11 100.00%	11 100.00%	11 100.00%	11 100.00%	11 100.00%	11 100.00%					
Total											

The Advanced Airway Detail Report has the same format and data elements as the Time to CPR Detail Report. Refer to page.

# 17 - Quality Improvement Report - Epinephrine Administration

To Print or Preview the Epinephrine Administration Quality Improvement Report, single click on the report name, enter the Incident From/To dates and if appropriate select a Service ID from the drop-down list. If you would like detail run information along with the statistical data, click the Detail check box.

Quality Improvement Report - Advanced Skills														
Epin. Admin. - Freq. Dist.														
09-Dec-97				Service: Sturgeon Bay Fire Department										
				From: 01/01/1980				To: 12/09/1997						
Age Interval			Count	Percent	Race			Count	Percent					
00-01					White			4	100.00%					
02-12			1	25.00%	Total			4	100.00%					
13-18			1	25.00%										
19-34			2	50.00%										
35-49					Gender			Count	Percent					
50-64					Female			1	25.00%					
65-79					Male			3	75.00%					
80+					Total			4	100.00%					
Total			4	100.00%	Total			4	100.00%					
Arrived with Pulse		ER Outcome					Hospital Outcome							
		Admitted as InPatient	Died in ER	ER Outcome Unknown		Discharged Alive	Died in Hospital		Hosp. Outcome Unknown					
Yes	3	75.00%	3	75.00%	0	0.00%	1	25.00%	2	50.00%	0	0.00%	2	50.00%
Yes/No	4	100.00%	4	100.00%	4	100.00%	4	100.00%	4	100.00%	4	100.00%	4	100.00%
Total														

The Epinephrine Administration Detail Report has the same format and data elements as the Time to CPR Detail Report. Refer to page

# 18 - Quality Improvement Report - External Defibrillation

To Print or Preview the External Defibrillation Quality Improvement Report, single click on the report name, enter the Incident From/To dates and if appropriate select a Service ID from the drop-down list. If you would like detail run information along with the statistical data, click the Detail check box.

Quality Improvement Report - Advanced Skills														
External Defib. - Freq. Dist.														
09-Dec-97			Service: Sturgam Bay Fire Department											
			From: 01/01/1980			To: 12/09/1997								
Age Interval	Count	Percent	Race			Count	Percent							
00-01			White			8	100.00%							
02-12	1	12.50%	Total			8	100.00%							
13-18	1	12.50%												
19-34														
35-49	1	12.50%	Gender			Count	Percent							
50-64	1	12.50%	Female			1	12.50%							
65-79	4	50.00%	Male			7	87.50%							
80+			Total			8	100.00%							
Total	8	100.00%	Total			8	100.00%							
<input type="checkbox"/> Monitor Only														
<input type="checkbox"/> Yes 0 0.00%														
<input type="checkbox"/> Yes/No Total 8 100.00%														
Arrived with Pulse														
ER Outcome														
Hospital Outcome														
Admitted as Inpatient														
Died in ER														
ER Outcome Unknown														
Discharged Alive														
Died in Hospital														
Hosp. Outcome Unknown														
<input type="checkbox"/> Yes	2	25.00%	2	25.00%	0	0.00%	6	75.00%	1	12.50%	0	0.00%	7	87.50%
<input type="checkbox"/> Yes/No Total	8	100.00%	8	100.00%	8	100.00%	8	100.00%	8	100.00%	8	100.00%	8	100.00%

The External Defibrillation Detail Report has the same format and data elements as the Time to CPR Detail Report. Refer to page

# 19 – ALS Chronological Report

To Print or Preview the ALS Chronological Report, single click on the report name, enter the Incident From/To dates and if appropriate select a Service ID from the drop-down list. This report shows ALS information by order of timed entry.

06-27-99

## ALS Chronological Report

Service: BLACK RIVER EMS

Incident From: 06/27/99 To: 06/27/99

Record From: 062701 To: 062701

Service: BLACK RIVER EMS

Incident Date: 06/28/1999

Record Number: 063021

Time BAT

Time	BAT	Type	Subcategory	Priority	Code	Status		Location	
						Start	End	Address	City
06/28/1999 10:22		27	Respirator	22	Respirator	11	34		

Record Number: 063022

Time BAT

Time	BAT	Type	Subcategory	Priority	Code	Status		Location	
						Start	End	Address	City
06/28/1999 10:30			ALS - ALIENATED CARRIER DEFIC						

Time	BAT	Type	Subcategory	Priority	Code	Status		Location	
						Start	End	Address	City
06/28/1999 10:30		27	Respirator	22	Respirator	11	34		

Incident Date: 03/01/1999

Record Number: 063023

Time BAT

Time	BAT	Type	Subcategory	Priority	Code	Status		Location	
						Start	End	Address	City
03/01/1999 04:10			CONTRACTOR						

## 21 – ALS Skill/EMT Frequency

The ALS Skill/EMT Frequency links individual EMTs with skills usage.

ALS Skill/EMT Frequency								
		From	09/26/1998	To	03/26/1999			
Service-Provider	Skill Description	Total	Adams, Vince	Aikman, Troy	Leach, Rick	Simpson, Homer	Testaverde, Vince	Wade, Matt
Akron Fire								
	AED--Automated External Defibrillation	4				2		1
	BD--Blood Draw	4				1	1	1
	BI Gluc--Blood Glucose Analysis	3					2	
	BVM	5	1			2		
	CD--Chest Decompression	3	1		2			
	Central IV	5	1		2	1		1

## 22 - ALS Skill/Success Ratios by EMT

The ALS Skill Success Ratio by EMT Report calculates success ratios for a given list of ALS skills.

ALS Skill/Success Ratios By EMT					
		From	09/26/1998	To	03/26/1999
Service-Provider	Crew Member Name	Skill Description	Attempts	Successes	Percent Successful
Akron Fire					
		BD--Blood Draw	1	1	100.00%
		Combitube	1	0	0.00%
	Adams, Vince	CD--Chest Decompression	2	0	0.00%
		Central IV	3	1	33.33%
		IO Intraosseous Infusions	1	1	100.00%
	Aikman, Troy	NT--Nasal ET	2	1	50.00%
	Leach, Rick	CD--Chest Decompression	2	1	50.00%
		Central IV	2	0	0.00%
		Cricothyrotomy	4	2	50.00%

## 24 – Total Runs per EMT

Total Runs per EMT calculates the percentage of the total runs selected for that timeframe, for individual EMTs.

### Total Runs Per EMT Report

From 09/26/1998 To 03/26/1999

Service-Provider Crew Member Name	Number of EMT Runs	Percent of Runs	Runs	% of Runs for Services Listed
Akron Fire			27	100.00%
Adams, Vince	3	11.11%		
Aikman, Troy	2	7.41%		
Leach, Rick	9	33.33%		
Simpson, Homer	19	70.37%		
Testaverde, Vince	12	44.44%		
Wade, Matt	5	18.52%		
Welsh, Stacey	6	22.22%		
Young, Mary	4	14.81%		
Akron Fire (8 EMTs)				
Grand Total			27	100.00%

## 25 – Total Runs per EMT – All Service Providers

This report calculates the percentage of the total runs selected for that timeframe, for individual EMTs for all services that are entered on that workstation.

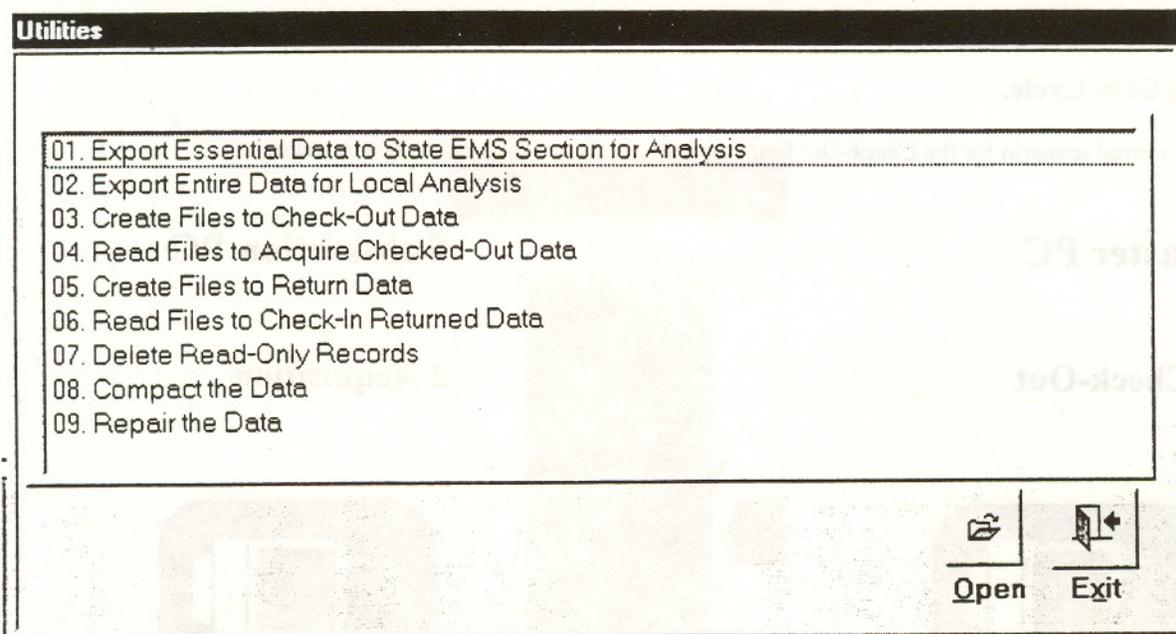
### Total Runs Per EMT Report All Service-Providers

Crew Member Name	Number of EMT Runs	Percent of Runs	Runs
Abe Miller	7	20.59%	
Adams, Vince	3	8.82%	
Aikman, Troy	2	5.88%	
Leach, Rick	9	26.47%	
Simpson, Homer	25	73.53%	
Testaverde, Vince	12	35.29%	
Wade, Matt	5	14.71%	
Welsh, Stacey	6	17.65%	
Young, Mary	4	11.76%	
Young, Steve	1	2.94%	
<b>Grand Total</b>			<b>34</b>

# **Chapter Six**

## **Utilities**

## UTILITIES



### Introduction

There are a number of Utilities available to the user by going into *Utilities* menu. The *export of essential data the EMS section* menu allows the user to transfer "export" data elements, by saving these files onto a floppy disk or in their hard drive. The rest of the Utilities pertain to data *check-out* functions, designed to allow users to transfer ambulance record data for a certain date range and service from one PC to another PC. (refer to *The Data Cycle* below) For example, when there are multiple services on a hospital-based WEMSIS system, which need to merge their data a laptop PC. This system is designed to prevent users on different PCs from editing the same record numbers concurrently.

