

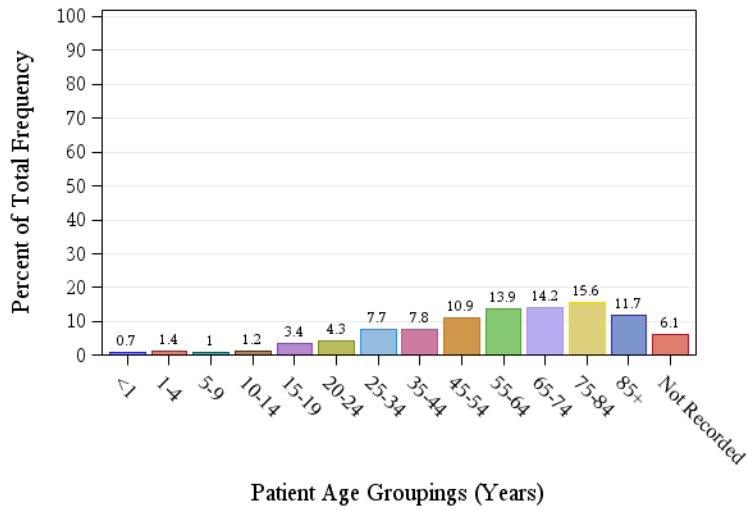
This report from the Indiana State Department of Health (ISDH) EMS registry includes 96,410 runs from 84 pre-hospital providers during the time frame from January 1, 2013 through January 25, 2014. This report also focuses on several sub-populations in this timeframe:

1. 7,175 chest pain incidents where chest pain was the complaint reported by dispatch or the provider's primary or secondary impression was chest pain/ discomfort
2. 6,492 incidents where the 12 lead ECG procedure was performed.

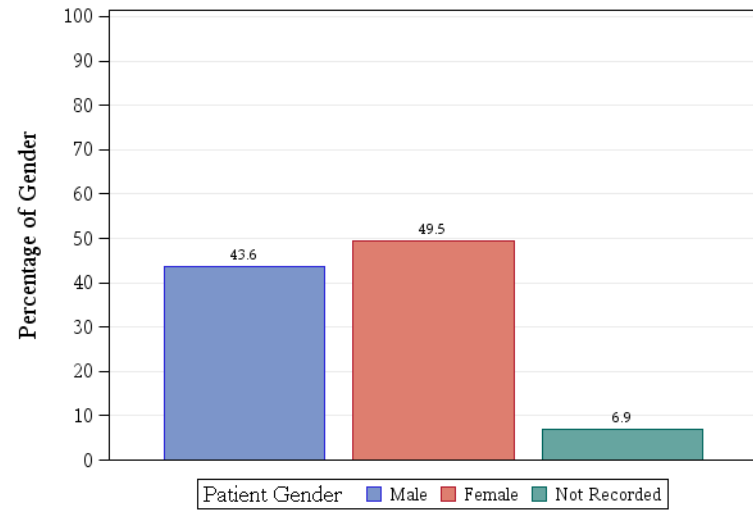
Lastly, 20,657 incidents were reported to the ISDH Indiana Trauma Registry from the same time period (January 1, 2013 to January 25, 2014) and were included to provide data on the injury severity score (ISS) by public health preparedness district.

At a previous EMS Commission meeting, it was requested that prior aid data be provided, specifically to know if aspirin (ASA) was given before the EMS arrived on the scene in cases of chest pain. Additionally, it was requested that medical history of aspirin allergy be provided for incidents of chest pain. Approximately 1% of chest pain cases were reported to have allergies to aspirin (81 cases). Please note that the medication allergies data element is a National Emergency Medical Services Information System (NEMSIS) gold element which is not required by either the Indiana Department of Homeland Security (IDHS) or ISDH EMS registries.

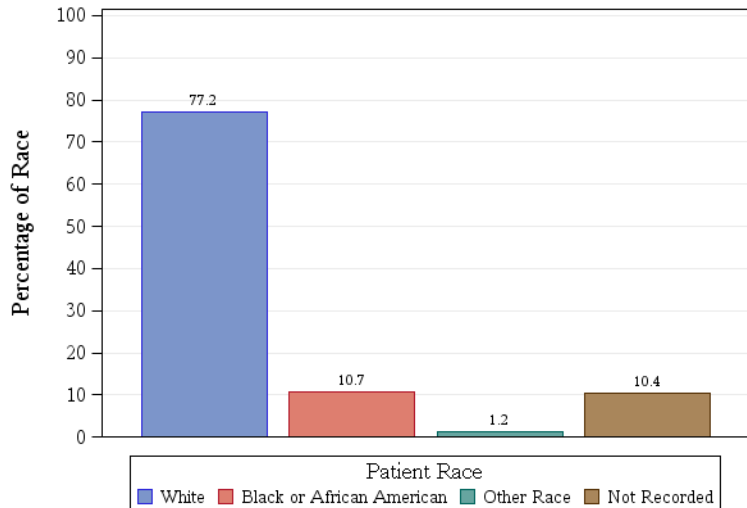
Patient Age (Years)



