VERMONT
DEPARTMENT OF HEALTH

# SIREN Changes for the Transition to NEMSIS 3.5 – Low Impact Items

October 2022

## Introduction

**Due to the number of Low Impact changes, an associated file has been created for the National Definition of Fields.**

Continuous improvement is a cornerstone of Vermont EMS. The State EMS Office looks to elevate the EMS profession, and support agencies as they protect the communities they serve. This document will discuss the changes that providers may encounter infrequently or only when a situation requires information that may not pertain to most electronic patient care reports.

## Navigating this File

The details in this file are listed in the order that most providers would encounter them on the run form as they create the electronic patient care report (ePCR).

**Items in this color:**

- **are existing fields that will continue to be active; or**
- **are new fields taking the place of disabled fields; or**
- **are the new names for fields that have been re-labeled.**

**Items in this color:**

- **have been disabled (the majority of these have new fields that will replace the previous item); or**
- **have been renamed, and this is the old name.**

**Providers can test the changes within the NEMSIS 3.5 Demo Environment. Credentials for this are as listed below.**

**Website:**
**https://www.sirenems.com/Elite/Organizationvermont/**

**Username: Sandbox22**
**Password: VTEMS22**

The Vermont Office of EMS looks forward to continuing to work with our stakeholders in the EMS community with our ongoing goal of improving the quality of our data collection.

| | Field | Page |
|---|---|---|
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| 12. | Carbon Dioxide (CO2/ETCO2)<br>Previous:<br>Carbon Dioxide (CO2) | 10 |
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| 14. | Previous:<br>Fall Risk (panel)<br>• Has the patient fallen in the past year?<br>• Does the patient worry about falling?<br>• Does the patient feel unsteady when standing or walking?<br>• Does the patient have evidence of any other fall risk factors?<br>• Patient Follow-Up Contact Phone | 10 |
| 15. | Was a Naloxone Leave Behind kit left with someone on scene?:<br>Renamed<br>Previous:<br>If an at-risk person was identified, was a Naloxone Leave Behind kit left with a person on scene? | 11 |

| | Field | Page |
|---|---|---|
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| 20. | Previous: Has the patient had contact with someone being monitored for or diagnosed with COVID-19 within 14 days of symptom onset? | 12 |
| 21. | Previous: If EMS suspects or knows that the patient has COVID-19, was the receiving facility notified? | 13 |

| State Licensure Level<br>Agency Licensure Level/Practice Level | | |
|---|---|---|
| **Change Type**<br>New Response. | **Location**<br>This is not located in the run form. Go to Users > User's Name > Certifications. | **Required**<br>Yes: Only when managing or updating a provider's information. |

**Additional Details:**

"EMR Student" and "EMT Student" have been added as possible selections for licensure.

**Note(s):**

Only users who are set up as with one of the following permission groups will have access to this:

- Rescue Service Administrator
- Rescue Service Administrator with District QA/QI

| Rename of Select Panels and Sections | | |
|---|---|---|
| **Change Type**<br>Renamed. | **Location**<br>Run Form/Incident Record. | **Required**<br>Not Applicable. |

