

Arizona Department of Health Services/Bureau of EMS & Trauma System Monthly Air Ambulance Service Mission Reports Required Data Elements, Field Values & Format

State Data Element Dictionary

| Rule Requirement | Data Element Title | Field Value & Data Format | |
|---------------------------|---|---|----------------------------|
| A.A.C. R9-25-710(A)(8)(a) | Mission Date | MM/DD/YYYY | |
| A.A.C. R9-25-710(A)(8)(b) | Mission Level | BLS | Basic Life Support |
| | | ALS | Advance Life Support |
| | | CC | Critical Care |
| A.A.C. R9-25-710(A)(8)(c) | Mission Type | EMS | Emergency Medical Services |
| | | I-M | Interfacility Maternity |
| | | I-N | Interfacility Neonatal |
| | | I-T | Interfacility Transport |
| | | I-C | Interfacility Convalescent |
| A.A.C. R9-25-710(A)(8)(d) | Aircraft Type | FW | Fixed Wing |
| | | RW | Rotor Wing |
| A.A.C. R9-25-710(A)(8)(e) | Name of Person Requesting Transport | Last name, First name (Persons Last name first and First name last) | |
| A.A.C. R9-25-710(A)(8)(f) | Time of Receipt of the Transport Request | 00:00:00 Military Time | |
| A.A.C. R9-25-710(A)(8)(g) | Departure Time to the Patient's Location | 00:00:00 Military Time | |
| A.A.C. R9-25-710(A)(8)(h) | Address of the Patient's Location | GPS (degrees,min,sec);Street Address, City, State, Zip Code; or Mile Post and Road Name | |
| A.A.C. R9-25-710(A)(8)(i) | Arrival Time to Patient's Location | 00:00:00 Military Time | |
| A.A.C. R9-25-710(A)(8)(j) | Departure Time to the Destination Health Care Institution | 00:00:00 Military Time | |
| A.A.C. R9-25-710(A)(8)(k) | Name & Address of the Destination Health Care Institution | Facility Full Legal Name, Street Address, City, State, Zip Code | |
| A.A.C. R9-25-710(A)(8)(l) | Arrival Time at the Destination Health Care Institution | 00:00:00 Military Time | |
| A.A.C. R9-25-710(A)(8)(m) | Patient Reference Number or Call Number | As Submitted by Agency | |
| A.A.C. R9-25-710(A)(8)(n) | Aircraft Tail Number | FAA Alpha-Numeric Assignment | |

Explanation of Text Colors

Data Elements in Red Text are Required for Monthly Submission to ADHS Per A.A.C. R9-25-710(A)(9)

Data Elements in Black Text Must be Recorded by Air Ambulance Services Per A.A.C. R9-25-710(8), but are not required to be submitted on a monthly basis