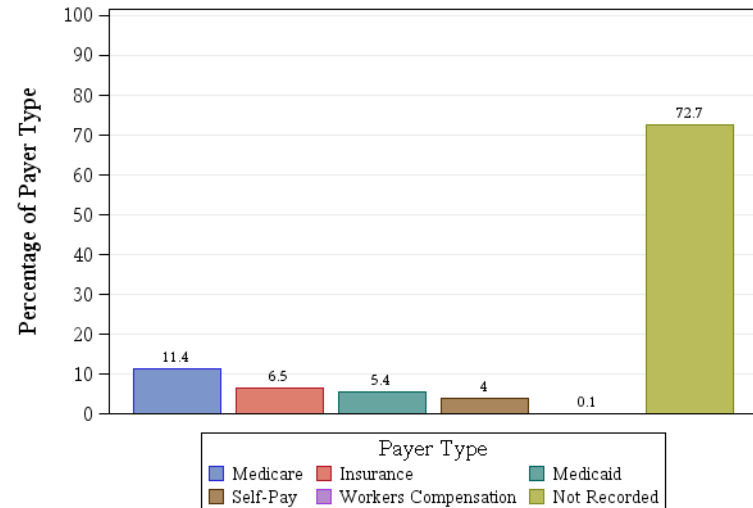
Patient Gender



Patient Race

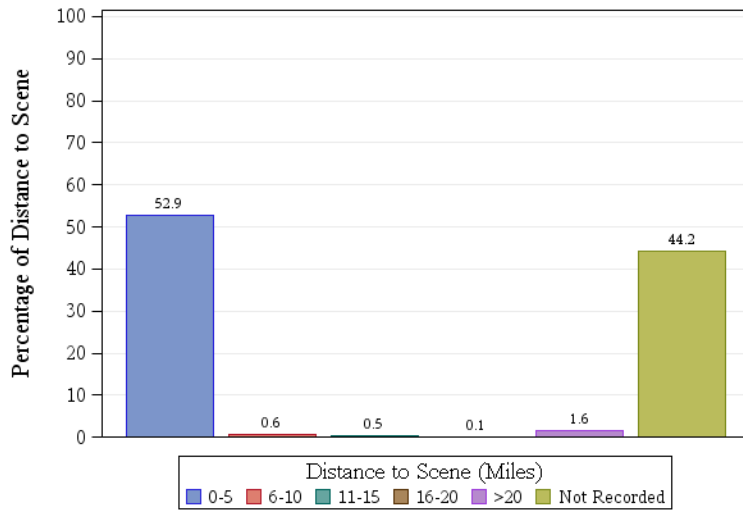


Payer Type

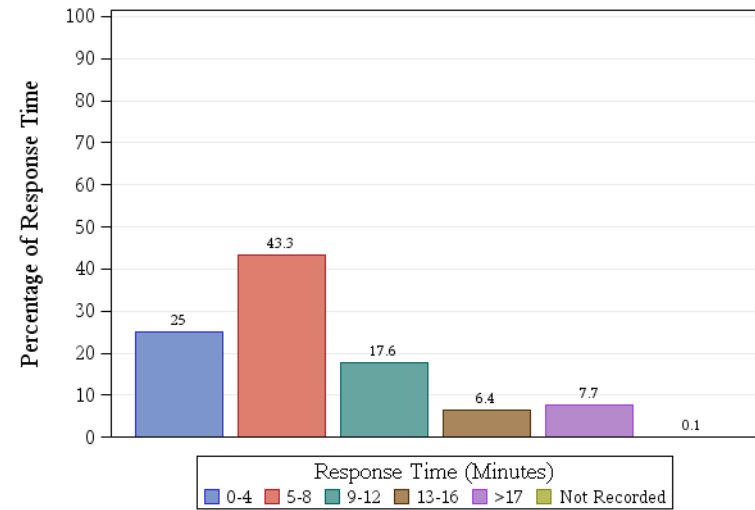


<1% Race: Asian, Native Hawaiian, American Indian/Alaskan Native

Distance to Scene (Miles)

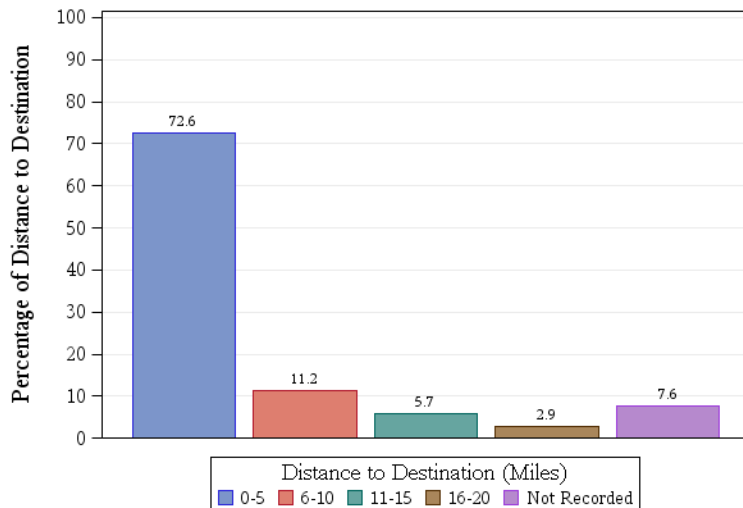


Response Time (Minutes)