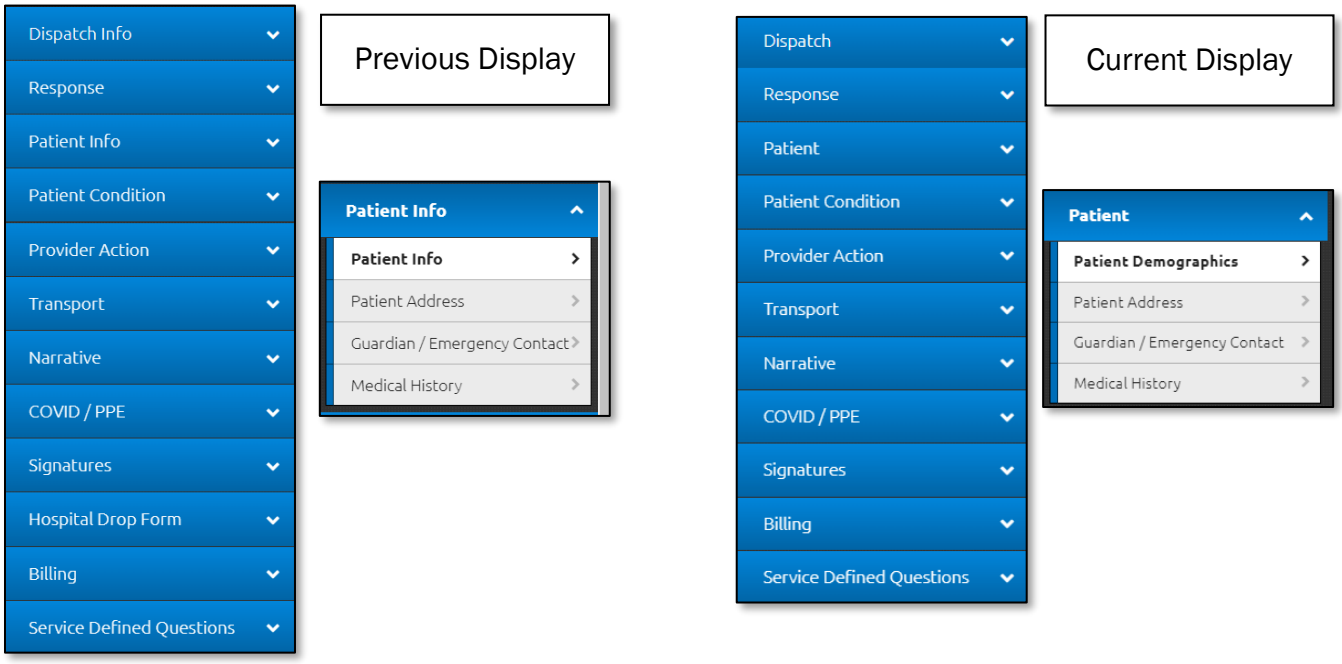
**Additional Details:**

Select Sections and Panels have been renamed:

| Category | Previous Name | Future Name |
|---|---|---|
| Section | Dispatch Info | Dispatch |
| Section | Patient Info | Patient |
| Panel | Patient Info | Patient Demographics |

**Note(s):**

See the next page for screenshots.




| Dispatch Reason | | |
|---|---|---|
| **Change Type**<br>Sequence of Responses. | **Location**<br>Run Form/Incident Record > Dispatch > Dispatch Information. | **Required**<br>Yes. |

### Additional Details:

The first six selections listed under Dispatch Reason are the items that have been used more than 30,000 times between 2017 and 2022. Due to the popularity of these six options, they have been listed at the top to help with documentation, in order of frequency from most popular to least.

### Note(s):

All other selections for Dispatch Reason are listed alphabetically.

| Are you looking for access to the Hospital Drop Form? | | |
|---|---|---|
| **Change Type:**<br>Display Change. | **Location**<br>Run Form/Incident Record > Dispatch > Dispatch Information. | **Required**<br>No. |

**Additional Details:**

The Hospital Drop Form tab contains duplicate information that is found elsewhere in the Incident Record. As this appears to not be used by many providers, this section has been hidden. It can still be accessed by selecting "Yes" to the new question "Are you looking for access to the Hospital Drop Form?" on the incident record.

**Note(s):**

Data from this field will be used long term to help determine if removing the Hospital Drop Form tab is beneficial or if it would negatively impact providers during their documentation process.

| Was Your Agency the First EMS Unit on Scene? | | |
|---|---|---|
| **Change Type**<br>Sequence of Responses. | **Location**<br>Run Form/Incident Record > Dispatch > Dispatch Information. | **Required**<br>Yes. |

**Additional Details:**

Between January 2017 to October 2022, 87% of incident records had Yes selected as the response to this field. Due to the high usage, the most common response has been listed first.

| Number of Patients Transported in this EMS Unit | | |
|---|---|---|
| Previous:<br># of Patients Contacted, Treated and/or Transported by THIS EMS Unit | | |
| **Change Type**<br>Renamed. | **Location**<br>Run Form/Incident Record > Response > Situation. | **Required**<br>No. |

**Additional Details:**

This field has been renamed to better align with the national definition of this field. When used in conjunction with Number of patients or potential patients contacted by this EMS unit and Number of patients treated by this EMS unit, a more accurate description of the scene can be established.

