

# **EMS Enrollment Packet**

**Arizona Pre-Hospital Information and EMS Registry System** 

### An Introduction to the Arizona Prehospital Information and EMS Registry System (AZ-PIERS)

The Arizona Pre-Hospital Information & EMS Registry System (AZ-PIERS) is a web based prehospital patient care data repository provided/supported by the Arizona Department of Health Services (ADHS) Bureau of EMS & Trauma System (BEMSTS). ADHS provides the registry as a way to collect important public health data for performance improvement and quality assurance purposes for EMS agencies. Hospitals also have access to submitting EMS agency's electronic Patient Care Report PDFs (ePCRs) via a secure access point within AZ-PIERS. All data is hosted with the AZ-PIERS ePCR software vendor, ImageTrend. Software support is provided in part by the AZ-PIERS data administrator and by Image Trend's Elite Support team.

An enterprise copy of the ImageTrend Elite EMS ePCR software program can be obtained free of charge, or EMS agencies in possession of an independent license from any NEMSIS Version3 & current AZ-PIERS compliant product, can submit data. ADHS also pays the annual support fee for the Elite ImageTrend product so that any user can receive technical help for system use or data submission.

- Agencies should fill out and return this application to obtain an ImageTrend Elite & ImageTrend Elite Field license or access to AZ-PIERS so as to upload ePCR data from their own system.
- Hospitals can also receive free access to Elite Viewer, a portal within Elite, allowing access to ePCR PDFs from any submitting agency listing the hospital as the patient destination. The application for Hospital Elite Viewer access should be completed by the Hospital and can be found at Elite Viewer <a href="Enrollment Packet">Enrollment Packet</a>

Once submitted, ePCR data is only accessible by authorized personnel for conducting public health surveillance, quality assurance, performance improvement, and/or evaluation. The submitting entity maintains the right to access their data at any time within AZ-PIERS. AZ-PIERS is not a medical records repository but is a public health database for PI/QA purposes.

Elite Field® data is stored locally on the inputting entity's mobile hardware and/or servers. Elite® (Administrative) data is hosted by ImageTrend on secure servers meeting industry security standards. Entities have the ability to modify their records in accordance with their own internal policies. BEMSTS retains all records indefinitely.

The individual named on the following AZ-PIERS EMS Enrollment Form as the primary point of contact for the given agency and that person will be responsible for granting and denying Provider entity personnel access to that entity's data. Entities are responsible for adding or removing users as needed/required. The liability of maintaining compliance with HIPAA and any other regulations on an entity level is the responsibility of the submitting entity.

#### **How To Enroll in AZ-PIERS**

First, complete the following EMS Enrollment Form and submit to <a href="mailto:Anne.Vossbrink@azdhs.gov">Anne.Vossbrink@azdhs.gov</a>. After processing, the EMS agency will receive a User ID and Password, along with instructions on accessing the system. Anne will then work with your entity and, if applicable, your NEMSIS V3 ePCR vendor to facilitate successful data submission to AZ-PIERS. If submitting data from an individual license and not the ImageTrend enterprise license, agencies will need to provide their vendor with the AZ-PIERS Agency ID (not the same as any other ID or CON number), and grant your vendor access to your agency's account.

## What Does an Agency Receive with the Enterprise ImageTrend License:

- Elite (Administrative Bridge): Main Bridge where all the configuration and administrative features can be accessed. Service Administrators can configure and customize EMS Run Forms, ePCR PDF configurations, update User access and permissions, and many more features including the creation and completion of ePCRs. This bridge requires an internet/wifi connection.
- Elite Field: Users can create and complete an ePCR in the Field and do not require an internet connection to do so. Changes to the ePCR template are synced down to Elite Field from Elite Bridge and completed ePCRs must be posted from Elite Field to the Elite Bridge, and both of these actions do require an internet/wifi connection.
- Technical Support: Support is available at ADHS through the AZ-PIERS Data Administrator, Anne Vossbrink, or via the ImageTrend Support Helpdesk.