### Examples.

The two likely scenarios in which the *Check-Out* functions would be used are as follows:

1. The Master PC, either a LAN or standalone PC. i.e. at a hospital, with data for several services. Individual services can then access their data by selecting their service at the initial prompt if the WEMSIS security device is enabled. If the system is standalone-based, then data can be merged onto the Master PC for analysis of the full database.

- The Master PC, at a station house, either on a LAN or standalone PC with data for one service. Data can be *checked in* to the Master PC from a sub-station PC, i.e. a laptop PC that goes on the ambulance.

### The Data Cycle.

The normal scenario for the *Check-Out* function data cycle is as follows in these 4 stages:

### Master PC

### Sub-station PC

#### 1 Check-Out

#### 2 Acquisition



#### 4 Check-In

#### 3 Return

## 1. Exporting your EMS information

First, click on 01. "Exporting Essential Data to State EMS Office" on your Utilities selection bar.

The EMS Bureau will be regularly collecting WEMSIS data. A schedule will be sent to your service once the EMS Bureau has received your initial set of data. (See ) Data elements from WEMSIS records that are sent on the Export diskette represent "an EMS event in Wisconsin." These data elements will be compiled for analysis at both regional and statewide levels. The EMS Section will then distribute the results.

The screenshot shows a window titled "Utilities" with the following fields and buttons:

- Service: 47 Sturgeon Bay Fire Department
- Date of Last Export: 11/19/1997
- Export From: 11/20/1997
- To: 12/15/1997
- Buttons: Preview Exclusion Report, Print Exclusion Report, Export Data, Exit

When you are ready to export your data to Madison, click the Utilities button on the Main Menu window.

The first step is to preview the Exclusion Report, which lists all records within your system that have inadequate information for inclusion with the export data. There are three ways to access this exclusion report: (1) Click on Preview Exclusion Report; (2) Click on Print Exclusion Report; or (3) Click on Export Data, and a pop-up screen will ask you to review the Exclusion Report. **Note:** If you are coming back to the Export screen after canceling a previous Export attempt, you should see any changes made to the Exclusion Report. By updating the records before running the export procedure, information from all of the records that have been entered will be more complete for inclusion on the export disk. The screen below shows all the records that will be included in the export. **Remember that you cannot send/save the same export files more than once.**

The screenshot shows a window titled "Export Essential Data" with the following fields and table:

- Export Essential Data to State EMS Section for Analysis
- Service: 8000828 BLACK RIVER EMS
- Export From: 02/01/1999
- To: 03/11/1999
- Date of Last Export: 02/26/1999
- Table with columns: Record Number, Incident Date, Patient Name, Incident County, Pt-Det, At-Scn
- Record: 14 of 1
- Buttons: Preview Exclusion Report, Print Exclusion Report, Export Data, Exit

Record Number	Incident Date	Patient Name	Incident County	Pt-Det	At-Scn
983923	03/01/1999		ASHLAND	03/01/1999 4:11	03/01

After reviewing the Exclusion Report and updating incomplete records, you are ready to export data. Immediately after clicking the Export button a message appears informing you of WEMIS actions. After clicking the OK button, on the screen below, WEMIS automatically prints an Exclusion Report.

**Print Export Exclusion Report and Export Data** [X]

? Export Essential function will first print the Export Exclusion Report for Record Numbers that might be excluded because of missing essential data elements. Then it will prompt for the location to create the 5 files of essential data, with Patient.txt as the first filename. These 5 files should be sent to the State EMS Section.

OK [Cancel]

After you have reviewed the Exclusion Report for missing information, you will see the next screen, which allows you (below) to decide whether or not to ignore records with missing essential elements. For example, an *Intercept* response type may result in missing response times and outcome information.

**Export Essential Data**

Export Essential Data to State EMS Section for Analysis

Service: 6000828 BLACK RIVER EMS Export From: 02/01/1999 To: 03/11/1999  
 Date of Last Export: 02/26/1999

Missing Data	Record Number	Incident Date	Patient Name	Incident County	Pt-Det
▶ Yes	983923	03/01/1999		ASHLAND	03/01/1999

Record: 1 of 1

There would be 1 records excluded out of 1 total because of missing essential data elements. Export these excluded records anyway?  
 If Yes, then the excluded records will be sent.  
 If No, then the excluded records will NOT be sent with the exported data.  
 If Cancel, then go back into Patient records to fill in missing data and start over with Export Essential later.

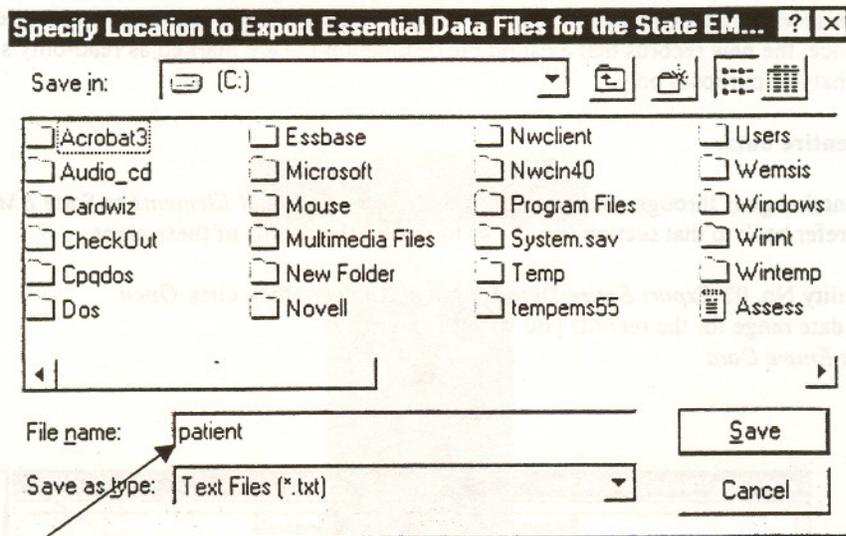
Yes [No] [Cancel]

Decide Yes or No if you wish to bypass the Exclusion report.

When this record number appears on your exclusion report, you would likely "bypass" the exclusion and choose the *yes* checkbox. If there is too much missing information, you may select the *No* checkbox and have those records reviewed later for adding information. By checking Cancel, you can go back to the Utilities main screen and abort the export function.

The next message will remind you of space requirements, for all text files...Choose OK

By continuing with the export you will get the following screen:



Be sure that you choose *Patient* as the filename here

This screen prompts you with a dialog box asking for drive selection. Select a floppy drive from the drop-down drive list, it's usually A. Simply click the Save button and WEMSYS will complete the Export function. Click the Cancel button to return to the Main menu window.

**Important:** Before you click the *Save* button make sure you have a formatted disk in your floppy drive. Or if you wish to save onto your computer hard drive, you may wish to locate or create a directory that can be later identified to find these files. By highlighting *Patient* as the filename, you are automatically saving all the 11 textfiles that need to be included in the full export list of essential elements.

After completing the Export Save, you will return to the Export Essential Main Screen. Choose Exit.

## 2. Export Entire Data for Local Analysis

This utility allows you to export an entire set of records for your assigned service. This feature allows a user to select one service and move the entire set of records to a different PC. By moving a selected set of data for one service, the new records that exist on the destination PC are marked as read-only since the new database is for analysis purposes only.

### How to export entire data:

**Note:** This function goes through similar steps as the *Export Essential Elements to State EMS Section*. Please refer back to that section (pp. 2 - 4) to review the details of these steps.

1. Click on Utility No. 02 *Export Entire Data for Local Analysis*, then click *Open*
2. Choose the date range for the records you wish to export  
Click on *Export Entire Data*

**Export Entire Data for Local Analysis**

Export Entire Data for Local Analysis

Service:  Export Entire From  To

Record Number	Incident Date	Patient Name	County	Municipality
1	01/11/1999		DANE	Carlton
2	01/13/1999			Zanesville
3	01/13/1999		DANE	Akron
4	01/20/1999	Jenkins, Janie	DANE	Zanesville
5	01/20/1999	Genevieve, Florence	BURNETT	Zanesville

Record: 14 of 29

To export a full set of records for this Service from your database for purposes of analysis, specify the date range for your analysis. This will allow copying of records, and will not change the WEMISIS database. By continuing, you can then choose a folder to save your text files, with "patient.txt" as the first filename.

First, choose the date range here for all patient records to be transferred.