| Initial Patient Acuity | | |
|---|---|---|
| **Change Type**<br>Renamed. | **Location**<br>Run Form/Incident Record > Response > Situation. | **Required**<br>Yes. |

**Additional Details:**

Field responses have been renamed to include associated triage colors. This update will allow Vermont to be more in line with National guidelines and labels.

| Previous Response | New Response |
|---|---|
| | Non-Acute/Routine |
| Stable | Stable (Green) |
| Potentially Unstable | Potentially Unstable (Yellow) |
| Unstable | Unstable (No change to this response) |
| Critical | Critical (Red) |
| Dead without Resuscitation Efforts | Dead without Resuscitation Efforts (Black) |

| Final Patient Acuity | | |
|---|---|---|
| **Change Type**<br>Renamed. | **Location**<br>• Run Form/Incident Record > Response > Situation.<br>• Run Form/Incident Record > Patient Condition > Assessment.<br>• Run Form/Incident Record > Transport > Transport Status and Priority. | **Required**<br>Yes. |

**Additional Details:**

Field responses have been renamed to include associated triage colors. This update will allow Vermont to be more in line with national guidelines and nationally defined responses.

| Previous Response | New Response |
|---|---|
| | Non-Acute/Routine |
| Stable | Stable (Green) |
| Potentially Unstable | Potentially Unstable (Yellow) |
| Unstable | Unstable (No change to this response) |
| Critical | Critical (Red) |
| | Dead With Resuscitation Efforts (Black) |
| Dead without Resuscitation Efforts | Dead without Resuscitation Efforts (Black) |

### Note(s)

ImageTrend functionality dictates that if a field has six or fewer possible responses, the choices will show as buttons. If a field has seven or more possible responses, the choices will show as a drop-down menu. As Final Patient Acuity will now have seven possible responses, the results will show as a drop down due to system limitations. At this time, possible responses for Initial Patient Acuity will continue to show as buttons.

| **Complaint Type** | | |
|---|---|---|
| **Change Type**<br>Sequence of Responses. | **Location**<br>Run Form/Incident Record > Patient Condition > Assessment > Patient Complaints - Add. | **Required**<br>Yes. |

### Additional Details:

The Chief Complaint remains the first selection, however the Secondary Complaint has been moved to the second position, with Other Complaint moved to the third position.

| **Primary Symptom** | | |
|---|---|---|
| **Change Type**<br>New Location. | **Location**<br>Run Form/Incident Record > Patient Condition > Assessment. | **Required**<br>Yes. |

### Additional Details:

The primary symptom has been moved to before the Date/Time of Symptom Onset to be more in line with the natural flow of patient interaction on an incident.

| Did you perform spinal motion restriction? | | |
|---|---|---|
| **Change Type**<br>Sequence of Responses. | **Location**<br>Run Form/Incident Record > Patient Condition > Spinal Assessment. | **Required**<br>Yes, depending on responses to other fields. |

**Additional Details:**

The sequence of responses has changed, with "No" listing as the first choice and "Yes" listing as the second.

| [Not Applicable]<br>Previous:<br>CPR Care Provided Prior to THIS EMS Units Arrival | | Dictated by National Requirements. |
|---|---|---|
| **Change Type:**<br>Response, Field or Section Disabled. | **Location**<br>***Previous:*** Run Form/Incident Record > Patient Condition > Cardiac Arrest. | **Required**<br>***Previous:*** Yes, depending on responses to other fields.<br>***Current:*** No, as the field as been removed. |

**Additional Details:**

National regulations have been updated to remove this field.