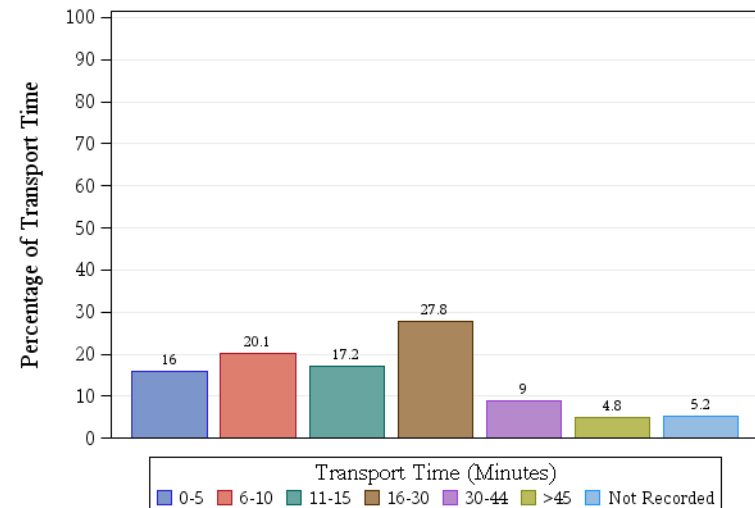


Response Time: Difference in Time from Dispatch to Arrival on Scene

Distance to Destination (Miles)

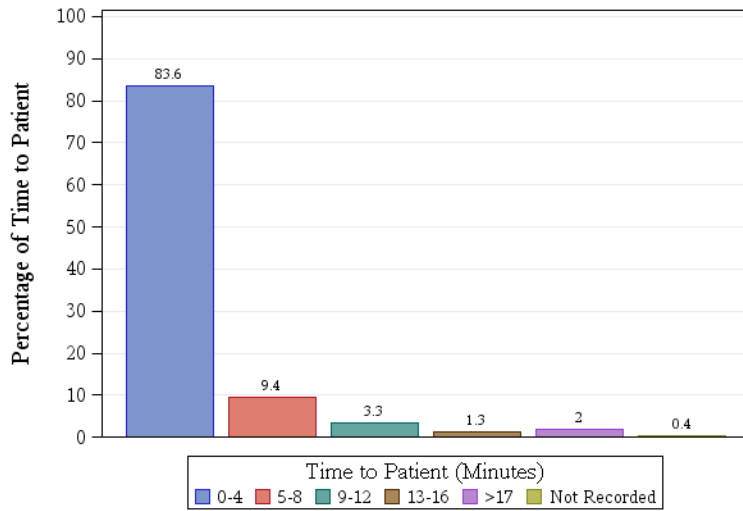


Transport Time (Minutes)



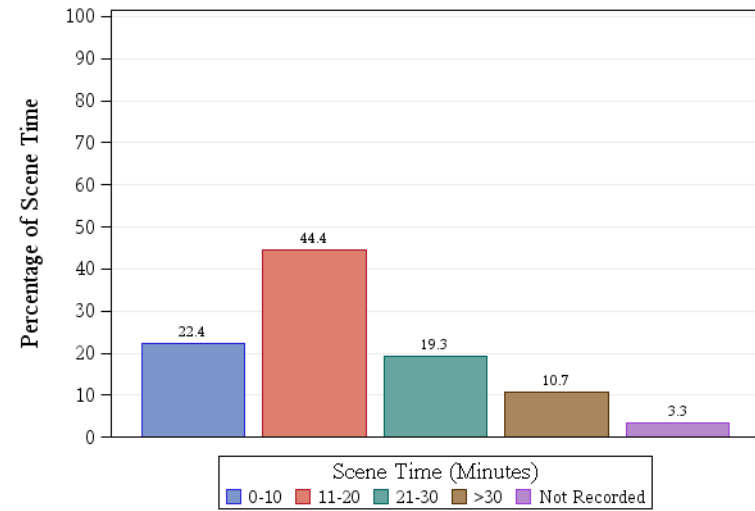
Transport Time: Difference in Time from Departure from Scene to Arrival At Destination

Time to Patient (Minutes)



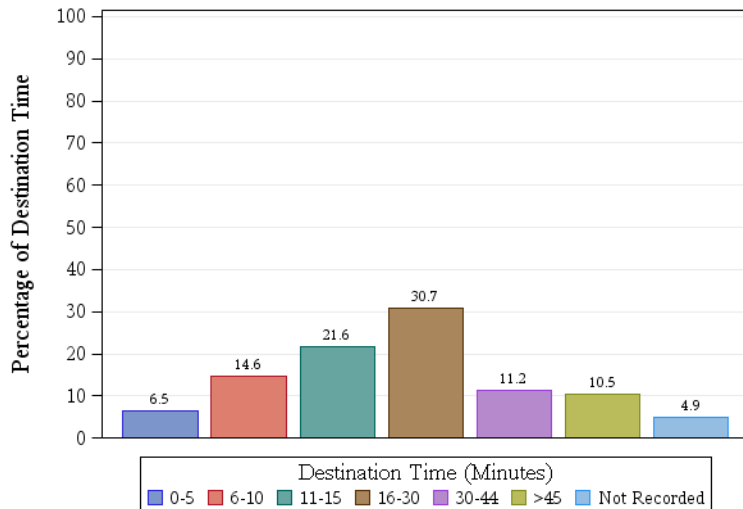
Time To Patient: Difference in Time from Arrival at Scene to Patient Arrival

Scene Time (Minutes)