3. Click on *Export Entire Data*
4. The next message you see will read:  
*Entire export function will prompt to create the 14 files of Export Entire data*
5. Click OK
6. The next message will remind you of space requirements for all text files, Choose OK

Steps 7 – 9 refer to the Screen shown below on this page

Then you will be prompted to choose the location of the 11 text files, either onto floppy or other drive.  
(This example uses C: drive)

**Specify Location of first Acquire Data File, Patient.txt**

Look in:

<input type="checkbox"/> Acrobat3	<input type="checkbox"/> Essbase	<input type="checkbox"/> Nwclient	<input type="checkbox"/> Wemsis
<input type="checkbox"/> Audio_cd	<input type="checkbox"/> Microsoft	<input type="checkbox"/> Nwcin40	<input type="checkbox"/> Windows
<input type="checkbox"/> Cardwiz	<input type="checkbox"/> Mouse	<input type="checkbox"/> Program Files	<input type="checkbox"/> Wintnt
<input type="checkbox"/> CheckOut	<input type="checkbox"/> Multimedia Files	<input type="checkbox"/> Temp	<input type="checkbox"/> Wintemp
<input type="checkbox"/> Cpqdos	<input type="checkbox"/> New Folder	<input type="checkbox"/> temp53	<input type="checkbox"/> Assess
<input type="checkbox"/> Dos	<input type="checkbox"/> Novell	<input type="checkbox"/> Users	<input type="checkbox"/> Injury

File name:

Files of type:

Choose drive location to place /save the files

Find the filename: Patient, which should appear here

7. After choosing the destination drive for the 11 text files, highlight the filename Patient.txt so that it appears in the filename window.
8. To Save, Click on *Open*.

Wait for the files to save. This will take a few moments

9. Now you are copy these files onto your destination PC.

To import the full set of records, you need to go to **Administration: Import Entire Data for Local Analysis.** (See Page )

**Remember Whenever you are specifying the location to save your data files:** First, name the location i.e. C: or to a separate diskette (e.g. onto A\). After selecting the location for saving the text files, *Patient.txt* should be the filename that is highlighted in the window. By naming this as the first file, all 11 text files will be moved into the designated disk space by pressing SAVE.

For the first few times you transfer Data, it is best that you follow your Users Manual. After a few times Completing all of these steps, it will become easier.

## How to Check-Out Records from the Master PC

1. Select Create Files to Check-Out Data
2. Select the date range for the records you wish to export
3. Once you have the records highlighted, hit the "checkout" data button.

**Create Files to Check-Out Data**

**Create Files to Check-Out Data to Acquiring PC**

Service:  Canton EMS      Check-Out From  To

Record Number	Incident Date	Patient Name	Check-Out Status	Check-Out Date
1	01/22/1999		Updateable	02/19/1999 10:33
2	02/03/1999	Nelson, Nancy M	Updateable	02/19/1999 10:33
11	01/22/1999	Aldrin, Bob J	Updateable	02/19/1999 10:33
15	01/22/1999		Updateable	02/19/1999 10:33
25	02/03/1999	Nelson, Nancy M	Updateable	02/19/1999 10:33

Record:  of 7

Warning: Any duplicate record numbers that are found on the Sub-Station PC will have to be resolved when the data is Acquired at the Sub-station PC. Press "Check-Out Data" to continue.

By continuing with the creation of Checkout files, you will see the next 2 screens:

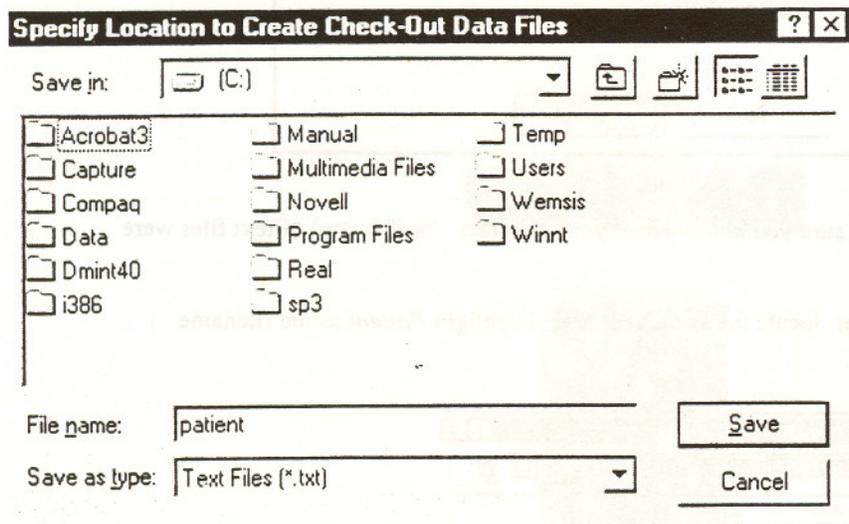
**Check-Out Data Files to Acquiring PC** X

 Check-Out function will prompt for the location to create the 11 files of Check-Out data, with Patient.txt as the first filename.

**EMSALS** X

As there are 790 or less records, the text files should all fit on one diskette. This is allowing for about 1.8KB per Patient record.

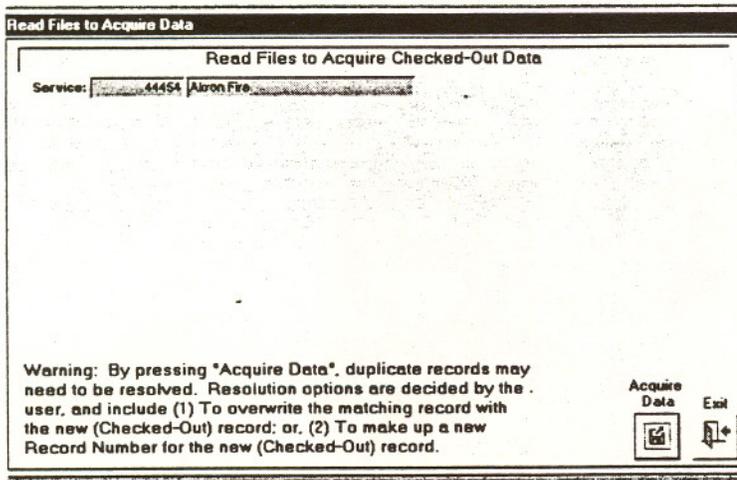
- This screen lets you choose where you want to save your text files. Be sure that "Patient.txt" is the first filename listed and choose the drive for the file destination.



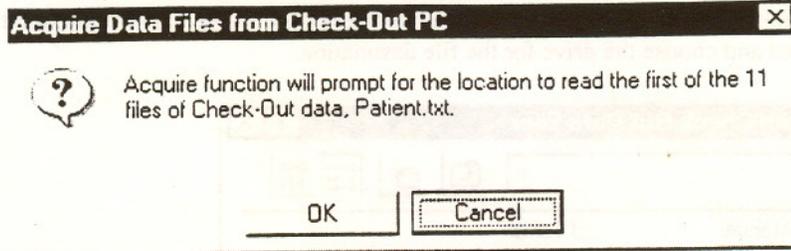
- Before you save your file, make sure you have the destination drive, or directory in the window
- Click on *Save*
- Then you are ready to move your files to the Sub-station PC.
- When you are ready to receive the data at the sub-station, go to *Read Files to Acquire Data*

### At the Substation: How to Acquire Checkout Data from the Master PC

- By clicking on 03.Read Files to Acquire Checkout Out data, you will see this screen
- Choose *Acquire Data*

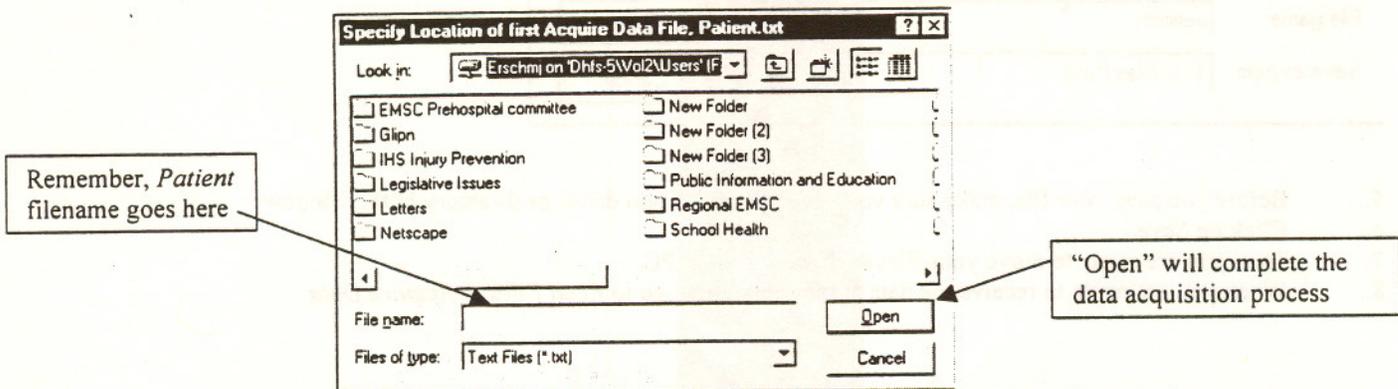


- The screen on the next page should appear next



4. Choose OK to proceed. Make sure you know where your directory (or diskette) of text files were saved before you proceed.

The following screen should appear, locate the saved text files. Highlight *Patient* as the filename



After highlighting the directory in which the text files were saved (see *Checkout* utility pp. ) you can move the records into the receiving, or destination PC by clicking *Open*. you will. All files will now be moved onto your substation PC. If you have duplicate records to resolve, refer to the next section

When you wish to append or move back these, or any additional records to your mainstation, go to *Create Files to Return Data*.

## 5. Create Files to Return Data

This feature works very similarly as the Check-out/Acquire Function, merely in reverse. The objective is to move original and/or new files from the Substation PC.

1. Choose Menu option 05. *Create Files to Return Data*

**Create Files to Return Data**

Create Files to Return Data to Check-In PC

Service: 333343 Canton EMS Return From 01/11/1999 To 02/19/1999

Record Number	Incident Date	Patient Name	Check-Out Status	Check-Out Date
1	01/22/1999		Updateable	02/19/1999 10:33
2	02/03/1999	Nelson, Nancy M	Updateable	02/19/1999 10:33
11	01/22/1999	Aldrin, Bob J	Updateable	02/19/1999 10:33
15	01/22/1999		Updateable	02/19/1999 10:33
25	02/03/1999	Nelson, Nancy M	Updateable	02/19/1999 10:33

Record: 1 of 7

Warning: Any duplicate record numbers that are found on the Master PC will have to be resolved when the data is Checked-In at the Master PC. Press "Return Data" to continue.