**Note(s):**

Other Cardiac Arrest-related fields have been enabled:

- Who First Initiated CPR
- Who First Applied the AED
- Who First Defibrillated the Patient

See the Medium Impact file for additional details on these three items.

| Carbon Dioxide (CO2/ETCO2) | | |
|---|---|---|
| Previous:<br>Carbon Dioxide (CO2) | | |
| **Change Type**<br>Renamed. | **Location**<br>Run Form/Incident Record > Provider Action > Exam > Vitals. | **Required**<br>No. |

**Additional Details:**

This field has been renamed from “Carbon Dioxide (CO2)” to “Carbon Dioxide (CO2/ETCO2)”.

| Stroke Scale Score | | |
|---|---|---|
| **Change Type**<br>New Location. | **Location**<br>Run Form/Incident Record > Provider Action > Exam > Vitals. | **Required**<br>No. |

**Additional Details:**

The Stroke Scale Score has been moved down on the Vitals page, to be in line with how a stroke assessment naturally flows on scene with a patient.

| [Not Applicable] | | |
|---|---|---|
| Previous:<br>Fall Risk (panel)<br>• Has the patient fallen in the past year?<br>• Does the patient worry about falling?<br>• Does the patient feel unsteady when standing or walking?<br>• Does the patient have evidence of any other fall risk factors?<br>• Patient Follow-Up Contact Phone | | |
| **Type of Change**<br>Response, Field or Section Disabled. | **Location**<br>Run Form/Incident Record > Patient Condition > Fall Risk | **Required**<br>No. |

**Additional Details:**

This section and the associated fields have been disabled.

| Was a Naloxone Leave Behind kit left with someone on scene? | | |
|---|---|---|
| Previous:<br>If an At-Risk Person was identified, was a Naloxone Leave Behind kit left with a person on scene? | | |
| **Change Type**<br>Renamed. | **Location**<br>Run Form/Incident Record > Provider Action > Treatment. | **Required**<br>No. |

**Additional Details:**

This field has been re-named to provide clarity on the question.

| Was a Naloxone Leave Behind kit left with someone on scene? | | |
|---|---|---|
| **Change Type**<br>Sequence of Responses. | **Location**<br>Run Form/Incident Record > Provider Action > Treatment. | **Required**<br>No. |

**Additional Details:**

The sequence of responses has changed, with "No" listing as the first choice and "Yes" listing as the second. Due to system limitations, this change will be implemented for all agencies on 1/1/23.

| Narrative Display Change: Additional Information | | |
|---|---|---|
| **Type of Change**<br>Response, Field or Section Disabled. | **Location**<br>Run Form/Incident Record > Narrative > Narrative. | **Required**<br>No. |

**Additional Details:**

This information has been removed from the incident record:

> *If you include Protected Health Information in the Narrative and need to de-identify the report, this will need to be manually completed according to the current Federal regulations as listed in the Privacy Rule, located at 45 CFR Part 160, 162 and 164.*
>
> *For more information on HIPAA, go to either:*
>
> *https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/combined-regulation-text/index.html*
>
> *https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html*

| [Not Applicable] | | |
|---|---|---|
| Previous:<br>Was the patient screened by EMS for COVID-19 symptoms? | | |
| **Type of Change**<br>Response, Field or Section Disabled. | **Location**<br>Run Form/Incident Record > COVID-19 Summary > COVID / PPE. | **Required**<br>No. |

**Additional Details:**

This field has been disabled.

| Did the patient have symptoms consistent with COVID-19 (fever, cough, shortness of breath)? | | |
|---|---|---|
| **Change Type**<br>Sequence of Responses. | **Location**<br>Run Form/Incident Record > COVID-19 Summary > COVID / PPE. | **Required**<br>No. |

**Additional Details:**

The sequence of responses has changed, with "No" listing as the first choice and "Yes" listing as the second. Due to system limitations, this change will be implemented for all agencies on 1/1/23.

| [Not Applicable] | | |
|---|---|---|
| Previous:<br>Has the patient had contact with someone being monitored for or diagnosed with COVID-19 within 14 days of symptom onset? | | |
| **Change Type**<br>Response, Field or Section Disabled. | **Location**<br>Run Form/Incident Record > COVID-19 Summary > COVID / PPE. | **Required**<br>No. |

**Additional Details:**

This field has been disabled.

| [Not Applicable] | | |
|---|---|---|
| Previous:<br>If EMS suspects or knows that the patient has COVID-19, was the receiving facility notified? | | |
| **Type of Change**<br>Response, Field or Section Disabled. | **Location**<br>Run Form/Incident Record > COVID-19 Summary > COVID / PPE. | **Required**<br>No. |

**Additional Details:**

This field has been disabled.

**For any questions, please contact:**

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