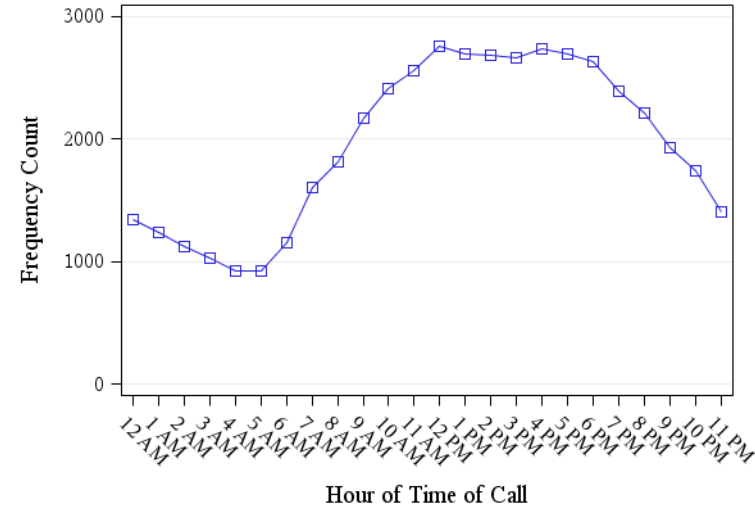
Scene Time: Difference in Time from Arrival at Scene to Leaving Scene

Destination Time (Minutes)



Scene Time: Difference in Time from Arrival at Destination to Unit Back in Service

Time of Call



Time of Call Not Recorded for 49,586 Incidents

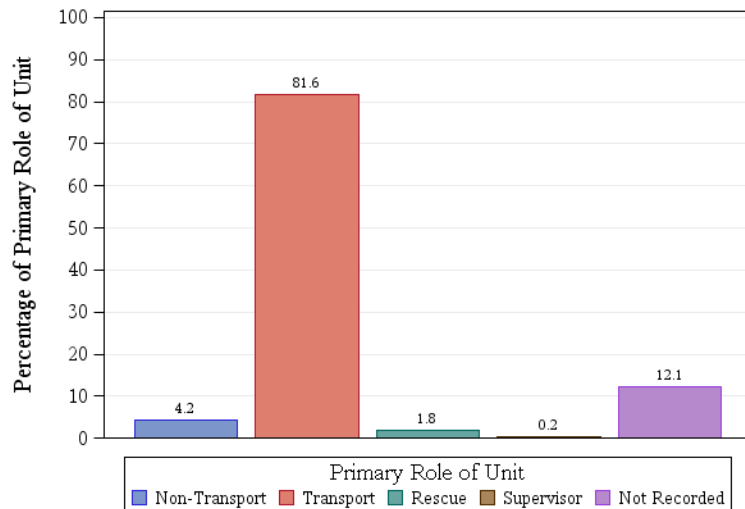
Average Run Mileage

Obs	Destination	Miles
1	Mileage to Scene	1.4
2	Mileage to Destination	3.3
3	Total Mileage	5.6

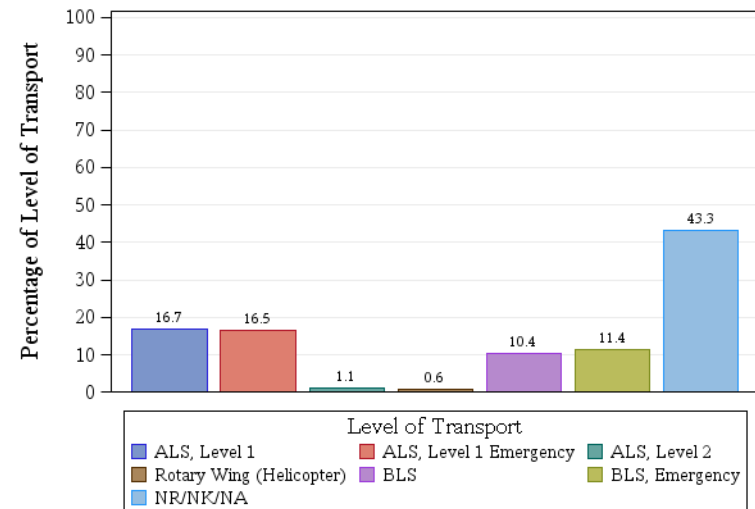
Average Run Time

Obs	Destination	Minutes
1	Time to Scene	8.89
2	Time to Patient	2.89
3	Time at Scene	18.31
4	Time to Destination	17.60
5	Back in Service	23.03
6	Total Run Time	60.24

