

## Emergency Reporting ERS Version 4.0

| Element Code | Data Element                        | Compliant Data Elements |
|--------------|-------------------------------------|-------------------------|
| D01_01       | EMS Agency Number                   | X                       |
| D01_03       | EMS Agency State                    | X                       |
| D01_04       | EMS Agency County                   | X                       |
| D01_07       | Level of Service                    | X                       |
| D01_08       | Organizational Type                 | X                       |
| D01_09       | Organization Status                 | X                       |
| D01_10       | Statistical Year                    | X                       |
| D01_12       | Total Service Size Area             | X                       |
| D01_13       | Total Service Area Population       | X                       |
| D01_14       | 911 Call Volume per Year            | X                       |
| D01_15       | EMS Dispatch Volume per Year        | X                       |
| D01_16       | EMS Transport Volume per Year       | X                       |
| D01_17       | EMS Patient Contact Volume per Year | X                       |
| D01_21       | National Provider Identifier        | X                       |
| D02_07       | Agency Contact Zip Code             | X                       |
| D04_02       | EMS Unit Call Sign                  | X                       |
| E01_01       | Patient Care Report Number          | X                       |
| E01_02       | Software Creator                    | X                       |
| E01_03       | Software Name                       | X                       |
| E01_04       | Software Version                    | X                       |
| E02_01       | EMS Agency Number                   | X                       |
| E02_04       | Type of Service Requested           | X                       |
| E02_05       | Primary Role of the Unit            | X                       |
| E02_06       | Type of Dispatch Delay              | X                       |
| E02_07       | Type of Response Delay              | X                       |
| E02_08       | Type of Scene Delay                 | X                       |
| E02_09       | Type of Transport Delay             | X                       |
| E02_10       | Type of Turn-Around Delay           | X                       |
| E02_12       | EMS Unit Call Sign (Radio Number)   | X                       |
| E02_20       | Response Mode to Scene              | X                       |
| E03_01       | Complaint Reported by Dispatch      | X                       |
| E03_02       | EMD Performed                       | X                       |
| E05_02       | PSAP Call Date/Time                 | X                       |
| E05_04       | Unit Notified by Dispatch Date/Time | X                       |
| E05_05       | Unit En Route Date/Time             | X                       |
| E05_06       | Unit Arrived on Scene Date/Time     | X                       |

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| E05_07 | Arrived at Patient Date/Time             | X |
| E05_09 | Unit Left Scene Date/Time                | X |
| E05_10 | Patient Arrived at Destination Date/Time | X |
| E05_11 | Unit Back in Service Date/Time           | X |
| E05_13 | Unit Back at Home Location Date/Time     | X |
| E06_08 | Patient's Home Zip Code                  | X |
| E06_11 | Gender                                   | X |
| E06_12 | Race                                     | X |
| E06_13 | Ethnicity                                | X |
| E06_14 | Age                                      | X |
| E06_15 | Age Units                                | X |
| E07_01 | Primary Method of Payment                | X |
| E07_34 | CMS Service Level                        | X |
| E07_35 | Condition Code Number                    | X |
| E08_05 | Number of Patients at Scene              | X |
| E08_06 | Mass Casualty Incident                   | X |
| E08_07 | Incident Location Type                   | X |
| E08_15 | Incident ZIP Code                        | X |
| E09_01 | Prior Aid                                | X |
| E09_02 | Prior Aid Performed by                   | X |
| E09_03 | Outcome of the Prior Aid                 | X |
| E09_04 | Possible Injury                          | X |
| E09_11 | Chief Complaint Anatomic Location        | X |
| E09_12 | Chief Complaint Organ System             | X |
| E09_13 | Primary Symptom                          | X |
| E09_14 | Other Associated Symptoms                | X |
| E09_15 | Providers Primary Impression             | X |
| E09_16 | Provider's Secondary Impression          | X |
| E10_01 | Cause of Injury                          | X |
| E11_01 | Cardiac Arrest                           | X |
| E11_02 | Cardiac Arrest Etiology                  | X |
| E11_03 | Resuscitation Attempted                  | X |
| E12_01 | Barriers to Patient Care                 | X |
| E12_19 | Alcohol/Drug Use Indicators              | X |
| E18_03 | Medication Given                         | X |
| E18_08 | Medication Complication                  | X |
| E19_03 | Procedure                                | X |
| E19_05 | Number of Procedure Attempts             | X |
| E19_06 | Procedure Successful                     | X |
| E19_07 | Procedure Complication                   | X |
| E20_07 | Destination Zip Code                     | X |
| E20_10 | Incident/Patient Disposition             | X |
| E20_14 | Transport Mode from Scene                | X |
| E20_16 | Reason for Choosing Destination          | X |
| E20_17 | Type of Destination                      | X |

|        |                                  |   |
|--------|----------------------------------|---|
| E22_01 | Emergency Department Disposition | X |
| E22_02 | Hospital Disposition             | X |