Return Data Exit

Choose Return Data to get to the next screen as shown here

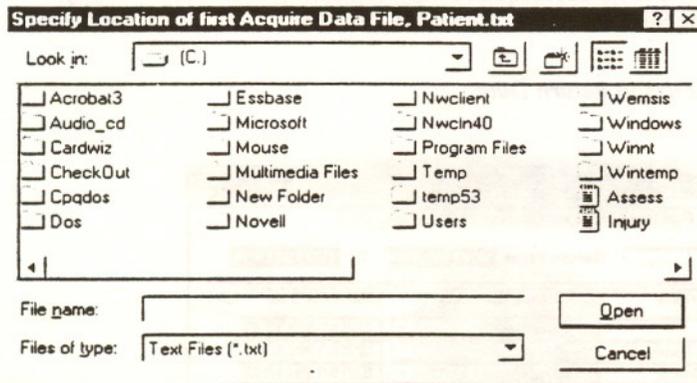
**Return Data Files to Check-In PC**

Return function will prompt for the location to create the 11 files of Return data, with Patient.txt as the first filename.

OK Cancel

Choose OK, then you will go through the same "Specify Location of Filename" routine

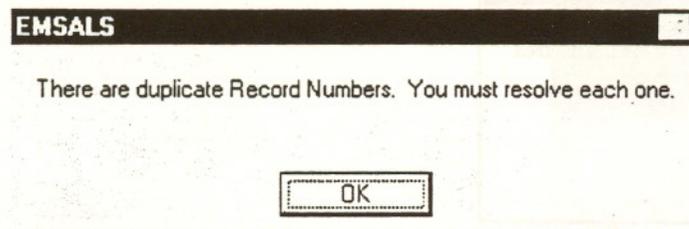
(Refer to section page )



## 6. Read Files to Check-In Returned Data to the Master PC

This function allows the transfer of already created *Return Data*. Note: This step completes the data cycle.

1. Choose 06. Read Files to Check-In Returned Data
2. Choose *Check-In Data*
3. Go through the Specify Location (see ) routine to locate files
4. Once you have named the file source, hit *Open* to convert the files
5. If you have duplicate record numbers, you must resolve them, as seen below:  
Choose OK to continue, or Escape to return to the previous menu

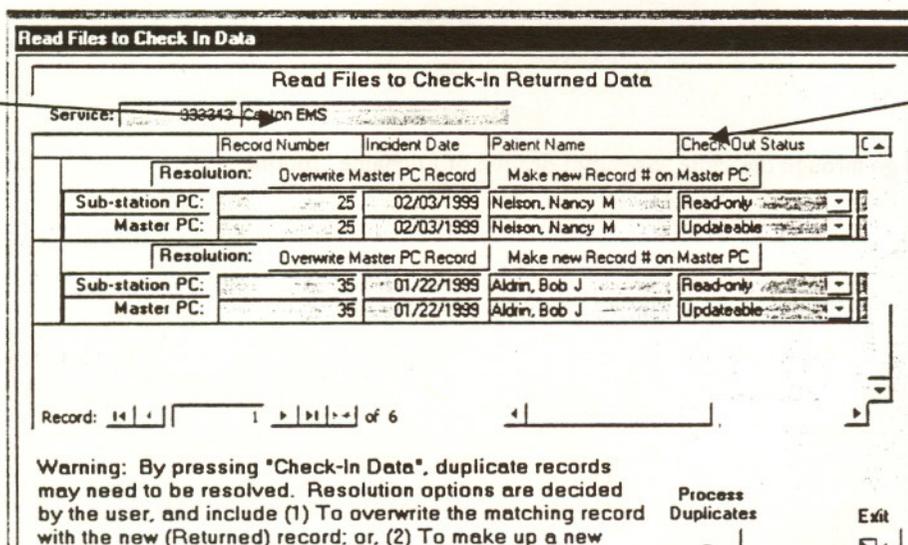


This screen indicates that there are duplicate records that are trying to be copied.

### When there are Duplicate Records

This example shows 2 records to resolve

make use all one record, choose overwrite master PC"

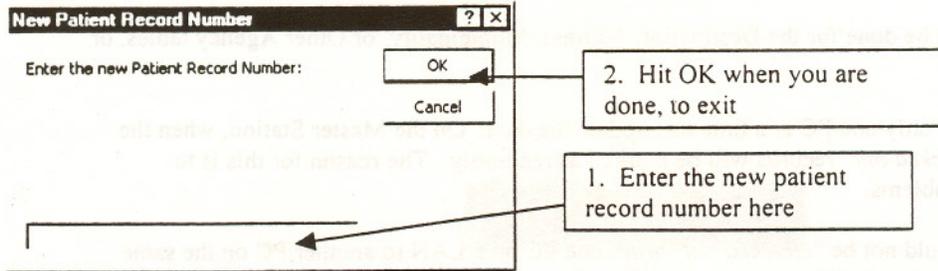


If these are not the same patient, then choose "Make a new record number"

Warning: By pressing "Check-In Data", duplicate records may need to be resolved. Resolution options are decided by the user, and include (1) To overwrite the matching record with the new (Returned) record; or, (2) To make up a new

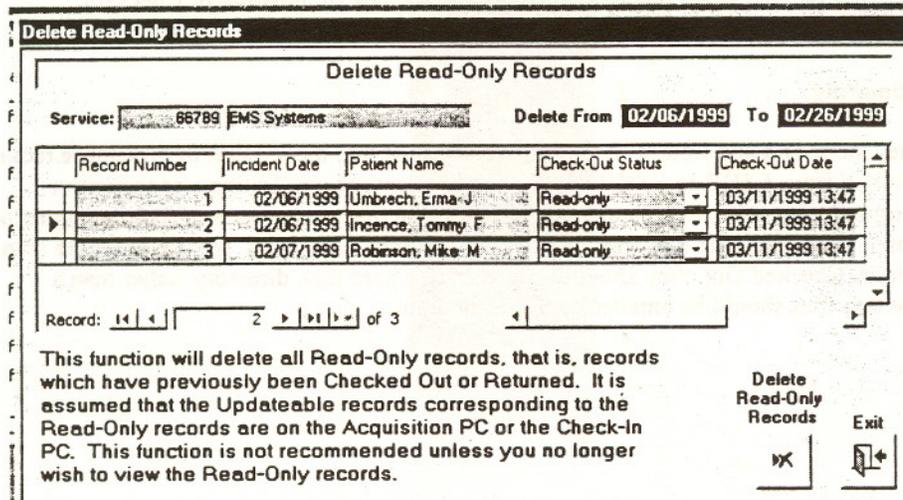
Process Duplicates Exit

This screen is used to create a new record number.

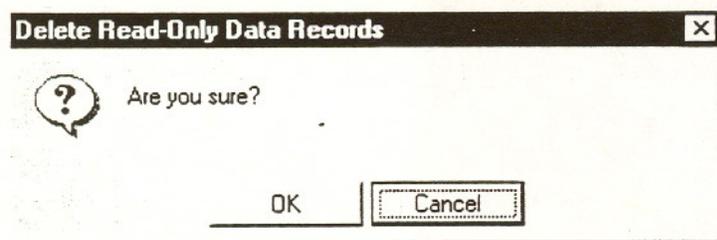


Read only records are for analysis purposes only, you cannot edit information on records that are read-only. For example, once you have edited records at the substation PC then moved them back to the Master PC (through data Acquire and Return function) then you may wish to delete those records that remain on the substation PC. This is accomplished with the *Delete Read-Only Records Utility*. From the Utilities Menubar, first highlight *Delete Read-Only (07)*. You should see the following screen:

Choose the records (from the list of all that are read-only) that appear on the screen that you wish to delete.



Before the records are deleted, you are asked to rethink this step, choose cancel if you are not sure. OK will activate the delete function.



Additional Information pertaining to Data transfer utility

For the License and ServiceCrew tables, the Acquire and Check-In functions will insert new License and new ServiceCrew records, but it will not replace any records.

No updating or inserting will be done for the Destination Address, Municipality, or Other Agency tables, or for any security tables.

There are restrictions, in that only one PC at a time can update the data. On the Master Station, when the data is checked out, all "checked out" records will be marked as read-only. The reason for this is to prevent data concurrency problems.

For users on a LAN, data would not be "checked out" from one PC on a LAN to another PC on the same LAN, because all PCs on the same LAN are sharing the data anyway. The check-out functions are designed to allow unconnected PCs to share data.

- **Authorization.**

Only users authorized for the Check-Out functions can perform these four functions. SERVICE users can do these functions only for records of their own Service. LOCADMIN users can do these functions only for one service at a time.

The four Check-Out functions will not allow a user to Acquire or Check In more records while there are still unresolved or unprocessed duplicate records left over from the last Acquisition or Check-In.

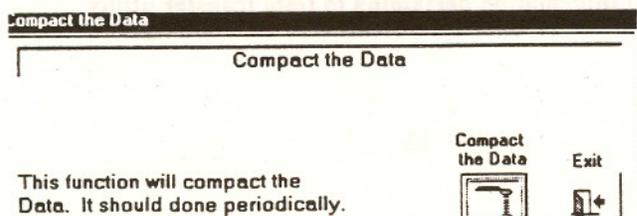
- **Disk Space Estimating.**

In various tests of the Check-Out and Return functions, it was found that the amount of disk space required for the 11 text files varied from 1.5KB to 1.8KB per database Patient record. Taking a conservative approach to estimating by using the 1.8KB figure, that would mean that a maximum of 790 Patient records would fit on 1 diskette. (A diskette has a maximum capacity of about 1423 KB.) If there are more than 790 Patient records to be Checked Out, they should be written to a hard disk directory rather than a diskette, and then the text files should be emailed to the destination.