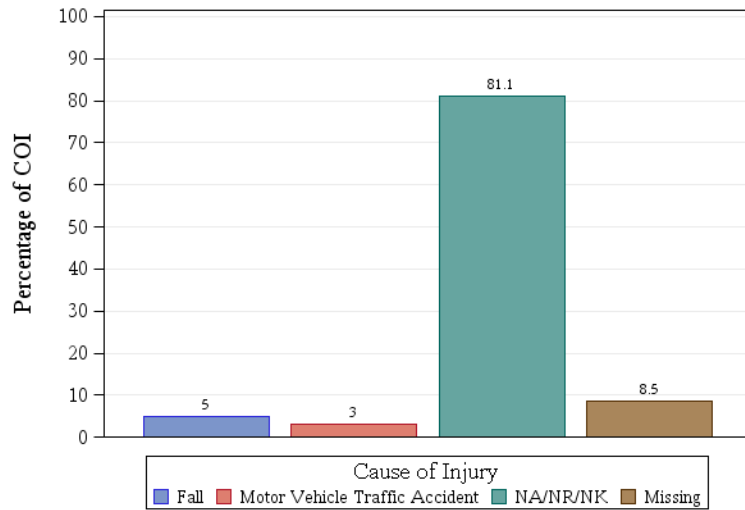
Primary Role of Unit



Level of Transport

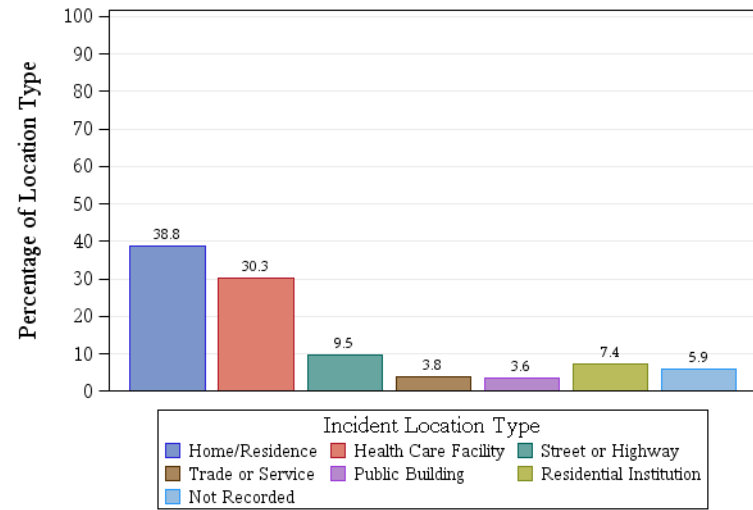


Cause of Injury (COI)



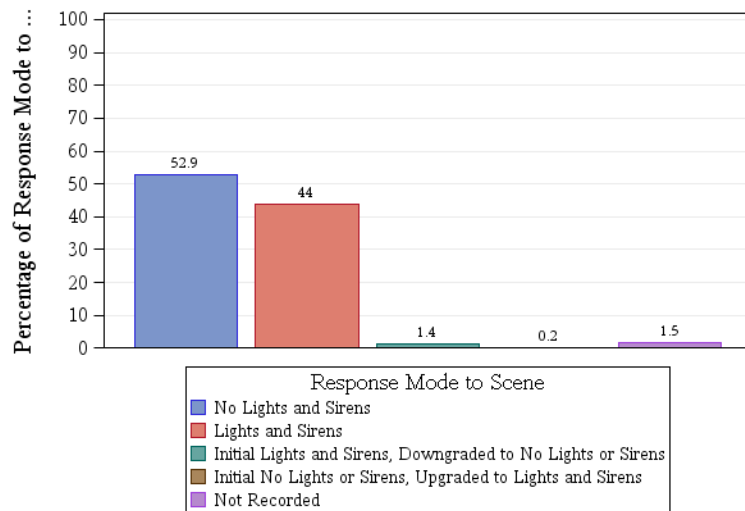
<1.5% COI: Motorcycle Accident, Stabbing/Cutting Assault, Bites, Machinery Accidents, Fire/Flames, Pedestrian Traffic Accident, Bicycle Accident, Firearm Injuries

Incident Location Type

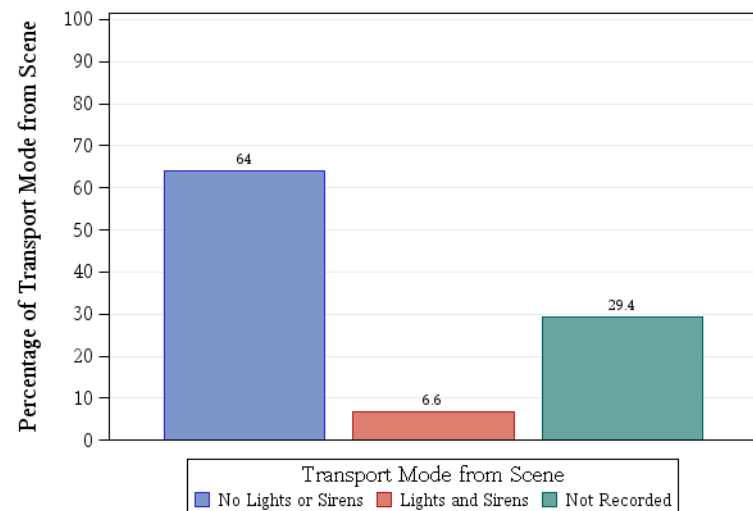


<1% Location Type: Mine or Quarry, Lake/River/Ocean, Place of Recreation or Sport, Not Recorded

