

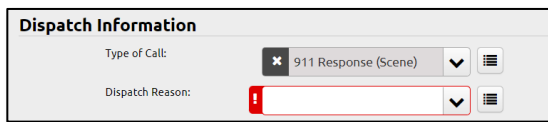
This file is a collection of the questions most commonly asked regarding the change in documentation and this file will be updated on a regular basis.

Patient Care Report Questions

What is “Mutual Aid” and how am I supposed to document it?

Mutual Aid is when one service helps out in another service’s coverage area. If Dispatch sends you to an address that’s not part of your primary service area, that’s Mutual Aid.

If you are sent to location where you’re second/third/fourth/etc in, you only have to do one thing different when documenting the call! On the first page, change the Type of Call from “911 Response (Scene)” to “Mutual Aid”.



Dispatch Information

Type of Call:

Dispatch Reason:

That’s it! The rest of your patient documentation will be the same as any other 911 Response.



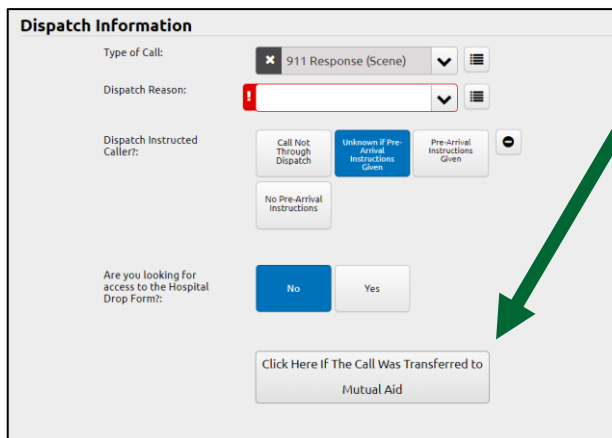
Dispatch Information

Type of Call:

Dispatch Reason:

What if my service documents Mutual Aid calls that come into our service area?

Although we recommend all agencies track this as it can be incredibly helpful, not everyone does document when another agency responds to a call in their primary service area. If another agency is dispatched to your service area and you document those calls, select “Click Here If The Call Was Transferred to Mutual Aid”. The number of required fields will significantly decrease, and you’ll be able to quickly document the incident.



Dispatch Information

Type of Call:

Dispatch Reason:

Dispatch Instructed Caller:

Are you looking for access to the Hospital Drop Form?:

3.5 Transition FAQs

What's the difference between Non-Acute/Routine and Stable?

Non-Acute/Routine should be used for situations where there are no clinical actions or issues present. If any clinical actions are taken, then the patient could be classified as “Stable”.

Examples of Non-Acute/Routine: Lift assist with refusal for patient assessment; routine transfers with no medical care provided.

Why does Initial Patient Acuity have buttons but Final Patient Acuity show as a drop down? Can't the format for these match?

This is a part of the system's functionality and we do not have control over this. If a field has 6 or fewer possible responses, you'll see buttons. If a field has 7 or more responses, there will be a drop down list.

What's the difference between Date/Time of Symptom Onset and Date/Time Last Known Well?

The Date/Time of Symptom Onset is when the symptoms that are related to why you were dispatched, began. The Date/Time Last Known Well is when the patient was last at their normal baseline.

What if I don't have an exact day or time for the Symptom Onset or the Last Known Well?

That's ok! Responses to both fields can be estimated to the best of the ability by the patient, family or healthcare providers.

The new Patient Disposition fields are confusing and I have no idea what to click on. How do I document my call?

This is one of the biggest changes that was nationally required—but it does get easier with time! Incident documentation should always follow your lawyer's recommendations and be in line with your District Medical Advisor's requirements.

Descriptions of each response for the Patient Disposition can be found in the [NEMESIS v3 Extended Data Definitions](#), between pages 6 and 11. These will help with making sure you're selecting the right responses.

Why can't I post my incident from Field on my tablet? It keeps saying “Unable to post incident: Incident was not posted because it does not satisfy all closed call rules”.

If you're trying to post an incident from Field to SIREN and you're getting this message, the “In Service Date/Time” under the Times section, is missing. You'll be able to post the incident and/or mark it as Closed once this information is added.

3.5 Transition FAQs

Agency-Level Questions

Will I need to change my ZOLL or LifePak set up?

No change in set up will be needed! Your monitor will continue to sync with SIREN after the transition have been implemented.

What about items that have been customized for my agency, like my Supplemental Questions, Favorite Zip Codes, Responding Unit Call Sign, or EMS Vehicle Number?

Your agency-level customizations will not be impacted by the transition, in any way.

General Questions

Will the website for SIREN change?

The link for the new version of SIREN is the same. Users can log in at:

<https://www.sirenems.com/Elite/Organizationvermont/>

Will I be able to see my old patient care reports?

Yes! You will be able to see them and print them. If you're working on a report when your agency transitions from 3.4 (current) to 3.5 (future), you will still be able to edit your report.

What about Elite Field? Can I still use my tablet?

Absolutely! You won't have to change any settings to continue to use your tablet.

We do recommend that after your agency has gone live with 3.5 and before you log your first incident on your tablet, you sign into Elite Field on your tablet, while connected to Wi-Fi. Signing in will re-sync your device and update the software to the newest version.

Can I share the Demo Agency credentials with others?

Please do! It's encouraged that anyone who would like to test the run form, do so.

Credentials for Demo Environment

Website:
<https://www.sirenems.com/Elite/Organizationvermont/>

Username: Sandbox22
Password: VTEMS22

3.5 Transition FAQs

Will there be any billing issues?

This change should not negatively impact Billing in any way but if there are concerns that you would like to address, please contact Beth Brouard at Bethany.Brouard@Vermont.Gov.

Where can I find more information on the changes?

Details regarding this can be found on the [SIREN section of the DEPRIP website](#).

Additional Information

If you have questions regarding the transition to NEMSIS 3.5, please contact Beth Brouard.

Phone: (802) 495-8762

Email: Bethany.Brouard@vermont.gov

References

NEMSIS. (April 2020). *NEMSIS Extended Data Definitions: NEMSIS Version 3.5.0*. NASEMSO.

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