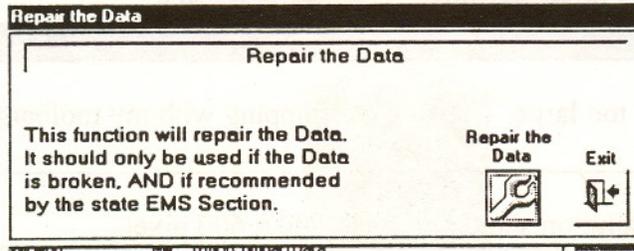
## MAINTENANCE FUNCTIONS

### 7. Delete Read-Only Records

### 8. Compact the Data



## 9. Repair the Data





## Troubleshooting

\* A common solution to use during data entry, when encountering error messages, is to try the *escape* button (sometimes it is necessary to hit escape twice). This will often delete the problem that has caused the error, then allows the user to enter information correctly that will not disagree with the system's data configurations.

**Problem:**

The program is installed, but when I try and open WEMISIS from the main screen, I see an error about "global" or Dll files.

**Solution:** You need to update your Dll files with the latest Microsoft Windows files. Install the Common Dialogue program (on the CD ROM) onto your C: or hard drive.

**Problem:** Startup error: "An application error has occurred and an application error log is being generated. MSACCESS.exe Exception: access violation (0x0005) Address:

**Solution:** You need to install the Common Dialogue Files. (see User Guide- Installation)

**Problem:**

Unable to completely close out the WEMISIS program. A task bar remains at the bottom of my screen when I try to exit from the program.

**Solution:** You need to install the Common Dialogue program onto your C: or hard drive.

**Problem: Other Error Messages during Installation:**

- a. Error messages citing "global" or "Dll files"
- b. Error messages citing memory problems or other "major" errors

**Solution:**

- a. You need to install the Common Dialogue program onto your C: or hard drive  
Some error messages during installation can be resolved by "compacting" the database. This only works if you have full Access. Highlight the filenames: *emsalsdt.mdb*, and *emsals*, and **for each file**, go through *Tools, Utilities, Compact* database.

**Problem:** Difficulty in entering times information, either in Response section or ALS module.

**Solution:** Entering times becomes easier with practice. The best way to edit times which are already entered is best to place your cursor at the end of the time, then backspace, thus deleting or, with your left arrow key, then typing over the corrected time. Remember to always use TAB and not ENTER to get to the next field. If you are experiencing error messages, or incorrect data, try to scroll (while remaining in the response times section) back and forth to previous and later patient records. This often corrects the problem, by removing the error messages. Look at the Long times mode to see dates. Unusual response times, i.e. greater than 24 hours, can also cause errors in response times.

**Problem:** Setup error: "setup could not write to the file, this file is currently being used by another application.

**Solution:** If there are no other applications running during your installation, then try deleting the installed directory (default: WEMSIS) and reinstalling the program.

**Problem:** Startup error: "An application error has occurred and an application error log is being generated. MSACCESS.exe Exception: access violation ((0x0005) Address:

**Solution:** You need to install the Common Dialogue Files.

**Problem:** Startup error: Your Setup files may be damaged. Try restarting the Setup program from where you originally ran it.

**Solution:** You are reinstalling a new version. Try deleting the previous directory (WEMSIS) after backing up your datafile: emsalsdt.mdb

**Problem:** Service name/Patient name is not showing.

**Solution:** Check your resolution, colors. There may need to be an increase in the numbers of colors in this setup.

**Problem:** Difficulty editing drop-down lists.

**Solution:** To get into edit mode, set your cursor at the arrow (or pencil mark) at the left of the list. Check your lists in the administration menu.

## APPENDIX A

### Wisconsin EMS Essential Data Elements – Numbered to match official run report FINAL: 6/25/97

Number	Run Report Element	Number	Run Report Element
1.	Date Incident Reported	51.	Pre-existing Medical Conditions
2.	Service ID	52.	Systolic Blood Pressure / Time
3.	Responding Unit	53.	Diastolic Blood Pressure / Time
5.	Incident Number (Run/Alarm #)	54.	Pulse (time / rate / quality)
6.	Incident Address	55.	Respiratory Rate
8.	Incident County	56.	Respiratory Effort
9.	Destination Address/Facility Name	57.	Level of Consciousness
15.	Light & Siren to Scene	58.	Behavior
17.	Patient Detected	59.	Eyes
18.	Call Received	60.	Breath Sounds / Quality
19.	En Route	61.	Skin (temp/moisture/color/cap refill)
20.	Time of Arrival at Scene	64.	Injury / Site Algorithm
21.	Time of Arrival at Patient	70.	Motor Vehicle Crash Box
22.	Time Unit Left Scene	71.	Crash Type
23.	Time of Arrival at Destination	74.	Restraints Used
24.	Time Back in Service	75.	Safety Equipment Used
25.	Crew Member Name / License No.	76.	Cause of Injury
26.	Location Type	77.	Provider Impression
27.	Response Type	79.	Time of Onset
28.	Patient Name	80.	Procedure / Treatment
29.	Patient Address	81.	First AED Provider
30.	Patient City	83.	First CPR Provider
31.	Patient State	84.	First CPR Time
32.	Patient Zip Code	85.	Time CPR Discontinued
33.	Patient Phone	86.	Witness of Cardiac Arrest
36.	Patient Date of Birth	88.	Incident Disposition
37.	Patient Age	89.	Lights & Siren During Transport
39.	Patient Gender	91.	Other Services on Scene
40.	Patient Social Security Number	92.	Arrival Status
41.	Patient Race	93.	PPE Used
48.	Signs & Symptoms	94.	Facility Notified By
49.	Patient Allergies	98.	Signature
50.	Patient Current Meds / Dose	99.	Arrived with Pulse

## Appendix B - - DATA DEFINITIONS

The following definitions correspond to the fields on the new State of Wisconsin DHFS Ambulance Run Report form. Each element is defined in order to establish a uniform set of EMS data elements to be collected by each service. Many of the definitions were taken from the NHTSA data elements, established by the 1993 Uniform Pre-Hospital Emergency Medical Services Data Conference. Toward the end of the list, you will find all of the advanced skills and the corresponding definitions.

While these definitions are intended as a tool for both paper and electronic data collection, it should be noted that not all the definitions listed for the run report are included in WEMSIS. Also, some information is provided in conjunction with the run report data definitions that only pertain to WEMSIS. These items are in bold type and are labeled "WEMSIS Notes."

Please refer to this list whenever you have a question as to how something should be documented. Take special notice of items in bold type that are marked "Educational Note" or "Systems Note," calling attention to specific elements that may require an educational note or system decision.

1. Date Incident Reported: Date the call is first received by PSAP or other designated entity.
2. Service ID: Number that identifies the agency responding to an incident.
3. Responding Unit: Number that identifies the unit responding to an incident.
4. Station: Station from which crew/ambulance is responding.
5. Patient Care Record Number: Unique number for each patient care record (PCR).  
**WEMSIS Note: On the Call Activity Report, this will be reported as run/alarm# information.**
6. Incident address: Address where patient was found, or address to which unit responded. (Need consideration for responding to a facility: facility name in addition to address.)
7. Incident municipality: City or township where patient was found.
8. Incident county: County where patient was found or to which unit responded.
9. Destination Address/Facility Name: Address of patient destination.
10. Destination Municipality: Municipality of patient delivery destination.
11. Destination County: County to which patient is being transported.
12. Ending (Loaded) Mileage: Mileage recorded at end of transport.
13. Starting (Loaded) Mileage: Initial odometer reading at start of transport.
14. Total Loaded Mileage: Total mileage of patient transport.
15. Lights and siren to scene: The use of lights and siren to scene.  
**Educational Note: One item from the following list should be selected to reflect the lights and siren status on the way to the scene:**
  - A. Non-emergent, no lights or siren.

- B. Initial emergent, downgraded to no lights or siren.
  - C. Initial non-emergent, upgraded to lights and siren.
  - D. Emergent, with lights and siren.
  - E. Not applicable.
16. Crash Report Number: MV 4000 # preprinted on police report.
17. Patient Detected: Time of first connection with EMS dispatch (military time).  
**Systems Note: Need to decide which point of contact constitutes "patient detected"; is it when the Fire Dept. gets the call, when EMS gets the call, etc.?**
18. Call Received: Time response unit is notified by EMS dispatch (military time).
19. En Route: Time response unit begins physical motion (military time).
20. At scene: Time EMS unit stops physical motion at scene (last place unit or vehicle stops prior to assessing patient (military time).
21. At patient: Time response personnel establish first direct contact with patient (military time).  
**WEMSIS Note: If this field is left blank, WEMSIS defaults to time of arrival at scene.**
22. Left scene: Time response unit began physical motion from scene (military time).
23. At destination: Time when patient arrives at destination or transfer point (military time).
24. In service: Time response unit back in service available for response (military time).
25. Crewmember license numbers: Personnel certification/license level of crewmember.
26. Location type: Type of location of incident.
- A. Airport
  - B. Clinic/medical facility: Includes Doctor's office, urgent care clinics and short-term delivery of care medical facilities.
  - C. Educational institution: Includes state, public, and private school. Excludes playground gymnasium, and other recreational locations within educational institutions, which should be coded as place for recreation or sport.
  - D. Farm: Includes farm buildings and land under cultivation. Excludes farmhouse and home premises of farm.
  - E. Highway/Street: Includes incidents involving roadway experiences.
  - F. Home/Residence
  - G. Hospital
  - H. Industrial premises: Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform in factory or store, industrial plant, railway yard, shop (place of work), warehouse, and workhouse.
  - I. Mine or quarry: Includes gravel pit, sand pit, or tunnel under construction.
  - J. Nursing home/Skilled nursing facility
  - K. Public building: Includes any building used by the general public, including bank, casino, church, cinema, clubhouse, courthouse, dance hall, parking garage, hotel, market, movie theater, music hall, office, office building, opera house, post

office, public hall, broadcasting station, commercial shop, bus or railway station, store, or theater. Excludes industrial building or workplace. Excludes state, public, and private schools, which are listed as educational facilities.