### **AZ-PIERS** Vendor Hardware/Software Requirements

- Desktop or laptop computers running:
  - Microsoft Windows 7 (all versions)
  - Microsoft Windows 8/8.1 (Standard, Pro, Enterprise)
  - Microsoft Windows 10 (Standard, Pro, Enterprise)
  - Google Android 4.0 or greater
  - Apple iOS8 or greater
  - Apple Mac OS X or greater
- Web browser:
  - Apple Safari
  - Google Chrome
  - Mozilla Firefox
  - Microsoft Edge (25.10586.0.0 or higher)\*
  - Microsoft Edge HTML (13.10586 and higher)\*
  - Microsoft Internet Explorer 11 or greater\*
- EKG-interfacing tablets:
  - Microsoft Surface Pro 3 or greater
  - Xplore Motion R12
  - Panasonic Toughpad® FZ-G1
- Tablets Requiring Cloud-Based EKG Solution (please contact your EKG vendor for details):
  - Apple iPad Air (and Air 2)
  - Apple iPad Mini (and Mini HD, Mini 2, Mini 3)
  - Samsung Galaxy Tab Pro
  - Google Nexus 10
- Not supported: Amazon Kindle devices
- \* Using Microsoft Edge or Microsoft Internet Explorer browsers on Windows 10 requires at least 32GB total hard drive space for EMS/Fire incident forms.



# ARIZONA DEPARTMENT OF HEALTH SERVICES/BUREAU OF EMS AND TRAUMA SYSTEM ARIZONA PREHOSPITAL INFORMATION & EMS REGISTRY SYSTEM (AZ-PIERS)

# **AZ-PIERS EMS Enrollment Form**

| EMS Entity Information   |                                    |            |                 |                                  |                   |  |  |  |  |  |  |
|--|------------------------------------|------------|-----------------|----------------------------------|-------------------|--|--|--|--|--|--|
| EMS Entity Name:   | Annual Run Volume:                 |            |                 |                                  |                   |  |  |  |  |  |  |
| Certificate of Need #:   | Daylights Savings Time? ☐ Yes ☐ No |            |                 |                                  |                   |  |  |  |  |  |  |
| Coverage Area (sq.miles):  |                                    |            |                 | Daylights Savings Time: Tes 10   |                   |  |  |  |  |  |  |
| Street Address:  |                                    | Zip Code:  |                 |                                  |                   |  |  |  |  |  |  |
| City:  | County:                            |            |                 | State:                           |                   |  |  |  |  |  |  |
| Station Location (if differs from above):  |                                    |            |                 |                                  |                   |  |  |  |  |  |  |
| Base Hospital C  |                                    |            |                 | ntact Name:                      |                   |  |  |  |  |  |  |
| Email or Phone:  |                                    |            |                 |                                  |                   |  |  |  |  |  |  |
| EMS Entity POC / EMS Coordinator   |                                    |            |                 |                                  |                   |  |  |  |  |  |  |
| First Name:  | Last Name                          | Last Name: |                 |                                  | Middle Initial:   |  |  |  |  |  |  |
| Best Method of Contact:  | Email:                             |            |                 |                                  | Phone:            |  |  |  |  |  |  |
| Best Time to Contact:  |                                    |            |                 |                                  | Other (fax/mail): |  |  |  |  |  |  |
| Additional Information intended to help entities find other similar software users and allow collaboration and sharing of solutions to common issues |                                    |            |                 |                                  |                   |  |  |  |  |  |  |
| Do you currently have ePCR system?   | ☐ Yes                              |            |                 |                                  | or:               |  |  |  |  |  |  |
| Does your agency bill for services?  | ☐ Yes                              | ☐ No       | Name of billing | Name of billing software Vendor: |                   |  |  |  |  |  |  |
| Does your agency provide fire services   | ?                                  | ☐ No       | Name of fire so | Name of fire software Vendor:    |                   |  |  |  |  |  |  |
| Does your agency provide Community<br>Paramedicine or Treat and Refer service  | es?                                | ☐ No       | Name of CP/To   | Name of CP/T&R software Vendor:  |                   |  |  |  |  |  |  |
| Does your agency have ECG monitors   | Yes                                | □ No       | Name of monit   | Name of monitor & model:         |                   |  |  |  |  |  |  |
| Additional Info:   |                                    |            |                 |                                  |                   |  |  |  |  |  |  |
|  |                                    |            |                 |                                  |                   |  |  |  |  |  |  |
|  |                                    |            |                 |                                  |                   |  |  |  |  |  |  |
|  |                                    |            |                 |                                  |                   |  |  |  |  |  |  |

