



*Leadership for a Healthy Arizona*  
Arizona Department of  
Health Services



# ADHS EMS STEMI USER GUIDE



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## Registration



### Report A Problem

Click the URL to begin the STEMI Registration process: <https://app.azdhs.gov/Ems/EmsRegistrationdhs/> (If this link doesn't work, copy the URL and then paste it in your Web browser)

Once you have clicked the URL the screen on the next page will appear.

When you have successfully registered, you will not need to go through the registration process again.

## Registration



### Arizona Department of Health Services Department of Health Services Registration

Please Enter Registration Code

A registration code needs to be entered in order to select the correct application registration form. Each registration form allows the user to register for access to that application.

Registration Code:

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Enter: [EMSSTEMI](#) as the Registration Code and click the Submit button

## Registration



### Report A Problem

#### Bureau of Emergency Medical Services and Trauma System

## STEMI Application User Registration

You are requesting a user account to access the Arizona Department of Health Services, Bureau of Emergency Medical Services STEMI Application.

**Step 1:** Select your role with regards to the EMS STEMI application.

**Step 2:** Provide all information requested. The Facility will be the name of the hospital where you are currently employed. The Email address that you provide must be your work Email, i.e. must contain the domain name of your employer. Passwords must be at least eight (8) alphanumeric characters long.

At least one (1) Upper case characters (A through Z), At least one (1) Lower case characters (a through z),

At least one (1) Digits (0 through 9)

**Step 3:** Submit the registration request. After your information is validated, you will receive an email to the email address you have provided with further instructions

Enter User Information

All fields are required.

Role:  Hospital Facility User  ADHS User

Request Login:

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Read the above instructions, Select Your Role and the system takes you to the next screen.

# Registration



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At least one (1) Digits (0 through 9)

**Step 3:** Submit the registration request. After your information is validated, you will receive an email to the email address you have provided with further instructions.

Enter User Information  
All fields are required.

First Name:

Last Name:

Facility:

Phone:

Email Address:

New Password:

Confirm Password:

Role:  Hospital Facility User  ADHS User

Request Login:

**Enter all requested data then click Submit.**

**Be sure to remember your password as it will be used to log-on to the system**



## Registration



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At least one (1) Upper case characters (A through Z), At least one (1) Lower case characters (a through z),

At least one (1) Digits (0 through 9)

**Step 3:** Submit the registration request. After your information is validated, you will receive an email to the email address you have provided with further instructions

### Choose 3 Challenge questions from the selection below (be sure you can remember the answers):

#### Challenge Questions

Please select three challenge questions from the list below. The selected challenge questions will be used to verify your identity when you request a password reset of your Health Services network login account. After you have selected the three questions, please press the continue button.

Must Select Three, (3) Questions Before You Can Continue

Must Provide an Answer For All Three, (3) Questions

- What was your childhood nickname?
- In what city did you meet your spouse/significant other?

- What is the name of your favorite childhood friend?
- What street did you live on in third grade?
- What is your oldest sibling's birthday month and year? (e.g., January 1900)
- What is the middle name of your youngest child?
- What is your oldest sibling's middle name?
- What school did you attend for sixth grade?
- What was your childhood phone number including area code? (e.g., 000-000-0000)
- What is your oldest cousin's first and last name?
- What was the name of your first stuffed animal?
- In what city or town did your mother and father meet?
- Where were you when you had your first kiss?
- What is the first name of the boy or girl that you first kissed?
- What was the last name of your third grade teacher?
- In what city does your nearest sibling live?
- What is your youngest brother's birthday month and year? (e.g., January 1900)
- What is your maternal grandmother's maiden name?
- In what city or town was your first job?
- What is the name of the place your wedding reception was held?
- What is the name of a college you applied to but didn't attend?



# Registration



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**Step 2:** Provide all information requested. The Facility will be the name of the hospital where you are currently employed. The Email address that you provide must be your work Email, i.e. must contain the domain name of your employer.

Passwords must be at least eight (8) alphanumeric characters long.

At least one (1) Upper case characters (A through Z), At least one (1) Lower case characters (a through z),

At least one (1) Digits (0 through 9)

**Step 3:** Submit the registration request. After your information is validated, you will receive an email to the email address you have provided with further instructions. Challenge Questions Please provide the answers for the challenge questions from the selection you have made. After you have provided the answers and an outside DHS email address, please press the complete button.