L. Public outdoors: Includes beaches, desert, dock, forest, harbor, hill, mountain, parking lot, parking place, prairie, railway line, seashore, trailer court, and woods. Excludes resorts.

M. Recreational/Sport: Includes amusement park, baseball field, basketball court, beach resort, cricket ground, football field, golf course, gymnasium, hockey field, holiday camps, ice palace, lake resort, mountain resort, playgrounds including school playground, public parks, racecourses, resorts of all types, riding school, rifle range, seashore resorts, skating rink, ski resorts, sports ground, sports palace, stadium, public swimming pool, tennis court, vacation resort. Excludes occurrences in private house, private garden, private swimming pool, or private yard.

N. Residential institution: Children's home, dormitory, jail, home for elderly, orphanage, prison, reform school.

O. Restaurant/Bar: Includes nightclub.

P. Waterway: Includes canal, lake, pond or natural pool, reservoir, river, sea, stream and swamp.

Q. Unspecified location: Includes any location not included in the above classification.

R. Other

27. Response type

A. Mutual aid: Response requested by another ambulance service and/or another service area.

B. Intercept: Refers to situation in which a second EMS unit receives transfer of patient from the first EMS unit before arrival at a medical facility. Can be used when two units meet to complete the initial scene response or during an unscheduled interfacility transfer.

C. Response to scene: Refers to direct response to scene of incident or injury, such as roadway, etc. This location should be the location indicated in location type options in this document. This code should not be used by the second unit that receives the transfer of a patient from another EMS responder prior to arrival at a medical facility or final destination that is coded as an intercept.

D. Scheduled interfacility transfer: Refers to transfers of patients from one facility to another facility. However, this code is chosen only when the transfer is scheduled in advance, such as a planned morning transfer of a patient from one hospital to another.

E. Standby: Refers to situation in which EMS response unit is requested to arrive at a scene and be available, such as at a football stadium. If an incident occurs during the standby, the service requested becomes scene. Thus, this code should only be used when no patient event actually occurs.

F. Unscheduled interfacility transfer: Refers to transfers of patients from one facility to another facility. For example, if a patient is stabilized in an emergency department and then transported to a tertiary care facility, this is the correct code. This code should not be used for planned, scheduled transfers, which are coded separately. This code should not be used by the second unit involved in the transfer of a patient from one EMS responder to another EMS responder during an unscheduled interfacility transfer, which is coded as an intercept.

G. Unknown: Use this code when there is not enough information on the run sheet to determine the correct response for this data element.

H. Not applicable: Use this code when there is no patient at the scene. This differs from standby which is scheduled.

28. Patient name: The current legal last and first name of patient.
29. Patient address: The street location or other designation, such as an internal code, for the patient's address.
30. Patient city: The city or township of the patient's address.
31. Patient state: The state, territory, or district of the patient's address.
32. Patient zip: The zip code of the patient's address.
33. Patient phone: Patient's phone number.
34. Emergency Contact: Alternate number of a friend/family member.
35. Patient Physician: Family or primary care Dr.
36. Patient Date of Birth: The date of the patient's birth.
38. Patient Age: Can calculate from patient date of birth.
39. Patient Weight: Identify patient weight in kg or lbs.
40. Patient gender: Identify by reproductive function of patient.
41. Patient Social Security Number: The personal identification number assigned by the US Social Security Administration.
42. Patient race: Patient's racial and ethnic origin.
  - A. White
  - B. Hispanic
  - C. Asian/Pacific Island
  - D. Black
  - E. American Indian/Alaska Native
  - F. Other
  - G. Unknown
43. Work Related Injury (y/n)--if yes get name of company where patient works.
44. Employer: Name, Address, City, State, Zip and Phone number of Employer.
45. Insurance company name: Name of patient insurance company.
46. Insurance company group number: Indicate group number if available.
47. Insurance individual number: Indicate individual number if available.

48. Insurance Type: List type of insurance.

49. Signs and Symptoms: Signs and symptoms reported to or observed by provider.

- |                         |                                     |
|-------------------------|-------------------------------------|
| A. Abdominal pain       | O. Hypertension                     |
| B. Back Pain            | P. Hypothermia                      |
| C. Bleeding             | Q. Nausea                           |
| D. Bloody Stool         | R. Numbness                         |
| E. Breathing Difficulty | S. Paralysis                        |
| F. Cardiac Arrest       | T. Palpitations                     |
| G. Chest pain           | U. Pregnancy/childbirth/miscarriage |
| H. Choking              | V. Respiratory Arrest               |
| I. Diarrhea             | W. Seizures/convulsions             |
| J. Dizziness            | X. Syncope                          |
| K. Ear Pain             | Y. Trauma                           |
| L. Eye Pain             | Z. Unresponsive/Unconscious         |
| M. Fever/Hyperthermia   | aa. Vomiting                        |
| N. Headache             | bb. Vaginal Bleeding                |
|                         | cc. Weakness                        |
|                         | dd. Unknown                         |
|                         | ee. Other                           |

50. Patient Allergies: List any allergies, paying particular attention to allergies to medications.

51. Patient Current Medications/Dose: List all meds and dosage patient is currently taking.

**Educational note: should be obtained from facility facesheet or pill bottles; if obtained any other way record as self-reporting.**

52. Pre-Existing conditions: Pre-existing medical conditions known to the provider.

Medical

- |                                |                        |
|--------------------------------|------------------------|
| A. Asthma                      | G. Headaches           |
| B. Cancer                      | H. Hepatitis           |
| C. Chronic Renal Failure       | I. Hypotension         |
| D. Chronic Respiratory Failure | J. Seizure/Convulsions |
| E. CVA/TIA                     | K. Tuberculosis        |
| F. Diabetes                    |                        |

Cardiac

- |                             |                          |
|-----------------------------|--------------------------|
| A. Angina                   | E. Hypertension          |
| B. Arrhythmia               | F. Myocardial Infarction |
| C. Congenital               | F. Cardiac surgery       |
| D. Congestive Heart Failure |                          |

Other

- |                           |                 |
|---------------------------|-----------------|
| A. Developmental Delay/MR |                 |
| B. Psychiatric            | C. Tracheostomy |
| B. Substance Abuse        | D. Other        |

53. Systolic Blood Pressure

54. Diastolic Blood Pressure

55. Pulse (time/rate/quality)
56. Respiratory rate per min.
57. Respiratory effort
  - A. Normal
  - B. Labored
  - C. Shallow
  - D. Absent
  - E. Assisted
58. Level of Consciousness: Alert, responds to Verbal, responds to Pain, Unresponsive (AVPU).
59. Mental Status/Behavior: Indicate from list:
  - A. Normal
  - B. Acute Confusion
  - C. Usually Confused
  - D. Incoherent
  - E. Intermittent Consciousness
  - F. Combative
60. Eyes: PERRL=Pupils equal round reactive to light; and select any determined eye-specific signs and symptoms from list.
61. Breath Sounds: Indicate sounds. Options are Clear, Wet, Decreased, Wheeze, Absent and Stridor
62. Skin (temperature/moisture/color/capillary refill): Mark all indicators that relate.
63. Body Temperature: Indicate body temperature and how taken.
64. Pain (OPQRST): Pain onset, what provokes, quality, radiation, severity, time since.  
(Not on WEMSIS)
65. Injury Site Algorithm (Match up body site and injury type).

Body Sites: Clinical description of body site.

66. Head/Face
- B. Neck
- C. Chest/Axilla
- D. Abdomen
- E. Back/Flank
- F. Pelvis/Hip
- G. Left Arm, U L J
- H. Right Arm, U L J
66. Left Leg, U L J
- J. Right Leg, U L J

**Educational Note: For G,H,I,J: U=Upper, L=Lower, and J=Joint**

Injury types: Clinical description of injuries.

66. Pain/No Trauma

- B. Blunt injury
- C. Dislocation/fracture
- D. Gunshot
- E. Laceration
- F. Puncture/Stab
- G. Soft Tissue Swelling
- H. Burn

67. Trauma/Burn Figures: Indicate trauma or burn areas by marking on figures.

68. Glasgow eye opening component: Patient's eye opening component of the Glasgow coma scale:

- 1 None
- 2 Opens eyes in response to painful stimulation
- 3 Opens eyes in response to verbal stimulation
- 4 Opens eyes spontaneously
- 9 Unknown

69. Glasgow verbal component: Patient's verbal component of the Glasgow coma scale:

For patients > 5 years:

- 1 None
- 2 Non-specific sounds
- 3 Inappropriate words
- 4 Confused conversation or speech
- 5 Oriented and appropriate speech
- 9 Unknown

For patients 2-5 years:

- 1 None
- 2 Moans, whimpers, unintelligible sounds
- 3 Inappropriate words
- 4 Confused conversation or speech
- 5 Appropriate words or speech
- 9 Not assessed

For patients 0-23 months:

- 1 None
- 2 Moans, whimpers
- 3 Irritable cry
- 4 Cries but consolable
- 5 Cries appropriately to stimulus, smiles, coos, fixes and follows
- 9 Not assessed

70. Glasgow Motor Component: Patient's motor component of the Glasgow coma scale:

For patients > 5 years:

- 1 None
- 2 Extensor posturing in response to painful stimulation
- 3 Flexor posturing in response to painful stimulation
- 4 General withdrawal in response to painful stimulation
- 5 Localization of painful stimulation
- 6 Obeys commands with appropriate motor response

9 Unknown

For patients up to 5 years:

- 1 None
- 2 Extensor posturing in response to painful stimulation
- 3 Flexor posturing in response to painful stimulation
- 4 General withdrawal in response to painful stimulation
- 5 Localization of painful stimulation
- 6 Purposeful spontaneous movement
- 7 Not assessed

- 71. Glasgow Total Score: Calculate the sum of the eye opening, verbal and motor response components.
- 72. Motor Vehicle Crash Box: In a MVC, mark diagram "P" for patient location in vehicle and "X" vehicle in all locations corresponding to damage in vehicle.
- 73. Crash Type: Indicate vehicle type from list.
- 74. Vehicle Damage Exterior: Check damage to vehicle exterior.
- 75. Vehicle Damage Interior: Check damage to vehicle interior.
- 76. Restraints Used: Indicate restraints observed used and reported used for involved patient.

