|  |
| --- |
| **De-Identified EMTS Medical Data** |
| **State of NH, Department of Safety**  **Emergency Medical and Trauma Services (EMTS) De-Identified Data Request Worksheet**  **(Aggregate Data Only)** |

This request form is only for use for requesting de-identified EMTS Data. Complete all application fields electronically. If you are unsure whether your request qualifies as de-identified data, please submit the EMTS Data Request Type Worksheet for review. See Notes at the end for more detail.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Requestor and Contact Information** | | | | | | | | |
| **Requestor Name:** | Click here to enter text. | | | | | **Title:** | Click here to enter text. | |
| **Email:** | Click here to enter text. | | | | | **Phone:** | Click here to enter text. | |
| **Organization:** | Click here to enter text. | | | | | | | |
| **Address:** | Click here to enter text. | | | | | | | |
| **Date Requested:** | Click here to enter a date. | | | | **Desired Completion Date:** | | | Click here to enter a date. |
|  | | | | | | | | |
| **Section 2: Request Description** | | | | | | | | |
| 1. Please describe your request. Include your general goals for the data request, what the data will be used for and who the intended audience will be. | | | | | | | | |
| Click here to enter text. | | | | | | | | |
| 2. Please specify what data fields you need. ***Reference the specific NEMSIS data fields.***   * Currently only NEMSIS V3.4 and V2.2.1 Data is available for request. * Click here to see the NEMSIS 3.4 data dictionary: [NEMSIS 3.4 Data Dictionary](https://nemsis.org/media/nemsis_v3/release-3.4.0/DataDictionary/PDFHTML/DEMEMS/index.html)   + All data is V3.4 after 6/1/19, mixed V3.4 and V2.2.1 between 6/1/16 and 5/30/19 * Click here to see the NEMSIS 2.2.1 data dictionary: [NEMSIS 2.2.1 Data Dictionary](https://nemsis.org/media/nemsis_v2/documents/NEMSIS_Data_Dictionary_v2.2.1_04092012.pdf) | | | | | | | | |
| Click here to enter text. | | | Click here to enter text. | | | | | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. | | | | | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. | | | | | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. | | | | | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. | | | | | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. | | | | | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. | | | | | Click here to enter text. |
| 3. Please identify the date range for your request  (Note: de-identified data can generally only be reported in full years depending on other factors in your requested) | | | | | | | | |
| Click here to enter Date Range. | | | | | | | | |
| 4. What geographical regions do want included in your request?  (NH Statewide or 3-digit zip code groups. County may be provided depending on other factors in your request) | | | | | | | | |
| Click here to enter text. | | | | | | | | |
| 5. Please specify any filters or other parameters for your request.  (e.g. 911 vs IFT calls, Transport / non-transport, impressions, dispositions, age ranges, procedures etc.) | | | | | | | | |
| Type of Call  (e.g., 911 vs IFT) | | Click here to enter text. | | | | | | |
| Ages Ranges  (\*1-10 and >89 must be grouped) | | All Ages  10 Year groups\*  5 Year groups\*  Other\*: Click here to enter text. | | | | | | |
| Dispositions  (e.g., Transport V Non-Transport) | | Click here to enter text. | | | | | | |
| Impressions / Diagnosis | | Click here to enter text. | | | | | | |
| Medications Given, Procedures, other factors | | Click here to enter text. | | | | | | |
| 6. Please specify whether you need summary data only or actual raw data. | | | | | | | | |
| I need only summary data (e.g., totals)  I will need the raw data | | | | | | | | |
| 7. What format would you like the data in? | | | | PDF Excel | | | | |
| 8. Other comments or notes to assist in completing your request. | | | | | | | | |
| Click here to enter text. | | | | | | | | |

**PLEASE NOTE:**

* EMTS data is derived from medical records and therefore is exempt under NH RSA 91-A right-to-know requests per section 91-A:5. Requests for de-identified data will not be unreasonably restricted after the requests have been reviewed by the DOS per RSA 21-P:12-b, II(g) and 153-A:35 to ensure patient privacy and confidentiality requirements, and benefit to EMS practices and care are met.
* Certain requests may be referred to the Privacy Committee for approval, which meets bi-monthly.
* Data requests are only for *aggregate data*. Individual records must be requested from EMS agency that provided patient care to the individual.
* We highly recommend requesting the *smallest* amount of data necessary to meet the goals of your request.
  + Additional data fields, time frames or parameters requested out of general interest may extend the time period to complete the request for your essential data or result in denial of your request.
* Please allow 2-4 weeks for completion of the request depending on the complexity of the request.
  + Some requests may require more or less time depending on the size of the request and available resources.
* Emergency Services Data Management staff may contact you for more details about your request so we may more efficiently complete your request.
* Data will be sent via email to the e-mail address provided unless otherwise specified by the requestor.

**Data Requests and questions may be sent to:** [nhesr@dos.nh.gov](mailto:nhesr@dos.nh.gov)