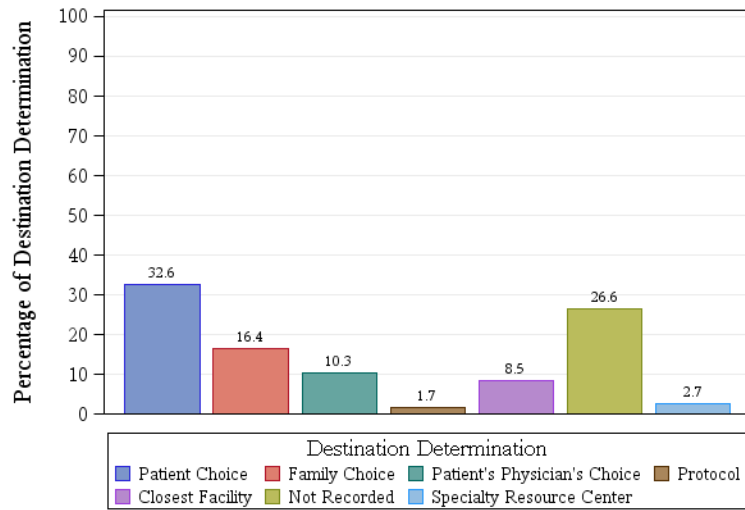
Response Mode to Scene



Transport Mode from Scene

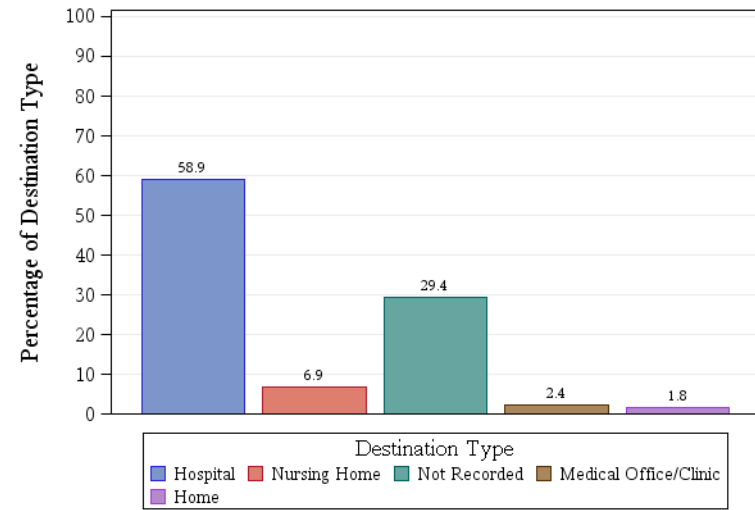


Destination Determination



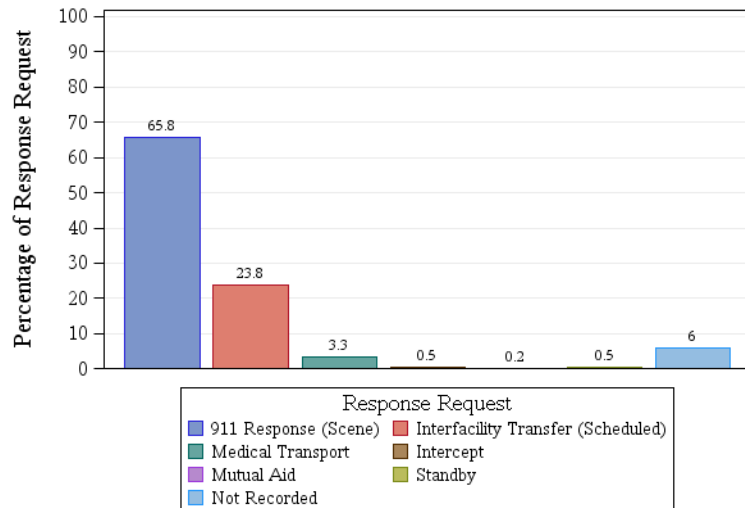
<1% Destination Determination: On-line Medical Direction, Insurance Status, Diversion

Destination Type

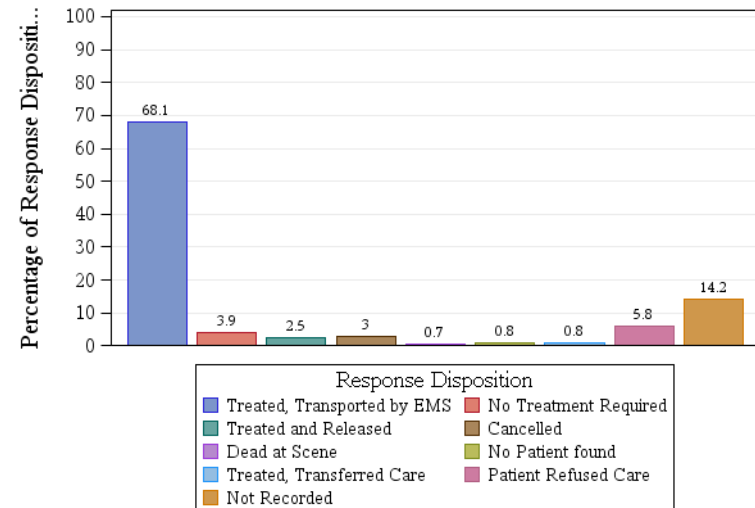


<1% Destination Type: EMS Responder (Ground), Other Morgue, Other EMS Responder (Air), Police/Jail