**Must Provide an Answer For All Three, (3) Questions**

What was the name of your first stuffed animal?  
Answer:

In what city does your nearest sibling live?  
Answer:

In what city or town was your first job?  
Answer:

**Answer the 3 Challenge questions and Click Complete**

## Registration



### Report A Problem

## Bureau of Emergency Medical Services and Trauma System STEMI Application User Registration

You are requesting a user account to access the Arizona Department of Health Services, Bureau of Emergency Medical Services STEMI Application.

**Step 1:** Select your role with regards to the EMS STEMI application.

**Step 2:** Provide all information requested. The Facility will be the name of the hospital where you are currently employed. The Email address that you provide must be your work Email, i.e. must contain the domain name of your employer.

Passwords must be at least eight (8) alphanumeric characters long.

At least one (1) Upper case characters (A through Z), At least one (1) Lower case characters (a through z),

At least one (1) Digits (0 through 9)

**Step 3:** Submit the registration request. After your information is validated, you will receive an email to the email address you have provided with further instructions.

### **Request has been accepted**

**Your request has been accepted. You will receive an email to the email address you provided after your account has been activated.**

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Wait for Registration Approval by email. If you don't receive an email within 10 days, contact BEMSTS.

## Registration



An email addressed to the Approved User will be sent with “ADHS EMS STEMI Application Account Approved” in the subject line. Below is what the body looks like:

Your request for access to the ADHS EMS STEMI Application has been approved.

Your User ID is: sue2quilt@aol.com

Your Password is the password you set when you registered.

The URL is <https://app.azdhs.gov/Ems/Stemi/ManageStemiEntries.aspx>

You should follow the link, in the email, which leads to the log-in page. (If this link doesn't work, copy the URL and then paste it in your Web browser)

This is the link that you will use to log-in and access the STEMI application. You might want to add the URL to your Favorites for easy access.

-----OR-----

You might receive an email with “ADHS EMS STEMI Application Account Denied”. Below is what the body looks like:


Your request for access to the ADHS EMS STEMI Application has been denied.



**Bureau of Emergency Medical Services & Trauma System**

**STEMI and CAC Application**

Use Agreement



You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this System constitutes the user's consent to permit ADHS monitoring of the user's activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

This is the first screen you will see in the log-in process.

If you select "I Agree", go to page 14. -----OR----- If you select "I Disagree", go to page 13.

Log-in: 1



Report A Problem

Bureau of Emergency Medical Services & Trauma System

STEMI and CAC Application

Login Failure

**Since you chose to not accept the use agreement you are not allowed access to the Arizona Department of Health Services (ADHS) computer network.**

**Please close your browser window.**

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You selected "I Disagree", on the previous screen, access is denied.




# Log-in: 1



## Bureau of Emergency Medical Services & Trauma System STEMI and CAC Application

**IF YOU CORRECTLY ENTERED YOUR LOGIN USER ID AND CLICKED ENTER, GO TO PAGE 19**

**Facility Users your User ID is your email address & your password is the one you selected when you registered. State Employees your User ID and password is the same as your ADHS system User ID and password.**

Please Login 

You are required to login if you wish to access this ADHS application. This is a requirement to access any information that is considered either sensitive or covered under HIPAA. Please provide your User ID and password so that you can be authenticated.

This Web Site allows password recovery. If you have forgotten your password please enter your User ID and select the Forgot Password link.

**Login User ID:**

**Password:**

[Forgot Password](#)

**You must protect your User Id and Password. You cannot share it or log in and allow someone else to access the System or Data.**

**If you don't protect your User Id and Password, it can be taken away from you.**

**Only Facility Users can use the "Forgot Password" functionality.**

**State Employees need to contact the Help Desk ([ADOA\\_ITSUPPORT\\_SERVICES@azdoa.gov](mailto:ADOA_ITSUPPORT_SERVICES@azdoa.gov)) to have your password reset.**



**Report A Problem**

If you click "Report A Problem" an email addressed to "webmaster@azdhs.gov" with a subject line of "RE: Problem with Password Reset Page of EMS\_STEMI" You can add text message and send email.

**Password Reset Challenge Questions**

**You have requested to reset your password. Please answer your password reset challenge questions you provided when you registered to access ADHS Web Applications.**

**If you do not remember the answers to the challenge questions please use the "Report A Problem" link above to request assistance, thank you.**

- In what city did you meet your spouse/significant other?

Answer:

- In what city does your nearest sibling live?

Answer:

- In what city or town was your first job?