| Billing Status (check ONLY one) Emergency Medical Dispatch (EMD) Provided to EMS Service Area (check ONLY one)                               |  |            |   |  |                                 | eck ONLY one)               |  |  |  |  |
|--|--|------------|---|--|---------------------------------|-----------------------------|--|--|--|--|
| ☐ Yes ☐ No ☐ Yes, 100% of the EMS Ager Service Area  |  |            | ncy's Yes, Less than 100% of the EMS Agency's No Service Area |  |                                 |                             |  |  |  |  |
| Organization Status (check ONLY one)   |  |            | EMS Agency O  | rganizational Tax Status                           | s (check ONLY one)              |                             |  |  |  |  |
| ☐ Mixed ☐ Non-Volunteer ☐ V  |  | Volunteer  | ☐ For Profit ☐ Other (ex: Government)                         |  | ☐ Not For Profit                |                             |  |  |  |  |
| Organizational Type (check ONLY one)   |  |            |   |  |                                 |                             |  |  |  |  |
| ☐ Fire Department [  | Private, No.                             | n-Hospital | ☐ Tribal  | ☐ Municipal  | Hospital                        | ☐ Governmental,<br>Non-Fire |  |  |  |  |
| ☐ Industrial [   | ☐ Commercia                              | 1          | ☐ Base Hospita  | l Contact Center/Independent                       | College/Educational Institution | ☐ State Government          |  |  |  |  |
|  |  | EMS En     | tity Specialty Serv   | vice Capability (check                             | all that apply)                 |                             |  |  |  |  |
| ☐ Air Rescue [   | ☐ CBRNE                                  |            | Community Health Medicine                                     | ☐ Disaster Medical<br>Assistance Team (DMA)        | ☐ Disaster Mortuary (DMORT)     | ☐ Dive Rescue               |  |  |  |  |
| ☐ Farm Rescue [  | ☐ High Angle Rescue                      |            | ☐ Machinery<br>Disentanglement                                | ☐ Water or Ice Related<br>Rescue (Incl Swift Water | Ski/Snow Rescue                 | ☐ Tactical EMS              |  |  |  |  |
|  | fined Urban Search and Rescue (USAR)     |            | ☐ Vehicle<br>Extrication                                      | ☐ Veterinary Medical<br>Assistance Team (VMA)      | ☐ Wilderness Search Rescue      | ch and None                 |  |  |  |  |
| Patient Monitoring Capability (check all that apply)   |  |            |   |  |                                 |                             |  |  |  |  |
| ☐ Capnography-Numeric ☐ Capnography-Waveform ☐ ECG-12 Lead or Greater ☐ ECG-Less than 12 Lead ☐ Oximetry-Carbon (Cardiac Monitor) ☐ Monoxide |  |            |   |  |                                 |                             |  |  |  |  |
| Oximetry-Oxygen  Pressure Measurement-Invasive Pressure Measurement-Non-Invasive (Blood Pressure, etc.)  Ventilator-Transport Monitoring     |  |            |   |  |                                 |                             |  |  |  |  |
|  | Primary Type of Service (check ONLY one) |            |   |  |                                 |                             |  |  |  |  |
| 911 Response (Scene) with Transport Capability 911 Response (Scene) without Transport Capability Air Medical                                 |  |            |   |  |                                 |                             |  |  |  |  |
| ☐ ALS Intercept ☐ Hazmat ☐ Medical Transport (Convalescent, Interfacility Transfer Hospital & Nursing Home                                   |  |            |   |  |                                 |                             |  |  |  |  |
| ☐ Rescue ☐ Community Paramedicine ☐ Critical Care (Ground)   |  |            |   |  |                                 | are (Ground)                |  |  |  |  |
| Level of Service: minimum provided for every request (check ONLY one)  |  |            |   |  |                                 |                             |  |  |  |  |
| ☐ 2009 AEMT  | ☐ 2009 EM                                | IR         | □ 2009 EMT [  | 2009 Paramedic                                     | First Responder                 | ☐ EMT - Basic               |  |  |  |  |
| ☐ EMT - Intermediate   | ☐ EMT - Pa                               | aramedic   | ☐ Nurse [   | ☐ Physician ☐                                      | Critical Care Paramedic         | Community Paramedicine      |  |  |  |  |
| ☐ LPN − Licensed Practical Nurse ☐ Nurse Practitioner ☐ Physician Assistant ☐ Registered Nurse   |  |            |   |  |                                 |                             |  |  |  |  |
| EMS Entity Service Area (County/Counties) (check all that apply)   |  |            |   |  |                                 |                             |  |  |  |  |
| ☐ Apache ☐ Cochise ☐ Coconino ☐ Gila ☐ Graham ☐ Greenlee ☐ La Paz ☐ Maricopa   |  |            |   |  |                                 |                             |  |  |  |  |
| ☐ Mohave ☐ Navajo ☐ Pima ☐ Pinal ☐ Santa Cruz ☐ Yavapai ☐ Yuma ☐ Other Out of State  |  |            |   |  |                                 |                             |  |  |  |  |