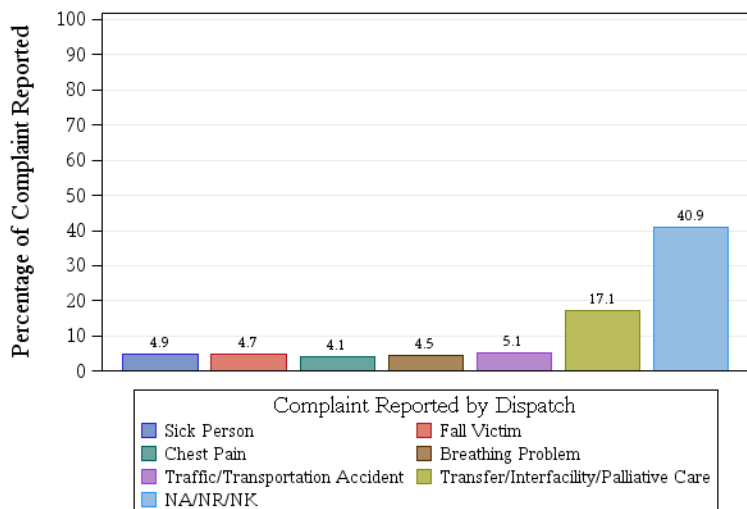
Response Request



Response Disposition

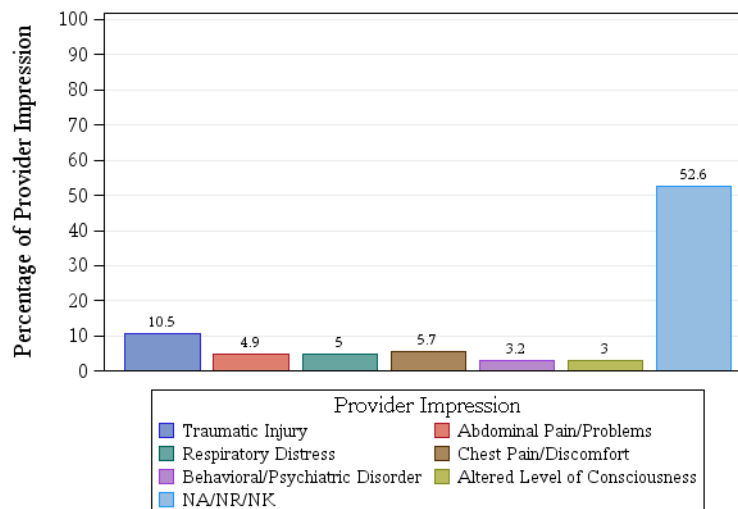


Complaint Reported by Dispatch



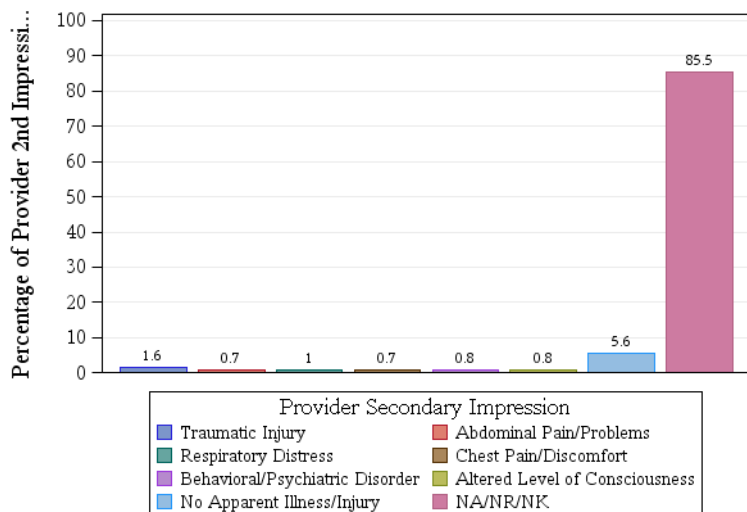
<2.5% P.I.: Assault, Unconscious/Fainting, Stroke/CVA, Seizure, Traumatic Injury, Abdominal Pain, Cardiac Arrest, Diabetic, Unknown Problem/Man Down, Psychiatric Problems, Other

Provider Primary Impression



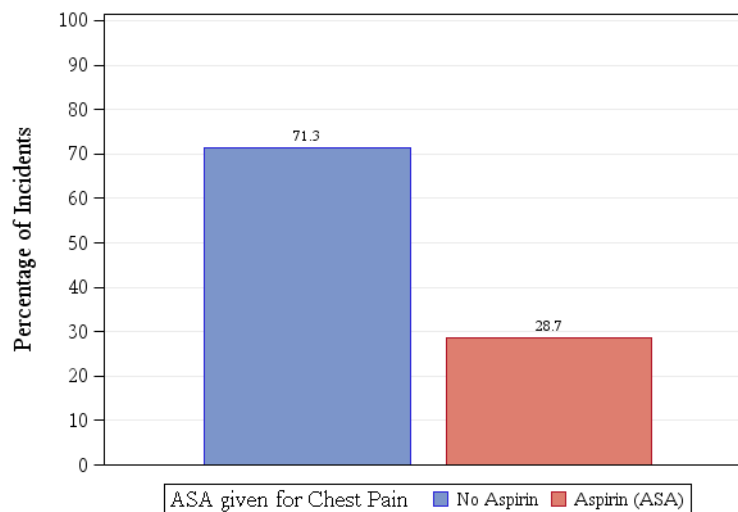
<2.5% P.I.: Stroke/CVA, Diabetic Symptoms, Syncope/Fainting, Cardiac Arrest, Pregnancy/OB Delivery, Obvious Death, Poisoning/Drug Ingestion, Cardiac Rhythm Disturbance, Allergic Reaction, Hypovolemia/Shock

Provider Secondary Impression



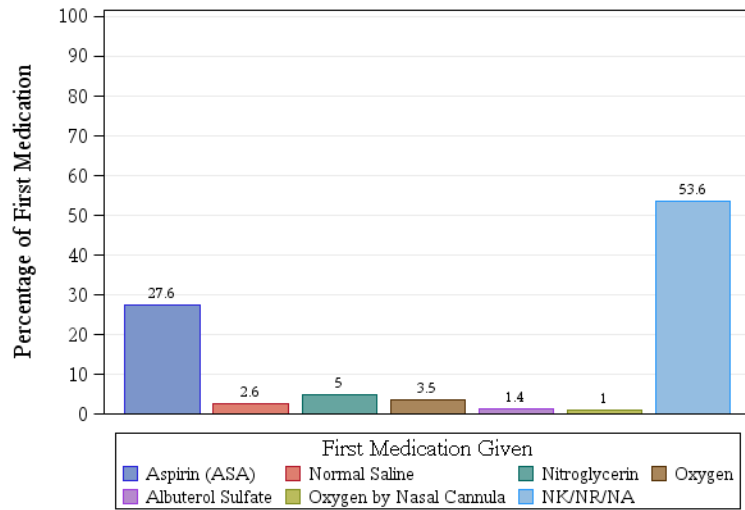
<.5% P.I.: Pain, Seizure, Other. Stroke/CVA, Syncope/Fainting, Poisoning/Drug Ingestion, Cardiac Rhythm Disturbance, Diabetic Symptoms