Answer:

The User selected "Forgot Password" so they are presented with Challenge Questions





Report A Problem

Password Reset Challenge Questions

**One or More of Your Answers did not Match. You have two, (2) tries remaining!**

**You have requested to reset your password. Please answer your password reset challenge questions you provided when you registered to access ADHS Web Applications.**

**If you do not remember the answers to the challenge questions please use the "Report A Problem" link above to request assistance, thank you.**

- In what city did you meet your spouse/significant other?

Answer:

- In what city does your nearest sibling live?

Answer:

- In what city or town was your first job?

Answer:

Submit

Log-in: 2



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Leadership for a Healthy Arizona  
Arizona Department of Health Services  
AZ.GOV  
Arizona's Official Web Site

Report A Problem

You have a total of 3 tries before the Captcha Challenge appears

Captcha Challenge

**Sorry but you have failed to provide a valid Login Name and/or Password on three attempts.**

**I need to be sure that you are a human and not a computer BOT. So please enter the string below so that I can be assured that you are human. Note, the string contains upper and lower case letters and numbers.**



Captcha String:

**\*\*\*If you have entered the Captcha information correctly, you will be routed back to the sign on page (page 14). At this point, if you can't remember your password or challenge question answers, you might want to contact ADHS/ BEMSTS to reset your password.**

Log-in: 2



**If you fail the Captcha 3 times, the following screen appears:**

**Bureau of Emergency Medical Services & Trauma System  
STEMI and CAC Application**

**Sorry but you have failed the Captcha Challenge. Access to this Web Site is denied.**

**Please close your browser window.**

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**\*\*\*\*At this point, if you can't remember your password or challenge question answers, you should contact ADHS/ BEMSTS to reset your password.**

## Successful Log-In & Top Navigation Bar



With successful log-in, the New Entry/New STEMI screen is defaulted or has been selected to enter new STEMI data. The top navigation bar consists of the following:

**Manage Entries** with sub tabs of STEMI Entries and CAC Entries (CAC Entries not currently implemented). See Manage Entries/STEMI Entries on page 23.

**New Entry** with sub tabs of New STEMI and New CAC Entry (New CAC Entry not currently implemented). See New Entry/New STEMI on the next page.

**Help** not currently implemented.

**SIGN OUT** Logs you out of the STEMI Application. See page 28 for sign out information.

## ENTERING STEMI DATA



The “STEMI Fields Identified” document provides a blank STEMI Entry Form with each field referenced, by number, to the below data requirements. [STEMI Fields Identified.doc](#)

### STEMI Entry Field Requirements:

1. EMS PCR/Incident Report ID – Optional field
2. Hospital – **Required field** (Default to User assigned hospital; drop down if Admin)
3. Patient Name (Last and First) - **Required field**
4. DOB or If Unknown Approx. Age - **Required field**
  - a. If DOB – auto-fill Approx. Age field (in years) (Approx Age will be calculated upon the completion of the Arrive Hospital Date)
  - b. If Approx Age - Restrict this field to only allow whole numbers between 0 and 120
  - c. Either DOB or Approx Age must be populated
5. Gender – M/F - **Required field**

FYI - The Radio Buttons....take Gender for example as you tab from Approximate Age field the cursor will be positioned on the Male Radio Button, you can use your space bar to choose Male or use your right arrow to move the selection to Female. You can then use your left and right arrows to change the values. If the cursor is positioned on the Male Radio Button, and you tab again, you'll go to the next field.
6. Transported by POV or EMS - **Required field**
  - a. If POV - gray-out all fields from Transporting Agency through Prehospital 12-lead performed section; position cursor on Hospital Transfer field
  - b. If EMS – Transporting Agency: (drop-down) - **Required field**
  - c. If EMS – Responding Agency: (drop-down) - **Required field** (unless ND selected)
    - i. ND (check box)
  - d. If EMS – Dispatch Date:
  - e. If EMS – Dispatch Time:
  - f. If EMS – Date EMS Notified Hospital - **Required field**
  - g. If EMS – Time EMS Notified Hospital - **Wanted field**