Restraint Options (MVC only, allow for multiple, pertinent negatives)

- A. Airbag deployed
  - B. Lap belt
  - C. Shoulder belt
  - D. Child safety seat
- 77. Safety equipment: Safety equipment in use by patient at time of injury.
    - A. Helmet
    - B. Eye Protection
    - C. Protective Clothing
    - D. Floatation Device
    - E. Not applicable
    - F. None
    - G. Unknown
  - 78. Cause of injury (For injury only - special note to definitions)
    - A. Aircraft related
    - B. Athletics/sports injury
    - C. Bicycle accident: Includes any pedal cycle accident. Pedal cycle is defined to include bicycles, tricycles, and excludes any motorized cycles. Does not include motor vehicle/bicycle accidents.
    - D. Bite: Includes animal bites, including non-venomous snakes and lizards.
    - E. Chemical exposure: Includes accidental poisoning by solid or liquid substances, gases, and vapors, which are not included under accidental drug poisoning.
    - F. Child battering suspected: Includes all forms of child battering and non-accidental injury to children. This code should be entered in all instances in which there is

sufficient suspicion by the EMS responder that the responder would be required by law to report the case to authorities as a suspected case of child abuse.

- G. Drowning: Accidental drowning not related to watercraft use. Includes swimming accidents, bathtubs, etc.  
**Educational Note: Drowning is the appropriate cause of injury only where watercraft use is not involved.**
- H. Drug Ingestion: Includes accidental poisoning by drugs, medicinal substances, or biological products.
- I. Electrocution (non-lightning): Includes accidents related to electric current from exposed wire, faulty appliance, high voltage cable, live rail, or open electric socket.
- J. Excessive cold: Includes cold injury due to weather exposure, or cold produced by man, such as in a freezer.
- K. Excessive heat: Includes thermal injuries related to weather or heat produced by man, such as in a boiler room or factory. Excludes heat injury from conflagration.
- L. Fall: Excludes falls which occur in the context of other external causes of injury, such as fires, falling off boats, or falling in accidents involving machinery.
- M. Fire/flames: Includes burning by fire, asphyxia or poisoning from conflagration or ignition and fires secondary to explosions. Excludes injuries related to machinery in operation and vehicle accident.
- N. Firearm self inflicted (intentional): If the EMS responder knows that an intentional assault was involved, or knows that the injury was intentionally self-inflicted, this is the correct code. In most instances, the EMS provider will not be able to easily assess this issue, and then the code should be entered as accidental.
- O. Firearm accidental
- P. Firearm assault
- Q. Lightning
- R. Machinery injury: Includes all machinery accidents except when machinery is not in operation. Excludes electrocution.
- S. Mechanical suffocation: Includes suffocation in bed or cradle (crib death), closed space suffocation, plastic bag, asphyxia, accidental hanging, etc.
- T. Motor vehicle non-traffic accident: This includes any motor vehicle accident occurring entirely off public roadways or highways. For instance, an accident involving an all-terrain vehicle (ATV) in an off-road location would be a non-traffic accident.
- U. Motor vehicle traffic
- V. Pedestrian traffic: Motor vehicle accidents in which the patient was a pedestrian struck by a motor vehicle of any type. Includes individuals on skates, in baby carriages, in wheelchairs, on skateboards, skiers, etc.
- W. Physical Assault
- X. Poison, not drugs: Ingestion of poison other than drugs.
- Y. Radiation exposure: Excludes complications of radiation therapy.
- Z. Sexual assault/rape
  - aa. Smoke inhalation: Includes smoke and fume inhalation from conflagration
  - bb. Stabbing: Includes cuts, punctures, or stabs of any part of the body.
  - cc. Stings (plant/animal): Includes bites and stings from venomous snakes, lizards, spiders, scorpions, insects, marine life or plants.
  - dd. Water transport incident: Includes all accidents related to watercraft. Excludes drowning and submersion accidents unless they are related to watercraft use.

- ee. Not applicable: This code is not an official code, and should be entered in any case where an external injury code is not applicable, such as when a patient suffers from chest pain or fever.
- ff. Unknown: This code is provided primarily for situations in which the data is being entered at a time when the information cannot be accurately reconstructed from the run record. This should be a rare entry.
- gg. Other: Use this code when no other category applies

**Educational Note: E) Chemical Exposure, H) Drug Ingestion, and X) Poison, not drugs need to be coordinated for consistency.**

- 79. Provider Impression: Provider's clinical impression that led to the management of the patient (treatments, medications, procedures).
  - A. Abdominal pain/problems: Includes acute abdomen, painful abdomen, cramps, etc. Does not include abdominal trauma.
  - B. Airway obstruction: Includes choking, swelling of neck, croup, epiglottitis, foreign body in airway.
  - C. Allergic reaction: Includes reactions to drugs, plants, insects, etc. Category includes hives, urticaria and wheezing, when suspected of being related to allergy.
  - D. Altered level of consciousness: Refers to patients with any alteration of consciousness, including patients who appear to be substance abusers or under the influence of drugs or alcohol.
  - E. Behavioral/psychiatric disorders: Includes all situations in which a behavioral or psychiatric problem was considered the major problem that the EMS responder identified.
  - F. Cardiac arrest: All instances in which cardiac arrest occurred.
  - G. Cardiac rhythm disturbance: Includes any rhythm disturbance which was noted on physical examination or with a cardiac monitor, when the rhythm was the major clinical reason for care rendered by the EMS responder.
  - H. Chest pain discomfort: Includes patients with complaint of chest pain, including pain felt related to heart disease, upset stomach, or muscle pain in the chest wall.
  - I. Diabetic symptoms (hypoglycemia): Relates to patients with symptoms related to diabetes, generally when there is a history of diabetes in the patient. The major symptom is hypoglycemia, but in circumstances where diabetes is known to exist, this category can include ketoacidosis, as well as other complications of diabetes.
  - J. Electrocutation: Instances of electrocutation. Please note that the proper code should be entered in the cause of injury data element.
  - K. GI Bleed
  - L. Headache
  - M. Hypertension
  - N. Hyperthermia/Fever: When Hyperthermia/Fever is the major clinical assessment driving EMS responder care.
  - O. Hypothermia: Usually relates to environmental hypothermia, such as following submersion in cold water, avalanches, or other environmental exposure situations.
  - P. Hypovolemia/shock: Patients with clinical shock, usually felt to be hypovolemic.
  - Q. Intoxication suspected/alcohol ingestion.
  - R. Obvious death: Patients who were dead at the scene, on whom no therapy was undertaken.
  - S. Poison/drug ingestion: Includes drug ingestions which are inappropriate drugs or overdoses, as well as poisonings from chemicals. Toxic gases should be coded as toxic inhalation injury. Venomous bites or stings should be coded as stings/bites.
  - T. Pregnancy/OB delivery: Includes all aspects of obstetric care rendered in the prehospital setting.

- U. Respiratory arrest: Instances in which the patient stops breathing. These patients always require ventilatory support on at least a temporary basis.
- V. Respiratory distress: Includes patients with respiratory distress who continue to have spontaneous breathing and never suffer respiratory arrest. These patients may require ventilatory support.
- W. Seizure: Includes major and minor motor seizures.  
**Educational Note: Focal seizures should also be recorded as seizures.**
- X. Sexual assault/rape: Refers to suspected sexual assault/rape. The code refers to unspecified traumatic injury but the cause of injury code should resolve this adequately.
- Y. Toxic inhalation: Smoke inhalation encountered in conflagration setting or other toxic inhalation.
- Z. Stings/Venomous bites: Includes poisonous snakes, insects, bees, wasps, ants, etc. If an allergic reaction occurs and predominates the clinical situation, then the clinical assessment should be coded as an allergic reaction rather than a sting or bite, since the code in the cause of injury data element will further clarify the cause.
  - aa. Stroke/CVA: Cerebrovascular accidents, strokes, TIA.
  - bb. Syncope/fainting: Fainting is the major clinical assessment, even though the patient may be fully awake at the time of EMS evaluation.
  - cc. Traumatic injury: All patients for whom traumatic injury is the major reason for the EMS action.
  - dd. Vaginal hemorrhage: Refers to abnormal vaginal bleeding in sufficient amount to have driven the EMS response. When pregnancy is involved, vaginal hemorrhage should only be coded when the hemorrhage itself was the major concern to the EMS responder.
  - ee. Other: Use this code when no other categories apply.
  - ff. Not applicable: Use this code when there is no patient.
  - gg. Unknown: Use this code when there is not enough information on the run sheet to determine the clinical impression of the EMS responder. This should be a very rarely used code.

80. Chief Complaint: As stated by the patient.  
(not on WEMSIS)

81. Time of Onset: Time patient reports experiencing the problem.

82. Procedure or treatment:

**BASIC**

\*Advanced Airway

Backboard

Bleeding Control

Burn Care

Cervical Immobilization

DNR Protocol

Epinephrine Admin

MAST/PASG

Obstetric Care/Delivery

Oxygen by Mask

Stacked Shocks

Splint of Extremity

Other

\*Assisted Ventilation

\*Nasopharyngeal airway

Obstetric care/Delivery

CPR

Oropharyngeal Airway

\*External Defibrillation

\*IV Catheter/Fluids

\*Nasopharyngeal Airway

Oxygen by Cannula

Physical Exam

Traction Splint

Vital Signs

**ADVANCED**

AED – Automated External Defibrillation  
BD Blood Draw  
BI Gluc – Blood Glucose Analysis  
BVM  
CD - Chest Decompression  
Central IV  
Crico Cricothyrotomy  
Combitube  
CPAP  
CSM Carotid Sinus Massage  
DM Defibrillator Manual  
EKG 12 Lead  
EKG 13 Lead  
EKG 15 Lead  
EKG 3 lead  
End Tidal CO2  
EP External Pacing  
ET Endotracheal Tube  
ETS Endotracheal or Deep Airway Suction  
Eye Irrigation  
Implanted Device  
Indwelling IV  
IO Intraosseous Infusions  
IV Pump – Infusion Pump  
NG Tube – Nasogastric Tube  
Oral Airway  
PEEP  
PEFR Peak Flow  
Pericardiocentesis  
Peripheral IV  
Pulse Oximetry  
Suctioning  
Trach Care  
TTV Transtracheal Ventilation  
Valve – Elder  
Ventilator

Note: Both procedure success rate and patient outcome must be evaluated since outcome may be independent of whether a procedure is completed successfully.