Chest Pain Incidents where ASA Given



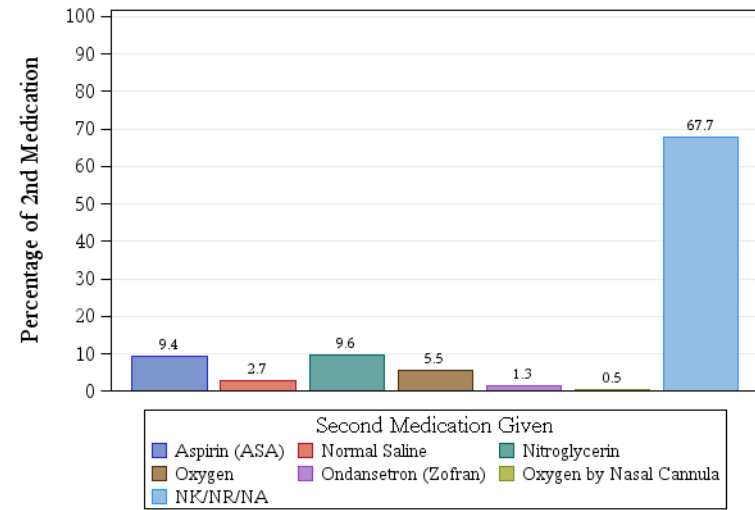
Chest Pain Incidents where ASA was Given (2013 YTD)
Chest Pain as complaint reported by dispatch or the provider's primary or secondary impression; N= 7,175

First Medication Given for Chest Pain



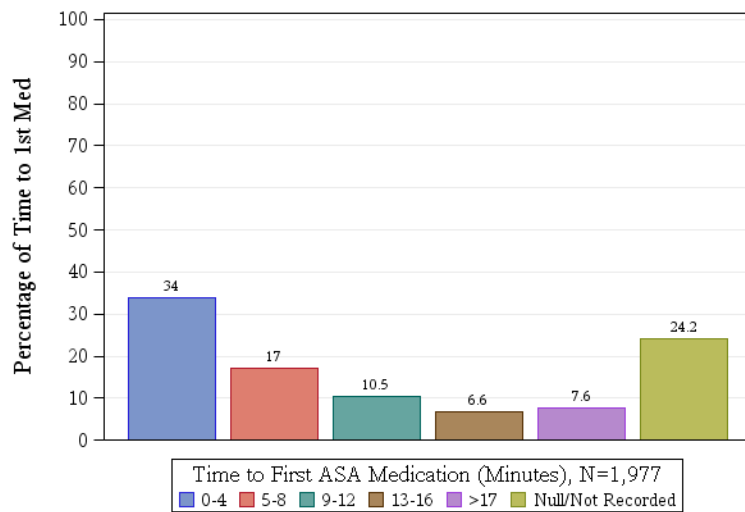
<.5% 1st Med: Fentanyl, Adenosine, Oxygen by Nasal Cannula, Dopamine, Amyl Nitrate, Ondansetron (Zofran), Ketorolac (Toradol), Metoclopramide (Reglan), Other

Second Medication Given for Chest Pain



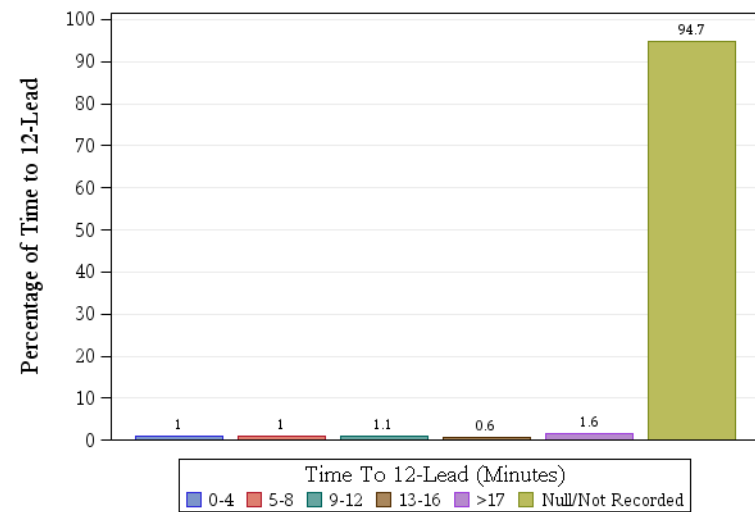
<1% 2nd Med: Fentanyl, Morphine Sulfate, Dopamine, Atropine Sulfate, Adenosine, Other

Time to First ASA Medication (Minutes)



Time to 1st Med: Time from Arrived at Patient to First Medication (Aspirin[ASA]) Administered for Chest Pain

Time to 12-Lead (Minutes)



Time to 12-Lead: Time from Arrived at Patient to Time 12 lead ECG Procedure Performed; N=6,492

Indiana Trauma Registry- January 1, 2013 to January 25, 2014 - 20,657 Incidents
Injury Severity Score By Public Health Preparedness Districts