7. Pre-Hospital 12-Lead Performed? - Yes/No - **Required field**
  - a. If No – hide/ gray-out all Pre-Hospital 12-Lead performed section; position cursor on Hospital Transfer field
  - b. If Yes – Was It Successfully Transmitted To ED? – Yes/No - **Required field**
  - c. If Yes – Date and Time ACQUIRED (spelling of acquired needs to be fixed) – **Required fields**
  - d. If Yes – Did EMS Crew CORRECTLY Identify A STEMI? Yes/No
    - i. If No, Was It: A Missed STEMI or An Overcall STEMI (radio buttons) (do not allow if (d) above is Yes)
8. Hospital Transfer? – Yes/No/ND - **Required field**
  - a. If No or ND do not allow From Which Facility and To Which Facility to be populated
  - b. If Yes – From Which Facility? - (drop down) - **Required field**
  - c. If Yes – To Which Facility? - **Required field**
9. Arrive Hospital Date - **Required field**
10. Arrive Hospital Time - **Required field**
11. Initial Arrival Location - (drop down) - **Required field**
  - a. ED; Cath Lab; Other (Can only select one value)
12. Was Patient Admitted? – Yes/No - **Required field**
13. Was an in-hospital ECG performed? Yes/No - **Required field**
  - a. If No, ECG date and time grayed out
  - b. If Yes - 1<sup>st</sup> ECG Date/time – **Required fields**
  - c. 2<sup>nd</sup> ECG Date/time
14. Cardiac Team Activated For Intended PCI? Yes/No - **Required field**
  - a. If Yes - Cardiac Team Activated: Date and Time - **Required fields**
  - b. If No – gray-out question: Cardiac Team Activation Based On: position cursor on The decision to activate or not was based on which ECG
15. Cardiac Team Activation Based On: Choose One - **Required field**
  - a. Based on Prehospital Notification
  - b. Based on ED Evaluation
  - c. Based on Cardiology Evaluation
16. The decision to activate or not was based on which ECG?: Chose One - **Required field**
  - a. Prehospital 12-lead ECG
  - b. 1<sup>st</sup> In-hospital ECG
  - c. Subsequent ECG
17. Did The Patient Go To The Cath Lab? - Yes/No - **Required field**
  - a. If No - gray-out question: Was There An Intervention?; position cursor on Did Patient Survive field
  - b. If Yes - Date and Time - **Required fields**

18. Was There An Intervention? - Yes/No - **Required field**

a. If No – position cursor to Did Patient Survive? Field

b. If Yes – Select all that apply: - **Required** (at least 1 must be chosen; more than one can be chosen)

1. Balloon inflation or device equivalent – Date: and Time:

2. Thrombolytic administered – Date: and Time:

3. Sent For CABG

19. Did This Patient Survive To Hospital Discharge? - Yes/No - **Required field**

20. Date Of Discharge Or Death: - **Required field**

21. Additional notes/comments field

22. Submit New STEMI – All fields are checked prior to creating a new record else error messages will appear and need to be corrected before the STEMI record will be saved.

23. Clear STEMI Form – After your STEMI record has been saved successfully, you can use the Clear STEMI Form button to begin entry on another form instead of clicking on New Entry/New STEMI tab at the top of the screen.

24. Please email questions to [mjmullins@medadmin.arizona.edu](mailto:mjmullins@medadmin.arizona.edu) .

**\*\*\*\*From here you can enter another STEMI, select Manage Entries/STEMI Entries or click Sign-out. Sign-out information is on the last page (page 28) of this document.**

**\*\*\*\* Manage Entries Screen and functionality follows.....**



## Managing STEMI Entries



Arizona Department of Health Services  
Bureau of Emergency Medical  
Services & Trauma System



Manage Entries

New Entry

Help

User  
Sign out

STEMI Records by Status:

**Show All (5)**

**Reviewed-Incomplete (1)**

**Waiting Approval (3)**

**Approved (1)**

**Approved With Edits (0)**

Action	Id	First Name	Last Name	Birth Date	Hospital	Submission Date	Status
▶	76	ORI	ORACLE	05/26/1978	Arizona Regional Medical Center	01/28/2011 10:55:27	★ Waiting Approval
▶	75	CLOWN	BOOZO	04/30/1988	Arizona Regional Medical Center	01/28/2011 10:50:29	★ Waiting Approval
▶	74	JON BOY	WALTON	02/25/1968	Arizona Regional Medical Center	01/28/2011 09:49:33	★ Waiting Approval
▶	73	LISA	FIVE	05/26/1961	Arizona Regional Medical Center	01/28/2011 09:30:09	★ Reviewed-Incomplete
▶	72	BLUE	BALLOON	02/15/1956	Arizona Regional Medical Center	01/26/2011 12:35:34	★ Approved Final