Poor patient outcome may not necessarily be a result of an unsuccessfully performed procedure.

83. Procedure/Treatment: List EMT administering.

84. Comments: EMT's written comments.

85. First CPR provider

A. Bystander

B. First responder unit

- C. EMS unit
- D. Not applicable
- E. Unknown

86. Start CPR time: Best estimate of time of first CPR (military time).

87. Time CPR discontinued (military time).

88. Witness of cardiac arrest: Yes/No

89. Time of Arrest: As witnessed

90. Incident disposition: End result of EMS response

91. Incident disposition options: (Need to follow outline to capture all elements)

I. Treated/transported by EMS: This code means that the EMS responder providing the data record treated and transported the patient. If the EMS responder transports a patient to a rendezvous point with another EMS responder (for instance, a ground crew rendezvous with a helicopter based agency), this is the correct code for this data element.

A. Options for Destination Type:

Type of destination options: Health care facility or unit/home that received patient from EMS responder providing this record.

1. Home / Residence
2. Police/jail
3. Medical office/clinic
4. Skilled Nursing Facility
5. Hospital
6. Morgue
7. Other
8. Not applicable

B. Destination determination: The reason a transport destination was selected.

1. Closest facility
2. Diversion
3. EMT Choice
4. Law enforcement choice
5. Managed care
6. On line medical direction
7. Patient family choice
8. Patient/physician choice
9. Protocol
10. Specialty center
11. Other

II. Treated/transferred care: Indicates that the EMS responder provided treatment at the scene but the patient was transferred into the care of another service. The EMS responder did not provide transport in this instance. For example, if a BLS provider is at a scene and treats a patient, but a separate ALS responder arrives and takes over, the BLS record would indicate this code.

Options for who patient responsibility transferred to:

- 1: To aero-medical unit
- 2: To ALS unit
- 3: To BLS unit
- 4: To law enforcement

III. Treated / no transport

1. Treated/transported by private vehicle: This code means that the EMS responder provided treatment, but the patient was transported to his or her destination by a private vehicle. This includes instances in which the patient transports himself via private automobile, if the EMS responder understands that the patient is going to seek further medical care, such as at a private doctor's office or local emergency department.
2. Treated/transported by other means: Such as public transportation.
3. Treated and released: This code means that the EMS responder provided treatment, and the patient required no further emergency care. This is distinct from the instance in which the patient is known to be in need of further care, but is transported by himself or others to the facility providing further care.
4. Patient refused care: Patient was at scene and refused care, whether injured or not. If the EMS responder knows that there is an injury, but the patient refuses care and is transported by friends or acquaintances, this is still the correct code for this data element.

IV. No treatment needed: This code means that the EMS responder evaluated the patient, and no treatment was required. If the patient refused evaluation, or if the EMS responder did not evaluate a specific patient, this is not the correct code for this data element.

V. Dead at scene: This code means that the patient was pronounced dead at the scene, whether or not treatment was undertaken.

VI. Canceled: This code means that the EMS response was canceled enroute or at scene.

VII. Not applicable: This code is used when a disposition is not applicable. For instance, if the unit is on standby and no incident occurs, then this data element is not applicable. In this instance, the data element called "Service Type" will have been coded as standby. For all standby records, this data element should be coded as not applicable.

VIII. Unknown

IX. No patient found: If not canceled, but no patient can be found by the responder at the scene dispatched to, this is the correct code.

92. Lights and siren during transport: (Bypass if no transport).

- A. Non-emergent, no lights or siren.
- B. Initial emergent, downgraded to no lights or siren.
- C. Initial non-emergent, upgraded to lights and siren.
- D. Emergent, with lights and siren.

93. Position Patient Transported: Position patient in during transport.

94. Other Services on Scene

- A. Law Enforcement (Police/ Sheriff)

- B. Fire Department
- C. First Responder
- D. Other
- E. None
- F. Physician
- G. Nurse/Physician Assistant

95. Arrival Status options:

- A. Unchanged
- B. Better
- C. Worse
- D. DOA
- E. Unknown

96. PPE Used: Personal protective equipment used by responding personnel.

97. Facility Notified By: Indicate means by which facility was notified.

98. Difficulties Encountered: Indicate any difficulties encountered in responding and transporting patient.

99. Time Report Received: Indicate time report was received by ED or facility.

100. Report Given to: Indicate to whom report was given.

100. Signature: Signature of EMT completing run report.

*Fields from the third page*

101. Advanced Airway: Indicate whether an advanced airway was used. Also indicate on treatment log.

102. ACLS unit: Identify ACLS unit.

103. ACLS unit arrival time: Identify arrival time of ACLS unit.

104. First AED Analysis: Indicate initial cardiac rhythm.

105. Time of First AED Analysis: Indicate time of initial cardiac rhythm.

106. Patient outcome: Indicate from the following

Admitted to ED: Died; discharged to home; Discharged against medical advice; admitted to hospital; Transferred; Unknown.

Admitted to Hospital: Died in Hospital; Discharged; Unknown; Transferred.

107. Arrived with pulse

108. Expired at Scene, Arrived at Facility w/ Pulse, Admitted at Facility w/Pulse.

**Educational Note: Pulse is defined as palpable carotid or shockable rhythm.**

**WEMSYS Note: If the patient either arrives at the facility with a pulse or regains a pulse in the ER, Arrived at Facility with Pulse should be selected. From there you have the opportunity to select applicable outcomes for both the ER and the Hospital.**

109. Equipment Failure (explain): Indicate if there was an equipment failure and explain what it was.

*Advanced Skills treatment log*

110. Time: Enter time for any drug or procedure.
111. Drug/Procedure: Enter medication or procedure that was performed at that time. See medications list at end of data definition list.
112. Dose: Enter dosage of any medication administered or liter flow rate of oxygen.
113. Joules: Enter joules used in defibrillation.
114. Who Performed: Enter name or number of EMT who administered drug or procedure.
115. Medical Control: Indicate if Medical Control was used and type of Medical Control.
116. Mental Status: Indicate patient's mental status after drug or procedure.
117. Blood Pressure: Indicate patient's systolic and diastolic blood pressure and time taken.
118. Pulse: Enter the pulse rate as obtained by palpation of the radial, carotid, or femoral pulse.
119. Respirations: Enter patient's respiratory rate.
120. Tube Verified: Indicate tube placement verified.
121. Response: Enter any response to the administration of a medication or performance of a procedure.

*End of advanced skills treatment log*

122. Airway Device: Identify type - Endotracheal, EOA, EGTA, PTL, Combitube.
123. Complications Encountered: Identify type - Nasal, Dental, Pharyngeal, Esophagus, Trachea, None.
124. Placement Verified by EMT - Verified by Auscultation, Visualization, Tube Check, End Tidal CO<sub>2</sub>: Indicate how EMT verified tube placement.
125. Additional Comments: Expanded area for additional comments.

126. Medications List

WEMSYS uses generic names for its drop-down list. The following is a complete list of generic and trade/common names for reference.

Actidose aqua / Activated Charcoal	Nitroglycerine
Actidose with sorbitol/ Activated Charcoal with sorbitol	Nitroglycerine drip
Adenocard /Adenosine	Norcuron /Vecuronium
Adrenalin /Epinephrine 1:10,000	Normal Saline
Adrenalin /Epinephrine 1:1000	Nubain /Nalbuphine
Albumin	Osmitrol /Mannitol
Alcaine /Proparacaine	Phenobarbital
Alteplase / t-PA	Pitocin /Oxytocin
Alupent /Metaproterenol	Procan, Pronestyl /Procainamide
Aminophylline	Procardia, Adalat /Nifedipine
Amyl nitrate/cyanide poisoning kit	Protamine
Aspirin	Romazicon /Flumazenil
Ativan /Lorazepam	Sodium bicarbonate
Atropine	Solu- cortef /Hydrocortisone
Benadryl /Diphenhydramine	Solu-Medrol /Methylprednisolone
Brethine /Terbutaline	Streptase /Streptokinase
Bretyllium	Sus-Phrine, Vaponephrin /Racemic epinephrine
Bumex /Bumetanide	Thiamine
Calan, Isoptin /Verapamil	Toradol /Ketorolac
Calcium chloride	Tylenol /Acetaminophen
Calcium gluconate	Valium /Diazepam
Cardizem /Diltiazem	Ventolin, Proventil /Albuterol
Cogentin /Benztropine	Versed /Midazolam
Compazine /Prochlorperazine	Vistaril, Atarax /Hydroxyzine
D5W	Xylocaine /Lidocaine
D5W 0.2% NaCl	Xylocaine gel /Lidocaine gel
D5W 0.45% NaCl	
Decadron /Dexamethasone	
Demerol /Meperidine	
Dextrose 50%	
Dilantin /Phenytoin	
Dobutrex /Dobutamine	
Glucagon	
Glucose	
Haldol /Haloperidol	
Heparin	
Inderal /Propranolol	
Intropin /Dopamine	
Ipecac	
Isuprel /Isoproterenol	
Lactated Ringers	
Lasix /Furosemide	
Levophed /Norepinephrine	
Magnesium sulfate	
Methergine /Methylergonovine	
Morphine	
Narcan /Naloxone	
Neo-synephrine /Phenylephrine	