150 N. 18th Avenue, Phoenix AZ 85007 Phone: (602) 542-1001 Fax: (602) 542-0883

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**\*\*\*You have selected the Manage Entries/Stemi Entries from the top navigation bar.**

As a Facility User, you will only see records for your facility. This screen provides some basic information regarding the STEMI forms contained within the database. These counts are just for the hospital you are authorized to enter data. Over the top of the columns, starting on the left **Show All (x)** will reflect the total STEMI Forms that have been entered. The other 4 fields will add up to the total provided in **Show All**. The next field, **Reviewed-Incomplete (x)** will reflect how many STEMI Forms have been reviewed and have been deemed incomplete. If you click on the **Reviewed-Incomplete** box, only STEMI forms that have a status of **★Reviewed-Incomplete** will be shown on the screen. The next field, **Waiting Approval (x)** will reflect the number of STEMI Forms which are waiting to be approved. If you click on the **Waiting Approval** box, only STEMI forms that have a status of **★Waiting Approval** will be shown on the screen. The last two fields, **Approved (x)** and **Approved with edits (x)** will reflect the number of STEMI Forms that have been Approved or Approved with edits. If you click on the **Approved** or **Approved with edits**, only the STEMI Forms that have a status of **★Approved Final** or **★Approved With Edits** will be shown on the screen. To display all STEMI Forms for your facility, click on the **Show All** box.

# Managing STEMI Entries



[Manage Entries](#)
[New Entry](#)
[Help](#)
[User](#)
Sign out

STEMI Records by Status:

Show All (5)
Reviewed-Incomplete (1)
Waiting Approval (3)
Approved (1)
Approved With Edits (0)

Action	Id	First Name	Last Name	Birth Date	Hospital	Submission Date	Status
▶ ✎ ✖	76	ORI	ORACLE	05/26/1978	Arizona Regional Medical Center	01/28/2011 10:55:27	★ Waiting Approval
▶ ✎ ✖	75	CLOWN	BOOZO	04/30/1988	Arizona Regional Medical Center	01/28/2011 10:50:29	★ Waiting Approval
▶ ✎ ✖	74	JON BOY	WALTON	02/25/1968	Arizona Regional Medical Center	01/28/2011 09:49:33	★ Waiting Approval
▶ ✎ ✖	73	LISA	FIVE	05/26/1961	Arizona Regional Medical Center	01/28/2011 09:30:09	★ Reviewed-Incomplete
▶	72	BLUE	BALLOON	02/15/1956	Arizona Regional Medical Center	01/26/2011 12:35:34	★ Approved Final

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In addition to the functionality described on the previous page, you can use the column headings to sort STEMI Forms; alone or in conjunction with the Status boxes above the column headings. The columns you can use to sort are: First Name, Last Name, Birth Date, Hospital and Submission Date. If you click on the same column heading, the sort order reverses; for example you click on First Name, the detail data displayed is sorted from A-Z, if you click First Name again the detail data displayed is sorted from Z-A. The Status column heading doesn't sort – you can return to the original Status order by click on the Show All box. The Original Status order is: ★Reviewed-Incomplete, ★Waiting Approval, ★Approved With Edits and ★Approved Final.

A practical application would be if you are working the STEMI forms which are ★Reviewed-Incomplete. You could first click on ★Reviewed-Incomplete then could click on Submission Date. The results of this would be the oldest ★Reviewed-Incomplete STEMI forms at the top of the screen. If you wanted to see the newest ★Reviewed-Incomplete STEMI forms, you would click on Submission Date again, the sort order is now reversed..

A small triangle, next to the column name, reflects the sort order (top to bottom). For First/Last Names & Hospital the up arrow▲ indicates A-Z sort order while the down arrow▼ indicates Z-A sort order. For Birth and Submission dates up arrow▲ indicates oldest to newest while the down arrow▼ indicates newest to oldest.

## Managing STEMI Entries



Forms viewed through the Action column functions are very similar to the input form; most detail differences are at the bottom of the forms, which is addressed below.

The Action column provides a way to delete ✖, modify/ change ✎ or view ▶ completed forms.

You can always view ▶ completed forms.

You can only delete ✖ or modify/ change ✎ a form if the status is ★Waiting Approval or ★Reviewed-Incomplete.

Once the form has been ★Approved Final or ★Approved With Edits the delete ✖ and modify/ change ✎ icons will no longer display in the Action column, only the view ▶ Action will be available.

The other columns are as follows:

ID which is a sequential number for each STEMI record.

First Name, Last Name and Birth Date are all related to person who was provided assistance.

Hospital is the receiving hospital and the one that entered the STEMI Form

Submission Date is the date that the form was completed and saved. Currently the data is displayed based on the Status and Submission Date information.

Status values are: : ★Approved Final, ★Approved With Edits, ★Waiting Approval and ★Reviewed-Incomplete

## Managing STEMI Entries

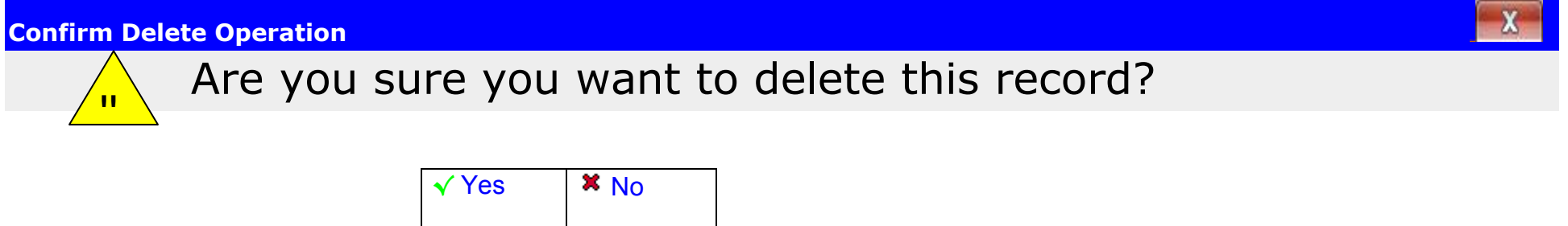


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Manage Entries    New Entry    Help    User    Sign out

### DELETE ACTION: ✘

You have the ability to delete a STEMI form using the ✘ delete symbol in the Action column, as long as the form hasn't been approved. A pop-up window to confirm that you do want to delete the record appears when you click the ✘ delete symbol.



**Confirm Delete Operation** [X]

 Are you sure you want to delete this record?

Choosing ✘ No box in the pop-up, the pop-up disappears and you remain on the Manage Entries/Stemi Entries screen. If you choose ✓ Yes box, the record is deleted and cannot be recovered; the pop-up disappears you remain on the Manage Entries/Stemi Entries screen.

## Managing STEMI Entries



Arizona Department of Health Services

**Bureau of Emergency Medical Services & Trauma System**



Manage Entries


New Entry

Help

User

Sign out

**UPDATE/CHANGE ACTION:** 

You have the ability to update/change a STEMI form using the  update/change symbol in the Action column. The completed STEMI form will be displayed. You are in update mode, as long as the form hasn't been approved, you can add or change information and then save the form using the **Update** box (the same edits are in effect as if you are entering an original form), you can undo any changes you may have made using the **Undo Changes** box or you can cancel (leave the form 'as is') using **Cancel** box. The bottom section of the form is below:

Approval or Rejection Comments:

Characters remaining: 300


**Update**


**Cancel**


**Undo Changes**

Record Status	Created By	Created On	Last Updated By	Last Updated On
★ Waiting Approval	TS@AZDHS.GOV	01/28/2011 10:55	TS@AZDHS.GOV	01/28/2011 10:55

# Managing STEMI Entries



Arizona Department of Health Services

**Bureau of Emergency Medical Services & Trauma System**



Manage Entries

New Entry

Help

User

Sign out

**VIEW ACTION:** ▶

You have the ability to view a specific STEMI form using the ▶ view symbol in the Action column. The completed STEMI form will be displayed in “read-only” mode. To exit the form by using **Cancel** box. The bottom section of the form is below:

Approval or Rejection Comments: Characters remaining: 300

✖ **Cancel**

Record Status	Created By	Created On	Last Updated By	Last Updated On
★ Waiting Approval	TS@AZDHS.GOV	01/28/2011 10:55	TS@AZDHS.GOV	01/28/2011 10:55



## Logging off the STEMI Application



Last Step: You have clicked the “Sign Out” Button to end their session. The screen below appears.

**Your session has ended. Thank you for using EMS STEMI Application!**

For security reasons please close your browser window.

If you would like to login again, please click the Login button. [Login](#)

**\*\*\*\*\*IT'S VERY IMPORTANT THAT YOU CLOSE YOUR BROWSER HERE WHEN YOU ARE FINISHED OR CALLED AWAY.**